

Case Number:	CM15-0181986		
Date Assigned:	09/30/2015	Date of Injury:	03/07/2013
Decision Date:	11/16/2015	UR Denial Date:	08/31/2015
Priority:	Standard	Application Received:	09/15/2015

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: Texas, New York, California

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The applicant is a represented 77-year-old who has filed a claim for reactive airway disease (RAD) and obstructive sleep apnea (OSA) reportedly associated with an industrial injury of March 7, 2013. In a Utilization Review report dated August 31, 2015, the claims administrator failed to approve a request for Synthroid. The claims administrator did, however, approve requests for Prilosec and albuterol, it was incidentally noted. The claims administrator contended that the attending provider was unaware of issues with and/or allegations of hypothyroidism. An August 13, 2015 office visit was cited in the determination. The applicant's attorney subsequently appealed. On April 8, 2015, the applicant was described as having a past medical history notable for sleep apnea, environmental allergies, hypothyroidism, and osteoarthritis. The applicant was a former smoker, it was reported. The applicant had gained weight, stated in the review of systems section of the note. Albuterol and Singulair were endorsed. The applicant's dosage and usage of Synthroid were unknown, the treating provider stated in the medication reconciliation section of the report. On May 15, 2015, the treating provider again noted that applicant's medication list included Atrovent, Flonase, Neurontin, Singulair, vitamins, Prilosec, albuterol, Synthroid, and Tessalon Perls. Once again, it was stated that dosage and amount of Synthroid which the applicant was using was unknown. The applicant did have a history of hypothyroidism, it was acknowledged in the past medical history section of the note. No seemingly, discussion of medication efficacy transpired insofar as Synthroid was concerned. On August 12, 2015, the applicant was again described as having issues with cough, dyspnea, heartburn, and sleep apnea. The applicant's BMI was 35. Synthroid

was again listed as one of the applicant's medications. Once again, it was not stated whether the Synthroid was or was not effective, nor were the amount and dosage of Synthroid that the applicant was using were discussed.

IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

Synthroid (unspecified dosage and quantity): Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation US National Library of Medicine.

MAXIMUS guideline: Decision based on MTUS General Approaches 2004, Section(s): Initial Approaches to Treatment, and Chronic Pain Medical Treatment 2009, Section(s): Introduction. Decision based on Non-MTUS Citation Food and Drug Administration SYNTHROID - levothyroxine sodium tablet-SYNTHROID®(levothyroxine sodium tablets, USP) INDICATIONS AND USAGE Levothyroxine sodium is used for the following indications:HypothyroidismPituitary TSH Suppression.

Decision rationale: No, the request for Synthroid was not medically necessary, medically appropriate, or indicated here. The MTUS Guideline in ACOEM Chapter 3, page 47 stipulates that an attending provider incorporate some discussion of efficacy of medications for the particular condition for which it has been prescribed into his choice of recommendations so as to ensure proper usage and/or so to manage expectations. While the Food and Drug Administration's (FDA) acknowledges that Synthroid or levothyroxine is indicated in the treatment of hypothyroidism and in treatment of pituitary TSH suppression, here, however, multiple progress notes, referenced above, including August 12, 2015 office visit at issue did not clearly state whether or not ongoing usage of Synthroid (Levoxyl) had or had not proven effective in ameliorating issues with reported hypothyroidism. No discussion of medication efficacy insofar as Synthroid was concerned transpired. Page 7 of MTUS Chronic Pain Medical Treatment Guidelines further stipules that an attending provider should be "knowledgeable regarding prescribing information and adjust the dosing to the individual patient." Here, however, the attending provider did not appear to be particularly knowledgeable regarding the dosage, amount, and quantity of Synthroid at issue, none of which were discussed on the August 12, 2015 office visit at issue. Therefore, the request was not medically necessary.