

Case Number:	CM15-0029750		
Date Assigned:	02/23/2015	Date of Injury:	08/30/2010
Decision Date:	04/03/2015	UR Denial Date:	02/03/2015
Priority:	Standard	Application Received:	02/17/2015

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: California

Certification(s)/Specialty: Emergency 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 injured worker is a 61 year old female, who sustained an industrial injury on 8/30/10. She has reported back injury. The diagnoses have included lumbar radiculopathy, spinal/lumbar degenerative disc disease, lumbar disc disorder and low back pain. Treatment to date has included epidural steroid injection, trigger point injections to left trochanteric bursa (which provided excellent relief), oral and transdermal medications and activity restriction. Currently, the injured worker complains of low back pain unchanged since previous visit. Progress note dated 1/28/15 revealed pain relief with medication. On 2/3/15 Utilization Review non-certified Synthroid 0.112mg #30, noting it should not be used for hypothyroidism with 1 refill and Dilaudid 4mg #30, noting the lack of evidence of functional benefit from opioids. The MTUS, ACOEM Guidelines, was cited. On 2/11/15, the injured worker submitted an application for IMR for review of Synthroid 0.112mg #30 with 1 refill and Dilaudid 4mg #30.

IMR ISSUES, DECISIONS AND RATIONALES

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

Synthroid 0.112 mg. QTY:30.00 with 1 refill: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation National Guideline clearinghouse; TSH levels.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation <http://www.webmd.com/drugs/2/drug-7033/synthroid-oral/details>.

Decision rationale: The requested Synthroid 0.112 mg. QTY: 30.00 with 1 refill, is not medically necessary. <http://www.webmd.com/drugs/2/drug-7033/synthroid-oral/details> recommends thyroid replacement for specifically designated patients. The injured worker has low back pain. The treating physician has not documented current thyroid levels nor functional improvement from its use. The criteria noted above not having been met, Synthroid 0.112 mg. QTY: 30.00 with 1 refill is not medically necessary.

Dilaudid 4 mg QTY: 30.00: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic pain medical treatment guidelines; Opioids use for chronic pain.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, On-Going Management, Pages 78-80, Opioids for Chronic Pain, Pages 80-82 Page(s): 78-82.

Decision rationale: The requested Dilaudid 4 mg QTY: 30.00, is not medically necessary. CA MTUS Chronic Pain Treatment Guidelines, Opioids, On-Going Management, Pages 78-80, Opioids for Chronic Pain, Pages 80-82, recommend continued use of this opiate for the treatment of moderate to severe pain, with documented objective evidence of derived functional benefit, as well as documented opiate surveillance measures. The injured worker has low back pain. The treating physician has not documented VAS pain quantification with and without medications, duration of treatment, and objective evidence of derived functional benefit such as improvements in activities of daily living or reduced work restrictions or decreased reliance on medical intervention, nor measures of opiate surveillance including an executed narcotic pain contract or urine drug screening. The criteria noted above not having been met, Dilaudid 4 mg QTY: 30.00 is not medically necessary.