

<b>Case Number:</b>	CM15-0176421		
<b>Date Assigned:</b>	09/17/2015	<b>Date of Injury:</b>	04/30/2008
<b>Decision Date:</b>	10/22/2015	<b>UR Denial Date:</b>	08/27/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/08/2015

### 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: Iowa, Illinois, California

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine, Public Health & General Preventive 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 55-year-old female, who sustained an industrial injury on 04-30-2008. She has reported injury to the neck, right shoulder, bilateral knees, and low back. The diagnoses have included headache; cervical sprain-strain; right shoulder sprain-strain and adhesive capsulitis; right knee sprain and strain; degenerative joint disease knee; lumbar sprain and strain; major depression; and chronic pain syndrome. Treatment to date has included medications, diagnostics, injection, chiropractic, physical therapy, and surgical intervention to the left knee. Medications have included Neurontin, Gralise, Flector Patch, Zipsor, Cymbalta, and Cytomel. A progress note from the treating physician, dated 07-30-2015, documented a follow-up visit with the injured worker. The injured worker reported that she tries to keep up her health; she does what she needs; and she wants to try a substitute to Duloxetine. Objective findings included her affect was blunted and depressed; mood was depressed and anxious; psychomotor was slightly slow; she was calm; speech was soft and coherent; thought pattern, language, and knowledge were within normal limits; memory was intact; and gait was antalgic. The treatment plan has included the request for Cytomel 25mcg-tab #30 with 3 refills. The original utilization review, dated 08-27-2015, non-certified a request for Cytomel 25mcg-tab #30 with 3 refills.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Cytomel 25mcg/tab #30 with 3 refills: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation  
<http://www.ncbi.nlm.nih.gov/pubmed/21823534>.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Uptodate, Unipolar depression in adults: Augmentation of antidepressants with thyroid hormone.

**Decision rationale:** MTUS and ACOEM are silent regarding Cytomel. Uptodate.com states "The most common indication for treating non-psychotic, unipolar major depression with triiodothyronine (T3) is augmentation, i.e., T3 is added to ongoing antidepressant monotherapy because the patient has not responded adequately. In addition, T3 plus a tricyclic anti-depressant can be started simultaneously at the beginning of treatment to accelerate (provide a more rapid) response compared with tricyclic monotherapy. However, a faster response to treatment does not increase the number of patients who respond by the end of treatment. (See 'Indications' above.)" T3 is contraindicated in patients with adrenal insufficiency, unstable angina, or recent myocardial infarction or compromised cardiovascular function. In addition, T3 should be used cautiously in elderly patients to avoid cardiac complications, and in patients with diabetes mellitus to avoid aggravating diabetic symptoms. (See 'Contraindications' above.) The initial assessment of patients with unipolar major depression includes a psychiatric and general medical history, mental status and physical examination, and focused laboratory tests. Prior to prescribing T3, clinicians should screen for thyroid disease by obtaining a baseline serum thyrotropin (TSH) concentration. A baseline electrocardiogram is not routinely required. However, a pre-existing cardiac condition warrants a consult from the patient's internist or cardiologist. (See 'Pre-treatment evaluation' above.) T3 is generally preferred over T4 for either augmenting an antidepressant in unipolar major depression, or accelerating response. The initial dose of T3 is typically 25 mcg per day for one to two weeks, and if there is little or no improvement, the dose is increased to 50 mcg per day. We suggest that clinicians prescribe adjunctive T3 for at least four to six weeks before deciding whether it is helpful. (See 'Choice of thyroid hormone' above and 'Dose and administration' above and 'Length of an adequate trial' above.) Adjunctive T3 at 25 to 50 mcg per day is usually well-tolerated. However, adverse effects consistent with hyperthyroidism may occur, including tremor, palpitations, heat intolerance, sweating, anxiety, increased frequency of bowel movements, shortness of breath, and exacerbation of cardiac arrhythmia. In addition, hyperthyroidism that emerges during long-term treatment may lead to bone demineralization, osteoporosis, and an increased risk of fracture. (See 'Side effects' above, 'Long-term treatment' above, and "Exogenous hyperthyroidism".) We suggest that patients who respond to adjunctive T3 continue to receive the T3-antidepressant combination for at least one year. Clinicians should monitor serum TSH concentrations every six months and decrease the T3 dose if the TSH concentration falls below the lower range of normal. (See 'Long-term treatment' above and 'Laboratory monitoring' above.)" Cytomel is generally prescribed for the treatment of thyroid disease but it can also be used to augment antidepressant therapy. The medical documentation provided indicates this patient is diagnosed with depression and is under active treatment. However, the treating physician does not fully detail the patient's response to Cytomel, does not document how long the patient has been on the medication and does not document thyroid labs (TSH, T3, T4). As such, the request for Cytomel 25mcg/tab #30 with 3 refills is not medically necessary.