

Case Number:	CM13-0057596		
Date Assigned:	12/30/2013	Date of Injury:	07/17/1995
Decision Date:	05/06/2014	UR Denial Date:	11/06/2013
Priority:	Standard	Application Received:	11/25/2013

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. The expert reviewer is Board Certified in Family Practice, and is licensed to practice in Texas. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 72-year-old male who reported an injury on 07/17/1995. The mechanism of injury was not stated. Current diagnoses include gastroesophageal reflux disease, hiatal hernia, chronic pain, hypertension, status post aortic valve replacement surgery in 2010, insomnia, and dyslipidemia. The injured worker was evaluated on 10/11/2013. The injured worker reported no changes in diet or sleep pattern. Physical examination revealed normal findings. Treatment recommendations included continuation of current medication with the addition of vitamin D.

IMR ISSUES, DECISIONS AND RATIONALES

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

VITAMIN D 600 IU, QUANTITY OF ONE: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation WEBSITE- MEDSCAPE.COM

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES (ODG) CHRONIC PAIN CHAPTER, VITAMIN D (CHOLECALCIFEROL)

Decision rationale: Official Disability Guidelines state vitamin D is recommended in consideration for chronic pain and as a supplementation if necessary. It is currently under study as an isolated pain treatment, and vitamin D deficiency is not considered a Workers'

Compensation condition. As per the documentation submitted, the injured worker's physical examination revealed normal findings. There is no documentation of a vitamin D deficiency. There is also no clear evidence of a specific indication for vitamin D such as osteoporosis or hypocalcemia. The medical necessity for the requested medication has not been established. Additionally, the current request for vitamin D in a quantity of 1 cannot be determined as medically appropriate. There was also no frequency listed in the current request. Based on the clinical information received, the request is non-certified.