

<b>Case Number:</b>	CM13-0066590		
<b>Date Assigned:</b>	01/03/2014	<b>Date of Injury:</b>	02/17/2009
<b>Decision Date:</b>	05/19/2014	<b>UR Denial Date:</b>	11/22/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/16/2013

### 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 Anesthesiology, has a subspecialty in Pain Medicine, and is licensed to practice in Florida. 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 36-year-old who reported an injury on February 17, 2009. The mechanism of injury was not stated. Current diagnoses include lumbar radiculopathy, failed surgery syndrome, status post lumbar fusion, headaches, depression, status post spinal cord stimulator implant, and chronic pain. The injured worker was evaluated on December 17, 2013. The injured worker reported 8/10 lower back pain with activity limitation. Physical examination revealed a slow and antalgic gait, limited lumbar range of motion, spinal vertebral tenderness at the L4-S1 levels, and lumbar myofascial tenderness with muscle spasm. Treatment recommendations included continuation of current medications, including Restone 3-100 mg.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**VITAMIN D 2000 IU, #100:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain Chapter, Vitamin D.

**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 for consideration in chronic pain patients 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 has utilized vitamin D 2000 IU since April of 2013. The medical necessity has not been established. There is no evidence of a vitamin D deficiency. The request for Vitamin D 2000 IU, 100 count, is not medically necessary or appropriate.

**RESTONE 3-100MG, #30:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain Chapter, and the Medical Food Chapter.

**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, Insomnia Treatment.

**Decision rationale:** Official Disability Guidelines state insomnia treatment is recommended based on etiology. Empirically supported treatment includes stimulus control, progressive muscle relaxation, and paradoxical intention. As per the documentation submitted, the injured worker has utilized Restone 3-100 mg since July of 2013. However, there is no documentation of chronic insomnia or sleep disturbance. There is also no evidence of a failure to respond to nonpharmacologic treatment prior to the initiation of a prescription product. There is also no frequency listed in the current request. The request for Restone 3-100mg, thirty count, is not medically necessary or appropriate.