

<b>Case Number:</b>	CM13-0068253		
<b>Date Assigned:</b>	01/03/2014	<b>Date of Injury:</b>	12/02/2011
<b>Decision Date:</b>	05/28/2014	<b>UR Denial Date:</b>	11/27/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/19/2013

### 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 Physical Medicine and Rehabilitation and is licensed to practice in Illinois. 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 49-year-old female who reported an injury on 12/02/2011. The mechanism of injury was reported to be usual work duties. The clinical note dated 11/08/2013 reported that the injured worker presented with complaints of low back pain that radiated bilaterally into her lower extremities, lower extremity pain in the left knee and left upper leg pain. The injured worker had rated her pain as a 7/10 in intensity with medications and a 10/10 in intensity without medications. The injured worker reported that the pain increased with activity and walking. Medications were listed as Hydrocodone/APAP, vitamin D 2000 units daily and Gabapentin 600 mg 1/2 to 1 by mouth 3 times a day. The injured worker has a surgical history of a left arthroscopy, lateral release and patellar chondroplasty and debridement on 06/25/2012 with a history of an appendectomy and gallbladder surgery on unknown dates. The diagnoses listed for the injured worker include closed dislocation of the patella; osteoarthritis, unspecified whether generalized or localized in the lower leg; injury to the femoral nerve; enthesopathy of the hip region; and lumbar sprain/strain. The injured worker reported daily living limitations to self care and hygiene, activity, ambulation, sleep and sex. Physical examination noted that upon inspection of the lumbar spine, there was tenderness noted upon palpation in the paravertebral areas of the L5-S1 level. Range of motion of the lumbar spine showed decreased extension limited to 20 degrees due to pain, and flexion was limited to 70 degrees due to pain. Pain was noted to be significantly increased with flexion and extension. The injured worker was able to heel walk bilaterally. Inspection of the left knee noted tenderness in the left knee. The range of motion of the lower extremity knee was decreased due to pain. The diagnoses listed for office visit included lumbar radiculitis, left femoral nerve; vitamin D deficiency; history of left nerve injury above the inguinal ligament per the EMG/NCV of 08/10/2012; and status post left knee arthroscopy with severe residuals. The treatment plan was documented as follows; the physician

was request authorization for arthroscopic surgery to evaluate the injured worker's left knee and a urine screen drug test for chronic pain and opioid use. The injured worker was to return to the clinic in 1 month for follow-up. The DWC Form RFA was not included in the medical records for review for the request of the vitamin D 2000 international units 1 tab twice a day #100.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**VITAMIN D 2000 IU, 1 TABLET TWICE A DAY #100:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (Chronic), Vitamin D (Cholecalciferol).

**Decision rationale:** The decision for the vitamin D 2000 international units 1 tablet twice a day #100 is not medically necessary. The Official Disability Guidelines state that they may recommend vitamin D consideration in chronic pain patients and supplementation if necessary. It is under study as an isolated pain treatment; vitamin D deficiency is not considered a Workmen's Comp condition. Musculoskeletal pain is associated with low vitamin D levels, but it may be explained by physical inactivity or other compounding factors. The injured worker does have a history of ongoing chronic pain of the low back and left knee with pain that radiates. However, the documentation provided for review did not include the duration that the injured worker has been using the medication, and the injured worker's response to the medication to support continued use. Therefore, the request is not medically necessary.