

Case Number:	CM13-0071280		
Date Assigned:	01/17/2014	Date of Injury:	02/06/2009
Decision Date:	05/30/2014	UR Denial Date:	12/04/2013
Priority:	Standard	Application Received:	12/20/2013

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 California. 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:

According to the records made available for review, this is a 45-year-old female with a 2/6/09 date of injury. At the time (12/4/13) of the Decision for one jar of Vitamin D3 plus calcium, there is documentation of subjective (gastrointestinal problem and asthma) and objective (tenderness in the mid-epigastric region of the abdomen) findings, current diagnoses (gastroesophageal reflux disease (GERD), gastropathy secondary to medication use, irritable bowel syndrome, asthma, and orthopedic condition), and treatment to date (medication). There is no documentation of Vitamin D deficiency or calcium deficiency.

IMR ISSUES, DECISIONS AND RATIONALES

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

ONE JAR OF VITAMIN D3 PLUS CALCIUM: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES (ODG) PAIN, VITAMIN D (CHOLECALCIFEROL AND [HTTP://WWW.DRUGS.COM/CDI/CALCIUM-CARBONATE-WITH-VITAMIN-D.HTML](http://www.drugs.com/cdi/calcium-carbonate-with-vitamin-d.html)).

Decision rationale: MTUS does not address this issue. ODG identifies documentation of a condition/diagnosis (with supportive subjective/objective findings) for which Vitamin D is indicated (such as: Vitamin D deficiency), as criteria necessary to support the medical necessity of Vitamin D. Medical Treatment Guideline identifies calcium carbonate with Vitamin D is a dietary supplement and that it is used for treating or preventing calcium deficiency. Within the medical information available for review, there is documentation of diagnoses of gastroesophageal reflux disease (GERD), gastropathy secondary to medication use, irritable bowel syndrome, asthma, and orthopedic condition. However, there is no documentation of Vitamin D deficiency or calcium deficiency. Therefore, based on guidelines and a review of the evidence, the request for one jar of Vitamin D3 plus calcium is not medically necessary.