

Case Number:	CM14-0010796		
Date Assigned:	04/09/2014	Date of Injury:	05/13/1992
Decision Date:	05/27/2014	UR Denial Date:	01/06/2014
Priority:	Standard	Application Received:	01/27/2014

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:

The injured worker is a 52-year-old male who reported an injury on 05/13/1992. The mechanism of injury was not stated. The current diagnoses include status post discectomy, thoracolumbar disc disease, chronic pain, radicular pain, weakness in the left leg, and hypogonadism. The injured worker was evaluated on 11/27/2013. The injured worker reported 4/10 pain with weakness in the left lower extremity. Physical examination revealed positive straight leg raising, spasm, and limited lumbar range of motion. The treatment recommendations included continuation of current medication.

IMR ISSUES, DECISIONS AND RATIONALES

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

VICODIN: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Pain Medical Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Medical Treatment Guidelines Page(s): 74-82.

Decision rationale: The California MTUS Guidelines state a therapeutic trial of opioids should not be employed until the patient has failed a trial of non-opioid analgesics. In this case, this is a

nonspecific request that does not include the dosage, frequency, or quantity. Therefore, the request for Vicodin is non-certified.

INTRAVENOUS VITAMINS: VITAMIN B, D, K: 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) Chronic Pain Chapter, Vitamin B, Vitamin D, Vitamin K.

Decision rationale: The Official Disability Guidelines (ODG) states that vitamin B is not recommended. Vitamin D is recommended in consideration for chronic pain patients and as a supplementation if necessary. Vitamin K is currently under study for osteoarthritis. As per the documentation submitted, the injured worker does not maintain a diagnosis of osteoarthritis. There is also no evidence of a vitamin deficiency that would warrant the need for intravenous vitamin infusion. The medical necessity has not been established. As such, the request for intravenous vitamins: Vitamin B, D, K is not certified.