

Case Number:	CM14-0135935		
Date Assigned:	09/03/2014	Date of Injury:	07/02/1997
Decision Date:	11/05/2014	UR Denial Date:	08/04/2014
Priority:	Standard	Application Received:	08/22/2014

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, has a subspecialty in Pain Medicine and is licensed to practice in Texas and Ohio. 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 65-year-old male who reported a work related injury on 07/02/1997 due to right shoulder pain that occurred while pulling on a cable while working as a lineman. The injured worker's diagnosis was left shoulder pain. The past treatment was noted to include trigger point injections, surgical intervention, and medication management. Diagnostic studies included an MRI that was performed in October 2012 which revealed unspecified degeneration. The injured worker's past surgical history included 5 right shoulder surgeries including a right shoulder replacement on unspecified dates. Upon examination on 08/08/2014, the injured worker complained of right anterior shoulder pain, which he described as a, dull ache that was constant with muscle spasms. He rated his pain as a 7/10 on the VAS pain scale. The pain was noted to decrease with medications and not moving the shoulder. It was also noted that the pain had drastically improved with long term pain relief from trigger point injections and subdeltoid bursa injections. The injured worker's medications included Voltaren, Probiotic, Fentanyl, Norco, Norvasc, Metamucil, vitamin D3, Neurontin, Ambien, Cosamine, Lisinopril, and fish oil. The injured worker's treatment plan consisted of a refill of medications, trigger point injections, probiotics, and to begin vitamin D3. The rationale for the request and the Request for Authorization form were not submitted for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Vitamin D3 5,000 units: Upheld

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

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)

Decision rationale: The request for vitamin D3 is not medically necessary. According to the Official Disability Guidelines, vitamin D3 is not recommended for the treatment of chronic pain. Although it is under study and as an isolated pain treatment, vitamin D supplementation is recommended to supplement a documented vitamin deficiency, which is generally not considered a Worker's Compensation condition. Musculoskeletal is associated with low vitamin D levels, but the relationship may be explained by physical and activity and/or confounding factors. The injured worker is currently prescribed vitamin D. However, the guidelines do not recommend Vitamin D. As such, the request for vitamin D is not medically necessary.