

<b>Case Number:</b>	CM14-0151689		
<b>Date Assigned:</b>	09/19/2014	<b>Date of Injury:</b>	02/03/1976
<b>Decision Date:</b>	10/21/2014	<b>UR Denial Date:</b>	08/21/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/17/2014

### 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 Preventive Medicine, 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 78-year-old male with a 2/3/76 date of injury. At the time (8/13/14) of request for authorization for Cholecalciferol/Vitamin D3, 1000u #30, Colchicine 0.6 mg #30, Vitamin B-12, 1000 mcg. injection, weekly, Folic acid 1 mg #30, and Omeprazole 20mg #30, there is documentation of subjective (shortness of breath with exertion and activity, fatigue with exertion, and weight gain) and objective (pedal edema, jugular venous pressure elevation, prominent aortic outflow tract murmur and soft diastolic murmur of aortic insufficiency, and decreased breath sounds) findings, current diagnoses (hypertension, hypercholesterolemia, aortic valve disease status post aortic valve replacement, shortness of breath, and heart failure), and treatment to date (pacemaker implant, aortic valve replacement, and medications (including Vitamin D-3, Colchicine, Omeprazole, folic acid, aspirin, and Vitamin B-12 injection weekly). Regarding Cholecalciferol/Vitamin D3, 1000u #30, there is no documentation that the patient is susceptible to hip injuries; that Vitamin D3 is being used in consideration and supplementation for obesity management; and that there is lack of vitamin D. Regarding Colchicine 0.6 mg #30, there is no documentation of gout. Regarding Vitamin B-12, 1000 mcg. Injection, weekly, there is no documentation of depression or a condition/diagnosis for which vitamin B12 injection is indicated (vitamin B12 deficiency; pernicious anemia; gastrointestinal pathology; malignancy (pancreas or bowel); or folic acid deficiency). Regarding Folic acid 1 mg #30, there is no documentation of depression, folic acid deficiency, and/or certain types of anemia caused by folic acid deficiency.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Cholecalciferol/Vitamin D3, 1000u #30: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG Hip & Pelvis, 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) Hip & Pelvis; Diabetes; Pain, Vitamin D Other Medical Treatment Guideline or Medical Evidence: (<http://www.drugs.com/mtm/vitamin-d3.html>)

**Decision rationale:** MTUS does not address this issue. ODG identifies that Vitamin D is recommended in older people who are susceptible to hip injuries; and in consideration and supplementation if necessary for obesity management. In addition, ODG identifies that Vitamin D is not recommended for the treatment of chronic pain. Medical Treatment Guideline identifies that Vitamin D3 (Cholecalciferol) is used to treat or prevent many conditions caused by a lack of vitamin D, especially conditions of the skin or bones. Within the medical information available for review, there is documentation of diagnoses of hypertension, hypercholesterolemia, aortic valve disease status post aortic valve replacement, shortness of breath, and heart failure. However, there is no documentation that the patient is susceptible to hip injuries. In addition, despite documentation of weight gain, there is no documentation that Vitamin D3 is being used in consideration and supplementation for obesity management. Furthermore, there is no documentation a lack of vitamin D. Therefore, based on guidelines and a review of the evidence, the request for Cholecalciferol/Vitamin D3, 1000u #30 is not medically necessary.

**Colchicine 0.6 mg #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 (ODG) Low Back (updated 07/03/14), Colchicine

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back, Colchicine

**Decision rationale:** MTUS does not specifically address this issue. ODG identifies that Colchicine is an anti-inflammatory agent primarily used in the treatment of gout. Within the medical information available for review, there is documentation of diagnoses of hypertension, hypercholesterolemia, aortic valve disease status post aortic valve replacement, shortness of breath, and heart failure. However, there is no documentation of gout. Therefore, based on guidelines and a review of the evidence, the request for Colchicine 0.6 mg #30 is not medically necessary.

**Vitamin B-12, 1000 mcg. injection, weekly: 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 (updated 07/10/14), Vitamin B

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: (<http://www.rxlist.com/cyanocobalamin-drug/indications-dosage.htm>) Official Disability Guidelines (ODG) Mental Illness & Stress; Pain, Vitamin B12; Vitamin B

**Decision rationale:** MTUS does not address this issue. ODG identifies that Vitamin B12 (1 mg daily) could be tried to improve treatment outcome in depression. In addition, ODG identifies that Vitamin B complex is not recommended for the treatment of chronic pain. Medical Treatment Guideline identifies documentation of a condition/diagnosis for which vitamin B12 injection is indicated (such as vitamin B12 deficiency; pernicious anemia; gastrointestinal pathology; malignancy (pancreas or bowel); or folic acid deficiency), to support the medical necessity of vitamins B12 injection. Within the medical information available for review, there is documentation of diagnoses of hypertension, hypercholesterolemia, aortic valve disease status post aortic valve replacement, shortness of breath, and heart failure. However, there is no documentation of depression or a condition/diagnosis for which vitamin B12 injection is indicated (vitamin B12 deficiency; pernicious anemia; gastrointestinal pathology; malignancy (pancreas or bowel); or folic acid deficiency). Therefore, based on guidelines and a review of the evidence, the request for Vitamin B-12, 1000 mcg injection weekly is not medically necessary.

**Folic acid 1 mg #30:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG Mental Illness & Stress (updated 06/12/14), Floate (for depressive disorders)

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Mental Illness & Stress, Folate/Folic acid (for depressive disorders) Other Medical Treatment Guideline or Medical Evidence: ([http://www.drugs.com/folic\\_acid.html](http://www.drugs.com/folic_acid.html))

**Decision rationale:** MTUS does not address this issue. ODG identifies that Folate/Folic acid is under study for depressive disorders and that a trial of oral doses of both folic acid (800 mcg daily) and vitamin B12 (1 mg daily) may be tried to improve treatment outcome in depression. Medical Treatment Guideline identifies that folic acid is used to treat folic acid deficiency and certain types of anemia (lack of red blood cells) caused by folic acid deficiency. Within the medical information available for review, there is documentation of diagnoses of hypertension, aortic valve disease status post aortic valve replacement, hypercholesterolemia, shortness of breath, and heart failure. However, there is no documentation of depression, folic acid deficiency, and/or certain types of anemia caused by folic acid deficiency. Therefore, based on guidelines and a review of the evidence, the request for Folic acid 1 mg #30 is not medically necessary.

**Omeprazol 20mg #30: Overturned**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms and Cardiovascular risk Page(s): 68-69.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk Page(s): 68-69. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (Chronic), Proton pump inhibitors (PPIs) Other Medical Treatment Guideline or Medical Evidence: Title 8, California Code of Regulations.

**Decision rationale:** MTUS Chronic Pain Medical Treatment Guidelines identifies that risk for gastrointestinal event includes age > 65 years; history of peptic ulcer, GI bleeding or perforation; concurrent use of ASA, corticosteroids, and/or an anticoagulant; and/or high dose/multiple NSAID. MTUS-Definitions identifies that any treatment intervention should not be continued in the absence of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services. ODG identifies documentation of risk for gastrointestinal events and preventing gastric ulcers induced by NSAIDs, as criteria necessary to support the medical necessity of Omeprazole. Within the medical information available for review, there is documentation of diagnoses of hypertension, aortic valve disease status post aortic valve replacement, hypercholesterolemia, shortness of breath, and heart failure. In addition, there is documentation of chronic aspirin therapy and risk for gastrointestinal event (age > 65 years). Therefore, based on guidelines and a review of the evidence, the request for Omeprazole 20mg #30 is medically necessary.