

Case Number:	CM14-0155613		
Date Assigned:	09/25/2014	Date of Injury:	06/13/2002
Decision Date:	11/12/2014	UR Denial Date:	08/19/2014
Priority:	Standard	Application Received:	09/23/2014

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 Interventional Spine 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 patient is a 42 year old with an injury date on 6/13/02. Patient complains of low lumbar pain, radiating down bilateral lower extremities, pain rated 6/10 with medications and 9/10 without medications per 8/4/14 report. Patient's pain has not changed since last visit, and that TENS unit, home exercise, and medication regimen (Hydrocodone, Duloxetine, Senokot, Cymbalta) is helpful in relieving pain per 8/4/14 report. Based on the 8/4/14 progress report provided by [REDACTED] the diagnoses are: 1. Lumbar disc degeneration 2. Chronic pain other 3. Lumbar radiculopathy 4. S/p fusion, L-spine 5. Diabetes mellitus 6. Insomnia 7. Obesity 8. Vitamin D deficiency 9. S/p lumbar spine removal of hardware 10. History of MRSA 11. Chronic constipation Exam on 8/4/14 showed "L-spine range of motion is restricted, and shows decreased flexion limited to 50 degrees, and extension limited to 15 degrees." Patient's treatment history includes home exercise program, transcutaneous electrical nerve stimulation (TENS) unit. [REDACTED] is requesting Vitamin D 200 units #200. The utilization review determination being challenged is dated 8/19/14. [REDACTED] is the requesting provider, and he provided treatment reports from 4/14/14 to 8/4/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Vitamin D 200 units #200: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS Goodman and Gilman's The Pharmacological Basis of Therapeutics, 12 Edition McGraw Hill 2010

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Medications for Chronic Pain Page(s): 60, 61. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter, Vitamin D.

Decision rationale: This patient presents with lower back pain, bilateral leg pain. The provider has asked for Vitamin D 200 units #200 on 8/4/14. Patient has been taking Vitamin D IU 200 since 5/12/14 report. Regarding Vitamin D, ODG recommends consideration in chronic pain patients and supplementation if necessary. "Musculoskeletal pain is associated with low vitamin D levels but the relationship may be explained by physical inactivity and/or other confounding factors. Adjusting for these factors attenuated the relationship, although pain remained moderately associated with increased odds of 20% of having low Vitamin D levels. (McGraw, 2010) Inadequate Vitamin D may represent an under-recognized source of nociception and impaired neuromuscular functioning among patients with chronic pain. Physicians who care for patients with chronic, diffuse pain that seems musculoskeletal - and involves many areas of tenderness to palpation - should consider checking Vitamin D level." Regarding medications for chronic pain, MTUS page 60 states provider must determine the aim of use, potential benefits, adverse effects, and patient's preference. Only one medication should be given at a time, a trial should be given for each individual medication, and a record of pain and function should be recorded. In this case, the patient has been taking Vitamin D for 2 months without documentation of its effectiveness, increase in activities of daily living, or any decrease in medication usage. There is no laboratory testing to verify low level Vitamin D either to show the need for supplement. The requested Vitamin D 200 unit #200 is not medically necessary in this case. Recommendation is for denial.