

Case Number:	CM14-0029619		
Date Assigned:	04/09/2014	Date of Injury:	10/06/2003
Decision Date:	05/27/2014	UR Denial Date:	12/17/2013
Priority:	Standard	Application Received:	01/21/2014

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 & Rehabilitation and is licensed to practice in Texas. 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 59-year-old female who reported an injury on 10/06/2003. The mechanism of injury occurred when the injured worker was attempting to sit in a rolling chair which moved, causing her to fall and strike the back of her head and her right shoulder. She also reported injuring her lower back at that time. The injured worker's course of treatment to date is unclear; however, it is noted that she is under chronic pain management, and dental care for oral dysfunction related to the use of opioid medications. It was noted in the clinical information submitted for review, that the injured worker was first prescribed vitamin D to address her pain levels in 08/2013. Each follow-up report noted the prescription of this supplement, except for the 10/18/2013 note; it is unclear if the patient has started this therapy, or is awaiting approval. The most recent clinical note submitted for review is dated 12/03/2013, and indicated the injured worker's pain levels with medications was 7/10 and without medications, a 10/10. The injured worker's current diagnoses include cervical radiculopathy, occipital neuralgia, status post cervical fusion, myalgia and myositis, chronic pain, and dysphasia. She was noted to be receiving benefit from the B12 injections, but had no change in objective physical examination findings. There was no other information submitted for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

VIT D 2000 IU, #100: Overturned

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

Decision rationale: The California MTUS/ACOEM guidelines do not specifically address vitamin D for the treatment of chronic pain; therefore, the Official Disability Guidelines were supplemented. Official Disability Guidelines recommend vitamin D supplementation in patients suffering from chronic pain. Although vitamin D is not generally considered a Workers' Compensation condition, clinical studies have shown the correlation of deficient vitamin D levels and increased musculoskeletal pain. As the injured worker suffers from chronic pain and was noted to have a low serum vitamin D level, it is appropriate to attempt treatment with a vitamin D supplement at this time. It is expected that the physician will document any improvement as it directly relates to the addition of this therapy. As such, the request for vitamin D 2000 UI, #100, is medically necessary.