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| <b>Case Number:</b>   | CM14-0030887 |                              |            |
| <b>Date Assigned:</b> | 06/20/2014   | <b>Date of Injury:</b>       | 12/16/2005 |
| <b>Decision Date:</b> | 07/18/2014   | <b>UR Denial Date:</b>       | 03/06/2014 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 03/11/2014 |

### 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 Occupational Medicine, has a subspecialty in Texas. 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 69 year old female who sustained an injury on 12/16/05. No specific mechanism of injury was noted. The injured worker has been followed for ongoing complaints of low back pain radiating to the lower extremities with associated tingling and numbness. Prior treatment has included aquatic therapy as well as multiple epidural steroid injections. Prescribed medications include Tizanidine as well as Vitamin D supplements. Office visit dated 01/24/14, reported ongoing complaints of low back pain radiating to the lower extremities 6-7/10 on the visual analog scale. Physical examination noted tenderness to palpation with limited lumbar range of motion. There was also tenderness present in the left wrist. The injured worker was pending further facet Rhizotomy procedures from L4 through S1. The injured worker did describe functional improvement and pain reduction with aquatic therapy. Vitamin D supplements were prescribed due to low serum 25 D levels less than 30 nanograms per ml. The requested Vitamin D 2,000 international units, quantity 100 was denied by utilization review on 03/06/14.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**VITAMIN D 2000 IU #100 SIG: TAKE 2 TABLET(S) BY MOUTH ONE TIME DAILY QTY: 100.00:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain Chapter.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES (ODG) PAIN CHAPTER, VITAMIN D.

**Decision rationale:** In regards to the request for Vitamin D 2,000 international units, quantity 100, this medication was being prescribed to the injured worker due to a reported low Vitamin D 25 hydroxy level at 30 nanograms per mL. According to the Official Disability Guidelines, a low reference range for Vitamin D 25 hydroxy is 20 nanograms per mL. In this case, there were no other findings for concerns regarding osteoporosis or any other bone condition which would have reasonably supported the use of Vitamin D supplementation. Therefore, the request for Vitamin D 2000 IU #100 SIG, is not medically necessary and appropriate.