

Case Number:	CM14-0035695		
Date Assigned:	06/23/2014	Date of Injury:	01/08/2008
Decision Date:	07/25/2014	UR Denial Date:	02/26/2014
Priority:	Standard	Application Received:	03/24/2014

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 and Pain Medicine 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 44 year old male who had a work related injury on 01/08/08. No documentation of mechanism of injury is provided. The submitted progress notes are handwritten and exceedingly illegible. There was a prior utilization review on 02/26/14. Those notes report the injured worker complained of low back pain, with radiation down the left lower extremity. Pain was rated as 3/10 in intensity with medications, 5/10 without medications. The injured worker's pain was reported as unchanged since last visit. The pain increased with activity and walking. The injured worker was observed to be in moderate distress. Blood pressure was 160/101. Random blood sugar was 101 mg per deciliter. Lumbar examination showed tenderness to palpation in the spinal vertebral are at L4-S1. Range of motion of the lumbar spine showed decreased flexion limited to 40 degrees due to pain, and extension limited to 10 degrees due to pain. Sensory exam showed decreased sensation to touch along the L4 dermatome of the left lower extremity. Straight leg raising with the patient in a seated position was positive. The injured worker was diagnosed with lumbar radiculitis, chronic pain and hypertension. Prior utilization review on 02/26/14 was non-certified.

IMR ISSUES, DECISIONS AND RATIONALES

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

Enalapril 5mg, #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, Diabetes,

Recommended medication step therapy for hypertension: After Lifestyle (diet and exercise) modifications.

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: Enalapril. (2013). In Physicians' desk reference 67th ed.

Decision rationale: The request for Enalapril 5mg, #30 is not medically necessary. The clinical documentation submitted does not support the request for Enalapril. There is no documentation relating his hypertension to injury of 01/08/2008. Therefore, medical necessity has not been established.

Vitamin D 2000 units cap #60: 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, 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 request for Vitamin 2000 unit caps #60 is not medically necessary. The clinical documentation submitted for review, as well as current evidence based guidelines do not support the request. Recommend consideration in chronic pain patients and supplementation if necessary. Under study as an isolated pain treatment, and vitamin D deficiency is not a considered a workers' compensation condition. Musculoskeletal pain is associated with low vitamin D levels but the relationship may be explained by physical inactivity and/or other confounding factors. Therefore medical necessity has not been established.