

<b>Case Number:</b>	CM14-0044642		
<b>Date Assigned:</b>	07/02/2014	<b>Date of Injury:</b>	05/27/2010
<b>Decision Date:</b>	08/22/2014	<b>UR Denial Date:</b>	03/27/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/11/2014

### 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 Physical Medicine & Rehabilitation, has a subspecialty in Pain 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:

The injured worker is a 59-year-old male who reported an injury on 05/27/2010. The mechanism of injury was not provided in the medical records. He has a diagnosis of cervicalgia. His past treatments were noted to include physical therapy, medications, topical analgesics, and cervical epidural steroid injections. On 05/06/2014, the injured worker presented with complaints of pain and spasm in the cervical and lumbar spine. His physical examination was noted to reveal tenderness to palpation of the cervical spine and lumbar spine with spasm, as well as decreased range of motion, a positive Spurling's in the neck, and positive straight leg raising. The injured worker's medications were noted to include naproxen, Terocin patches, Omeprazole, Ondansetron, Orphenadrine, and Tramadol ER. The treatment plan included continued physical therapy, an MRI of the cervical spine, and medication refills. A request was received for Vitamin D 2000 IU 2 tablets daily #100. However, a rationale for the request and the Request for Authorization form were not submitted in the medical records.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Vitamin D 2000 IU 2 tablets daily #100:** 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, Vitamin D (cholecalciferol).

**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 is not medically necessary. According to the Official Disability Guidelines, use of vitamin D is only considered in the treatment of chronic pain in patients who require supplementation. However, use of vitamin D is still under study as an isolated pain treatment. The clinical information submitted for review indicated that the injured worker had chronic pain related to the cervical and lumbar spine. However, there was no documentation indicating vitamin D deficiency, and a clear rationale for the request was not provided in the medical records. Therefore, the request for Vitamin D 2000 IU 2 tablets daily #100 is not supported by the evidence based guidelines. As such, the request is not medically necessary.