

Case Number:	CM14-0053807		
Date Assigned:	07/07/2014	Date of Injury:	02/19/2008
Decision Date:	09/09/2014	UR Denial Date:	03/27/2014
Priority:	Standard	Application Received:	04/22/2014

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 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 applicant is a represented [REDACTED] employee who has filed a claim for chronic neck pain, chronic shoulder pain, gastroesophageal reflux disease, sexual dysfunction, and hypertension reportedly associated with an industrial injury of February 19, 2008. In a Utilization Review Report dated March 27, 2014, the claims administrator approved a request for Protonix, tramadol, Cozaar, and Viagra while denying a request for vitamin D. The applicant's attorney subsequently appealed. In a handwritten note dated January 15, 2014, difficult to follow, not entirely legible, the applicant presented with multifocal neck and low back pain. The applicant was using Cozaar for hypertension, it was acknowledged, and Viagra on a p.r.n. basis for sexual dysfunction. Multiple medications, including Cozaar, tramadol, Protonix, and Viagra were renewed while the applicant was placed off of work. Similarly, on March 19, 2014, the applicant received renewals of Ultram, Viagra, Protonix, Cozaar, and vitamin D supplements. Primary complaints included shoulder pain. The note was handwritten and somewhat difficult to follow.

IMR ISSUES, DECISIONS AND RATIONALES

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

Vitamin D3 supplement #1: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Mosby's Drug Consult.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Practice Guidelines, Third Edition, Chronic Pain Chapter, Vitamins section.

Decision rationale: The MTUS does not address the topic. As noted in the Third Edition ACOEM Guidelines, vitamins are not recommended in the treatment of chronic pain without evidence of documented nutritional deficiencies or nutritional deficits states. In this case, there is no concrete evidence that the applicant in fact has a vitamin D3 deficiency. Therefore, the request is not medically necessary.