

<b>Case Number:</b>	CM14-0074376		
<b>Date Assigned:</b>	07/21/2014	<b>Date of Injury:</b>	12/21/1992
<b>Decision Date:</b>	10/02/2014	<b>UR Denial Date:</b>	05/06/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/22/2014

### 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 Physical Medicine and Rehabilitation and is licensed to practice in Nevada. 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 records presented for review indicate that this 66-year-old gentleman was reportedly injured on December 21, 1992. The mechanism of injury is not listed in these records reviewed. The most recent progress note, dated June 17, 2014, indicates that there is a follow-up after a nuclear diagnostic perfusion study. The physical examination demonstrated a blood pressure of 126/66. A diagnostic stress nuclear perfusion study was determined to be normal. Previous treatment includes oral medications. A request had been made for vitamin B complex tablets and vitamin D capsules and was not certified in the pre-authorization process on May 9, 2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Vitamin B complex tablet QTY: 30.00:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Occupational Medicine Practice Guidelines; Evaluation and Management of Common Health Problems and Functional Recovery in Workers

**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 B, Updated September 26, 2014.

**Decision rationale:** According to the Official Disability Guidelines the use of vitamin B is not recommended. Vitamin B was stated to frequently be used for treating peripheral neuropathy but it's efficacy is not clear the evidence is insufficient to determine whether vitamin B is beneficial or harmful. As such, this request for vitamin B complex tablets is not medically necessary.

**Vitamin D3 2000 unit capsule QTY: 30:00:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Occupational and Environmental Medicine (ACOEM); Occupational Medicine Practice Guidelines; Evaluation Management of Common Health Problems and Functional Recovery in Workers

**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, Updated September 26, 2014.

**Decision rationale:** According to the Official Disability Guidelines vitamin D is recommended only for individuals who require supplementation if necessary. It is under study as an isolated pain treatment. The most recent progress note dated June 17, 2014, does not indicate that the injured employee has a vitamin D deficiency. Therefore this request for vitamin D3 capsules is not medically necessary.