

Case Number:	CM14-0080439		
Date Assigned:	07/18/2014	Date of Injury:	06/13/2002
Decision Date:	09/16/2014	UR Denial Date:	05/02/2014
Priority:	Standard	Application Received:	06/02/2014

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 Internal 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 42 year old male who was injured on June 13, 2002. The mechanism of injury is not listed. The diagnosis is listed as lumbar disc disease and chronic pain. The injured worker is noted as status post fusion and has clinical signs and symptoms of lumbar radiculopathy. He was seen for an office visit on April 14, 2014 by a treating physician. The physical examination revealed tenderness to palpation over the lumbar spine with decreased flexion and extension, both of which were noted to elicit a painful response from the injured worker. The current request is for Vitamin D which was previously denied on a prior utilization review determination dated May 02, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 Vitamin D 2000 units, 3 tablets one time daily, #200 for chronic pain related to lumbar spine injury: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Goodman and Gilman's The Pharmacological Basis of Therapeutics, 12th ed. McGraw Hill, 2006; Physician's Desk Reference, 68th ed.; Official Disability Guidelines.

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:Harrison's Principles of Internal Medicine, 18th Ed, McGraw Hill. Chapter 352. Mineral metabolism.

Decision rationale: Vitamin D deficiency has been associated with both increased pain and central sensitization to pain, vitamin D therapy has also been associated with pain itself. Therefore, the issue of whether vitamin D should be used at supra-normal doses for the treatment of chronic pain is not settled and is not the standard of care. In fact, high vitamin D doses do carry the risk of toxicity, primarily hypercalcemia and hypercalciuria, which have the potential to result in urinary stones. As such, the request cannot be recommended as medically necessary for the purpose of treatment of chronic pain. There is no randomized double blind clinical trial of vitamin D for the treatment of chronic pain. With respect to deficiency of vitamin D, the treating physician has documented that a low vitamin D level was noted for this patient; however the report is not available to the reviewer. The requested dose is well in excess of the recommended amount for treatment of deficiency of vitamin D. As such, the request is not medically necessary.