

Case Number:	CM14-0202111		
Date Assigned:	12/12/2014	Date of Injury:	07/25/2008
Decision Date:	01/30/2015	UR Denial Date:	11/24/2014
Priority:	Standard	Application Received:	12/03/2014

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:

This case is a female employee with a date of injury on 7/25/2008. A review of the medical records indicate that the patient has been undergoing treatment for L3-4 protrusion with bilateral foraminal stenosis, annular tear L5-S1, thoracic pain, bilateral plantar fasciitis, cervical pain, and right shoulder pain. Subjective complaints (11/19/2014) include 8/10 low back pain with extremity symptoms, 7/10 thoracic pain, 6/10 hip pain, 7/10 cervical pain with extremity symptoms, and 5/10 bilateral shoulder pain. Objective findings (11/19/2014) include tenderness to lumbar and cervical spine, decrease range of motion, and 'neurologically unchanged', and positive straight leg raise bilaterally. Treatment has included cyclobenzaprine, NSAIDs, s/p lumbar surgery 2009, Cymbalta, Lyrica, TENs, acupuncture, home exercise program, A utilization review dated 11/24/2014 non-certified a request for Vitamin D3 1000unit quantity 30.

IMR ISSUES, DECISIONS AND RATIONALES

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

Vitamin D3 1000 unit quantity 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 (ODG)

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Chronic Pain, Vitamin D

Decision rationale: The California MTUS/ACOEM Guidelines do not specifically address Vitamin D, therefore other guidelines were utilized. The ODG states that Vitamin D is "Not recommended for the treatment of chronic pain based on recent research below. Although it is under study as an isolated pain treatment, vitamin D supplementation is recommended to supplement a documented vitamin deficiency, which is not generally 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."There is no medical documentation laying out the reasoning for prescribing the employee Vitamin D. Additionally, ODG does not recommend Vitamin D for pain. Medical records provided do not document a specific vitamin deficiency. As such, the request for Vitamin D3 1000unit quantity 30 is not medically necessary.