

<b>Case Number:</b>	CM15-0167154		
<b>Date Assigned:</b>	09/04/2015	<b>Date of Injury:</b>	04/27/2004
<b>Decision Date:</b>	10/07/2015	<b>UR Denial Date:</b>	08/10/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/25/2015

### 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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

### 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 66-year-old male, who sustained an industrial injury on 04-27-2004. On provider visit dated 06-02-2015 the injured worker has reported chest pain. The diagnoses have included vitamin D deficiency. Treatment to date has included medication and laboratory studies. The provider requested Vitamin D (Ergocalciferol) 50000 Unit Caps Qty: 16.00.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Vitamin D (Ergocalciferol) 50000 Unit Caps Qty: 16.00: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation American college of Physicians (MKSAP, 2012) Endocrinology + General Internal Medicine + Cardiovascular Medicine.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) Chapter 6, p137.

**Decision rationale:** The claimant has a remote history of a work injury occurring in April 2004. Correspondence dated 08/03/15 references prescribing vitamin D for control of blood

pressure and heart management. Prevention and reversal of heart disease by decreasing risk factors is given as the rationale. Lab testing was done on 01/16/15 with findings of a low vitamin D level of 12.4. Vitamin D at a 50,000-unit dose has been prescribed since February 2015. Vitamins are not recommended if documented deficiencies or other nutritional deficit states are absent. In this case, the claimant had a vitamin D deficiency in January 2015 and there is no evidence that he has an ongoing deficiency. He has received supplementation well in excess of what would be recommended to treat his vitamin D deficiency. Ongoing prescribing without retesting his vitamin D level is not medically necessary.