

<b>Case Number:</b>	CM15-0210433		
<b>Date Assigned:</b>	10/29/2015	<b>Date of Injury:</b>	07/27/1995
<b>Decision Date:</b>	12/17/2015	<b>UR Denial Date:</b>	09/29/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/26/2015

### 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: Florida

Certification(s)/Specialty: Neurology, 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 48 year old male, who sustained an industrial injury on 7-27-1995. The injured worker is being treated for status-post concussion with post-concussion syndrome with post traumatic headaches, cognitive dysfunction and epilepsy. Treatment to date has included medication management. Per the Primary Treating Physician's Progress Report dated 8-28-2015 the injured worker presented for re-examination. He reported currently having partial seizures with altered consciousness 3-6 times per month. There have been no recurrent grand mal seizures since 9-20-2010. He reports headaches when he feels a seizure coming on, bleeding gums, stomach bloating due to medications and persistent bilateral knee pain due to previous grand mal seizures. Objective findings included normal memory during the interview and a normal gait. The notes from the provider do not document efficacy of the prescribed medications. Work status was permanent and stationary. The plan of care included continuation of Tegretol 200mg #4 per day, Prilosec 20mg 1-2 per day, multivitamin and folic acid daily since he is on epileptic treatment and laboratory evaluation. Authorization was requested for Tegretol, Prilosec, Folic Acid and multivitamin. On 9-29-2015, Utilization Review non-certified the request for multivitamin.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Multivitamin:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**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.

**Decision rationale:** ODG guidelines do not support Vitamin supplementation in the absence of a demonstrated vitamin deficiency. The medical records do not indicate the presence of a vitamin deficiency confirmed by laboratory testing. As such the medical records do not support the use of multivitamin congruent with ODG guidelines. The request is not medically necessary.