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| Case Number: | CM15-0057142 | | |
| Date Assigned: | 04/02/2015 | Date of Injury: | 01/06/2014 |
| Decision Date: | 05/01/2015 | UR Denial Date: | 02/27/2015 |
| Priority: | Standard | Application Received: | 03/25/2015 |

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: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 44 year old male patient who sustained an industrial injury on 01/06/2014. A primary treating office visit dated 02/25/2015 reported chief complaints of low back pain, chronic pain syndrome and depressive disorder. His problem list consisted of: depressive disorder, low back pain, lumbosacral radiculitis, chronic pain syndrome and spondylolisthesis. His low back pain is greater on the right side and is associated with bilateral lower extremity weakness, numbness, tingling and stiffness. The patient reports Relafin, Baclofen, Doxepin, and Norco 10/325mg all offer some good effects at reducing the pain. The patient reported having difficulty with home exercise program, activities of daily living, he even is battling with depression and is very distressed over this whole situation. Current prescribed medications include: Calvite, Flexiril, Colace, Doxepin, Medrol, Nabumetone, Norco and Relafen. Recommendations for electronerve conduction study, chiropractic sessions, and spine surgeon consultation. The following diagnoses are applied: low back pain; chronic pain syndrome; spondylolisthesis; lumbosacral radiculitis, and depressive disorder.

IMR ISSUES, DECISIONS AND RATIONALES

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

Calvite P&D 105 mg 120 unit Tablet Qty 60 with 2 refills: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines: Pain - Vitamin D; <http://www.ncbi.nlm.nih.gov/pubmed/20629479>.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Pain Chapter, Vitamin D, pages 865-866.

Decision rationale: Dietary supplements such as minerals and vitamins may be appropriate for individuals with deficiencies; however, this has not been established here as a result of the industrial injury or illness. Additionally, per ODG, Vitamin D and calcium deficiency is not a considered a workers' compensation condition and although musculoskeletal pain may be associated with low vitamin D levels; however, the relationship may be explained by physical inactivity and/or other confounding factors, making treatment inappropriate. Submitted reports have not demonstrated sufficient indication or clinical findings to support for its use. The Calvite P&D 105 mg 120 unit Tablet Qty 60 with 2 refills is not medically necessary and appropriate.