

Case Number:	CM15-0085290		
Date Assigned:	05/07/2015	Date of Injury:	05/23/2001
Decision Date:	06/09/2015	UR Denial Date:	04/24/2015
Priority:	Standard	Application Received:	05/04/2015

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: Texas, New York, California
 Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

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 applicant is a represented 50-year-old who has filed a claim for chronic pain syndrome and rheumatoid arthritis (RA) reportedly associated with an industrial injury of May 23, 2001. In a Utilization Review report dated April 24, 2015, the claims administrator failed to approve a request for calcium with vitamin D. An April 17, 2015 progress note and associated RFA form were referenced in the determination. The applicant's attorney subsequently appealed. On December 23, 2014, the applicant reported ongoing complaints of low back, knee, ankle, and wrist pain. The applicant was placed off of work, on total temporary disability. The applicant had issues with rheumatoid arthropathy and diabetic neuropathy, it was reported. The applicant had been deemed "permanently disabled." The applicant's medication list was not detailed. Laboratory testing was, however, endorsed. In a January 20, 2015 progress note, the applicant presented with primary issue of diabetes. The applicant was increased dosage of insulin. The applicant's medications included Fosamax, calcium-vitamin D, Celebrex, metformin, methotrexate, insulin, and Rituxan. On December 19, 2014, the applicant's rheumatologist seemingly continued and/or renewed calcium-vitamin D, insulin, metformin, Rituxan, Fosamax, Celebrex, folate, methotrexate, and prednisone. On February 3, 2015, the attending provider suggested that the applicant remain off of work, on total temporary disability. The applicant was asked to continue various medications, including methotrexate and prednisone.

IMR ISSUES, DECISIONS AND RATIONALES

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

Calcium 500 tablets 500/200I quantity 60 with six refills: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation www.drugs.com/dosage/calcium-vitamin-d.html.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment Page(s): 47, Acupuncture Treatment Guidelines. Decision based on Non-MTUS Citation <http://www.uptodate.com/contents/rheumatoid-arthritis-treatment-beyond-the-basics> Rheumatoid arthritis treatment (Beyond the Basics) Author PJW Venables, MA, MB BChir, MD, FRCP Section Editor James R O'Dell, MD Deputy Editor Paul L Romain, MD Consume an adequate amount of calcium and vitamin D, either in the diet or by taking supplements.

Decision rationale: Yes, the request for calcium 500/200 (calcium-vitamin D) was medically necessary, medically appropriate, and indicated here. While the MTUS does not address the topic of calcium-vitamin D usage for rheumatoid arthritis, i.e., the operating diagnosis present here, the MTUS Guideline in ACOEM Chapter 3, page 47 does stipulate that an attending provider incorporate some discussion of efficacy of medication for the particular condition for which it has been prescribed into his choice of recommendations so as to ensure proper use and to manage expectations. Here, the attending provider suggested (but did not clearly state) that the calcium-vitamin D combination at issue was being employed to diminish the likelihood of the applicant's experiencing bone loss with prednisone usage. UpToDate.com further notes that applicants should consume an adequate amount of calcium and vitamin D, either in the diet or by taking supplements, so as to minimize the likelihood of bone loss with steroid therapy. Here, thus, ongoing usage of the calcium-vitamin D combination was indicated, given the applicant's continued usage of steroids for rheumatoid arthritis. Therefore, the request was medically necessary.