

Case Number:	CM15-0087951		
Date Assigned:	05/12/2015	Date of Injury:	02/06/2003
Decision Date:	06/22/2015	UR Denial Date:	04/06/2015
Priority:	Standard	Application Received:	05/07/2015

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, Indiana, New York
Certification(s)/Specialty: Internal 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 injured worker is a 59 year old male, who sustained an industrial injury on 2/5/2003. He reported neck, low back, and bilateral lower extremities pain. The injured worker was diagnosed as having right knee tibial plateau fracture status post ORIF, right knee osteomyelitis, and right knee osteoarthritis. Treatment to date has included medications, electrodiagnostic studies, cortisone injections, and orthovisc injections, x-rays. The request is for Vitamin D. On 1/13/2015, he complained of right leg swelling and right knee pain. He reported having had "remarkable" results with a cortisone injection of the right knee, which gave 80% pain relief, and a 40-60% relief with orthovisc injections. On 3/17/2015, he had continued neck, low back, and lower extremity pain. He rated his pain as 9/10 with medications, and 10/10 without medications. The treatment plan included: home exercise program, Naproxen, Hydrocodone/APAP, Carisoprodol, Clorazepate, Gabapentin, Oxycontin, Pantoprazole, Senokot-S, and Vitamin D. The records indicated he had insufficient serum levels of Vitamin D.

IMR ISSUES, DECISIONS AND RATIONALES

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

Vitamin D 2000 units #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 22, 64, 29, 68-69. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain (Chronic).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation <http://www.nlm.nih.gov/medlineplus/druginfo/natural/929.html>.

Decision rationale: Pursuant to Medline plus, Vitamin D 2000 units #60 is not medically necessary. Vitamin D is a vitamin. Most Vitamin D (80 to 90%) is obtained through exposure to sunlight. Vitamin D may be taken in supplemental form. Vitamin D is used to treat rickets, vitamin D deficiency and osteoporosis, etc. For additional details see the attached link. In this case, the injured worker's working diagnoses are lumbar disc displacement; lumbar radiculopathy; lumbar spine stenosis; bilateral knee pain; anxiety; chronic constipation; gastritis; gastroesophageal reflux disorder; medication related dyspepsia; vitamin D deficiency; chronic pain; etc. The treating provider prescribed vitamin D as far back as October 10, 2014 as a renewal. The start date is unclear based on the medical record documentation available for review. There are no laboratory results in the medical record with the vitamin D level, calcium, phosphorus, renal function tests. The treating provider is still prescribing vitamin D in March 30 of 2015. There is no clinical indication other than a conclusion regarding the injured worker having a vitamin D deficiency. Consequently, absent clinical documentation and evidence of vitamin D deficiency to support vitamin D replacement, vitamin D 2000 units #60 is not medically necessary.