MAXIMUS Federal Services

Case Number:	CM14-0073058		
Date Assigned:	07/16/2014	Date of Injury:	05/09/1996
Decision Date:	05/27/2015	UR Denial Date:	04/22/2014
Priority:	Standard	Application Received:	05/20/2014

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 61-year-old female who sustained an industrial injury on May 9, 1996. Previous treatment includes MRI of the cervical spine, physical therapy, carpal tunnel release, and medications. Currently the injured worker complains of low back pain. Diagnoses associated with the request include spinal stenosis of the lumbar region and cervicalgia. The treatment plan includes Levothyroxine, Prenaite, Oxycodone, Lyrica and Nucynta.

IMR ISSUES, DECISIONS AND RATIONALES

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

Prenaite #60 with 4 refills: 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 American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) Chapter 6, p137.

Decision rationale: The claimant had a normal history of a work injury occurring nearly 20 years ago and continues to be treated for low back pain. When seen, medications are referenced

as decreasing pain from 9/10 to 4-5/10. Being prescribed is the prenatal vitamin Prenavite. Vitamins have been used to treat essentially all disorders. Evidence is poor that vitamins or minerals have beneficial therapeutic effects in normally or over-nourished Western societies. Vitamins are not recommended for treatment of chronic low back or other chronic pain if documented deficiencies or other nutritional deficit states are absent. In this case, there is no documented deficiency that would require supplementation with a prenatal vitamin and therefore the request was not medically necessary.