

<b>Case Number:</b>	CM15-0118531		
<b>Date Assigned:</b>	06/26/2015	<b>Date of Injury:</b>	09/26/2000
<b>Decision Date:</b>	08/27/2015	<b>UR Denial Date:</b>	06/04/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/19/2015

### 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: New York

Certification(s)/Specialty: Emergency 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 female, who sustained an industrial injury on 09/26/2000. According to a progress report dated 05/14/2015, the injured worker complained of neck pain that radiated down the bilateral upper extremities and was accompanied with numbness frequently in the bilateral upper extremities to the level of the hands and wrists. She complained of low back pain that radiated down the bilateral lower extremities and pain in the bilateral fingers, hands and wrists. Pain was rated 7 on average on a scale of 1-10 with medications since the last visit and 8 without medications. She also reported gastroesophageal related medication associated gastrointestinal upset, moderate nausea and constipation controlled with stool softener. Activities of daily living were limited in self-care & hygiene, activity, ambulation, hand function, sleep and activities of daily living due to pain over the past month rated as 9. The injured worker reported 60% improvement with use of anti-depressant, anti-seizure class, current muscle relaxant and opioid medication. Areas of functional improvement included cleaning, shopping and sleeping. Diagnoses included chronic pain other, cervical strain/sprain, fibromyalgia, depression, complex regional pain syndrome bilateral upper extremities, constipation unspecified, status post bilateral carpal tunnel release and chronic nausea. CURES report dated 05/14/2015 was consistent. Medications tried and failed in the past included Codeine. She was awaiting authorization for acupuncture. The injured worker was currently not working. The treatment plan included stellate ganglion block, home exercise program, weight loss program and medications. A spinal cord stimulator DVD was given to her. Medications by all providers included Duloxetine, Gabapentin, Ondansetron, Pantoprazole Senna/docusate,

Tizanidine, Vitamin D and APAP/Codeine phosphate. Currently under review is the request for Vitamin D 2000 units #100. The provider noted vitamin D supplementation had been provided for the injured worker based on the finding of insufficient serum 25 (OH) D levels of less than 30 ng/ml. Treatment was going to be provided for at least three months. Specific markers for improvement were noted as and included reduced pain, fewer analgesic doses taken each (opioids and non-opioids), mood improvement and more energy for work/activities of daily living. Documentation submitted for review dating back to March 2014, shows continued use of Vitamin D since that time.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**Vitamin D 2000 units #100:** 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.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Functional Restoration Approach to Chronic Pain Management Page(s): 9. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter, Vitamin D.

**Decision rationale:** CA MTUS Chronic Pain Medical Treatment Guidelines state that all therapies are focused on the goal of functional restoration rather than merely the elimination of pain and assessment of treatment efficacy is accomplished by reporting functional improvement. Official Disability Guidelines state that vitamin D "is not recommended for the treatment of chronic pain based on recent research. Although it is not recommended as an isolated pain treatment, vitamin D supplementation is recommended to supplement a documented vitamin deficiency, which is not generally considered a workers' compensation condition. Musculoskeletal pain is associated with low vitamin D levels but the relationship may be explained by physical inactivity and/or other confounding factors." In this case, documentation shows that the injured has been utilizing vitamin D since March 2014. There was no specific objective evidence of functional improvement documented with use of Vitamin D. The provider noted that specific markers of improvement with use of Vitamin D included reduced pain, fewer analgesic doses taken each (opioids and non-opioids), mood improvement and more energy for work/activities of daily living, all of which were not documented in the progress reports. Official Disability Guidelines do not recommend vitamin D for the treatment of chronic pain and vitamin deficiency is not generally considered a worker's compensation condition. As such, the request for Vitamin D 2000 units #100 is not medically necessary.