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| <b>Case Number:</b>   | CM15-0079125 |                              |            |
| <b>Date Assigned:</b> | 04/30/2015   | <b>Date of Injury:</b>       | 02/07/2004 |
| <b>Decision Date:</b> | 06/12/2015   | <b>UR Denial Date:</b>       | 04/17/2015 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 04/24/2015 |

### 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: 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 56 year old male, who sustained an industrial injury on 02/07/2004 while lifting a weight loading a tankard with gasoline. On provider visit dated 03/09/2015 the injured worker has reported bilateral shoulder, elbow and wrist pain. On examination of the neck revealed limited cervical spine range of motion. Gait was noted as antalgic. Shoulder range of motion was noted as decreased. The diagnoses have included cervical spondylosis without myelopathy and opioid type dependence - continuous. Treatment to date has included medication and laboratory studies. The provider requested 12 capsules of Vitamin D 50000 units between 4/13/2015 and 5/28/2015.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**12 capsules of Vitamin D 50000 units between 4/13/2015 and 5/28/2015: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines-Treatment in Workers' Compensation, Online Edition, Chapter: Pain (Chronic) Vitamin D (cholecalciferol).

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (Chronic) Vitamin D (cholecalciferol).

**Decision rationale:** Medical Treatment Utilization Schedule (MTUS) does not address Vitamin D. Official Disability Guidelines (ODG) indicate that Vitamin D is not recommended for the treatment of chronic pain. Vitamin D supplementation is recommended to supplement a documented vitamin deficiency, which is not generally considered a workers' compensation condition. The primary treating physician's progress report dated 3/17/15 does not document Vitamin D deficiency. No prescription of Vitamin D was noted. Official Disability Guidelines (ODG) indicates that Vitamin D is not recommended for the treatment of chronic pain. Therefore, the request for Vitamin D 50000 units is not medically necessary.