

<b>Case Number:</b>	CM15-0098531		
<b>Date Assigned:</b>	05/29/2015	<b>Date of Injury:</b>	04/04/2007
<b>Decision Date:</b>	07/08/2015	<b>UR Denial Date:</b>	04/22/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/21/2015

### 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 Jersey, Alabama, California  
 Certification(s)/Specialty: Neurology, Neuromuscular 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 74-year-old male, who sustained an industrial injury on April 4, 2007. He reported shortness of breath. The injured worker was diagnosed as having status post aortic valve replacement. Treatment to date has included surgical intervention and medications. Currently, the injured worker complains of continued shortness of breath. The injured worker reported an industrial injury in 2007, resulting in the above noted pain. He was treated conservatively and surgically without complete resolution of the symptoms. Evaluation on February 3, 2015, revealed continued shortness of breath. Medical documentation was limited and difficult to decipher. Medications were requested.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Livalo 2mg #90 with 3 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 Pitavastatin (Rx) Livalo. <http://reference.medscape.com/drug/livalo-pitavastatin-999209>.

**Decision rationale:** According to Medscape, Livalo is a HMG-CoA Reductase Inhibitor used as a cholesterol-lowering agent. There is no documentation that the patient is suffering from high cholesterol or efficacy of previous use of Livalo. Therefore, the request for Livalo 2mg #90 with 3 refills is not medically necessary.

**Vitamin D3 1000 units twice daily #180 with 3 refills:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Vitamin D (cholecalciferol) <http://www.odg-twc.com/index.html>.

**Decision rationale:** According to ODG guidelines, vitamin D supplementation "Not recommended for the treatment of chronic pain based on recent research below. 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". There is no documentation that the patient is suffering from a vitamin D deficiency requiring Vitamin D supplementation. Therefore, the request for Vitamin D3 1000 units twice daily #180 with 3 refills is not medically necessary.