

<b>Case Number:</b>	CM13-0035816		
<b>Date Assigned:</b>	12/13/2013	<b>Date of Injury:</b>	05/12/2009
<b>Decision Date:</b>	06/09/2014	<b>UR Denial Date:</b>	10/01/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/17/2013

### 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. The expert reviewer is Board Certified in Family Practice, has a subspecialty in Internal Medicine and Cardiology and is licensed to practice in Texas. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### 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 54-year-old male who reported an injury on 05/12/2009. The mechanism of injury was not stated. Current diagnoses include gastroesophageal reflux disease, H. pylori positive, bile gastritis, and obesity. The injured worker was evaluated on 08/06/2013. The injured worker noted no change in gastroesophageal reflux disease or bile gastritis. Physical examination revealed clear lung sounds to auscultation, regular heart rate and rhythm, and an obese abdomen. Treatment recommendations at that time included continuation of current medication.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**RANITIDINE 150MG #30 (COPAK WITH GABADONE #60): Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Alternative Guidelines, University of Michigan Health System.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 68-69.

**Decision rationale:** Chronic Pain Medical Treatment Guidelines state proton pump inhibitors are recommended for patients at intermediate or high risk for gastrointestinal events. Patients

with no risk factor and no cardiovascular disease do not require the use of a proton pump inhibitor, even in addition to non-selective (NSAIDS) non-steroidal anti-inflammatory drugs. As per the documentation submitted, the injured worker does maintain a diagnosis of gastroesophageal reflux disease. However, the injured worker has utilized this medication for an unknown duration. The injured worker notes no improvement in gastroesophageal reflux symptoms or bile gastritis. Additionally, the current request does not include a frequency. As such, the request is not medically necessary and appropriate.

**PROBIOTICS #60:** 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), Chronic Pain.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Chapter, and Medical Foods.

**Decision rationale:** Official Disability Guidelines recommend medical foods that are labeled for dietary management of a specific medical disorder, disease or condition for which there are distinctive nutritional requirements and the product must be used under medical supervision. The clinical documentation submitted for review failed to provide the efficacy of the requested medication. Additionally, it failed to provide documentation of the condition the probiotic was prescribed for specifically. Additionally, it failed to provide the efficacy of the requested medication. Given the above, the request for probiotics #60 is not medically necessary.