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| <b>Case Number:</b>   | CM13-0045774 |                              |            |
| <b>Date Assigned:</b> | 12/27/2013   | <b>Date of Injury:</b>       | 05/31/2006 |
| <b>Decision Date:</b> | 05/15/2014   | <b>UR Denial Date:</b>       | 10/07/2013 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 10/28/2013 |

### 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 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 patient is a 46-year-old female who reported injury on 05/31/2006. The mechanism of injury was repetitive motion. The patient's subjective complaints were including challenges with sleep quality. The patient denied bright red blood per rectum. The patient's medications included Dexilant, Gaviscon, Amitiza, Citrucel, Colace, and probiotics. The diagnoses included gastroesophageal reflux disease, sleep disorder rule out obstructive sleep apnea, nausea, asthma, constipation and abdominal pain. The request was made for cardiorespiratory testing including autonomic function assessment and sleep disordered breathing respiratory study and probiotics.

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **PROBIOTICS, 60 COUNT, ONE TABLET TWICE PER DAY WITH TWO REFILLS:**

Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 2 General Approach to Initial Assessment and Documentation.

**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 MEDICAL FOODS

**Decision rationale:** Official Disability Guidelines recommend medical foods and indicate they are foods, which are formulated to be consumed or administered enterally under the supervision of a physician and/or intended for specific dietary management of a disease or condition for which distinctive nutritional requirements based on the recognized scientific principles are established by medical evaluation. To be considered the product must be a food for oral or tube feeding, must be 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 indicate the specific rationale for the medication and the patient was noted to be on multiple medications including Dexilant, Gaviscon, Amitiza, Citrucel, Colace, and probiotics. The duration of the usage could not be established with the submitted documentation. Additionally, there was a lack of documentation indicating the medication was labeled for dietary management of a specific medical disorder, disease, or condition for which there are distinctive nutritional requirements. The request as submitted failed to indicate the necessity for 2 refills of the medication without re-evaluation. Given the above, the request for probiotics, 60 count, 1 tablet twice per day with 2 refills is not medically necessary.