

Case Number:	CM14-0007272		
Date Assigned:	02/10/2014	Date of Injury:	06/06/2007
Decision Date:	07/14/2014	UR Denial Date:	12/31/2013
Priority:	Standard	Application Received:	01/20/2014

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 Internal Medicine, and is licensed to practice in California. 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 56-year-old female who has submitted a claim for lumbar intervertebral disc displacement without myelopathy associated with an industrial injury date of June 6, 2007. The patient is being treated for injuries sustained at the lumbar spine, left shoulder, right 4th and 5th digit, left knee and left ankle. Besides from these, the patient has been diagnosed with diverticulosis in 2008. He has a history of epigastric pain, nausea, vomiting and change of bowel with diarrhea and rectal bleeding. Esophagogastro-duodenoscopy with biopsy done on January 9, 2013 and showed diffuse antral gastritis. Biopsy of the antrum, body and duodenum were obtained; H. pylori infection and celiac disease were ruled out, respectively. Colonoscopy with forceps polypectomy was also done at the same day showing diminutive polyps which was completely removed with forceps polypectomy technique; inflamed internal hemorrhoids; and scattered left-sided diverticulitis. According to a progress report dated August 29, 2013, the patient has required antibiotics on three occasions for attacks of diverticular disease. The diagnoses include lumbar disc displacement without myelopathy; unspecified disorder of the bursa and tendon of the shoulder; sprain and strain unspecified site; hypertension; diabetes; gastritis; and diverticular disease. Treatment plan has included a request for probiotics. Treatment to date has included oral analgesics, physical therapy, right shoulder surgery, left knee and ankle surgery, left knee injections and probiotics. Utilization review from December 31, 2013 denied the request for probiotics 1 PO BID #60 because there was no evidence of abnormal intestinal issues or any reaction to medication resulting in significant diarrhea and loss of beneficial intestinal flora.

IMR ISSUES, DECISIONS AND RATIONALES

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

PROBIOTIC 1 PO BID, # 60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: National Institutes of Health, National Center for Complementary and Alternative Medicine (<http://nccam.nih.gov/health/probiotics/introduction.htm>).

Decision rationale: The CA MTUS does not specifically address this topic. Per the Strength of Evidence hierarchy established by the California Department of Industrial Relations, Division of Workers Compensation, the National Institutes of Health Guideline was used instead. It states that probiotics are live microorganisms (e.g., bacteria) that are either the same as or similar to microorganisms found naturally in the human body and may be beneficial to health. The U.S. Food and Drug Administration (FDA) has not approved any health claims for probiotics. In this case, the patient was diagnosed with diverticular disease and has required antibiotics on three occasions for attacks. He has been taking probiotics as far back as February 2013. However, there were no subjective complaints or objective evidence of GI disturbances based on the most recent progress reports. There is little support for the use of probiotics by the FDA. The medical necessity has not been established at this time. Therefore, the request for PROBIOTIC 1 PO BID, # 60 is not medically necessary.