

Case Number:	CM14-0113334		
Date Assigned:	08/01/2014	Date of Injury:	08/30/2010
Decision Date:	11/04/2014	UR Denial Date:	06/20/2014
Priority:	Standard	Application Received:	07/21/2014

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 Family Medicine and is licensed to practice in Texas and Mississippi. 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 47-year-old female who reported an injury on 08/30/2010. The mechanism of injury was reportedly cumulative trauma. Her diagnoses included psychological complaints, orthopedic complaints, headaches, pulmonary hypertension, sleep disorder, acid reflux, abdominal pain, shortness of breath, palpitations, chest pain, hypertension, and history of atrial fibrillation. Her previous treatments were not specified. Her previous diagnostics included MRI of the brain. Her surgical history included radiofrequency ablation in 2009 and 2013. On 05/08/2014 the injured worker reported that her acid reflux was improving and she denied nausea or constipation. The physical examination revealed that the injured worker was alert and oriented, pleasant and cooperative with no abnormal findings noted. The treatment plan was for probiotics 90 count and Gaviscon 1 bottle. Her medications included Gaviscon, probiotics, aspirin and lisinopril. The rationale for the request and the Request for Authorization form were not provided.

IMR ISSUES, DECISIONS AND RATIONALES

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

Probiotics, qty 90: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation
<http://www.ncbi.nlm.nih.gov/pubmed/21069673>, Probiotics for treating acute infectious diarrhea

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: Rxlist.com, Adult Probiotic

Decision rationale: Based on the clinical information submitted for review, the request for Probiotics, # 90 is not medically necessary. As stated on Rxlist.com, probiotics treat gastrointestinal problems such as diarrhea and irritable bowel, eczema, vaginal yeast infections, lactose intolerance, and urinary tract infections. The Food and Drug Administration has not reviewed probiotics for safety or effectiveness. It was noted the injured worker had a diagnoses of diarrhea and she had a gastrointestinal consultation to rule out irritable bowel syndrome due to the abdominal pain and worsening stress. However, it was unknown if the injured worker ever saw the specialist. There was a lack of information that stated that the injured worker had continuous or worsening diarrhea and abdominal pain. Furthermore, the Food and Drug Administration has not reviewed probiotics for safety or effectiveness. It is unknown if there has been an attempt at an alternative treatment. The request failed to provide the frequency of the medication prescribed. As such, the request for Probiotics, # 90 is not medically necessary.

Gaviscon, qty 1 bottle: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation <http://www.ncbi.nlm.nih.gov/pubmedhealth/PMHT0009022/?report=details#uses>, Antacids, Aluminum and Magnesium (By mouth)

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: Rxlist.com, Gaviscon oral

Decision rationale: Based on the clinical information submitted for review, the request for Gaviscon, # 1 bottle is not medically necessary. As stated in Rxlist.com, Gaviscon is used to treat the symptoms of too much stomach acid such as stomach upset, heartburn, and acid indigestion. If this medication is being used on a regular basis, for more than 2 weeks, it may be a medical problem that needs different treatment. It was noted that the injured worker had been taking Gaviscon for more than 6 months. Upon her last visit on 05/08/2014, the injured worker reported that her acid reflux was improving; however, she was well passed the two weeks of the recommended treatment. Furthermore, it was unclear as to what relation her acid reflux had to her work related injury. The request failed to provide the frequency of the medication as prescribed. As such, the request for Gaviscon, # 1 bottle is not medically necessary.