

Case Number:	CM14-0137724		
Date Assigned:	09/05/2014	Date of Injury:	03/01/2007
Decision Date:	09/30/2014	UR Denial Date:	08/05/2014
Priority:	Standard	Application Received:	08/25/2014

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 New York. 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 claimant is a 58 year old female who sustained an industrial injury on 03/01/2007. The mechanism of injury was not provided for review. Her diagnoses include bilateral shoulder pain, low back pain, bilateral leg pain and anxiety/depression. Her most recent evaluation on 06/19/2014 was for the evaluation of abdominal pain. Her abdominal exam was soft and obese without any abnormal findings. Her abdominal pain was felt secondary to NSAID use. Treatment for her pain conditions has included NSAID medications. The treating provider has requested Probiotics # 60, Hypertensa # 60 2 bottles, and an Ophthalmology consultation with [REDACTED]

IMR ISSUES, DECISIONS AND RATIONALES

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

Probiotics #60: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation World Gastroenterology Organization (WGO) Guideline: Inflammatory bowel disease: a global perspective. WGO; 2009 Jun1. 23p.

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: Medscape Internal Medicine 2013: Probiotics.

Decision rationale: Probiotics may have potential in several gastroenterological conditions, especially when the intestinal flora has been disturbed. Most scientific evidence is available for diarrhea patients treated with Lactobacillus GG, Lactobacillus reuteri or Saccharomyces boulardii. Meta-analyses have shown an overall reduction in the risk of antibiotic-associated diarrhea during treatment with probiotics, and benefits have also been demonstrated for patients with rota-virus-associated diarrhea. Patients with inflammatory bowel disease, an inflammatory disorder characterized by a change in the intestinal flora, are another important target group for which probiotics may be beneficial. It has been claimed that in ulcerative colitis and Crohn disease patients, lactobacilli, S. boulardii and Escherichia coli reduce relapses. But most studies were not placebo-controlled. A reduction in relapses has also been demonstrated in pouchitis patients treated with a multispecies probiotic. Irritable bowel syndrome might be another clinical indication for probiotic therapy, but results of clinical trials performed in these patients are inconsistent. Additionally, probiotics may improve lactose absorption, Helicobacter pylori eradication and constipation. Medical necessity for the requested item has not been established. The requested item is not medically necessary.

Hypertensia #60, 2 bottles: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain (Chronic), Medical Food; Compound drugs.

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: Nutrient Pharmacology 2014: Hypertensia.

Decision rationale: Hypertensia is a Medical Food formulated to be used by practicing physicians for the nutritional management of hypertension. Hypertensia helps to promote nitric oxide in the arterioles. Hypertensia is designed to produce the neurotransmitters nitric oxide and acetylcholine. Nitric oxide is the neurotransmitter that initiates dilatation of the arterioles and arteries in the presence of hypertension. Acetylcholine is the neurotransmitter that facilitates the action of nitric oxide on the hypertensive arteries. Hypertensia is designed to provide the nitric oxide precursor arginine, and the acetylcholine precursor choline, to enhance the production of the nitric oxide and acetylcholine neurotransmitters in the arterioles and arteries. There is no peer-reviewed literature supporting the use of this product for the treatment of hypertension. Medical necessity for the requested item has not been established. The requested item is not medically necessary.

1 Ophthalmology consultation with [REDACTED]: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 16 Eye Chapter Page(s): 416.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental

Medicine (ACOEM), 2nd Edition, (2004) Independent Medical Examinations and Consultations page 127.

Decision rationale: Per the reviewed guidelines referral to a specialist is indicated if a diagnosis is uncertain or extremely complex, or when the plan or course of care may benefit from additional expertise. There is no clear indication for the requested Ophthalmology consultation. The evaluation on 06/19/2014 did not indicate any patient subjective or objective eye problems that would require referral to an ophthalmologist. Medical necessity for the requested service has not been established. The requested service is not medically necessary.