

Case Number:	CM14-0160344		
Date Assigned:	10/06/2014	Date of Injury:	02/28/2013
Decision Date:	12/03/2014	UR Denial Date:	09/03/2014
Priority:	Standard	Application Received:	09/30/2014

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 Occupational 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:

Patient is a 34 year-old male with date of injury 02/28/2013. The medical document associated with the request for authorization, a secondary treating physician's progress report, dated 06/04/2014, lists subjective complaints as abdominal pain, acid reflux, diarrhea and constipation. Objective findings: Examination of the abdomen was notable for 1+ epigastric pain and bloating. No other significant findings were noted. H pylori positive IgG antibody was added as a diagnosis based on patient's labs. Diagnosis: 1. Abdominal pain 2. Acid reflux 3. Constipation/diarrhea 4. Sleep disorder 5. H. pylori positive IgG antibody. The medical records supplied for review document that the patient had not been prescribed the following medication before the request for authorization on 06/04/2014. Medication: Probiotics, #60 SIG: twice daily.

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 WebMD

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

Decision rationale: Per guideline, the term probiotic is currently used to name ingested microorganisms associated with beneficial effects to humans and animals. Probiotics are currently considered a medical food. Medical food is defined in section 5(b) of the Orphan Drug Act (21 U.s.c.360ee (b) (3)) as "a food which is formulated to be consumed or administered enterally under the supervision of a physician and which is intended for the specific dietary management of a disease or condition for which distinctive nutritional requirements, based on recognized scientific principles, are established by medical evaluation. Medical foods do not have to be registered with the FDA and as such are not typically subject to the rigorous scrutiny necessary to allow recommendation by evidence-based guidelines. Probiotics #60 is not medically necessary.