

Case Number:	CM14-0167505		
Date Assigned:	10/14/2014	Date of Injury:	01/03/2007
Decision Date:	11/17/2014	UR Denial Date:	09/30/2014
Priority:	Standard	Application Received:	10/10/2014

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 Physical Medicine and Rehabilitation, has a subspecialty in Pain Medicine and spinal Cord Medicine and is licensed to practice in Massachusetts. 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 has a history of a work injury occurring on 01/03/07 due to a fall. She underwent a multilevel lumbar spine fusion complicated by infection and by an outbreak of genital herpes. She has gained weight and developed diabetes and depression. She continues to be treated for chronic pain. On 08/22/14 she was seen for orthopedic follow-up. She was having increased left back and left hip pain. She was using a cane. Prior successful treatments had included Flector and Lidoderm. Physical examination findings included limited lumbar spine range of motion and left hip bursa tenderness. Imaging results showed adjacent segment disease. Recommendations included Lidoderm and Flector. A rolling walker was recommended. Authorization for pool therapy was requested. A left trochanteric bursa injection was performed. She was seen by the requesting provider, also on 08/22/14. Physical examination findings included morbid obesity. Pravastatin, Metformin, and Acyclovir were refilled and Cymbalta was prescribed.

IMR ISSUES, DECISIONS AND RATIONALES

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

Probiotic cap formula #30: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Drugs.com, Probiotics

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: The claimant is more than 7 years status post work-related injury with treatments including a multilevel lumbar spine fusion complicated by infection and continues to be treated for chronic pain. Probiotic supplementation in adults is intended to treat digestive issues such as abdominal discomfort, bloating, and occasional diarrhea, irritable bowel syndrome, and ventilator-associated pneumonia by adding microflora to the digestive tract. It would be classified as a medical food. Guidelines recommend use of a medical food 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. In this case, there is no identified disease or condition that would indicate the need for a nutritional supplement and therefore, prescribing Probiotic capsules was not medically necessary.