MAXIMUS Federal Services

Case Number:	CM14-0185565		
Date Assigned:	11/13/2014	Date of Injury:	10/23/2008
Decision Date:	12/15/2014	UR Denial Date:	10/15/2014
Priority:	Standard	Application Received:	11/07/2014

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:

According to the records made available for review, this is a 36-year-old male with a 10/23/08 date of injury, and status post cervical discectomy and fusion 11/5/13 and status post left shoulder acromioplasty 11. At the time (10/15/14) of the Decision for authorization for probiotics #60 and urine toxicology screen, there is documentation of subjective (improvement in constipation with medication, improved abdominal pain, diarrhea, cramping, and controlled diabetes), current diagnoses (diabetes mellitus, hyperlipidemia, hypertension, sleep disorder, irritable bowel syndrome, coronary artery disease, congestive heart failure, status post H. Pylori infection, right shoulder supraspinatus sprain/strain, right shoulder rotator cuff syndrome, bilateral elbow cubital tunnel syndrome, left elbow ulnar nerve compression, right wrist carpal tunnel syndrome, lumbar disc syndrome, bilateral upper extremity radiculopathy at C5-6, joint pain, synovitis/tenosynovitis), and treatment to date (home exercise program and medications (including Norco)). Regarding the requested urine toxicology screen, there is no documentation of abuse, addiction, or poor pain control.

IMR ISSUES, DECISIONS AND RATIONALES

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

Probiotics #60: Overturned

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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: http://www.gastro.org/patient-center/diet-medications/probiotics

Decision rationale: MTUS and ODG do not address this issue. Medical Treatment Guidelines identify that some of the most common uses for probiotics include the treatment of the following: irritable bowel syndrome, inflammatory bowel disease, infectious diarrhea, antibiotic-related diarrhea, traveler's diarrhea and other potential uses for probiotics include maintaining a healthy mouth, preventing and treating certain skin conditions like eczema, promoting health in the urinary tract and vagina, and preventing allergies. Within the medical information available for review, there is documentation of diagnoses of diabetes mellitus, hyperlipidemia, hypertension, sleep disorder, irritable bowel syndrome, coronary artery disease, congestive heart failure, status post H. Pylori infection, right shoulder supraspinatus sprain/strain, right shoulder rotator cuff syndrome, bilateral elbow cubital tunnel syndrome, left elbow ulnar nerve compression, right wrist carpal tunnel syndrome, lumbar disc syndrome, bilateral upper extremity radiculopathy at C5-6, joint pain, synovitis/tenosynovitis. In addition, there is documentation of subjective findings related to irritable bowel syndrome. Therefore, based on guidelines and a review of the evidence, the request for probiotics #60 is medically necessary.

Urine Toxicology Screen: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines On-Going Management Page(s): 78.

Decision rationale: MTUS Chronic Pain Medical Treatment Guidelines identifies documentation of abuse, addiction, or poor pain control in patient under on-going opioid treatment, as criteria necessary to support the medical necessity of Urine Drug Screen. Within the medical information available for review, there is documentation of diagnoses of diabetes mellitus, hyperlipidemia, hypertension, sleep disorder, irritable bowel syndrome, coronary artery disease, congestive heart failure, status post H. Pylori infection, right shoulder supraspinatus sprain/strain, right shoulder rotator cuff syndrome, bilateral elbow cubital tunnel syndrome, left elbow ulnar nerve compression, right wrist carpal tunnel syndrome, lumbar disc syndrome, bilateral upper extremity radiculopathy at C5-6, joint pain, synovitis/tenosynovitis. In addition, there is documentation of on-going opioid treatment. However, there is no documentation of abuse, addiction, or poor pain control. Therefore, based on guidelines and a review of the evidence, the request for urine toxicology screen is not medically necessary.