

Case Number:	CM14-0042156		
Date Assigned:	06/30/2014	Date of Injury:	01/10/2012
Decision Date:	11/10/2014	UR Denial Date:	03/17/2014
Priority:	Standard	Application Received:	04/08/2014

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 Arizona. 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 57 year old male with a date of injury on 1/10/2012. Diagnoses include abdominal pain, gastropathy, gastritis, GERD, and status-post H. pylori treatment. Subjective complaints are of less frequent abdominal pain with medications, but were still have occasional reflux. Physical exam shows a soft abdomen with normal bowel sounds, and mild diffuse tenderness to palpation without guarding or rebound. Medications include Dexilant, Ranitidine, Colace, Simethicone, and probiotics.

IMR ISSUES, DECISIONS AND RATIONALES

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

Probiotics Qty: 60: Upheld

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 Official Disability Guidelines (ODG) PAIN, MEDICAL FOODS

Decision rationale: The ODG states that a medical food is 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. For this patient the use of probiotics is not in relation to a documented nutritional deficiency, and the use of this supplement did not show any objective meaningful benefit. Therefore, the medical necessity for probiotics is not established at this time.