

Case Number:	CM14-0190536		
Date Assigned:	11/24/2014	Date of Injury:	01/17/2006
Decision Date:	01/09/2015	UR Denial Date:	10/17/2014
Priority:	Standard	Application Received:	11/14/2014

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 38-year-old male with a 1/17/06 date of injury. At the time (9/11/14) of request for authorization for Probiotics #60, there is documentation of subjective complaints as nausea with meals, increased gastroesophageal reflux symptoms, and diarrhea/constipation. The objective findings include soft abdomen with normoactive bowel sounds. The current diagnoses are gastroesophageal reflux disease and irritable bowel syndrome. Treatment to date includes medications.

IMR ISSUES, DECISIONS AND RATIONALES

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

Probiotic #60: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS ACOEM Practice Guidelines, Chapter 4 Work Relatedness, page 65

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation <http://www.drugs.com/npp/probiotics.html>

Decision rationale: MTUS and Official Disability Guidelines (ODG) do not address this issue. Medical Treatment Guidelines identifies documentation of bacterial vaginosis, diarrhea (acute infectious, antibiotic-associated, and persistent), irritable bowel syndrome (IBS), necrotizing

enterocolitis in neonates, or ventilator-associated pneumonia, as criteria necessary to support the medical necessity of Probiotics. Within the medical information available for review, there is documentation of diagnoses of gastroesophageal reflux disease and irritable bowel syndrome. Therefore, based on guidelines and a review of the evidence, the request for Probiotic #60 is medically necessary.