

Case Number:	CM15-0166207		
Date Assigned:	09/03/2015	Date of Injury:	10/30/2013
Decision Date:	10/06/2015	UR Denial Date:	08/17/2015
Priority:	Standard	Application Received:	08/24/2015

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
 State(s) of Licensure: Texas, Florida, California
 Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This 48 year old woman sustained an industrial injury on 10-30-2013. The mechanism of injury is not detailed. Diagnoses include gastroesophageal reflux disease and multiple orthopedic conditions. Treatment has included oral medications. Physician notes on a PR-2 dated 1-5-2015 show complaints of bloating with reflux symptoms. Recommendations include Nexium, Vitamin D3, and VSL.

IMR ISSUES, DECISIONS AND RATIONALES

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

VSL #3, 30: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines Treatment in Workers Compensation, 7th Edition, current year (2009), Pain Chapter Medical Food.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Pain Section, medical foods.

Decision rationale: This claimant was injured in 2013. Diagnoses include gastroesophageal reflux disease and multiple orthopedic conditions. Treatment has included oral medications. As

of January 2015, there is bloating with reflux symptoms. The current California web-based MTUS collection was reviewed in addressing this request. The guidelines are silent in regards to this request. Therefore, in accordance with state regulation, other evidence-based or mainstream peer-reviewed guidelines will be examined. This is a probiotic for irritable bowel syndrome. The ODG notes in the Pain section regarding medical food: The FDA defines a medical food as "a food which is formulated to be consumed or administered entirely 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". There are no quality studies demonstrating the benefit of medical foods in the treatment of chronic pain. It is not clear how this item would clinically aid in the patient's musculoskeletal injury care. The request is not medically necessary.