

Case Number:	CM15-0189312		
Date Assigned:	10/01/2015	Date of Injury:	08/30/2010
Decision Date:	11/18/2015	UR Denial Date:	09/01/2015
Priority:	Standard	Application Received:	09/25/2015

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: Arizona, Texas
 Certification(s)/Specialty: Internal 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 is a 48 year old female with a date of injury of August 30, 2010. A review of the medical records indicates that the injured worker is undergoing treatment for abdominal pain, acid reflux, and diarrhea, rule out irritable bowel syndrome. Medical records dated March 12, 2015 indicate that the injured worker complains of unchanged abdominal pain, unchanged acid reflux, and unchanged diarrhea. A progress note dated June 4, 2015 notes subjective complaints similar to those reported on March 12, 2015. The physical exam dated March 12, 2015 reveals a soft abdomen with normoactive bowel sounds. The progress note dated June 4 documented a physical examination that showed no changes since the examination conducted on March 12, 2015. Treatment has included medications (Probiotics and Losartan since at least December of 2014). The original utilization review (September 1, 2015) non-certified a request for Probiotics #60.

IMR ISSUES, DECISIONS AND RATIONALES

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

Probiotics #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Uptodate.com. Probiotics for gastrointestinal diseases.

Decision rationale: Several probiotic preparations have promise in preventing or treating various conditions such as infectious diarrhea. However, most studies have been small, and many have important methodologic limitations, making it difficult to make unequivocal conclusions regarding efficacy, especially when compared with proven therapies. Furthermore, considerable differences exist in composition, doses, and biologic activity between various commercial preparations, so that results with one preparation cannot be applied to all probiotic preparations. Finally, costs to the patient may be considerable since no preparation is FDA approved and most are not reimbursed by insurers. Enthusiasm for probiotics has outpaced the scientific evidence. Large, well-designed multicenter controlled clinical trials are needed to clarify the role of specific probiotics in different well-defined patient populations. In this case, the patient has diagnosis including abdominal pain, acid reflux and chronic diarrhea. The studies are not convincing that probiotic medications are helpful when used for these conditions. Furthermore, the patient repeatedly states that the probiotic medications are not decreasing the gastrointestinal symptoms. The continued use of probiotic medications is not medically necessary.