

Case Number:	CM15-0195399		
Date Assigned:	10/09/2015	Date of Injury:	01/18/2006
Decision Date:	11/20/2015	UR Denial Date:	09/01/2015
Priority:	Standard	Application Received:	10/05/2015

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: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation

CLINICAL CASE SUMMARY

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

The injured worker was a 48 year old male, who sustained an industrial injury, January 18, 2006. The injured worker was undergoing treatment for posttraumatic stress disorder, orthopedic pain disorder, psychological factors affecting medical condition, severe major depression and pain disorder and stress induced GERD (gastroesophageal reflux disease). The injured worker was also being treated for lumbar disc displacement, postlaminectomy syndrome of the lumbar spine, reflex sympathetic dystrophy of the lower limb and chronic pain syndrome. According to progress note of June 24, 2015, the injured worker was taking Nexium and Roxicodone. The injured worker's chief complaint was low back pain 7 out of 10. The physical exam noted the injured worker was well developed, nourished and oriented time 3 and in no acute distress. The injured worker's gait was within normal limits. There were paralumbar spasms 2 plus tenderness to palpation on the right. There was atrophy noted in the quadriceps. The injured worker was able to touch knees with forward flexion. The injured worker previously received the following treatments surgery, physical therapy, and psychological services, Androgel, Probiotics, Bupropion XL, Lexapro, Metaxalone, Ambien, Clonazepam, Dexilant, Nexium, Nuvigil, Tramadol, Vitamin B 12, Vitamin D3 and Oxycodone. According to the psychiatric interim report dated September 17, 2015; the injured worker was taking Probiotics Capsules #60 for stress induced GERD. The UR (utilization review board) denied certification on August 31, 2015; for a prescription for Probiotics Capsules #60.

IMR ISSUES, DECISIONS AND RATIONALES

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

Probiotic cap #60 no refills: 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 Therapeutic Advanced Gastroenterology 2010;3(5):307-319.

Decision rationale: The patient presents on 09/17/15 with severe depression and anxiety. The patient's date of injury is 01/18/06. The request is for Probiotic cap #60 no refills. The RFA was not provided. Progress note dated 09/17/15 does not provide a comprehensive physical exam, only discussion regarding this patient's severe depression, possible suicidal ideation, medication regimen, and struggles with UR denials. The patient is currently prescribed Androgel, Probiotics, Bupropion, Lexapro, Metaxelone, Ambien, Clonazepam, Dexilant, Nexium, and Nuvigil - though actual use is unclear as this patient is having difficulties receiving medications due to utilization review denials Patient is currently not working. While MTUS and ODG guidelines do not specifically address the use of probiotic therapy for the treatment of gastrointestinal complaints, an article by published in the journal Therapeutic Advanced Gastroenterology 2010;3(5):307-319. Use of Probiotics in Gastrointestinal Disorders by Elizabeth C. Verna, MD, MSc, Susan Lucak has the following: "The effect of probiotics on other GI disorders have also been studied, including lactose intolerance, Helicobacter pylori infection, microscopic colitis, prevention and treatment of diverticulitis, and even colon cancer prevention. The studies have been small and meta-analyses are too variable to draw firm conclusions of benefit. When added to standard therapy, probiotics do not provide additional benefit compared with standard therapy alone. Most probiotics tested to date are not more effective than placebo in inducing or maintaining IBD remission." In this case, the provider is requesting an unspecified probiotic supplement for this patient's stress-induced gastritis. This patient presents with significant psychiatric complaints and elevated stress levels secondary to utilization review denials of medications for his chronic pain. While the provider includes a lengthy discussion of this patient's ongoing struggles, there are currently no peer-reviewed studies available which establish the efficacy of probiotic therapy as an effective treatment for stress-induced GERD. Therefore, this request is not medically necessary.