

Case Number:	CM15-0201423		
Date Assigned:	10/16/2015	Date of Injury:	04/17/2009
Decision Date:	11/25/2015	UR Denial Date:	09/15/2015
Priority:	Standard	Application Received:	10/13/2015

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: Family Practice

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 is a 55 year old male, who sustained an industrial injury on 4-17-2009. Diagnoses include abdominal pain, constipation-diarrhea, rule out irritable bowel syndrome, orthopedic diagnosis (referred), psychiatric diagnoses (referred), and sleep disorder. On 10-15-14, he was evaluated for complaints of abdominal pain and constipation-diarrhea. The record documented an upper gastrointestinal fluoroscopy and barium enema was ordered and Nexium, Gaviscon, Colace and Probiotics were prescribed with discontinuation of NSAIDs. He was further advised to follow a low-acid, low fat diet. The records indicated the diagnostic testing had not been completed. On 9-2-15, he complained of abdominal pain and constipation. The physical examination documented no abnormal physical findings. The records submitted did not include documentation regarding subjective or objective findings regarding medication use or efficacy. The plan of care included prescriptions for medications as previously prescribed and re-requested diagnostic testing. The appeal requested authorization for probiotics, one tablet twice a day, #60, with two refills. The Utilization Review dated 9-15-15, denied this request.

IMR ISSUES, DECISIONS AND RATIONALES

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

Probiotics #60 with 2 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 Sartor RB, Lamont JT, Grover S. Probiotics for Gastrointestinal Disease, accessed in Up-To-Date (11/23/2015) at www.uptodate.com.

Decision rationale: The MTUS and Official Disability Guidelines do not comment on the use of probiotics for the treatment of gastrointestinal complaints. Therefore the reference source, Up-To-Date was used. In this chapter, the authors explore the evidence for the use of probiotics in specific gastrointestinal conditions. Their conclusions are as follows: Most studies (on the use of probiotics) have been small and many have important methodologic limitations, making it difficult to make unequivocal conclusions regarding efficacy and safety, especially in comparison to proven therapies. Furthermore, considerable differences exist in composition, doses and biologic activity between various commercial preparations of probiotics. No probiotic strategy is currently considered to represent either the standard of care or primary treatment for any gastrointestinal condition. In this case, the specific medical diagnosis that serves as the rationale to prescribe probiotics is unclear. Further, it is unclear whether the patient has undergone a complete evaluation for the cause of his gastrointestinal symptoms and has tried an adequate course of first-line therapy. For these reasons, probiotics are not medically necessary.