

Case Number:	CM15-0213249		
Date Assigned:	11/03/2015	Date of Injury:	02/02/2009
Decision Date:	12/18/2015	UR Denial Date:	10/26/2015
Priority:	Standard	Application Received:	10/29/2015

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: New York, Tennessee

Certification(s)/Specialty: Emergency 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:

The injured worker was a 50 year old female, who sustained an industrial injury, February 2, 2009. The injured worker was undergoing treatment for cervicalgia, left rotator cuff syndrome, thoracic outlet syndrome, left more significant than right, lumbar spine pain, GERD (gastroesophageal reflux disease), IBS (irritable bowel syndrome), hemorrhoids, sleep disorder, eczema, chest pain and obstructive airway disease. According to progress note of September 9, 2015, the injured worker's chief complaint was constipation and diarrhea. The injured worker reported difficulty sleeping. The injured worker reported unchanged chest pain, noted worsening shortness of breath and reports using albuterol and reports ongoing musculoskeletal complaints. The objective findings were the abdomen was soft and non-tender. The left shoulder exam noted positive Neer and Hawkins test and bicep pain and decreased range of motion. The injured worker previously received the following treatments Nexium, Probiotics since September 9, 2015, Sunscreen since September 9, 2015, Plaquenil, The RFA (request for authorization) dated September 9, 2015; the following treatments were requested prescriptions for Probiotics twice daily #60 and one bottle of sunscreen. The UR (utilization review board) denied certification on October 26, 2015; prescriptions for Probiotics twice daily #60 and one bottle of sunscreen.

IMR ISSUES, DECISIONS AND RATIONALES

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

Probiotics twice daily (Rx 07/29/15) #60: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Physicians, (MKSAP, 2012) General Internal Medicine.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation. The Medical Letter on Drugs and Therapeutics, Issue 1407, January 7, 2013: Probiotics Revisited.

Decision rationale: Probiotics are live, nonpathogenic microorganisms (usually bacteria or yeasts) marketed as dietary supplements. They have not been approved by the FDA for any indication. Several mechanisms have been proposed to explain how probiotics could have beneficial effects. The presence of *Lactobacillus* spp. and other probiotics in the intestinal tract might physically or chemically prevent adhesion and colonization of pathogenic bacteria. They may also induce or enhance an immune response. Moderate-quality evidence suggests that probiotic prophylaxis results in a large reduction in *Clostridium difficile*-associated diarrhea. Probiotics have also been used in the treatment of many other conditions, including atopic dermatitis, lactose intolerance, bacterial vaginosis, allergic rhinitis, asthma, and peptic ulcer associated with *Helicobacter pylori* infection. Probiotics can cause gas, diarrhea, bloating and hiccups; these are usually mild and transient. Infectious complications have occurred with specific probiotics, including sepsis with *Lactobacillus casei*, fungemia with *S. boulardii*, and liver abscess due to *Lactobacillus GG*, all in highly immunosuppressed and/or critically ill patients, particularly those with an indwelling vascular catheter. In this case the patient has been diagnosed with irritable bowel syndrome. Probiotics are not medically indicated. In addition, the patient has been taking probiotics since at least March 2015 and they have not been effective. The request is not medically necessary.

SPF 50 sunscreen, 1 bottle (Rx 07/29/15): Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Physicians, (MKSAP, 2012) General Internal Medicine.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation. The Medical Letter on Drugs and Therapeutics, Issue 1359, March 7, 2011: Sunscreens Revisited.

Decision rationale: Broad-spectrum sunscreens protect against sunburn, photo aging, non-melanoma skin cancer, and probably melanoma as well. For patients without pathologic photosensitivity, an SPF 15-30 product as customarily used should be about as effective as one with a higher SPF. For those who need added protection, a broad-spectrum, high-SPF sunscreen is preferred. In general, the amount of sunscreen applied may be more important than the SPF on the label. In this case there is no documentation that the patient has increased risk of skin cancer or melanoma. Medical necessity has not been established. The request is not medically necessary.