

<b>Case Number:</b>	CM15-0220664		
<b>Date Assigned:</b>	11/16/2015	<b>Date of Injury:</b>	10/04/2012
<b>Decision Date:</b>	12/23/2015	<b>UR Denial Date:</b>	10/13/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/10/2015

### 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: North Carolina

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 47 year old male who sustained an industrial injury on 10-04-2012. A review of the medical records indicated that the injured worker is undergoing treatment for cervical disc protrusions and degenerative disc disease, lumbar disc protrusions and degenerative disc disease, lumbar radicular syndrome, left rotator cuff tendinitis, impingement syndrome, abdominal pain, acid reflux, constipation and diarrhea. According to the treating physician's progress report on 09-29-2015, the injured worker reported improvement with acid reflux and abdominal pain with medications. Abdomen was soft with normoactive bowel sounds. Official report of lumbar spine magnetic resonance imaging (MRI) performed on 10-21-2013 was included in the review. Prior treatments have included diagnostic testing, physical therapy, acupuncture therapy, lumbar epidural steroid injection, psychiatric evaluation, internal medicine evaluation and follow-up and medications. Current medications were listed as Norco and Probiotics (since at least 02-2015), and Dexilant, Amitiza and anti-hypertensive medications. Treatment plan consists of dietary recommendations with a low-fat, low-acid diet, follow-up with psychological care and the current request for Probiotics #60 with 2 refills. On 10-13-2015, the Utilization Review determined the request for Probiotics #60 with 2 refills was not medically necessary.

### 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:** Overturned

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation PDR 2015.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation PDR, probiotics.

**Decision rationale:** The California MTUS and the ACOEM do not specifically address the requested service. The physician desk reference states the requested medication is indicated in the treatment of abdominal pain and digestive issues of the large colon. The patient does have these diagnoses and has documentation of symptoms and findings on exam. Therefore, the request is medically necessary.