

<b>Case Number:</b>	CM15-0047293		
<b>Date Assigned:</b>	03/19/2015	<b>Date of Injury:</b>	09/16/2010
<b>Decision Date:</b>	04/24/2015	<b>UR Denial Date:</b>	02/17/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/12/2015

### 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

Certification(s)/Specialty: Internal Medicine, Pulmonary Disease

### 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 50-year-old female sustained an industrial injury on 9/16/10. In a PR-2 dated 1/15/15, the injured worker reported that her acid reflux was worsened with left upper quadrant abdominal pain associated by bowel movements. The injured worker reported worsening constipation, diarrhea and anxiety. The injured worker reported going to the Emergency Department with left suboccipital head pain. The injured worker received a steroid injection while in the Emergency Department. Physical exam was remarkable for lungs clear to auscultation, hear with regular rate and rhythm and soft abdomen with normoactive bowel sounds. Current diagnoses included abdominal pain, secondary to gastritis and hiatal hernia, gastroesophageal reflux disease, gastritis, constipation, internal hemorrhoids, hiatal hernia and status post gastric polypectomy. The treatment plan included medications (Dexilant, Gaviscon, Miralax, Simethicone, Probiotics and Linzess).

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Probiotics BID #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 Goldman's Cecil Medicine, 24th Edition. Chapter 134 Approach to the Patient with Gastrointestinal Disease. 2011.

**Decision rationale:** The patient is a 50 year old female with an injury on 09/16/2010. She has gastritis, constipation and internal hemorrhoids and had a gastric polypectomy. MTUS, ACOEM and ODG do not mention probiotics as a treatment for any occupational injury. It is not recommended treatment in those guidelines. Also, Probiotics is not a specific drug but is a class of drugs. It is not medically necessary for this patient.