

Case Number:	CM15-0051562		
Date Assigned:	03/25/2015	Date of Injury:	05/18/2013
Decision Date:	05/01/2015	UR Denial Date:	03/02/2015
Priority:	Standard	Application Received:	03/18/2015

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: Internal 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 is a 44 year old male, who sustained an industrial injury on 5/18/13. He reported abdominal pain. The injured worker was diagnosed as having abdominal pain, constipation, gastroesophageal reflux disease, rectal bleeding, and H. pylori positive IgG antibody. A physician's report dated 10/23/14 noted the injured worker was status post right inguinal herniorrhaphy. Treatment to date has included medications such as Miralax and Colace. Currently, the injured worker complains of fatigue, abdominal pain, and constipation. Physical examination findings on 1/21/15 were 2+ tenderness to palpation over the right lower abdominal quadrant and right inguinal region. A computed tomography scan of the abdomen and pelvis performed on 9/2/14 revealed diffused fatty infiltration of the liver, appendectomy, and colonic diverticulosis without evidence of diverticulitis. A fluoroscopic upper gastrointestinal study with air contrast performed on 9/30/14 revealed a normal double contrast series. The treating physician requested authorization for probiotics #60 with 2 refills. No rationale for the specific request was provided in the medical records.

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 base their decision on the MTUS. Decision based on Non-MTUS Citation www.gastro.org.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation A gastroenterologist's guide to probiotics, Matthew Ciorba MD, Clinical Gastroenterology and Hepatology, 2012 Sep;10(9):960-8. PMID 22504002 [http://www.cghjournal.org/article/S1542-3565\(12\)00369-2/pdf](http://www.cghjournal.org/article/S1542-3565(12)00369-2/pdf).

Decision rationale: Medical Treatment Utilization Schedule (MTUS) does not address probiotics. Clinical Gastroenterology and Hepatology journal article "A gastroenterologist's guide to probiotics" (2012) indicates that the capacity of probiotics to modify disease symptoms is likely to be modest and varies among probiotic strains, not all probiotics are right for all diseases. Probiotic strain selection should focus on quality-tested products with clinically demonstrated benefit for the given disorder. Patients and physicians should expect modest effects and consider using probiotics as a supplement to, rather than a replacement for, conventional therapy. The primary treating physician's progress report dated 11/5/14 documented the diagnoses of abdominal pain, constipation, gastroesophageal reflux disease, rectal bleeding, and Helicobacter pylori positive IgG antibody test 8/15/14. Probiotics were requested on 1/21/15. Recent progress reports were not present in the submitted medical records. Without recent progress reports, the 1/21/15 request for probiotics is not supported. Therefore, the request for Probiotics is not medically necessary.