

<b>Case Number:</b>	CM15-0055361		
<b>Date Assigned:</b>	04/16/2015	<b>Date of Injury:</b>	10/04/2002
<b>Decision Date:</b>	05/20/2015	<b>UR Denial Date:</b>	02/20/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/23/2015

### 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: Pennsylvania

Certification(s)/Specialty: Internal Medicine, Hospice & Palliative 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 49 year old female, who sustained an industrial injury on 10/4/02. She reported pain in her lower back, left lower extremity and gastrointestinal distress. The injured worker was diagnosed as having left lower extremity radicular pain, lumbar facet arthropathy, irritable bowel syndrome and cervical strain. Treatment to date has included an EMG/NCV study, acupuncture, lumbar laminectomy and pain medications. As of the PR2 dated 1/21/15, the injured worker reports constant lower back pain despite the spinal cord stimulator and is taking more oral narcotics. She reports severe constipation and gastrointestinal complaints from the antibiotics and oral narcotics prescribed. The treating physician requested Lactinex chewable #50.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Lactinex Chewable tablet everyday #50:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation <http://www.drugs.com/mtm/bd-lactinex.html> (last accessed on 2/19/15).

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Sartor RB, et al. Probiotics for gastrointestinal diseases. Topic 2603, version 23.0. UpToDate, accessed 05/17/2015.

**Decision rationale:** Lactinex is a probiotic. Probiotics are microorganisms that provide benefit to the body. The MTUS Guidelines are silent on this issue. The literature supports their use to prevent the growth and invasion of harmful bacteria through the gut walls, improvement of the immune system, and a decreased feeling of abdominal pain. The submitted and reviewed documentation indicated the worker was experiencing nausea with vomiting and episodes of diarrhea and constipation. An evaluation by a gastrointestinal specialist concluded the worker had milk intolerance. This product contains milk and milk products along with the probiotics. There was no discussion describing special circumstances that sufficiently supported this request. Given these issues, the current request for fifty chewable tablets of Lactinex taken daily is not medically necessary.