MAXIMUS Federal Services

Case Number:	CM15-0058035		
Date Assigned:	04/02/2015	Date of Injury:	04/01/2008
Decision Date:	05/01/2015	UR Denial Date:	02/24/2015
Priority:	Standard	Application Received:	03/26/2015

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 56 year old female who sustained a work related injury on April 1, 2008. The injured worker was distressed over persistent pain and disability involving prior injuries to her neck, back, and hand and knee conditions. She had undergone multiple surgeries for her injuries. She was diagnosed with gastroesophageal reflux disease (GERD) secondary to stress, irritable bowel syndrome, gastric ulcer and gastritis. Treatment included dietary restrictions, increased fluid intake and medication management. Currently, the injured worker complained of continued gastroesophageal reflux disease (GERD) symptoms, irritable bowel syndrome with worsening constipation and blood in the stools. The treatment plan that was requested for authorization included a prescription for Probiotics with two refills.

IMR ISSUES, DECISIONS AND RATIONALES

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

Probiotics #90 with 2 refills: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation
http://www.ncbl.nlm.nlh.gov/pubmed/22314561; Stress and the gut: pathophysiology, clinical consequences, diagnostic approach and treatment options. Konturek PC1, Brzozowski T. Konturek SJ.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, medical foods.

Decision rationale: The California chronic pain medical treatment guidelines and the ACOEM do not specifically address the requested medication. The ODG states that medical foods are not considered medically necessary except in those cases in which the patient has a medical disorder, disease or condition for which there are distinctive nutritional requirements. The patient does have diagnoses of a medical disorder (IBS) that would meet these requirements. The criteria per the ODG have been met and therefore the request is medically necessary.