

Case Number:	CM14-0160286		
Date Assigned:	10/03/2014	Date of Injury:	10/23/2002
Decision Date:	11/04/2014	UR Denial Date:	09/06/2014
Priority:	Standard	Application Received:	09/29/2014

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. The expert reviewer is Board Certified in Internal Medicine, has a subspecialty in Nephrology and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

Patient is a 63-year-old female who has submitted a claim for acid reflux, irritable bowel syndrome, hypertension, hyperlipidemia, lumbar degenerative disc disease, left knee sprain / strain, right knee sprain / strain, lateral epicondylitis, rotator cuff tear, and carpal tunnel syndrome associated with an industrial injury date of 10/23/2002. Medical records from 2014 were reviewed. Patient reported controlled acid reflux with omeprazole. She also reported improved alternating constipation and diarrhea, however, without improvement in bloating symptom. Physical examination showed a soft abdomen with normoactive bowel sounds. There was no tenderness or guarding. Treatment to date has included low-fat, low-acid, low-cholesterol, low-sodium diet and medications such as Lactinex (since April 2014), Dexilant, ranitidine, Gaviscon, Citrucel, MiraLax, Amitiza, Sentra, and Trepadone. Utilization review from 9/6/2014 denied the request for Lactinex #60 with 2 refills because of no documented symptom relief with medication use.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 prescription of Lactinex #60 with 2 refills: Overturned

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 Other Medical Treatment Guideline or Medical Evidence: US Food and Drug Administration (Lactinex), and National Institutes of Health, National Center for Complementary and Alternative Medicine (<http://nccam.nih.gov/health/probiotics/introduction.htm>)

Decision rationale: The CA MTUS does not specifically address this topic. Per the Strength of Evidence hierarchy established by the California Department of Industrial Relations, Division of Workers Compensation, the National Institutes of Health Guideline was used instead, probiotics are live microorganisms (e.g., bacteria) that are either the same as or similar to microorganisms found naturally in the human body and may be beneficial to health. The U.S. Food and Drug Administration (FDA) has not approved any health claims for probiotics. Lactinex granule is used for aiding digestion, preventing diarrhea, and alleviating symptoms of irritable bowel syndrome. In this case, patient has a known irritable bowel syndrome. Lactinex has been prescribed since April 2014. Progress report from August 2014 stated that she reported improved alternating constipation and diarrhea with medication use. The medical necessity for continuing treatment has been established. Therefore, the request for Lactinex #60 with 2 refills is medically necessary.