

Case Number:	CM14-0093528		
Date Assigned:	07/25/2014	Date of Injury:	10/20/2006
Decision Date:	09/22/2014	UR Denial Date:	05/19/2014
Priority:	Standard	Application Received:	06/19/2014

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 Physical Medicine and Rehabilitation and is licensed to practice in Illinois. 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:

The injured worker is a 57-year old male who reported an injury on 10/20/2006. The mechanism of injury was an electric shock. His diagnoses included constipation/diarrhea, irritable bowel syndrome, possible hemorrhoids secondary to constipation, Gastroesophageal reflux disease secondary to non-steroidal anti-inflammatory drugs; hypertension aggravated by work-related injury; and hyperlipidemia. Past treatments included medications, psychiatric visits and physical therapy. Diagnostic tests indicated in the medical record were an electrocardiogram and abdominal ultra sound performed on 07/27/2012 and a 2-D echocardiogram with Doppler done on 07/12/2012. The abdominal ultrasound indicated positive findings of diffuse liver disease. There was no relevant surgical history indicated in the clinical notes. The injured worker had complaints of hypertension, gastrointestinal problems, and shortness of breath, chest pain, and sleep disturbance. Physical exam findings revealed a blood pressure of 167/84 without medications, tenderness to the cervical, thoracic and lumbosacral spine with decreased range of motion. The abdomen was obese, soft and had normal bowel sounds. There were no other significant findings indicated by the physical exam. Medications included Probiotics #60 twice daily, Aspirin enteric coated 81mg #30, Amitiza 24 mcg, and Citrucel. The treatment plan included dietary recommendations of a low-fat, low acid, low cholesterol and low sodium diet. Also probiotics #90 were recommended to help combat those gastrointestinal complaints. The authorization for request form was signed and dated on 04/23/2013.

IMR ISSUES, DECISIONS AND RATIONALES

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

Probiotics, qty 90: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Harrison's Principles of Internal Medicine, 18th Edition, 2011; A Gastroenterologist's Guide to Probiotics - <http://www.medscape.com/viewarticle/770468>.

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: Rxlist.com, Adult Probiotic oral.

Decision rationale: The requested treatment for Probiotics #90 is not medically necessary. The injured worker continues to have complaints of diarrhea, constipation and abdominal pain. The patient initially complained of gastrointestinal issues in 2009 and underwent an abdominal ultrasound that revealed diffuse liver disease. Rxlist states that Probiotics are used to improve digestion and restore normal flora. Probiotics have been used to treat bowel problems such as diarrhea or irritable bowel, eczema, vaginal yeast infections, lactose intolerance, and urinary tract infections. The FDA has not reviewed this product for safety or effectiveness. Probiotics do have a positive outcome for the complaint of diarrhea/constipation but there is no clear evidence that refutes the use of yogurt, milk, juices, soy beverages and other probiotic foods along with other dietary recommendations to help alleviate the complaint of diarrhea/constipation. As there is no evidence of long term efficacy and safety associated with the use of Probiotics, and dietary sources of probiotics are the recommended source for gastrointestinal issues, the request is not supported. Therefore the request for Probiotics #90 is not medically necessary.