

Case Number:	CM14-0217429		
Date Assigned:	01/26/2015	Date of Injury:	04/08/2010
Decision Date:	03/05/2015	UR Denial Date:	12/02/2014
Priority:	Standard	Application Received:	12/29/2014

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. 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: Physical Medicine & Rehabilitation

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 69 year old male injured worker suffered an industrial accident on 4/8/2010 while at work as a catering truck operator and slipped on some drainage fell, injuring the right shoulder. Over the following weeks, the injured worker began to complain of the right foot dragging, low back pain and neck pain. Subsequently the injured worker had lumbar fusion and cervical fusion. As of the providers visit on 9/29/2014 the medications list included hydrocodone, naproxen, cyclobenzaprine and omeprazole with topical analgesic creams. The injured worker developed chronic opioid induced constipation with abdominal pain and rectal bleeding. There was a colonoscopy on 9/20/2013 but without documentation in the medical records of the indications and results. The provider prescribed Miralax, Colace and Probiotics and on the visit of 9/30/2014, the documentation stated improvement of those symptoms. The UR decision on 12/2/2014 denied the request for Probiotics on the grounds there was no documentation in the guidelines to support the use of them for the specific condition of opioid induced constipation.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 PRESCRIPTION OF PROBIOTICS #60: Upheld

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 Pain chapter, Medical food

Decision rationale: This patient presents with abdominal pain, constipation, rectal bleeding, neck pain, right shoulder pain, back pain. The treater has asked for 1 PRESCRIPTION OF PROBIOTICS #60 on 9/30/14. Regarding Medical food, ODG pain chapter recommends if it meets the following criteria: (1) the product must be a food for oral or tube feeding; (2) the product must be labeled for dietary management of a specific medical disorder, disease, or condition for which there are distinctive nutritional requirements; (3) the product must be used under medical supervision. ODG pain chapter states medical foods are not recommended for chronic pain. In this case, the patient has a chronic pain condition. Probiotics are yet to be discussed in the guidelines and there is lack of support for this supplement in use for chronic pain. ODG does not recommend medical food for chronic pain condition. The request IS NOT medically necessary.