

<b>Case Number:</b>	CM15-0013471		
<b>Date Assigned:</b>	02/02/2015	<b>Date of Injury:</b>	03/11/2003
<b>Decision Date:</b>	03/24/2015	<b>UR Denial Date:</b>	12/31/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/23/2015

### 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: Texas, Ohio, California

Certification(s)/Specialty: Preventive Medicine, Occupational 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 applicant is a represented [REDACTED] employee who has filed a claim for chronic pain syndrome reportedly associated with an industrial injury of March 11, 2003. In a Utilization Review Report dated December 22, 2014, the applicant failed to approve the request for probiotics, a dietary supplement. The claims administrator noted that the applicant was using a variety of other dietary supplements including Sentra and Theramine. The claims administrator referenced a progress note of November 4, 2014, in its determination. The applicant's attorney subsequently appealed. On December 7, 2014, the applicant reported multifocal complaints of neck, low back, bilateral shoulder, and bilateral knee pain. Physical therapy was endorsed. On November 5, 2014, Dexilant, ranitidine, Gaviscon, Carafate, probiotics, Anusol, Bentyl, meclizine, Sentra and Theramine were all apparently refilled by the applicants secondary treating provider.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Probiotics #60 BID:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation J Intern Med. 2005 Jan;257(1):78-92. Probiotics and gastrointestinal diseases. Sullivan AI, Nord CE.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM V.3, Chronic Pain General Principles of Treatment, Medications and Alternative Treatments

**Decision rationale:** Complementary and alternative treatments, or dietary supplements, etc., are not recommended for treatment of chronic pain, as they have not been shown to produce meaningful benefits or improvements in functional outcomes. Strength of Evidence Not Recommended, Insufficient Evidence, there for is not medically necessary.