MAXIMUS Federal Services

Case Number:	CM15-0117798		
Date Assigned:	06/26/2015	Date of Injury:	05/13/2011
Decision Date:	07/31/2015	UR Denial Date:	05/19/2015
Priority:	Standard	Application Received:	06/18/2015

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, New York, 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 46-year-old who has filed a claim for chronic neck and back pain with derivative complaints of anxiety, depression, reflux, and obstructive sleep apnea (OSA) reportedly associated with an industrial injury of May 13, 2011. In a Utilization Review report dated May 19, 2015, the claims administrator failed to approve a request for probiotics, a dietary supplement. A progress note and associated RFA form of January 13, 2015 were referenced in the determination. The applicant's attorney subsequently appealed. On December 2, 2014, trigger point injection therapy was sought for ongoing complaints of low back pain. The applicant was described as having ongoing issues with psychological stress. The applicant's work status was not furnished. On an RFA form dated May 14, 2015, multiple medications and dietary supplements, including Nexium, Gaviscon, Citracal, probiotics, Amitiza, Bentyl, Theramine, and Trepadone were endorsed. In an associated progress note of the same date, May 14, 2015, the applicant was described as having ongoing issues with chronic pain, depression, stress, anxiety, reflux, constipation, and sleep disturbance. The applicant was off of work, it was suggested.

IMR ISSUES, DECISIONS AND RATIONALES

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

Probiotic Cap BID sixty count: 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 ACOEM Occupational Medicine Practice Guidelines, 3rd ed, Chronic Pain, page 926.

Decision rationale: No, the request for probiotics, a dietary supplement, was not medically necessary, medically appropriate, or indicated here. The MTUS does not address the topic of dietary supplements. However, the Third Edition ACOEM Guidelines Chronic Pain Chapter notes that dietary supplements are not recommended in the treatment of chronic pain as they have not been shown to produce any meaningful benefits or improvement in functional outcomes in the treatment of the same. Here, the attending provider's May 14, 2015 progress note and associated RFA form did not set forth a clear or compelling rationale for provision of this and other dietary supplements in the face of the unfavorable ACOEM position on the same. Therefore, the request was not medically necessary.