MAXIMUS Federal Services

Case Number:	CM15-0123713		
Date Assigned:	07/08/2015	Date of Injury:	03/05/2010
Decision Date:	09/01/2015	UR Denial Date:	05/27/2015
Priority:	Standard	Application Received:	06/26/2015

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: New York
Certification(s)/Specialty: Pediatrics, Internal 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 injured worker is a 79 year old female who sustained an industrial injury on 3/5/10. The injured worker was diagnosed as having cephalgia, abdominal pain, acid reflux, sleep disorder, orthopedic diagnosis (referred) and psychiatric diagnosis (referred). Previous treatments included status post left hip surgery, physical therapy, injections, medication management and home exercise program. Previous diagnostic studies included a computed tomography, radiographic studies and a magnetic resonance imaging. Provider documentation on the 3/11/15 progress note states the injured worker has not worked since 9/27/10. Physical examination was notable for lungs clear to auscultation, abdomen soft with positive bowel sounds. On the progress note dated 3/11/15 the injured worker denies "any nausea, and vomiting, diarrhea, constipation, and melena, bright red blood per rectum, peptic ulcer disease or hepatitis." The progress note dated 3/11/15 also noted unremarkable laboratory studies. The plan of care was for Probiotics quantity of 60 twice daily.

IMR ISSUES, DECISIONS AND RATIONALES

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

Probiotics #60: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACP Smart Medicine (Internet) American

College of Physicians, Guidelines for the diagnosis and management of gastroesophageal reflux disease, American Journal of Gastroenterology, Journal of Clinical Outcomes Management.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation uptodate.com - Probiotics for gastrointestinal diseases.

Decision rationale: CA MTUS and ODG are silent on the use of probiotics. Several probiotic preparations have promise in preventing or treating various conditions. However, most studies have been small, and many have important methodologic limitations, making it difficult to make unequivocal conclusions regarding efficacy, especially when compared with proven therapies. There are no preparations that are FDA approved and most are not reimbursed by insurers. Enthusiasm for probiotics has outpaced the scientific evidence. Large, well-designed multicenter controlled clinical trials are needed to clarify the role of specific probiotics in different well-defined patient populations. In the progress note dated 3/11/15, the injured worker denies "any nausea, and vomiting, diarrhea, constipation, and melena, bright red blood per rectum, peptic ulcer disease or hepatitis." Additionally, the injured workers physical exam was without complaints of abdominal pain and the provider stated "In regards to the patient's gastrointestinal complaints, her labs were unremarkable." As such, the request for Probiotics quantity of 60 twice daily is medically unnecessary.