

<b>Case Number:</b>	CM14-0135920		
<b>Date Assigned:</b>	09/03/2014	<b>Date of Injury:</b>	07/02/1997
<b>Decision Date:</b>	10/24/2014	<b>UR Denial Date:</b>	08/04/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/22/2014

### 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 Texas and Oklahoma. 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 65-year-old male who reported a work related injury on 07/02/1997 due to right shoulder pain that occurred while pulling on a cable while working as a lineman. The injured worker's diagnosis was left shoulder pain. The injured worker's past treatment had included trigger point injections, surgical intervention, and medications. Diagnostic studies include an MRI that was performed in October 2012 which revealed unspecified degeneration. The injured worker's past surgical history included 5 right shoulder surgeries including a right shoulder replacement on an unspecified date. Upon examination on 08/08/2014, the injured worker complained of right anterior shoulder pain. He described the pain as a dull ache that was constant with muscle spasms which was worse in the evening. That day, he rated his pain as a 7/10 on the VAS (visual analog scale) pain scale. The pain was noted to be increased with lifting and moving the neck and the pain decreased with medications and not moving the shoulder. It was also noted that the pain had drastically improved with long term pain relief from trigger point injections and subdeltoid bursa injections. The injured worker's medications included Voltaren, probiotic, fentanyl, Norco, Norvasc, Metamucil, vitamin D3, Neurontin, Ambien, Cosamine, lisinopril, and fish oil. The injured worker's treatment plan consisted of a refill of medications, trigger point injections, probiotics, and to begin vitamin D3. The rationale for the request and the Request for Authorization were not submitted for review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Probiotics:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation WebMD Feature By Peter Jaret

**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: WebMD

**Decision rationale:** The request for probiotics is not medically necessary. Probiotics are organisms such as bacteria or yeast that are believed to improve health. They are available in supplements and foods. Research is believed that some digestive disorders happen when the balance of friendly bacteria in the intestines become disturbed. This can happen after an infection or taking an antibiotic. Intestinal intolerance can arise when the lining of the intestines is damaged; taking probiotics may help. In regard to the injured worker, probiotics were requested to treat pain and inflammation. Within the documentation provided for review, there is a lack of objective evidence of a deficiency of the patient's natural intestinal bacteria flora and resulting digestive disorders to support the use of probiotics. As such, the request for probiotics is not medically necessary.