

<b>Case Number:</b>	CM13-0026056		
<b>Date Assigned:</b>	11/22/2013	<b>Date of Injury:</b>	04/23/2003
<b>Decision Date:</b>	03/05/2014	<b>UR Denial Date:</b>	09/04/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/18/2013

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Internal Medicine and is licensed to practice in California. 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 physician 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:

This patient is a 66 year old male, date of injury 04-23-2003. The mechanism of injury was described in consultation report 05-15-13 by [REDACTED] - while working as an electrician, patient fell and injured his right knee, right wrist and elbow, and back. The progress note 09-05-13 by [REDACTED] documented subjective complaints - pain in low back and right lower extremity, no bowel or bladder incontinence. The objective findings include NAD, lower back surgical scar, antalgic gait, no vertebral spine tenderness. The diagnoses were post laminectomy syndrome lumbar, fracture calcaneus. The treatment plan included Norco, Opana, Miralax, Benefiber, and Compazine. The progress note 10-03-13 by [REDACTED] documented subjective complaints - pain in low back and right lower extremity, no bowel or bladder incontinence. The objective findings include NAD, lower back surgical scar, antalgic gait, no vertebral spine tenderness. The diagnoses were post laminectomy syndrome lumbar, fracture calcaneus. The treatment plan included Norco, Opana, Miralax, Benefiber, and Compazine. The utilization review 09-04-2013 by [REDACTED] recommended that the request for Benefiber and Compazine be non-certified.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Benefiber 100%, 3.5 grams:** 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 National Fiber Council and the Official Novartis website.

**Decision rationale:** The National Fiber Council reported that Benefiber is Not a FDA approved laxative. The Dietary Supplement Health and Education Act (DSHEA) places dietary supplements in a special category under the general umbrella of "foods," not drugs. Therefore, Benefiber has no FDA approved medical indication. The medical necessity of Benefiber between 8/8/13 and 10/26/2013 is being reviewed. During the period 8/8/13 - 10/26/13, the medical records do not document gastrointestinal symptoms or abnormal gastrointestinal physical examination findings. The medical records give no indication for the use of Benefiber. Furthermore, the patient was prescribed Miralax which is a laxative. Therefore, Benefiber is redundant and unnecessary. In summary, Benefiber has no FDA approved indication. Medical records do not document a need for Benefiber. Therefore, the request for Benefiber is not medically necessary.