

Case Number:	CM14-0101239		
Date Assigned:	08/04/2014	Date of Injury:	01/19/2000
Decision Date:	10/01/2014	UR Denial Date:	06/12/2014
Priority:	Standard	Application Received:	07/01/2014

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 Family 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 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:

This injured worker's date of injury is 01/19/2000. These injuries were a result of a collision with a truck while the patient was riding a bicycle. The injured worker has had surgical operations: left knee arthroscopic surgery in 2003 and a right shoulder operation in 2004. The documentation shows that patient has irritable bowel syndrome, chest pain, bruxism, and fibromyalgia. The treating physician's note dated 05/29/2014 states the injured worker also "takes Align, MiraLAX, Benefiber, Hyoscyamine, and CharcoCaps (not subject for review). This review is regarding another fiber supplement.

IMR ISSUES, DECISIONS AND RATIONALES

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

Fiber Smart Capsules, QTY: 3 bottles of 240 each with 3 refills: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Worker's Compensation Drug Formulary

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation www.renewlife.com; accessed online (the manufacturer's website)

Decision rationale: The treating physician requests Fiber Smart Capsules "for GI problems due to left knee and right shoulder injury." Fiber Smart Capsules contain dietary fiber and are an OTC product marketed to promote regular bowel movements and "remove waste and toxins from your body." The treating physician's note dated 05/29/2014 states the patient also "takes Align, MiraLAX, Benefiber, hyoscyamine, and CharcoCaps (not subject for review)." The treating physician assessed 14 different diagnoses in the assessment portion of the clinical note dated 05/29/2014. Some of these are: heartburn, diarrhea, other constipation, abdominal pain generalized, GERD, Peptic ulcer, gastritis, internal hemorrhoids, and depression. The treating physician does not make clear which of these treatments is for what. The patient already takes two supplements to stimulate bowel movements, MiraLAX and Benefiber. If the patient has diarrhea, which is one of the diagnoses, then a third laxative is not medically indicated. The request for Fiber Smart Capsules, QTY: 3 bottles of 240 each with 3 refills is not medically necessary.