

<b>Case Number:</b>	CM14-0209121		
<b>Date Assigned:</b>	01/13/2015	<b>Date of Injury:</b>	08/23/2007
<b>Decision Date:</b>	02/28/2015	<b>UR Denial Date:</b>	11/21/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/15/2014

### 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. 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: California, Indiana, New York  
 Certification(s)/Specialty: 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 (IW) is a 56-year-old man with a date of injury of August 23, 2007. The mechanism of injury occurred when the IW fell through a hole in the roof approximately 25 feet, landing on his right side of his body. He injured his right shoulder, and right chest. He fractured 8 ribs and punctured his right lung. He also sustained injuries to his right pelvis, back, right groin, right knee and right ankle. He underwent surgery for a fractured pelvis. The injured worker's working diagnoses are gastroesophageal reflux disease (GERD) secondary to NSAIDs; dysphagia; irritable bowel syndrome, improving; insulin-dependent diabetes mellitus; hyperlipidemia; hypertension with left ventricular hypertrophy, controlled; and sleep disorder, rule out obstructive sleep apnea (on CPAP). Pursuant to the Second Treating Physician's Progress Report (Internal Medicine) dated October 8, 2014, the IW notes continued diarrhea, improved constipation, and improved hypertension. The acid reflux and diabetes mellitus are being treated with medications. Examination of the abdomen reveals soft, normoactive bowel sounds. The treating physician reports he is not able to assess for hepatosplenomegaly due to pain. There were no other significant findings on physical examination, according to the provider. The treatment plan includes medications refills. A GI consult is pending scheduling. Current medications include Lisinopril 10mg, Dexilant 60mg, Gaviscon, Citrucel, Simethicone 80mg, Lovaza 4gm, Tricor 145mg, Metformin 850mg, Victoza pen with needles, ASA EC 81mg, Novolog pen with needles, Levemir pen with needles, and diabetic strips, lancets, and alcohol swabs. The current request is for Simethicone 80mg #60 with 2 refills.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Simethicone 80mg #60 with 2 refills:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation World Gastroenterology Organization Global Guidelines: Irritable Bowel Syndrome: a global perspective. Munich (Germany): World Gastroenterology Organization (WGO); 2009 April 20. 20 p

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation [http://www.worldgastroenterology.org/assets/downloads/en/pdf/guidelines/20\\_irritable\\_bowel\\_syndrome.pdf](http://www.worldgastroenterology.org/assets/downloads/en/pdf/guidelines/20_irritable_bowel_syndrome.pdf)

**Decision rationale:** Pursuant to the World Gastroenterology Organization, Simethicone is not medically necessary. For additional details see the attached link. Diets that produce less gas may be helpful in some patients; there is no evidence to support the use of activated charcoal-containing products; "antiflatulents," simethicone, and other agents in IBS. In this case, the injured workers working diagnoses as of October 8, 2014 are gastroesophageal reflux disease (secondary to nonsteroidal anti-inflammatory drugs); dysphasia; irritable bowel syndrome, improving; insulin-dependent diabetes mellitus; hyperlipidemia; hypertension with left ventricular hypertrophy, controlled; and sleep disorder rule out obstructive sleep apnea. The documentation indicates the injured worker has irritable bowel syndrome. However, Simethicone 80mg is not indicated for irritable bowel syndrome. There is no clinical rationale the medical record to support the use Simethicone. There is no evidence to support the use of activated charcoal-containing products or simethicone, and other agents in IBS. Consequently, absent clinical documentation to support the use of Simethicone, in contravention of guideline support, Simethicone 80 mg #60 with two refills is not medically necessary.