

Case Number:	CM13-0011675		
Date Assigned:	12/04/2013	Date of Injury:	03/17/2005
Decision Date:	02/10/2014	UR Denial Date:	07/31/2013
Priority:	Standard	Application Received:	08/16/2013

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 Maryland. 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:

The patient is a 61 year old woman who had shoulder, neck and back injury due to an industrial injury on 03/17/05. The mechanism of injury was right shoulder and back pain while removing human waste in a bag that weighed around 80-100 Lbs. Her evaluation and treatment included rest, medications, physical therapy and shoulder surgery. After the surgery, she returned to work and she started using her left upper extremity more and started experiencing left hand pain in addition to her neck, shoulder and lower back pain. Her medical history included atrial fibrillation, hypertension and right shoulder decompression. Her diagnoses included chronic cervical strain, lumbar strain, shoulder tendonitis, left middle finger trigger finger and gastritis. In the visit on 07/16/13, she was noted to be on oral anticoagulant and Ranitidine for GI symptoms. Her symptoms included ongoing dyspepsia that was partially relieved by Zantac. On examination she was noted to have mild tenderness in epigastric region with guarding. It was also noted that she had Helicobacter pylori infection and she was prescribed Omeprazole, Clarithromycin and Amoxicillin.

IMR ISSUES, DECISIONS AND RATIONALES

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

Clarithromycin 500mg #28: Overturned

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 Uptodate - treatment of Helicobacter pylori

Decision rationale: MTUS guidelines don't address the issue of Helicobacter pylori infection. But according to UPTODATE, triple therapy is recommended for Helicobacter pylori infection -
- The regimen most commonly recommended for first line treatment of H. pylori is triple therapy with a proton pump inhibitor (PPI) (lansoprazole 30 mg twice daily, omeprazole 20 mg twice daily, pantoprazole 40 mg twice daily, rabeprazole 20 mg twice daily, or esomeprazole 40 mg once daily), amoxicillin (1 g twice daily), and clarithromycin (500 mg twice daily) for 7 to 14 days. Given the documented H pylori infection, treatment with Clarithromycin, Amoxicillin and Omeprazole is medically necessary.

Amoxicillin 500mg #28: Overturned

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 Uptodate - treatment of Helicobacter pylori.

Decision rationale: MTUS guidelines don't address the issue of Helicobacter pylori infection. But according to UPTODATE, triple therapy is recommended for Helicobacter pylori infection -
- The regimen most commonly recommended for first line treatment of H. pylori is triple therapy with a proton pump inhibitor (PPI) (lansoprazole 30 mg twice daily, omeprazole 20 mg twice daily, pantoprazole 40 mg twice daily, rabeprazole 20 mg twice daily, or esomeprazole 40 mg once daily), amoxicillin (1 g twice daily), and clarithromycin (500 mg twice daily) for 7 to 14 days. Given the documented H pylori infection, treatment with Clarithromycin, Amoxicillin and Omeprazole is medically necessary.

Omeprazole 20mg #28: Overturned

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 Uptodate - treatment of Helicobacter pylori.

Decision rationale: MTUS guidelines don't address the issue of Helicobacter pylori infection. But according to UPTODATE, triple therapy is recommended for Helicobacter pylori infection -
- The regimen most commonly recommended for first line treatment of H. pylori is triple therapy with a proton pump inhibitor (PPI) (lansoprazole 30 mg twice daily, omeprazole 20 mg twice daily, pantoprazole 40 mg twice daily, rabeprazole 20 mg twice daily, or esomeprazole 40 mg once daily), amoxicillin (1 g twice daily), and clarithromycin (500 mg twice daily) for 7 to 14 days. Given the documented H pylori infection, treatment with Clarithromycin, Amoxicillin and Omeprazole is medically necessary.