

Case Number:	CM13-0032047		
Date Assigned:	12/04/2013	Date of Injury:	05/03/2010
Decision Date:	01/13/2014	UR Denial Date:	08/27/2013
Priority:	Standard	Application Received:	09/27/2013

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 cardiology, has a subspecialty in cardiovascular disease, and is licensed to practice in Texas. 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.

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 53-year-old who reported an injury on 05/03/2010 due to cumulative trauma. The patient underwent right carpal tunnel release in 06/2011. The patient reported development of gastritis following her injury. It was determined that the patient developed gastritis as a result of multiple nonsteroidal anti-inflammatory drugs to treat the patient's compensable injury. The patient was prescribed Prilosec 20 mg to be taken twice a day, and Terocin lotion #120 to be used twice a day topically to affected areas. The patient continued to have uncontrolled right upper extremity pain. The patient developed symptoms similar to chronic regional pain syndrome. This pain was treated with Ultracet 2 to 3 times a day, Ambien, Zanaflex, and alprazolam. The patient experienced a 23 pound weight loss. The most recent physical examination findings include tenderness to the mid-epigastric region of the abdomen. The patient's diagnoses included mild esophagitis, mild enterogastritis, gastritis secondary to anti-inflammatory medications, and an unintentional 23 pound weight loss. The patient's treatment plan included desipramine 10 mg nightly at bedtime to help with dyspepsia, Zantac, Dexilant, and dietary changes.

IMR ISSUES, DECISIONS AND RATIONALES

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

Helicobacter Pylori breathing test: 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 Practice Parameters Committee of the American College of Gastroenterology, as well as William D. Chey, M.D., F.A.C.G., A.G.A.F., F.A.C.P.,¹ Benjamin C.Y. Wong, M.D., Ph.D., F.A.C.G., F.A.C.P. .

Decision rationale: The clinical documentation submitted for review does provide evidence that the patient is a candidate to undergo endoscopy. Peer-reviewed literature provided by the American College of Gastroenterology suggests that the presence of H-pylori bacteria can be determined during endoscopic evaluation. Therefore, a helicobacter pylori breathing test would be considered redundant. The request for a Helicobacter Pylori breathing test is not medically necessary or appropriate.