

<b>Case Number:</b>	CM13-0041429		
<b>Date Assigned:</b>	12/20/2013	<b>Date of Injury:</b>	10/28/2004
<b>Decision Date:</b>	02/13/2014	<b>UR Denial Date:</b>	10/07/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/15/2013

### 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 is a 53-year-old male with date of injury of 10/28/2004. This patient has been treated for severe esophageal spasm for gastric outlet functional obstruction secondary to a brain injury. Per records, on October 1, 2013, the patient was evaluated by [REDACTED], neurologist. The patient reported severe esophageal spasm and nausea after eating. The patient has been using Reglan in the past and it has relieved the problem but caused the patient Parkinson's syndrome. The patient has been on erythromycin since that time. The patient had prior studies which show esophageal dysmotility with finding of nutcracker esophagus, which is consistent with esophageal spasms. The patient has been given diagnosis of gastric outlet functional obstruction and the treatment plan as of most recent examination is to be on erythromycin 250 mg one quarter tablet with meals at bedtime.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**1 prescription of Erythromycin 250 mg #100 with 6 refills:** Overturned

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Erythromycin

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: Am J Gastroenterol. 2000 Dec;95(12):3388-92

**Decision rationale:** The Physician Reviewer's decision rationale: In regards to one prescription of erythromycin 250 mg #100 with 6 refills, California Medical Treatment Utilization Schedule, and Official Disability Guidelines do not provide recommendations for the use of erythromycin in the management of gastric outlet functional obstruction. Therefore, further reconsideration states that erythromycin improves gastric emptying and symptoms from delayed gastric emptying. A demonstration of intravenous erythromycin should be considered when IV prokinetic therapy is needed in hospital patients; however, long-term effectiveness of oral therapy is limited by tachyphylaxis. Proceeding with erythromycin appears to be clinically indicated at this time since other methods of treatment have failed; therefore, I have modified the treatment approved for erythromycin for another 6 refills.