

<b>Case Number:</b>	CM14-0012450		
<b>Date Assigned:</b>	02/21/2014	<b>Date of Injury:</b>	07/20/2012
<b>Decision Date:</b>	08/07/2014	<b>UR Denial Date:</b>	12/27/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/30/2014

### 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 Occupational 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:

The patient is a 60-year-old female who has submitted a claim for gastropathy secondary to stress and anxiety, and orthopedic condition associated with an industrial injury date of October 4, 1953. Medical records from 2013 were reviewed. The patient developed central abdominal pain, burning mid-epigastric pain, and nausea (with rare vomiting) which started several years ago. She was using NSAIDs for musculoskeletal pain at that time. Her primary care physician recommended Omeprazole which provided relief. She was using Omeprazole as needed. Despite Omeprazole intake, she still has burning central abdominal pain and mid-epigastric pain three times per week. She denied reflux symptom, diarrhea or constipation, or nausea and vomiting. Physical examination showed the patient being obese. Bowel sounds were present in four quadrants. It was soft, non-tender, no masses, no rebound tenderness, and no guarding. Laboratory results, dated August 22, 2013, showed mild elevation of alkaline phosphatase and SGPT, elevated lipids, and positive IgG serology to Helicobacter pylori. Upper GI series, dated October 24, 2013 revealed small reducible hiatal hernia with minimal reflux. Abdominal ultrasound done on the same date showed small gallbladder polyps and possible hypoechoic lesion in the left lobe of the liver. Treatment to date has included medications, physical therapy, right bunionectomy, psychotherapy, and activity modification. Utilization review, dated December 27, 2013, denied the request for treatment for helicobacter pylori colonization.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**TREATMENT FOR HELICOBACTER PYLORI COLONIZATION: 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 Other Medical Treatment Guideline or Medical Evidence: 18th Expert Committee on the Selection and Use of Essential Medicines Review - Section 17.1 (Antacids and other antiulcer medicines) - Adults and children Review of the evidence for H. Pylori treatment regimens  
[http://www.who.int/selection\\_medicines/committees/expert/18/applications/Review\\_171.pdf](http://www.who.int/selection_medicines/committees/expert/18/applications/Review_171.pdf).

**Decision rationale:** According to the European and North American guidelines, the first-line therapy includes proton pump inhibitor (PPI) or ranitidine bismuth citrate, with any two antibiotics among amoxicillin, clarithromycin and metronidazole, given for 7-14 days to adults. Changes in the treatment regimen are done according to resistance patterns. In this case, the patient has persistent abdominal pain and nausea. Medication use is inconsistent as the patient takes omeprazole as needed while also continuing NSAID therapy. In addition, the specific treatment regimen for H. pylori was not mentioned on the present request. The medical necessity has not been established due to insufficient information. Therefore, the request for treatment for helicobacter pylori colonization is not medically necessary.