

Case Number:	CM14-0034044		
Date Assigned:	06/20/2014	Date of Injury:	09/15/2011
Decision Date:	08/07/2014	UR Denial Date:	02/25/2014
Priority:	Standard	Application Received:	03/18/2014

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 Internal Medicine & Emergency Medicine and is licensed to practice in Florida. 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:

This patient was then a 65 year-old at the time of request with a date of injury of 09/15/11. There was no record available nor RFA related to the requested services. A progress report proximate the request for services, dated 01/06/14, identified subjective complaints of low back pain into the lower extremities. Objective findings included tenderness to palpation of the low back with decreased sensation in a dermatomal pattern. Diagnoses included cervical strain with radiculitis and cervical disc disease. Treatment has included oral analgesics and NSAIDs. A Utilization Review determination was rendered on 02/25/14 recommending non-certification of "Retrospective Amoxicillin 500 mg #56 14-day supply 1/21/14; Retrospective Clarithromycin 500 mg #28 14 day supply 1/21/14; and Retrospective Lansoprazole 30 mg #28 14-day supply 1/21/14".

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective Amoxicillin 500 mg #56 14-day supply 1/21/14: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment Page(s): 44.

Decision rationale: The Medical Treatment Utilization Guidelines (MTUS) state that " a number of points should be covered with all patients, including diagnosis and treatment, controlling symptoms, restoring function, return to work, preventing recurrences, and appropriate tests and treatments". In this case, there is no documentation related to the requested services or the points noted above. Therefore, the record does not document the medical necessity for the amoxicillin. The request is not medically necessary and appropriate.

Retrospective Clarithromycin 500 mg #28 14 day supply 1/21/14: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment Page(s): 44.

Decision rationale: The Medical Treatment Utilization Guidelines (MTUS) state that " a number of points should be covered with all patients, including diagnosis and treatment, controlling symptoms, restoring function, return to work, preventing recurrences, and appropriate tests and treatments". In this case, there is no documentation related to the requested services or the points noted above. Therefore, the record does not document the medical necessity for the clarithromycin. The request is not medically necessary and appropriate.

Retrospective Lansoprazole 30 mg #28 14-day supply 1/21/14: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk, page 68 Page(s): 68.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs Page(s): 68-69.

Decision rationale: Lansoprazole (Prevacid), a proton pump inhibitor, is a gastric antacid. It is sometimes used for prophylaxis against the GI side effects of NSAIDs based upon the patient's risk factors. The Medical Treatment Utilization Schedule (MTUS) notes that these risk factors include (1) age > 65 years; (2) history of peptic ulcer, GI bleeding or perforation; (3) concurrent use of ASA, corticosteroids, and/or an anticoagulant; or (4) high dose/multiple NSAIDs. The use of non-selective NSAIDs without prophylaxis is considered "okay" in patients with no risk factors and no cardiovascular disease. In this case, the patient was prescribed an NSAID, but there is no documentation of any of the above risk factors. It is being requested in conjunction with antibiotics that also implies use in the treatment of H. pylori. However, there is no documentation of such. Therefore, the medical record does not document the medical necessity for lansoprazole (Prevacid). The request is not medically necessary and appropriate.