

<b>Case Number:</b>	CM14-0071152		
<b>Date Assigned:</b>	07/14/2014	<b>Date of Injury:</b>	06/01/2010
<b>Decision Date:</b>	09/17/2014	<b>UR Denial Date:</b>	05/01/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/16/2014

### 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:

Patient is a 55 year-old male with date of injury 06/01/2010. The relevant medical documents associated with the request for authorization, primary treating physician's progress reports, dated 12/02/2012 and 09/25/2013 list subjective complaints as GI symptoms he had suffered subsequent to his work-related injury. Abdominal hernia (including groin) has been accepted by the carrier. Patient reports that he was injured at job site and received nonsteroidal anti-inflammatory agents such as Ibuprofen, Naproxen, etc. Subsequently, he started to develop pain over the epigastric and upper part of the abdomen of moderate-to-significant severity. Review of past treatment and upper GI endoscopy with findings consistent with moderate generalized gastritis a least partially related to NSAIDs and positive biopsy for Helicobacter pylori. His diagnosis are: severe epigastric pain consistent with gastroesophageal reflux, GERDs aggravated by use of NSAID medications and significant anxiety related to work accident; and moderate generalized gastritis partially caused by NSAIDs and partially due to Helicobacter Pylori infection. The treating gastroenterologist stated that his gastroesophageal reflux disease should be apportioned. The H. pylori infection was deemed nonindustrial, and the remaining portion of the patient's GERD was due to industrial factors. The previous utilization review decision was reflected this apportionment. The medical records supplied for review document that the patient had not been prescribed the following medication before the original request for authorization on 12/02/2012. The patient's medications include Clarithromycin 500mg, 1 tab twice a day until gone and Amoxicillin 500mg, one tab twice a day until gone.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Retrospective Request Clarithromycin 500mg (dispensed 12/11/12): Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 68. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) Chapter 4 Work-Relatedness, page 57.

**Decision rationale:** The physician may determine and state whether a workplace factor is the only cause, one among several contributing causes, or one of several possible causes, each of which could independently reproduce the disorder. Health problems may develop as a result of a combination of factors, only some of which may be work related. In addition, occupational and non-occupational exposures may have a combined effect. In these circumstances, physicians are obliged to assess whether causality is truly multifactorial or reflects just one of several competing factors. Competing causation differs from combined causation in that either a workplace factor or a non-occupational factor, but not both, can be responsible independently for the adverse health defect. The MTUS states that recent studies tend to show that H. Pylori does not act synergistically with NSAIDS to develop gastroduodenal lesions. In this case, the treating gastroenterologist has rightly determined that the patient's H. pylori infection was not a work-related condition; therefore, treatment with clarithromycin is not compensable.

**Retrospective Request Amoxicillin 500 mg (dispensed 12/11/12): Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 68. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) Chapter 4 Work-Relatedness, page 57.

**Decision rationale:** The physician may determine and state whether a workplace factor is the only cause, one among several contributing causes, or one of several possible causes, each of which could independently reproduce the disorder. Health problems may develop as a result of a combination of factors, only some of which may be work related. In addition, occupational and non-occupational exposures may have a combined effect. In these circumstances, physicians are obliged to assess whether causality is truly multifactorial or reflects just one of several competing factors. Competing causation differs from combined causation in that either a workplace factor or a non-occupational factor, but not both, can be responsible independently for the adverse health defect. The MTUS states that recent studies tend to show that H. Pylori does not act synergistically with NSAIDS to develop gastroduodenal lesions. In this case, the treating gastroenterologist has rightly determined that the patient's H. pylori infection was not a work-related condition; therefore, treatment with amoxicillin is not compensable.

