

<b>Case Number:</b>	CM14-0193555		
<b>Date Assigned:</b>	12/01/2014	<b>Date of Injury:</b>	10/20/1999
<b>Decision Date:</b>	03/04/2015	<b>UR Denial Date:</b>	11/03/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/18/2014

### 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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California

Certification(s)/Specialty: Internal Medicine

### 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 54 year old male with a work related injury dated 10/20/1999. Mechanism of injury was not noted in received medical records or in Utilization Review report. According to an internal medicine re-evaluation dated 10/01/2014, the injured worker presented with complaints of increased reflux symptomatology, bright red blood per rectum, constipation, and pain in the periumbilical area. The injured worker stated that he had been taking Omeprazole once a day which is not really helping. Diagnoses included gastropathy secondary to medication use, analgesic induced constipation, and rule out umbilical hernia. Treatments have consisted of medications. Diagnostic testing and work status was not noted in received medical records. On 11/03/2014, Utilization Review non-certified the request for H. Pylori Breath Test citing American College of Gastroenterology Guidelines for the Management of Helicobacter Pylori Infection and Helicobacter Pylori and Peptic Ulcer Disease. The Utilization Review physician stated the injured worker is no utilizing a non-steroidal anti-inflammatory drug or aspirin for treatment of his compensable conditions, according to the medical information provided for review and there is no documentation of stomach or duodenal ulcers. The injured worker has diagnoses of esophageal reflux, hemorrhoids, and blood in stool, but these are not noted to be compensable conditions for the injured worker. Therefore, the Utilization Review decision was appealed for an Independent Medical Review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**H-pylori breath test:** Overturned

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

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Gastroenterology Guideline on the Management of Helicobacter pylori Infection. Am J Gastroenterol. 2007 Aug; 102(8):1808-25. Epub 2007 Jun 29. Chey WD, Wong BC; Practice Parameters Committee of the American College of Gastroenterology. PMID: 17608775

**Decision rationale:** Medical Treatment Utilization Schedule (MTUS) does not address the management of Helicobacter pylori. American College of Gastroenterology Guideline on the Management of Helicobacter pylori Infection (2007) presents recommendations for the diagnosis and treatment of H. pylori. Indications for diagnosis and treatment of H. pylori include active peptic ulcer disease and a history of peptic ulcer disease. Urea breath tests identify active H. pylori infection. Urea breath tests are useful before and after H. pylori therapy. The primary treating physician's progress report dated October 2, 2014 documented that the patient reported occasional stomach burning, nausea, and increased constipation from the medication. The patient has persistent constipation and occasional bleeding with bowel movements. The patient has history of Helicobacter pylori. He reports persistent gastrointestinal upset. The patient has a history of severe gastrointestinal pathology, including rectal bleeding. The patient has persistent gastrointestinal upset, constipation and bleeding with bowel movements. The patient was again advised to go to the emergency room for his bleeding with bowel movements. GI gastroenterology consultation was requested. Helicobacter pylori breath test was requested. The medical records document evidence of gastrointestinal bleeding and pathology. The request for Helicobacter pylori breath test is supported by the American College of Gastroenterology Guideline. Therefore, the request for Helicobacter pylori breath test is medically necessary.