MAXIMUS Federal Services

Case Number:	CM15-0138425		
Date Assigned:	07/28/2015	Date of Injury:	04/01/2011
Decision Date:	08/25/2015	UR Denial Date:	06/16/2015
Priority:	Standard	Application Received:	07/16/2015

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: Massachusetts
Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 injured worker is a 36-year-old male, who sustained an industrial injury on 4/1/2011. The mechanism of injury was a motor vehicle accident. The injured worker was diagnosed as having H. pylori infection and reflux esophagitis. There is no record of a recent diagnostic study. Treatment to date has included esophagogastroduodenoscopy (EGD) and medication management. In a progress note dated 6/8/2015, the injured worker presented for esophagogastroduodenoscopy (EGD) results. Physical examination showed clear lungs and a soft non-tender abdomen. The treating physician is requesting Omeprazole 20 mg #20, Levaquin 500 mg #10 and Amoxicillin 500 mg #40.

IMR ISSUES, DECISIONS AND RATIONALES

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

Omeprazole 20mg #20: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk Page(s): 68-69.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Chey WD, Wong BC, and the Practice Parameters Committee of the American College of Gastroenterology. American College of Gastroenterology Guideline on the Management of Helicobacter pylori Infection. Am J Gastroenterol 2007;102:1808-1825.

Decision rationale: The claimant sustained a work injury in April 2011 as the result of a motor vehicle accident. He has a diagnosis of H. pylori gastritis in October 2013. He underwent repeat endoscopy on 05/08/15 with findings of persistent H. pylori infection. Authorization is being requested for treatment. Although data suggests that a PPI, levofloxacin, and amoxicillin for 10 days is more effective and better tolerated than bismuth quadruple therapy for persistent H. pylori infection, the most commonly used salvage regimen in patients with persistent H. pylori is bismuth quadruple therapy. In this case, the claimant has not failed treatment with bismuth quadruple therapy and the requested treatment regiment including its component medications is not medically necessary.

Levaquin 500mg #10: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Infectious diseases - Levofloxacin (Levaquin).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Chey WD, Wong BC, and the Practice Parameters Committee of the American College of Gastroenterology. American College of Gastroenterology Guideline on the Management of Helicobacter pylori Infection. Am J Gastroenterol 2007;102:1808-1825.

Decision rationale: The claimant sustained a work injury in April 2011 as the result of a motor vehicle accident. He has a diagnosis of H. pylori gastritis in October 2013. He underwent repeat endoscopy on 05/08/15 with findings of persistent H. pylori infection. Authorization is being requested for treatment. Although data suggests that a PPI, levofloxacin, and amoxicillin for 10 days is more effective and better tolerated than bismuth quadruple therapy for persistent H. pylori infection, the most commonly used salvage regimen in patients with persistent H. pylori is bismuth quadruple therapy. In this case, the claimant has not failed treatment with bismuth quadruple therapy and the requested treatment regiment including its component medications is not medically necessary.

Amoxicillin 500mg #40: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Infectious diseases - Amoxicillin (Amoxil).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Chey WD, Wong BC, and the Practice Parameters Committee of the American College of Gastroenterology. American College of Gastroenterology Guideline on the Management of Helicobacter pylori Infection. Am J Gastroenterol 2007; 102: 1808-1825.

Decision rationale: The claimant sustained a work injury in April 2011 as the result of a motor vehicle accident. He has a diagnosis of H. pylori gastritis in October 2013. He underwent repeat endoscopy on 05/08/15 with findings of persistent H. pylori infection. Authorization is being requested for treatment. Although data suggests that a PPI, levofloxacin, and amoxicillin for 10 days is more effective and better tolerated than bismuth quadruple therapy for persistent H. pylori infection, the most commonly used salvage regimen in patients with persistent H. pylori is bismuth quadruple therapy. In this case, the claimant has not failed treatment with bismuth

quadruple therapy and the requested treatment regiment including its component medications is not medically necessary.