

Case Number:	CM15-0184899		
Date Assigned:	09/25/2015	Date of Injury:	03/12/2011
Decision Date:	11/03/2015	UR Denial Date:	09/08/2015
Priority:	Standard	Application Received:	09/21/2015

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: California

Certification(s)/Specialty: Preventive Medicine, Occupational 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:

The injured worker is a 39 year old male, who sustained an industrial injury on 03-12-2011. A review of the medical records indicates that the injured worker (IW) is undergoing treatment for gastroesophageal reflux disease, lumbosacral neuritis, lumbar sprain, and internal derangement of the knee. Medical records (03-13-2015) indicate ongoing low back pain radiating into the left lower extremity, left pelvic pain, numbness in the toes of the left foot, bilateral knee pain, and burning stomach pain with reflux symptoms. Pain levels were 6 out of 10 on a visual analog scale (VAS) for the low back and 5 out of 10 for the knees. Records also indicate no changes in activity levels or level of functioning. Per the treating physician's progress report (PR), the IW has no returned to work. Although handwritten and difficult to decipher, the most recent physical exam, dated 08-25-2015, revealed constant reflux with no reports of blood, and a diagnosis of positive H. Pylori. Relevant treatments have included physical therapy (PT), cortisone injection to the right knee, work restrictions, and pain medications. The treating physician indicates that an abdominal ultrasound (07-09-2015) showed a fatty liver. The request for authorization (08-25-2015) shows that the following medication was requested: amoxicillin capsules 500mg #56 with no refills. The original utilization review (09-08-2015) non-certified the request for amoxicillin capsules 500mg #56 with no refills.

IMR ISSUES, DECISIONS AND RATIONALES

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

Amoxicillin cap 500mg #56, no refills: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Physician's Desk Reference.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation
<http://www.guideline.gov/content.aspx?id=48563&search=h-pylori+amoxicillin>.

Decision rationale: MTUS guidelines and the ODG do not address the use of Amoxicillin in the treatment of H-Pylori infection, therefore, alternative guidelines were consulted. Per the National Guideline Clearing House, Amoxicillin is first-line treatment in people who test positive for H pylori. In this case, the injured worker has been diagnosed with H-Pylori, therefore, the request for Amoxicillin cap 500mg #56, no refills is determined to be medically necessary.