MAXIMUS Federal Services

Case Number:	CM15-0185262		
Date Assigned:	09/25/2015	Date of Injury:	03/12/2011
Decision Date:	11/02/2015	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: Emergency 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. Current diagnoses include GERD, ortho condition, and H. Pylori. Report dated 06-30-2015 noted that the injured worker presented with complaints that included reflux symptoms. Physical examination performed on 06-30-2015 revealed blood pressure-127 over 79, weight-190, heart-normal sinus rhythm, lungs-clear, and the remainder of the physical exam was hard to decipher. Previous diagnostic studies included an abdominal ultrasound dated 07-09-2015. Previous treatments included medications. The treatment plan included amoxicillin, Biaxin, omeprazole, and discussed diet. The utilization review dated 09-08-2015, non-certified the request for Biaxin.

IMR ISSUES, DECISIONS AND RATIONALES

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

Biaxin 500 mg, 28 count with no refills: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation http://www.medicinenet.com/clarithromycin/article.htm.

Decision rationale: The requested Biaxin 500 mg, 28 count with no refills, is not medically necessary.CA MTUS and ODG are silent on this antibiotic, which is recommended for various conditons, per http://www.medicinenet.com/clarithromycin/article.htm, including as part of three=phase treatment for h. pylori. The injured worker has complaints that included reflux symptoms. The treating physician has not documented laboratory/diagnostic confirmation of the presecne of h.pylori. The criteria noted above not having been met, Biaxin 500 mg, 28 count with no refills is not medically necessary.