

<b>Case Number:</b>	CM14-0131096		
<b>Date Assigned:</b>	08/20/2014	<b>Date of Injury:</b>	04/01/2008
<b>Decision Date:</b>	09/24/2014	<b>UR Denial Date:</b>	08/11/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/15/2014

### 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 Internal Medicine and is licensed to practice in Arizona. 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:

The injured worker is a 59 year old woman with hypertension, diabetes and a work-related injury dated 4/1/08 resulting in chronic pain. She has a diagnosis of an NSAID-induced gastropathy causing dysphagia for solid foods. On 7/29/14 she had an internal medicine consultation. At this time she complained of a sour taste in her mouth with occasional dysphagia for solid foods. Her medications included Norco, Omeprazole, Metformin, Enalapril, Ultram and Actos. The physical examination showed mid-epigastric tenderness without rebound or rigidity. The diagnosis included gastropathy secondary to anti-inflammatory medication use. The treatment included the use of "FODMAP" diet, to change from using omeprazole to Dexilant 60mg daily and to avoid all NSAID medications and an H.pylori breath test to rule out infection with h.pylori. Under consideration is authorization for the H. pylori breath test which was denied during utilization review dated 8/11/14.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Helicobacter Pylori Breath Test.:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation  
[http://www.aetna.com/cpb/medical/data/100\\_199/0177.html](http://www.aetna.com/cpb/medical/data/100_199/0177.html).

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: Uptodate.com. Indications and diagnostic tests for Helicobacter pylori infection.

**Decision rationale:** The MTUS is silent regarding the diagnosis and treatment of the bacteria H.pylori. According to Uptodate the ACG recommendations for non-invasive testing of H. pylori include the following: 1. Testing should be planned if the physician plans to offer treatment for positive results. 2. Any patient with gastric MALT lymphoma, active peptic ulcer disease or a past history of documented peptic ulcer. 3. The test-and treat strategy for H. pylori is a proven management strategy for patient with uninvestigated dyspepsia who are under the age of 55 and without alarm symptoms including progressive dysphagia. H.pylori is a common cause of gastric and duodenal ulcers. Options for noninvasive testing include urea breath test, serology, and stool antigen assay, rapid stool antigen tests, polymerase chain reaction, salivary assays, urinary assays, and 13C-urea blood test. In patients who do not require endoscopic evaluation for evaluation of new onset dyspepsia (those under the age of 55 who do not have alarm symptoms), initial diagnosis of H. pylori should be made with stool antigen or urea breath test. Patients that are recommended to have endoscopic evaluation should be evaluated with an endoscopic testing. In this case the patient is 59 years old and has the alarm symptom of dysphagia. The recommendations by the ACG are for consideration of endoscopic testing with invasive diagnostic tests for h. pylori. The use of the urea breath test is not medically necessary and appropriate.