

|                       |              |                              |            |
|-----------------------|--------------|------------------------------|------------|
| <b>Case Number:</b>   | CM15-0119848 |                              |            |
| <b>Date Assigned:</b> | 06/30/2015   | <b>Date of Injury:</b>       | 04/30/2014 |
| <b>Decision Date:</b> | 07/31/2015   | <b>UR Denial Date:</b>       | 06/16/2015 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 06/22/2015 |

### 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: North Carolina  
 Certification(s)/Specialty: Family Practice

### 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 46 year old male, who sustained an industrial injury on 4/30/14. The diagnoses have included shoulder sprain/strain, back pain, diabetes, elevated liver function test and H-pylori gastritis. Treatment to date has included medications, shock therapy, transcutaneous electrical nerve stimulation (TENS), and other modalities. Currently, as per the physician progress note dated 5/11/15, the injured worker is for follow up exam and had blood work done. The diagnostic testing that was performed included-rays, Magnetic Resonance Imaging (MRI), and labs. The labs revealed elevated glucose, hemoglobin A1C, elevated liver function tests, and positive H-pylori test. The physical exam reveals blood pressure 124/75, pulse 83, weight 137 pounds. The rest of the physical exam is unremarkable. The impression was newly diagnosed diabetes, elevated liver function test and H-pylori gastritis. The physician requested treatments included Amoxicillin 1000mg times 14 days, Clarithromycin 500mg times 14 days and Prilosec 20mg times 14 days.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Amoxicillin 1000mg times 14 days:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation PDR, H. pylori treatment.

**Decision rationale:** The California MTUS, ODG and ACOEM do not specifically address the requested service. The physician desk reference states the requested medication s is an approved treatment for H. pylori. The review of the clinical documentation shows the patient to have H. pylori gastritis. Therefore this combination approach is both medically warranted and recommended. The request is medically necessary.

**Clarithromycin 500mg times 14 days:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation PDR, H. pylori treatment.

**Decision rationale:** The California MTUS, ODG and ACOEM do not specifically address the requested service. The physician desk reference states the requested medication s is an approved treatment for H. pylori. The review of the clinical documentation shows the patient to have H. pylori gastritis. Therefore this combination approach is both medically warranted and recommended. The request is medically necessary.

**Prilosec 20mg times 14 days:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation PDR, H. Pylori treatment.

**Decision rationale:** The California MTUS, ODG and ACOEM do not specifically address the requested service. The physician desk reference states the requested medication s is an approved treatment for H. pylori. The review of the clinical documentation shows the patient to have H. pylori gastritis. Therefore this combination approach is both medically warranted and recommended. The request is certified.