

Case Number:	CM15-0064474		
Date Assigned:	04/10/2015	Date of Injury:	04/29/2008
Decision Date:	05/27/2015	UR Denial Date:	03/17/2015
Priority:	Standard	Application Received:	04/06/2015

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: Maryland

Certification(s)/Specialty: Internal Medicine, Rheumatology

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 56 year old male, who sustained an industrial injury on April 29, 2008. Treatment to date has included medications. Currently, the injured worker complains of abdominal pain, acid reflux and is status post H. pylori treatment. The injured worker noted that he had improved acid reflux with the use of Prilosec and reports improved abdominal pain. His treatment plan includes H. Pylori breath test, urine toxicology screen, laboratory evaluations and medications.

IMR ISSUES, DECISIONS AND RATIONALES

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

Prev-Pack - lansoprazole, amoxicillin and clarithromycin: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines(ODG).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation www.uptodate.com.

Decision rationale: This 56 year old male has complained of abdominal pain since date of injury 4/29/08. He has been treated with medications. The current request is for Prev-Pack -

lansoprazole, amoxicillin and clarithromycin, a regimen used to treat H.pylori. The available medical documentation states that the patient was treated on 1/8/15 however the specifics of which medications were used was not stated. Repeat treatment with the same regimen would not be indicated per the reference above for re-treatment of H. Pylori. On the basis of the available medical records and per the guidelines cited above, Prevpac - lansoprazole, amoxicillin and clarithromycin is not indicated as medically necessary.