

Case Number:	CM15-0071223		
Date Assigned:	04/21/2015	Date of Injury:	10/25/2010
Decision Date:	05/19/2015	UR Denial Date:	03/30/2015
Priority:	Standard	Application Received:	04/14/2015

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, Indiana, New York
Certification(s)/Specialty: Internal 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 41 year old male who sustained an industrial injury on 10/25/2010. Current diagnoses include diabetes mellitus, hypertension, abdominal pain, and acid reflux. Previous treatments included medication management. Previous diagnostic studies included an MRI and cardio-respiratory diagnostic testing. Initial complaints included injuries to the neck and back after being involved in a motor vehicle accident. Report dated 02/09/2015 noted that the injured worker presented with complaints that included unchanged abdominal pain, acid reflux, blood sugar, blood pressure, and sleep quality. Physical examination was positive for abnormal findings. The physician noted that the H. pylori breath test was positive. The treatment plan included continued request for medical records, orders for laboratory testing, request for diagnostic studies and medications. Disputed treatment includes a Prev-pak.

IMR ISSUES, DECISIONS AND RATIONALES

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

Prev-pak #1: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 70. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back Chapter, as well as the Physicians' Desk Reference (PDR), 2015 (<http://www.pdr.net/>).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation <http://www.nlm.nih.gov/medlineplus/druginfo/meds/a601067.html>.

Decision rationale: Pursuant to Medline plus, Prevpac #1 is not medically necessary. Prevpac contains lansoprazole, clarithromycin and amoxicillin. Lansoprazole, clarithromycin and amoxicillin are used to treat and prevent the return of ulcers caused by a certain type of bacteria (H. Pylori). Lansoprazole is a proton pump inhibitor. Clarithromycin and amoxicillin are antibiotics. For additional details see the attached link. In this case, the injured worker's working diagnoses are diabetes mellitus; hypertension; abdominal pain (improved); and acid reflux (improved). The orthopedic diagnoses are deferred to the appropriate specialist. The treatment recommendations according to a February 9, 2015 progress note shows the treating provider ordered and each. H. Pylori breath test and concurrently ordered Prevpac (treatment for H. pylori before the results of the breath test was back in the medical record. There is no clinical rationale in the medical record explaining how H. pylori is related to the work injury dated October 25, 2010. Documentation in a February 13th 2015 progress note shows the injured workers H. pylori test was positive. Although Prevpac is clinically indicated for H. pylori, the treating provider did not provide a clinical rationale for its presence and relationship to the work injury. Consequently, absent clinical documentation with a clinical rationale for H. pylori and how H. pylori relates to the work injury, Prevpac #1 is not medically necessary.