

Case Number:	CM14-0121123		
Date Assigned:	08/08/2014	Date of Injury:	01/09/2014
Decision Date:	09/30/2014	UR Denial Date:	07/26/2014
Priority:	Standard	Application Received:	07/31/2014

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 Occupational Medicine, and is licensed to practice in California. 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:

Injured worker is a male with date of injury 1/9/2014. Per primary treating physician's progress report dated 1/10/2014, the injured worker complains of pain in low back and groin. Pain in low back is rated at 10/10 and pain in left groin is rated at 9/10. Examination of lumbar spine reveals restricted range of motion of lumbosacral spine with forward flexion at 60 degrees, mid-line lumbosacral spine has no tenderness to palpation, and positive left costovertebral angle tenderness. Genitourinary exam reveals normal male genitalia, normal scrotal contents, no hernias identified, left inguinal ligaments 2+ tenderness to palpation, left testis 3+ tenderness to palpation. Neurological exam of bilateral lower extremities is normal. Diagnoses include 1) pyelonephritis, acute 2) urinary tract infection 3) low back pain.

IMR ISSUES, DECISIONS AND RATIONALES

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

Omeprazole 10mg: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Proton Pump Inhibitors Page(s): 102.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI Symptoms & Cardiovascular Risk Page(s): 68-69.

Decision rationale: Proton pump inhibitors, such as Prilosec are recommended when using NSAIDs if there is a risk for gastrointestinal events. There is no indication that the injured worker has had a gastrointestinal event or is at increased risk of a gastrointestinal event, which may necessitate the use of Prilosec when using NSAIDs. The request for Omeprazole 10mg is determined not medically necessary.