

Case Number:	CM15-0021642		
Date Assigned:	02/11/2015	Date of Injury:	03/31/2013
Decision Date:	03/31/2015	UR Denial Date:	01/05/2015
Priority:	Standard	Application Received:	02/05/2015

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: New York, West Virginia, Pennsylvania
 Certification(s)/Specialty: Emergency 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 35 year old male who sustained a work related injury on March 31, 2013, after lifting a crate weighing 40 pounds and developing sudden abdominal pain. He was diagnosed with an incarcerated umbilical hernia. He underwent an abdominal hernia repair on June 4, 2014 and July 4, 2013. Treatment included pain medications postoperatively. Currently, on January 15, 2015, the injured worker complained of continued abdominal pain and burning in the umbilicus region. Magnetic Resonance Imaging (MRI) was unremarkable. On February 11, 2015, a request for one prescription of Nucynta 50mg one tablet three times a day as needed for pain, was non-certified by Utilization Review, noting the California Medical Treatment Utilization Schedule Chronic Pain Medical Treatment Guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

Nucynta 50mg QTY: 90: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 60. 78.

Decision rationale: Nucynta is recommended only as second line therapy for patient who develop intolerable adverse effects with first line opioids. In this case, the patient experienced improved quality of life and functional improvement with the current medication regimen including Ultram. Thus there is no indication to change medication to Nucynta. Thus Nucynta is not medically appropriate or necessary.