Case Number:	CM16-0234202		
Date Assigned:	12/09/2016	**Date of Injury:**	10/27/2016
Decision Date:	01/06/2017	**UR Denial Date:**	11/15/2016
Priority:	Standard	**Application Received:**	12/05/2016

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, Oregon, Washington
Certification(s)/Specialty: Orthopedic Surgery

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 58 year old female injured worker suffered an industrial injury on 10-27-2016. On 10-28-2016 the treating provider reported the pain level was 8 out of 10 with persistent pain in the right wrist and right upper extremity with no numbness or tingling. On exam there was gross deformity of the distal radius with moderate swelling and extreme tenderness. The X-rays revealed mildly impacted and mildly dorsally displaced fracture of the distal radius. The Ulnar styloid was avulsed and a dorsally displaced fracture involving the posterior cortex of the left distal ulna. On 11-14-2016 the provider noted there was a closed reduction and percutaneous pinning of the right distal radius fracture on 11-9-2016. The Utilization Review on 11-15-2016 Norco 10/325mg #60 was the original request. Norco 10/325mg #25 was authorized by the Claims Administrator. The remaining IMR eligible portion of the original request, Norco 10/325mg #35.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg #60 was the original request. Norco 10/325mg #25 was authorized by the Claims Administrator. The remaining IMR eligible portion of the original request, Norco 10/325mg #35 is: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Opioid Treatment 2016, Section(s): 1.4 Opioids for Acute Pain: Opioids for Post-operative Pain.

Decision rationale: According to the CA MTUS/Chronic Pain Medical Treatment Guidelines, opioid use postoperatively have the following recommendations/guidelines: "Do not extend opioid use beyond two to three (2-3) weeks for less extensive procedures. Consider use for up to three (3) months during recovery for more extensive surgical procedures. Written documentation should be provided regarding the status of pain and function. Apply the opioid use recommendations for management of subacute pain for patients treated with opioids for one to three (1-3) months post-operatively. (See Section 2.2, Opioids for Subacute Pain). With rare exceptions, only nocturnal use is recommended in the second and third months of post-operative opioid use. Use screening tools for substance (drugs and alcohol) misuse/abuse, as well as for psychosocial conditions, if opioids are continued for treatment of pain beyond four (4) weeks post-operatively. (See Section 3.3.1.1, Screening for Drug Misuse/Abuse, and Section 3.3.1.2, Screening for Alcohol Misuse/Abuse) If aberrant results are obtained, providers should consider obtaining a consult with a pain specialist or conducting urine drug screening. (See Section 6, Consultation with Specialists, and Section 3.3.6, Use of Urine Drug Testing) Schedule periodic outpatient visits following discharge to monitor efficacy, adverse effects, compliance and surreptitious medication use. Towards this end, providers should document their assessments and may consider using screening tools, obtaining a consult with a pain specialist, or conducting urine drug screening at any point, if they feel it is warranted based on clinical evaluation." In this case review of the notes from 11-14-16 show that the CA MTUS guidelines have not been met. Norco 10/325mg #25 was authorized by the Claims Administrator after the closed reduction and percutaneous pinning of the right distal radius fracture on 11-9-2016. Any additional narcotics require adherence to the above-stated CA MTUS guidelines. Thus the current request is not medically necessary.