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| Case Number: | CM13-0009487 | | |
| Date Assigned: | 12/11/2013 | Date of Injury: | 05/18/2000 |
| Decision Date: | 03/26/2014 | UR Denial Date: | 07/26/2013 |
| Priority: | Standard | Application Received: | 08/09/2013 |

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Internal Medicine and Emergency Medicine and is licensed to practice in Florida. He/she has been in active clinical practice for more than five years and is currently working least at 24 hours a week in active practice. The physician 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:

This patient is a 64 year-old with a date of injury of 05/18/00. The mechanism of injury was from lifting a computer monitor and resulting in chronic neck pain. A progress report included by [REDACTED], dated 05/21/13, identified subjective complaints of neck pain. Objective findings included mild tenderness of the cervical spine as well as limited range-of-motion. There was decreased motor function of both upper extremities. Diagnoses included cervical spine sprain/strain; post laminectomy syndrome of the cervical spine; and cervical radiculopathy. Treatment has included spinal fusion and oral opioids. He was taking Marinol until March of 2009 when it was no longer authorized. Marinol was not recommended at the above visit. A Utilization Review determination was rendered on 07/26/13 recommending non-certification of "Marinol/Dronabinol 5mg, #30."

IMR ISSUES, DECISIONS AND RATIONALES

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

Marinol/Dronabinol 5mg, #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 28.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Cannabinoids Page(s): 28.

Decision rationale: Marinol (dronabinol) is a synthetic cannabinoid that is the same chemical as the naturally occurring component of Cannabis sativa L. (Marijuana). The Medical Treatment Utilization Schedule (MTUS) states that cannabinoids are not recommended. They note that there are no quality controlled clinical data for cannabinoids. Further, cannabis has been associated with modest declines in cognitive performance. Therefore, there is no documented medical necessity for Marinol.