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| Case Number: | CM13-0019398 | | |
| Date Assigned: | 10/02/2013 | Date of Injury: | 01/21/1998 |
| Decision Date: | 01/14/2014 | UR Denial Date: | 07/31/2013 |
| Priority: | Standard | Application Received: | 08/29/2013 |

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 Pain Management has a subspecialty in Disability Evaluation 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 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:

56 year old male, injury date 1/21/98, history of chronic low back pain and radicular pain right greater than left, sharp and with spasms. Also history of C3-C5 fusion, L3-L5 discectomy and has failed spinal cord stimulator trial. Treated with Oxycontin, 5/1/12 added Kadian 100mg twice daily with complaints of constipation after 6 weeks of drug treatment. On 08/07/2012 Kadian 100mg BID was recommended Norco 10/325, Cymbalta 30mg BID, and Senokot 2 tabs QID. Replaced Oxycontin for Norco 10/325 mg TID. Also medical marijuana trial was recommended. Patient had started medical marijuana which made patient "loopy" but did provide relief from pain. Had cut back Kadian 100mg to once daily but continued Norco 3-4 tablets daily Cymbalta 30 mg twice daily, #60 for neuropathic limb pain and depression; Norco 10/325 mg TID #90 for breakthrough pain, Senokot 8.6 mg two tablets q.d. #60 for constipation, Topamax 100 mg nightly and Zanaflex 4 mg three times dally. At issue is decision for marijuana trial.

IMR ISSUES, DECISIONS AND RATIONALES

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

Marijuana Trial: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines, Cannabinoids Page(s): 2.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines, Cannabinoids, Page(s): 28 of 127.

Decision rationale: According to Chronic Pain Medical Treatment Guidelines -MTUS (Effective July 18, 2009) Cannabinoids also know as Marijuana is not recommended for management of chronic pain. In total, 11 states have approved the use of medical marijuana for the treatment of chronic pain, but there are no quality controlled clinical data with cannabinoids. Restricted legal access to Schedule I drugs, such as marijuana, tends to hamper research in this area. It is also very hard to do controlled studies with a drug that is psychoactive because it is hard to blind these effects. At this time it is difficult to justify advising patients to smoke street grade marijuana, presuming that they will experience benefit, when they may also be harmed. (Mackie, 2007) (Moskowitz, 2007).