

Case Number:	CM13-0024484		
Date Assigned:	12/11/2013	Date of Injury:	01/31/2010
Decision Date:	02/24/2014	UR Denial Date:	09/03/2013
Priority:	Standard	Application Received:	09/16/2013

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 Anesthesiology, Pain 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 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:

The patient is a 43-year-old female who reported an injury on 01/31/2010. The mechanism of injury was lifting. Her initial course of treatment is unclear; however, it is noted that she received 3 facet injections with unknown benefit. She is also noted to have participated in a functional restoration program which was not successful. Other modalities initiated were physical therapy, aquatic therapy, Voltaren gel, TENS unit, and relaxation techniques with some mild benefits. She has had continued complaints of lower back pain and she is currently being managed with opioids. Medications include: MS Contin 60 mg, every 8 hours; immediate release morphine 30 mg, every 8 hours as needed; Motrin 600 mg, 4 times a day; Prilosec 20 mg daily; and Marinol 2.5 mg, twice a day before meals. There is also note of an MRI of the pelvis performed on 08/31/2010, revealing L5-S1 central disc protrusion with mild spinal stenosis. There was also facet joint arthrosis noted at this level. A cervical spine MRI performed 07/19/2010 showed normal findings. The patient's current diagnoses include lumbar sprain with severe L5-S1 disc degeneration and discogenic pain, sacrococcyx/buttocks pain from previous contusion/sprain; chronic pain; and previous heavy opiate use.

IMR ISSUES, DECISIONS AND RATIONALES

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

Dronabinol: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

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

Decision rationale: The Physician Reviewer's decision rationale: California MTUS/ACOEM Guidelines do not recommend cannabinoids due to the lack of available quality controlled clinical studies. Although most studies have been performed as they relate to chronic pain, the patient is reportedly taking the medication to control nausea. However, in careful review of the clinical notes provided, there has been no documentation of subjective patient complaints of nausea. The patient is currently taking Prilosec to control GI symptoms related to opiate use, and it would be appropriate to initiate a safer, evidence-based antiemetic or anti-nausea medication to control the symptoms. As such, the request for Dronabinol is noncertified.