

Case Number:	CM13-0033582		
Date Assigned:	06/04/2014	Date of Injury:	05/18/2000
Decision Date:	07/30/2014	UR Denial Date:	09/27/2013
Priority:	Standard	Application Received:	10/10/2013

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. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation and is licensed to practice in Illinois. 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/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 injured worker is a 65-year-old male smoker who reported an injury from heavy lifting on 05/18/2000. His previous treatments included a C4-6 fusion on 12/03/2001, medications, epidural steroid injection, cervical fusion was performed at C3-4 and C6-7 on 11/07/2003, group therapy, biofeedback, and individual counseling. On 04/23/2013, cervical spine range of motion revealed flexion 40 degrees, extension 30 degrees, right rotation 35 degrees, left rotation 35 degrees, right bending 30 degrees and left bending 35 degrees, with no tenderness to palpation noted. His diagnoses included cervical spine strain/sprain, cervical spine status post C4-6 fusion, cervical spine status post multiple surgical procedures for C3-4 fusion and persistent cervical spine/bilateral upper extremities radiculopathy. On 05/21/2013, he rated his pain at 8/10. During that appointment, the examining physician told the worker that their office did not prescribe Marinol. The worker became very upset and was adamant about wanting that medication. The worker became very agitated and informed the physician that he would seek treatment with another physician who would prescribe that medication for him. The physician concurred that it would be beneficial for the worker to change physicians. In a psychological consultation on 06/03/2013, his diagnoses included pain disorder, major depressive disorder, anxiety disorder, cannabis dependence, rule out personality disorder, and psychosocial stressors. On 08/28/2013, his medications included Butrans patch 10 mcg/hour and a prescription was written for Marinol 2.5 mg. A urine drug screen on 08/28/2013 was positive for cannabinoids but showed no other aberrant drug ingestion. In the treatment plan of 09/25/2013, the rationale for the Marinol 2.5 mg was for nausea and to increase his appetite to maintain his body weight. There was no request for authorization submitted with this paperwork.

IMR ISSUES, DECISIONS AND RATIONALES

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

MARINOL 2.5MG 1 TAB PO BID: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines : CHRONIC PAIN MEDICAL TREATMENT GUIDELINES, CANNABINOIDS, 28.

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

Decision rationale: The request for Marinol 2.5 mg 1 tab by mouth twice a day: is non-certified. Per the California MTUS cannabinoids are not recommended. It further states, there are no quality controlled clinical data with cannabinoids. Additionally, the injured worker was noted to have a diagnosis of cannabis abuse by history. The justification for prescribing this medication was to treat nausea and to increase his appetite in order to maintain his body weight. There are no guidelines that address these uses of cannabinoids. Therefore, the request for Marinol 2.5 mg 1 tab by mouth twice a day is not medically necessary.