

Case Number:	CM13-0041578		
Date Assigned:	12/20/2013	Date of Injury:	01/31/2006
Decision Date:	05/05/2014	UR Denial Date:	09/23/2013
Priority:	Standard	Application Received:	10/14/2013

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 Occupational Medicine 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 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 patient is a 59-year-old male, with a cumulative trauma injury dated from 2004 through 2008. The most current follow-up pain management consultation report, dated 10/08/2013, lists subjective complaints as pain in his left shoulder with limited range of motion. The patient was still feeling the effects of a cervical epidural steroid injection administered on 7/17/2013. He noted improved mobility in his neck along with decrease radicular symptoms in his left upper extremity. The report stated that the patient has had a beneficial effect with the use of medical marijuana for his chronic pain. The objective findings state that an examination of the posterior cervical musculature revealed tenderness bilaterally, with increased muscle rigidity. Numerous trigger points were palpable throughout the posterior cervical musculature on the left trapezius muscle and the medial scapular regions bilaterally. Tenderness was also noted in the suboccipital region bilaterally. The patient has a decreased range of motion with obvious muscle guarding. An examination of the left shoulder revealed decreased range of motion. The diagnoses include: 1. Cervical myofascial injury with bilateral upper extremity, left greater than right; 2. Status post left ulnar nerve transposition; and 3. Bilateral shoulder impingement, left greater than right. The medical record documents that the patient has been taking the following medications for at least back to 2/07/2013. Medications: 1. Norco 10/325mg SIG: four (4) tablets daily 2. Anaprox DS 550mg twice a day 3. FexMid 7.5mg twice a day 4. Dendracin topical cream 5. Prilosec 20 SIG: 1 tablet twice a day 6. Synovacin three (3) times a day 7. Xanax 0.5mg, as needed

IMR ISSUES, DECISIONS AND RATIONALES

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

REFERRAL TO [REDACTED] FOR CONSIDERATION OF MEDICINAL MARIJUANA FOR CHRONIC PAIN: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

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

Decision rationale: The Chronic Pain Guidelines indicate that cannabinoids are not recommended. The Guidelines also indicate, "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." The request does not meet guideline recommendations. Therefore, medical marijuana is not medically necessary.