

Case Number:	CM13-0049861		
Date Assigned:	12/27/2013	Date of Injury:	01/27/2000
Decision Date:	06/20/2014	UR Denial Date:	10/16/2013
Priority:	Standard	Application Received:	11/08/2013

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 Orthopaedic Surgery, has a subspecialty in Hand Surgery 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 injured worker is a 52 year old female with date of injury of 01/27/2000. She was diagnosed with carpal tunnel syndrome. The records reflect a previous partial certification in the preauthorization process so as to allow for a weaning protocol. This weaning protocol was agreed upon by the treating neurologist. It is also noted that the claimant has a history of alcohol/medication habituation with a suicide attempt. It is noted that a known side effect of this medication could compromise the clinical situation (serotonin syndrome) and the medication is not supported in the literature. The most recent progress note reports acute diagnoses of mood disorder, panic disorder and impulse control disorder.

IMR ISSUES, DECISIONS AND RATIONALES

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

PRESCRIPTION OF DRONABINOL 10 MG, (#60 MONTHLY), ONE TAB BID: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: CHRONIC PAIN MEDICAL TREATMENT GUIDELINES, CANNABINOIDS.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) pain (chronic) updated April 10, 2014.

Decision rationale: Marinol (dronabinol) is the only US FDA-approved synthetic cannabinoid and is marketed as a legal pharmaceutical alternative to natural cannabis. It is taken orally and is available in 2.5 mg, 5 mg and/or 10 mg dosages. Marinol may be prescribed for the treatment of nausea and vomiting associated with cancer chemotherapy in patients who have failed to respond adequately to conventional antiemetic treatments. The guidelines do not support the use of this medication. Alternative anti-nausea medications are available and the record does not indicate the claimant has used and failed to respond to these medications. Based on the clinical information provided and the lack of guideline support for this legal alternative to natural marijuana, this request is not clinically indicated. Therefore is not medically necessary.