

Case Number:	CM13-0056344		
Date Assigned:	12/30/2013	Date of Injury:	11/03/1993
Decision Date:	04/02/2014	UR Denial Date:	11/14/2013
Priority:	Standard	Application Received:	11/22/2013

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 Occupational Medicine and is licensed to practice in California, Ohio, Florida and Texas. 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 applicant is a represented [REDACTED] employee who has filed a claim for chronic neck pain, chronic low back pain, thoracic outlet syndrome, depression, and reflux reportedly associated with an industrial injury of November 3, 1993. Thus far, the applicant has been treated with the following: Analgesic medications; a cane; and a cervical discectomy fusion procedure. In a Utilization Review Report of November 14, 2013, the claims administrator denied a request for Marinol and Ambien while approving a request for morphine and Norco. The applicant's attorney subsequently appealed. In a clinical progress note of November 26, 2013, the applicant was issued prescriptions for Norco, morphine, Cymbalta, Neurontin, Protonix, baclofen, and Compazine. It is stated that the applicant has been using Marinol up until 2009 with no reported adverse Effects. The applicant also has had gastroesophageal reflux disease present since August 2009, it is further noted. He does exhibit a mildly impaired gait requiring usage of a cane. He has ongoing issues with depression, it is stated.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ambien 10mg by mouth at bed time as needed #30: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Chronic Pain Chapter, pg 93

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG Chronic Pain Chapter, Zolpidem topic

Decision rationale: The MTUS does not address the topic. As noted in the ODG Chronic Pain Chapter Zolpidem topic, Zolpidem or Ambien is only approved for the short-term, two- to six-week treatment of insomnia. It is not indicated or recommended on the chronic, long-term, and/or scheduled basis for which it is being proposed here. In this case, the attending provider has not furnished any applicant-specific rationale or narrative to the request for authorization so as to try and offset the unfavorable MTUS recommendation. Therefore, the request is not certified, on Independent Medical Review.

Marinol 5mg by mouth 2x a day as needed #60: Upheld

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

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

Decision rationale: Marinol is a derivative of marijuana. However, as noted on page 28 of the MTUS Chronic Pain Medical Treatment Guidelines, cannabinoids, including Marinol are "not recommended." It is reiterated that there is restricted legal access to Schedule I Drugs, per the DEA, including cannabinoid derivatives. Therefore, the request is not certified owing to the unfavorable MTUS recommendation.