

Case Number:	CM14-0104844		
Date Assigned:	07/30/2014	Date of Injury:	05/07/1997
Decision Date:	09/25/2014	UR Denial Date:	06/24/2014
Priority:	Standard	Application Received:	07/08/2014

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, has a subspecialty in Interventional Spine 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 55 year-old male with the date of injury of 05/07/1997. The patient presents with pain in her lower back, aggravates by prolonged sitting or standing. The patient presents limited range of motion. His lumbar flexion is 30 degrees, extension is 10 degrees, and being is 10 degrees bilaterally. The patient had failed conservative management including NSAIDs, home exercise program, epidural injections, facet injections and rhizotomy. He is not considered to be a candidate for future spine surgery. The patient is currently taking Norco, Pravastatin, Amilodipine, Lunesta and Trazadone. According to [REDACTED] report on 06/03/2014, diagnostic impressions are: 1) Chronic postoperative pain 2) Chronic pain syndrome 3) Postlaminectomy syndrome, lumbar 4) Chronic neuropathic limb pain 5) Degeneration intervertebral disc, lumbar 6) Stenosis, lumbar 7) Sciatica 8) Lumbago 9) Myalgia The utilization review determination being challenged is dated on 06/24/2014. [REDACTED] is the requesting provider, and he provided treatment reports from 01/07/2014 to 06/03/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Idrasil Canabis Pill: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Cannabinoids.

Decision rationale: The patient presents chronic and severe pain in his lower back. The patient is s/p multiple surgeries, including a history of prior L4- S1 fusion and laminectomy. The request is for Idrasil Canabls Pill. MUTS guidelines do not recommend Cannabinoids. The treater's report on 06/03/2014 indicates "plan : Idrasil to 1 tab 4 times a day prn for pain and to reduce opioid requirements." However, utilization review letter on 06/24/2014 indicates that according to the treater's "on 06/03/2014 report states that the patient started Idrasil and feels like pain is more tolerable." It is unclear that how the patient acquired Idrasil. None of the reports discuss the patient's Idrasil use. Recommendation is for denial

Surgical referral: Overturned

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) ACOEM Practice Guidelines, 2nd Edition (2004), Chapter:7, page 127.

Decision rationale: The patient presents chronic and severe pain in his lower back. The patient is s/p multiple surgeries, including a history of prior L4- S1 fusion and laminectomy. The request is for a surgical referral. ACOEM page 127 states, "occupational health practitioner may refer to other specialists if a diagnosis is uncertain or extremely complex, when psychosocial factors are present, or when the plan or course of care may benefit from additional expertise." ACOEM supports specialty consultation for complex issues. In this case, the treater would like the patient to get a surgical referral because the patient has "Failed all other conservative measures and has positive findings on EMG that correlate with the L3-4 Stenosis and degeneration." Recommendation is for authorization.