

Case Number:	CM14-0107543		
Date Assigned:	08/01/2014	Date of Injury:	11/30/2007
Decision Date:	10/20/2014	UR Denial Date:	07/09/2014
Priority:	Standard	Application Received:	07/10/2014

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 and is licensed to practice in Nevada. 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 53 year-old male who was reportedly injured on November 30, 2007. The mechanism of injury is noted as a lifting type event. The most recent progress note dated April 17, 2014, indicates that there were ongoing complaints of low back pain. The physical examination demonstrated a 6 foot, 247 pound individual who is normotensive (148/80). A well healed surgical scar is noted the inguinal area. Changes associated with gastroesophageal herniated prior to the date of injury was reported. Diagnostic imaging studies objectified changes was pre-existing comorbidities. Previous treatment includes medications and surgical intervention. A request was made for medication and was not certified in the pre-authorization process on July 9, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Dronabinol cap 10mg day supply: 30 QTY. 1 cap BID: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation (ODG) Official Disability Guidelines, Pain Chapter, 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 Chapter, Updated October 2014

Decision rationale: Dronabinol is the only US FDA-approved synthetic cannabinoid and is marketed as a legal pharmaceutical alternative to natural cannabis. 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 on 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 support for this legal alternative to natural marijuana, this request is not medically necessary.