

Case Number:	CM14-0154877		
Date Assigned:	09/24/2014	Date of Injury:	11/01/1995
Decision Date:	10/29/2014	UR Denial Date:	09/04/2014
Priority:	Standard	Application Received:	09/22/2014

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 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 61-year-old female who sustained an injury on 11/01/95. As per 08/25/14 report the patient presented with complaints of low back pain, right hip pain and left shoulder pain. The pain was rated at 6-7/10 with medications and 10+/10 without. No objective findings were listed on this visit except the vital signs. MRI of the lumbar spine revealed a multi-level degenerative disc and joint changes. MRI of the left shoulder revealed evidence of a torn supraspinatus tendon. Her current medications include Pristiq, Fluriflex, Theramine, Prilosec, Trazodone, Sentra PM, and Idrasil. Previous treatments have included epidural steroid injections, physical therapy, and medications. She has been denied Opana ER and so she has been taking Opana IR. She has been taking a sample of Idrasil which she feels has been helping with her pain. Diagnoses include sprain/strain of left shoulder, left rotator cuff tear, pain in left shoulder, pain in left upper arm, neuralgia/neuritis, sprain of neck, lumbar radiculopathy, chronic pain syndrome, chronic pain related insomnia, myofascial syndrome, neuropathic pain, prescription narcotic dependence, chronic pain related depression, and tension headaches. The request for Idrasil 25mg #30 with one refill was denied on 09/03/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Idrasil 25mg #30 with one refill: 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: Idrasil is Marijuana pill. Per CA MTUS guidelines Cannabinoids are not recommended. Food and Drug Administration (FDA), Substance Abuse and Mental Health Services Administration (SAMHSA), and the National Institute for Drug Abuse (NIDA) report that no sound scientific studies support the medicinal use of cannabis. Psychoactive effects were also seen, including feeling high, although these were less apparent at the lower dose. Of more concern, were effects on cognitive performance, which in this chronic pain population was at or below the threshold for impairment already at baseline. Cannabis use was associated with modest declines in cognitive performance, particularly learning and recall, especially at higher doses. The finding necessitates caution in the prescribing of medical marijuana for neuropathic pain, especially in instances in which learning and memory are integral to a patient's work and lifestyle. The request is therefore, considered not medically necessary per guidelines and regulations.