

Case Number:	CM14-0030873		
Date Assigned:	06/20/2014	Date of Injury:	06/11/2001
Decision Date:	07/30/2014	UR Denial Date:	03/10/2014
Priority:	Standard	Application Received:	03/11/2014

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 Anesthesiology, has a subspecialty in Pain Management 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:

According to the records made available for review, this is a 30-year-old male with a 6/11/01 date of injury. At the time (3/10/14) of request for authorization for medical marijuana THC 18% gram and Inderal 20 mg, there is documentation of subjective findings: constant stabbing, pressure, shooting, headaches in the front behind the eyes and spreading to the temples, persistent severe photosensitivity, constant dizziness, tinnitus, constant jaw pain, bilateral neck pain and stiffness. As well as objective findings: BP 152/92, cervical spine paravertebral muscle tenderness bilaterally, occipital notch tenderness bilaterally, temporalis muscle tenderness, tenderness behind the ears in the mastoid area. The current diagnoses include: status post dental injuries, status post upper jaw fracture, posttraumatic TMJ and headaches, posttraumatic vertigo/dizziness, musculoligamentous sprain/strain of the cervical spine, numbness in the arms and legs, rule/out cervical cord injury, anxiety and depression, sleep impairment due to pain, and xerostomia. Treatment to date includes medications and Botox injections. A medical report dated 1/6/14 identifies that the patient is not treated for elevated blood pressure, although he was told that this blood pressure has been high repeatedly during medication evaluation.

IMR ISSUES, DECISIONS AND RATIONALES

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

Medical marijuana THC 18% 1/2 gram: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Cannabinoids Page(s): 27.

Decision rationale: Chronic Pain Medical Treatment Guidelines identifies that cannabinoids are not recommended. Therefore, based on guidelines and a review of the evidence, the request for medical marijuana is not medically necessary.

Inderal 20 mg: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation <http://www.drugs.com/inderal.html>.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: www.pdr.net.

Decision rationale: The guidelines used identifies that Inderal (propranolol) is a nonselective beta-blocker indicated for the management of hypertension (HTN); to decrease angina frequency and increase exercise tolerance with angina pectoris due to coronary atherosclerosis; to improve NYHA functional class in symptomatic patients with hypertrophic subaortic stenosis; and for prophylaxis of common migraine headache. In addition to the previously mentioned diagnoses, there is documentation of blood pressure of 152/92, and blood pressure has been high repeatedly during medication evaluation. Therefore, based on guidelines and a review of the evidence, the request for Inderal is medically necessary.