

Case Number:	CM14-0031208		
Date Assigned:	06/16/2014	Date of Injury:	11/15/1996
Decision Date:	07/17/2014	UR Denial Date:	02/17/2014
Priority:	Standard	Application Received:	03/12/2014

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 49-year-old male with a 11/15/1996 date of injury. At the time (2/17/14) of request for authorization for Marinol 10 mg four times a day to help with his nausea #120, there is documentation of subjective (stable on Exalgo and Marinol, with pain medication patient is able to function, without pain medication the patient is bedbound due to severe neck pain and low back pain) and objective (limited cervical range of motion in flexion, extension, and side bending) findings, current diagnoses (cervical degenerative disc disease with chronic intractable neck pain, chronic migraine headaches, mild traumatic brain injury, and chronic low back pain secondary to lumbosacral degenerative disc disease), and treatment to date (medications).

IMR ISSUES, DECISIONS AND RATIONALES

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

MARINOL 10MG FOUR TIMES A DAY TO HELP WITH HIS NAUSEA #120: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Cannabinoids, Cannabinoids Page(s): 27. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: web base.pdr.net.

Decision rationale: An online search identifies Marinol (Dronabinol) as a synthetic THC. Chronic Pain Medical Treatment Guidelines identifies that cannabinoids are not recommended. Therefore, based on guidelines and a review of the evidence, the request for Marinol 10 mg four times a day to help with his nausea #120 is not medically necessary.