

Case Number:	CM14-0033600		
Date Assigned:	06/20/2014	Date of Injury:	04/22/1971
Decision Date:	08/05/2014	UR Denial Date:	03/10/2014
Priority:	Standard	Application Received:	03/18/2014

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 Occupational Medicine 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 represented [REDACTED] employee who has filed a claim for chronic pain syndrome, chronic shoulder pain, and chronic low back pain reportedly associated with an industrial injury of April 22, 1971. Thus far, the patient has been treated with the following: Analgesic medications; attorney representation; long and short-acting opioids; a wheelchair; a right above-the-knee amputation; multiple knee surgeries, bilateral; and anxiolytic medications. In a Utilization Review Report dated March 10, 2014, the claims administrator approved a request for Colace, OxyContin, Provigil, baclofen, Lunesta, Pennsaid, and Senokot while denying request for Marinol. In a progress note dated May 23, 2012, the patient was apparently described as using OxyContin, oxycodone, a topical compounded medication, Lunesta, Restoril, senna, Colace, and Provigil. The patient underwent a sympathetic ganglion block surgery on July 2, 2013. On May 20, 2014, authorization was sought for a wheelchair and various medications, including Marinol.

IMR ISSUES, DECISIONS AND RATIONALES

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

Marinol 2.5mg bid, prn nausea, quantity requested 60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Cannabinoids Page(s): 28.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines
Cannabinoids topic Page(s): 28.

Decision rationale: No, the request for Marinol is not medically necessary, medically appropriate, or indicated here. Marinol is a cannabinoid-containing drug. As noted on page 28 of the MTUS Chronic Pain Medical Treatment Guidelines, cannabinoids, such as Marinol are deemed not recommended. The MTUS goes on to note that several federal agencies, including the FDA, SAMHSA, and NIDA all state that there are no sound scientific studies which support usage of Marinol in the chronic pain context reportedly present here. Therefore, the request is not medically necessary.