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| <b>Case Number:</b>   | CM14-0040735 |                              |            |
| <b>Date Assigned:</b> | 06/27/2014   | <b>Date of Injury:</b>       | 03/27/2001 |
| <b>Decision Date:</b> | 08/18/2014   | <b>UR Denial Date:</b>       | 03/05/2014 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 04/04/2014 |

### 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 records presented for review indicate that this 56-year-old female was reportedly injured on March 27, 2001. The mechanism of injury is not listed in these records reviewed. The most recent progress note, dated April 8, 2014, indicates that there are ongoing complaints of low back pain radiating to the legs on the right worse than left side radiating into the right foot. Current medications include Marinol, OxyContin, Roxicodone, and Xanax. The physical examination demonstrated an antalgic gait and tenderness along the lumbar spine. Diagnostic imaging studies reported a L5-S1 spondylolisthesis. Current medications were continued and a bilateral selective nerve block was recommended. A request was made for Dronabinol and was not certified in the pre-authorization process on March 5, 2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Dronabinol 5mg, antiemetic, quantity 60,:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Pain Treatment Guidelines-Cannabinoids Page(s): 28. Decision based on Non-MTUS Citation Official Disability Guidelines-Pain Chapter Cannabinoids.

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

**Decision rationale:** Dronabinol is a type of medical marijuana. According to the California Chronic Pain Medical Treatment Guidelines, medical marijuana is not recommended. In total, eleven states have approved the use of medical marijuana for the treatment of chronic pain, but there are no quality controlled clinical data with cannabinoids. Therefore this request for Dronabinol 5mg, antiemetic, quantity 60, is not medically necessary and appropriate.