

Case Number:	CM14-0046958		
Date Assigned:	07/02/2014	Date of Injury:	11/08/1999
Decision Date:	08/27/2014	UR Denial Date:	03/12/2014
Priority:	Standard	Application Received:	04/14/2014

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 Illinois. 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 67-year-old female who reported an injury on 11/08/1999. The diagnoses include CRPS (Complex Regional Pain Syndrome) of the upper extremity, causalgia, and chronic pain syndrome. The mechanism of injury was not provided. The injured worker had a right carpal tunnel release in 10/2004 and a left carpal tunnel release in 06/2005. The injured worker had a repeat of the bilateral carpal tunnel releases in the year of 2008. The diagnosis included trigger finger. The documentation of 03/03/2014 revealed the injured worker had complaints of left upper extremity pain and sensitivity and bilateral wrist pain. Other prior surgeries were noncontributory. The documentation indicated the injured worker underwent multiple stellate ganglion blocks. The injured worker medications included Norco, Dexedrine, and benazepril. The injured worker underwent a urine drug screen that was positive for hydrocodone and amphetamines. It was noted to be consistent. The injured worker underwent x-rays of the bilateral wrists, which revealed right greater than left bilateral degenerative osteoarthritis of the scaphotrapezium-trapezoid joint, right greater than left. The treatment plan included a request for dronabinol. It was indicated the injured worker was highly sensitive to most medications, and gets severe nausea and anorexia from low dose narcotics. The use of dronabinol appeared to be reasonable in this injured worker. The physician documented there was increasing appreciation of the usefulness of cannabinoids in the management of complex neuropathic pain. As such, it was documented it was reasonable to supplement Marinol to potentiate the analgesic effect and reduce the associated nausea, vomiting, and anorexia and to provide Norco. The injured worker was noted to be utilizing opioids since at least 2012.

IMR ISSUES, DECISIONS AND RATIONALES

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

Marinol 10 MG # 60: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: The California MTUS Guidelines do not recommend cannabinoids for chronic pain. The clinical documentation submitted for review indicated this would be a request for the medication. It was indicated the injured worker had not previously been taking the medication. There was a lack of documentation of exceptional factors to warrant nonadherence to guideline recommendations. The request as submitted failed to indicate the frequency for the requested medication. Given the above, the request for Marinol 10 mg #60 is not medically necessary.

Norco 10/325 MG # 60: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 253-286, Chronic Pain Treatment Guidelines Opioids Page(s): 74.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Medications for Chronic pain, page 60, ongoing management, page 78 Page(s): 60, 78.

Decision rationale: The California MTUS Guidelines recommends opiates as a treatment for chronic pain. There should be documentation of objective functional improvement, an objective decrease in pain and documentation the injured worker is being monitored for aberrant drug behavior and side effects. The clinical documentation submitted for review indicated the injured worker had utilized the medication since at least 2012. There was a lack of documentation of an objective decrease in pain and documentation of an objective improvement in function. The documentation indicated the injured worker was being monitored for aberrant drug behavior and side effects. The request as submitted failed to indicate the frequency for the requested medication. Given the above, the request for Norco 10/325 mg #60 is not medically necessary.