

Case Number:	CM14-0057465		
Date Assigned:	07/09/2014	Date of Injury:	06/30/2005
Decision Date:	09/05/2014	UR Denial Date:	03/27/2014
Priority:	Standard	Application Received:	04/28/2014

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 61 year old female was reportedly injured on June 30, 2005. The mechanism of injury is undisclosed. The most recent progress note, dated March 12, 2014 indicates that there are ongoing complaints of lower extremity and wrist pain. The physical examination demonstrated a 5'4", 180 pound individual who is hypertensive (138/91) and notes the pain scale of 9/10. The muscle skeletal examination noted no cyanosis, well healed incisional scar and a limited flexion of the left wrist. Diagnostic imaging studies were not reviewed. Previous treatment includes wrist surgery, knee surgery, multiple narcotic medications and pain control interventions. A request was made for medical marijuana and was not certified in the preauthorization process on March 27, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Marinol 5mg (medical marijuana) #60: Upheld

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

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

Decision rationale: Both the Medical Treatment Utilization Schedule (MTUS) and Official Disability Guidelines (ODG) were reviewed to determine the most current literature published on this topic. While noting that administratively a number of states have allowed this preparation, there simply is not quality controlled clinical data identified to suggest that this has any efficacy or utility relative to the treatment of chronic pain. Therefore, while noting the date of injury, the injury sustained and the convocations of those injuries there simply is no good quality data from the literature or in the progress notes to support any medical necessity for this type of intervention. Therefore, this request is not medically necessary.