

Case Number:	CM14-0068461		
Date Assigned:	07/14/2014	Date of Injury:	03/09/2011
Decision Date:	08/21/2014	UR Denial Date:	05/05/2014
Priority:	Standard	Application Received:	05/13/2014

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 Orthopedic Surgery and is licensed to practice in Texas. 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 45-year-old female who reported an injury on 03/09/2011. The mechanism of injury involved a fall. Current diagnoses include musculoligamentous sprain/strain of the lumbar spine, status post lumbar decompression and fusion in 01/2010, right shoulder pain, bilateral knee pain, status post left knee arthroscopy in 1990, wrist sprain, elbow sprain, rule out bilateral cubital and carpal tunnel syndrome, cervical radiculopathy, lumbar radiculopathy, left ganglion cyst, status post surgery for a ganglion cyst in 2010, diffuse generalized trigger points, depression with anxiety, weight gain and generalized deconditioning. The injured worker was evaluated on 04/28/2014. The injured worker reported persistent pain over multiple areas of the body as well as headaches, weakness, stiffness, constipation and depression. Physical examination revealed tenderness to palpation of the right shoulder, trigger points in the right supraspinatus and infraspinatus, trigger points in the trapezius and rhomboid, limited shoulder range of motion, diminished strength in the upper extremities, positive Tinel's sign over the carpal tunnel and cubital tunnel, a left ganglion cyst, limited lumbar range of motion, trigger points in the paraspinal muscles, positive straight leg raising bilaterally, diminished motor strength in the lower extremities, decreased sensation in the bilateral L5-S1 distributions and diminished grip strength on the left. Treatment recommendations included a left ganglion cyst excision with a steroid injection into the left thumb flexor and a prescription for medical marijuana.

IMR ISSUES, DECISIONS AND RATIONALES

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

Medical Marijuana as needed: Upheld

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

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

Decision rationale: The California Medical Treatment Utilization Schedule (MTUS) Guidelines state cannabinoids are not recommended. There are no quality controlled clinical data with cannabinoids for treatment of chronic pain. Therefore, the current request cannot be determined as medically appropriate. As such, the request is not medically necessary and appropriate.