

Case Number:	CM14-0071061		
Date Assigned:	07/14/2014	Date of Injury:	03/26/2001
Decision Date:	09/15/2014	UR Denial Date:	05/07/2014
Priority:	Standard	Application Received:	05/16/2014

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 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 injured worker is a female who sustained an injury on March 23, 2001. She is diagnosed with (a) status post fusion in 2007 and 2008, (b) cervical and lumbar myofascial pain, (c) possible lumbar facet syndrome, (e) bilateral knee pain, (f) anxiety and occasional panic attacks, and (g) patellar arthritis. She was seen on April 23, 2014 for an evaluation. She reported complaints of neck and low back pain, which were sharp and constant, and knee pain, which was shooting and constant in character. Her pain was worsened by activity, prolonged sitting or standing, and cold weather. Pain was relieved by medications, chiropractic treatment, transcutaneous electrical nerve stimulation unit, and rest. She trialed on Marinol and reported that it provided no analgesia. She has trialed on Voltaren gel and reported 15% analgesia to her low back, knee, and bilateral hand pain.

IMR ISSUES, DECISIONS AND RATIONALES

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

Marinol 2.2mg Qty: 1.00: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines.

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

Decision rationale: The California Medical Treatment Utilization Schedule does not recommend the use of medical marijuana. More so, the injured worker indicated no derived benefit from this medication. The request for Marinol 2.2 mg is therefore not medically necessary at this time.

Voltaren Gel 2-4g Qty: 5 tubes: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesic Page(s): 112.

Decision rationale: According to the evidence-based guidelines, Voltaren Gel is the only Food and Drug Administration-approved agent in this drug class considered as a topical agent and is only approved for the ankle, elbow, foot, hand, knee and wrist. Moreover, there is little evidence to no evidence of utilizing this drug class for treatment of osteoarthritis of the spine, hip, or shoulder. Since there is little to no support in treating pain related to the spine, this medication is not medically necessary for this patient. In addition, this injured worker's medical records did not indicate that she is being treated for osteoarthritis pain in the joints. Therefore, it can be concluded that the medical necessity of Voltaren gel is not medically necessary.