

<b>Case Number:</b>	CM14-0086269		
<b>Date Assigned:</b>	07/23/2014	<b>Date of Injury:</b>	06/24/1987
<b>Decision Date:</b>	09/08/2014	<b>UR Denial Date:</b>	05/07/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/09/2014

### 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 52-year-old gentleman was reportedly injured on June 24, 1987. The mechanism of injury was not listed in these records reviewed. The most recent progress note, dated May 27, 2014, indicated that there were ongoing complaints of neck pain and back pain with spasms. Pain level while on medication was stated to be 2/10 with medications and 10/10 without medications. The physical examination demonstrated a positive straight leg raise test and right-sided muscle tension. Diagnostic imaging studies were not reviewed during this visit. Previous treatment included a lumbar spinal fusion at L5-S1. A request had been made for Marinol and was not certified in the pre-authorization process on May 7, 2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Marinol 10mg #90:** Upheld

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

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

**Decision rationale:** According to the California Chronic Pain Medical Treatment Guidelines, the use of Marinol is not recommended. In total, 11 states have approved the use of medical marijuana for the treatment of chronic pain, but there are no quality controlled clinical data with cannabinoids. Considering this, the request for Marinol 10 mg is not medically necessary.