

Case Number:	CM14-0125386		
Date Assigned:	08/11/2014	Date of Injury:	06/02/2011
Decision Date:	04/15/2015	UR Denial Date:	08/04/2014
Priority:	Standard	Application Received:	08/07/2014

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
 State(s) of Licensure: North Carolina, Georgia
 Certification(s)/Specialty: Family Practice

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 54-year-old male who sustained an industrial injury on 06/02/11. Initial complaints and diagnoses are not available. Treatments to date include surgery, radiation therapy, and chemotherapy. Diagnostic studies include multiple MRIs. Current complaints include mild intermittent headaches, intermittent fatigue, and nausea, dyspepsia, and worsening hearing loss. In a progress note dated 02/03/14, the latest note from the requesting provider available for review in the submitted record, the treating provider continued treatment per the clinical trial. The requested treatments are Percocet and Marinol.

IMR ISSUES, DECISIONS AND RATIONALES

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

Percocet 10/325mg #180: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Section 2 Page(s): 74-89.

Decision rationale: CA MTUS allows for the use of opioid medication, such as Norco, for the management of chronic pain and outlines clearly the documentation that would support the need for ongoing use of an opioid. These steps include documenting pain and functional improvement using validated measures at 6 months intervals, documenting the presence or absence of any adverse effects, documenting the efficacy of any other treatments and of any other medications used in pain treatment. The medical record in this case does document response of pain to the opioid medication. Functional improvement is relative as Percocet is being used in this case to manage cancer pain. It does address the efficacy of concomitant medication therapy. Therefore, the record does support medical necessity of ongoing opioid therapy with Percocet.

Marinol 10mg #90: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Section 2 Page(s): 28.

Decision rationale: CA MTUS explicitly states that cannabinoids are not recommended for treatment of chronic pain because there are no quality randomized controlled trial. Marinol is a synthetic THC and is included in this non-recommendation. Therefore, the request is not medically indicated.