

Case Number:	CM15-0144373		
Date Assigned:	08/05/2015	Date of Injury:	03/02/2012
Decision Date:	09/24/2015	UR Denial Date:	07/02/2015
Priority:	Standard	Application Received:	07/24/2015

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: Connecticut, California, Virginia

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

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 40 year old female, who sustained an industrial injury on March 2, 2012. She reported injury to her right knee. The injured worker was currently diagnosed as having internal derangement of the knee, complex regional pain syndrome of the right lower extremity, chronic pain due to trauma and chronic post-op pain. Treatment to date has included diagnostic studies, surgery, physical therapy, psychological testing, injections, medication and rest. Her medication was reported to control pain by approximately 50% with managed side effects. On June 8, 2015, the injured worker complained of constant right knee and back pain. The pain was rated as a 6-7 on a 1-10 pain scale. Note stated that injections, medications and rest make the pain better. The treatment plan included Marinol, hydromorphone, morphine ER, Zanaflex and Lyrica medication. A request was made for Marinol 10 mg.

IMR ISSUES, DECISIONS AND RATIONALES

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

Marinol 10mg quantity: 30: Upheld

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

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

Decision rationale: Cannabinoids are not recommended by the MTUS. There is not strong evidence-based data to support use of cannabinoids in cases of chronic pain. Given the provided records, and the clear contraindication for use per the MTUS guidelines, the request for Marinol is not medically necessary at this time.