

Case Number:	CM15-0148115		
Date Assigned:	08/11/2015	Date of Injury:	05/27/2014
Decision Date:	09/24/2015	UR Denial Date:	07/28/2015
Priority:	Standard	Application Received:	07/30/2015

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: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 48 year old female, who sustained an industrial injury on May 27, 2014. She reported left shoulder pain attributed to pushing a heavy door she felt a pain in her left shoulder. The injured worker was diagnosed as having severe progressive stage left shoulder adhesive tendonitis, left shoulder sprain/strain with impingement syndrome, right shoulder tendonitis due to favoring, numbness/coldness in the left arm-intermittent-rule out cervical radiculopathy versus compression neuropathy, and right arm overuse syndrome. Treatments and evaluations to date have included physical therapy, heat, home exercise program (HEP), MRI, epidural steroid injection (ESI), acupuncture, electromyography (EMG)-nerve conduction velocity (NCV), and medication. Currently, the injured worker reports bilateral shoulder pain, left arm cold and weak, and pain at the right first compartment, thumb, and forearm, tired due to poor sleep. The Neurological Re-Evaluation dated July 20, 2015, noted the injured worker had returned to work on June 23, 2015 with modified duties. The injured worker reported further worsening of the left shoulder range of motion (ROM) with the pain spreading to the left arm, wrist, and last three fingers. The injured worker's current medications were listed as Relafen, Fish Oil, and Multivitamins. Cervical spine examination was noted to show paravertebral muscle tenderness, left more than right, with trigger points at the left more than right trapezius, supraspinatus, and infraspinatus. Shoulder examination was noted to show palpation of the anterior shoulder bursa with tenderness, left greater than right. The treatment plan was noted to include Relafen, home stretching exercises, and medical marijuana to improve intractable pain and sleep. The injured worker was noted to be temporarily partially disabled.

IMR ISSUES, DECISIONS AND RATIONALES

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

Medical marijuana to improve intractable pain, sleep: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (chronic) chapter under Cannabinoids.

Decision rationale: The 48 year old patient complains of worsening range of motion and pain in the left shoulder spreading to the left arm, wrist and last 3 fingers, as per progress report dated 07/20/15. The request is for MEDICAL MARIJUANA TO IMPROVE INTRACTABLE PAIN, SLEEP. There is no RFA for this case, and the patient's date of injury is 05/27/14. Diagnoses, as per progress report dated 07/20/15, included severe progressive stage left shoulder adhesive tendonitis, left shoulder sprain/stain with impingement syndrome, right shoulder tendonitis due to favoring, numbness and coldness in the left arm r/o cervical radiculopathy vs compression neuropathy, and overuse syndrome of the right arm. Medications included Relafen, Voltaren gel and Tiger balm. The patient is temporarily totally disabled, as per the same progress report. ODG guidelines, Pain (chronic) chapter under Cannabinoids states: Not recommended for pain. As of August 2014, 23 states and DC have enacted laws to legalize medical marijuana (Markoff, 2014), but there are no quality studies supporting cannabinoid use, and there are serious risks. In this case, a request for medical marijuana is only noted in progress report dated 07/20/15. The treater states that the drug will help improve intractable pain and promote sleep. The treater, however, does not explain why medical marijuana was chosen over traditional pain and insomnia medications. While the patient does suffer from chronic pain and sleep issues, ODG guidelines do not support the use of medical marijuana due to lack of quality studies supporting cannabinoid use, and there are serious risks. Hence, the request IS NOT medically necessary.