MAXIMUS Federal Services

Case Number:	CM15-0185849		
Date Assigned:	09/28/2015	Date of Injury:	04/03/2008
Decision Date:	11/03/2015	UR Denial Date:	09/08/2015
Priority:	Standard	Application Received:	09/21/2015

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: Texas, Florida, California
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 41 year old male who sustained an industrial injury on 04-03-2008. Medical records indicated the worker was treated for injury to the lower back and left lower leg. On 08-10-2015, diagnoses include facet arthropathy of the lumbar spine, multiple herniated disc of the lumbar spine; status post micro lumbar decompression; lumbar radiculopathy. Treatment has included 20 sessions of acupuncture increased migraines, a micro lumbar (MLD) decompression (2002) with 18 months of 30-40% relief, 24 sessions of physical therapy post MLD with minimal relief, and a MBB (medial branch block) to the left 4-5, L5-S1 with 70% relief for 2-3 hours, diagnostics and medications, lumbar medial branch blocks, chiropractic care, acupuncture and physical therapy. In the provider notes of 08-10-2015, the injured worker complains of low back pain. He reports his symptoms are relatively unchanged. He has difficulty sleeping, and he has a low energy level. His current medications include MS Contin, Prilosec, and Ketoprofen. Current medications also include Marinol, Avinza, and Ambien (all since at least 03/11/2015) and Zoloft (since 08/10/2015). He reports constant aching low back pain with radicular pain into the left lower extremity. His pain increases with lifting, bending, and prolonged periods of sitting. He rates his low back pain as a 6-8 on a 0-10 pain scale. On exam, his gait is mildly antalgic, he has tenderness to palpation of the lumbar spine, and his lumbar range of motion is decreased in all planes. Lower extremity sensation is intact. Straight leg raise is positive on the left and right at 60 degrees, and he does have a positive facet provocation on the left side. The treatment plan includes prescription refills. A request for authorization was submitted for: 1. Zoloft 50mg #30. 2. Avinza 30mg #30. 3. Marinol 12.5mg #60. 4. Ambien 10mg #60. A utilization review decision 09-08-2015: Approved the requests for Zoloft and Avinza, and denied the requests for Marinol, and Ambien.

IMR ISSUES, DECISIONS AND RATIONALES

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

Marinol 12.5mg #60: Upheld

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

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

Decision rationale: Key case points are as follows. The claimant was injured in 2008 with facet arthropathy of the lumbar spine, multiple herniated disc of the lumbar spine; status post micro lumbar decompression; lumbar radiculopathy. Treatment has included 20 sessions of acupuncture increased migraines, a micro lumbar (MLD) decompression (2002) with 18 months of 30-40% relief, 24 sessions of physical therapy post MLD with minimal relief, and a MBB (medial branch block) to the left 4-5, L5-S1 with 70% relief for 2-3 hours, diagnostics and medications, lumbar medial branch blocks, chiropractic care, acupuncture and physical therapy. Current medications also include Marinol, Avinza, and Ambien (all since at least 03/11/2015) and Zoloft (since 08/10/2015). There is no documentation of insomnia. The objective, functional benefit out of the Marinol is not noted. The current California web-based MTUS collection was reviewed in addressing this request. The guidelines are silent in regards to this request. Therefore, in accordance with state regulation, other evidence-based or mainstream peer-reviewed guidelines will be examined. The ODG notes: 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. The intent of the Marinol in this case is not clear. There is no nausea or vomiting noted. Also, given the adverse evidentiary support for pain, the request is non-certified, therefore is not medically necessary.

Ambien 10mg #60: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain, Zolpidem (Ambien).

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

Decision rationale: As noted, key case points are as follows. The claimant was injured in 2008 with facet arthropathy of the lumbar spine, multiple herniated disc of the lumbar spine; status post micro lumbar decompression; lumbar radiculopathy. Treatment has included 20 sessions of acupuncture increased migraines, a micro lumbar (MLD) decompression (2002) with 18 months of 30-40% relief, 24 sessions of physical therapy post MLD with minimal relief, and a MBB (medial branch block) to the left 4-5, L5-S1 with 70% relief for 2-3 hours, diagnostics and medications, lumbar medial branch blocks, chiropractic care, acupuncture and physical therapy. Current medications also include Marinol, Avinza, and Ambien (all since at least 03/11/2015)

and Zoloft (since 08/10/2015). There is no documentation of insomnia. The objective, functional benefit out of the Marinol is not noted. The MTUS is silent on the long term use of Zolpidem, also known as Ambien. The ODG, Pain section, under Zolpidem notes that is a prescription short-acting non-benzodiazepine hypnotic, which is approved for the short-term (usually two to six weeks) treatment of insomnia. In this claimant, the use is a chronic long term usage. The guides note that pain specialists rarely, if ever, recommend them for long-term use. They can be habit-forming, and they may impair function and memory more than opioid pain relievers. There is also concern that they may increase pain and depression over the long-term. (Feinberg, 2008) I was not able to find solid evidence in the guides to support long term usage. The medicine was appropriately non-certified, therefore is not medically necessary.