

Case Number:	CM15-0190483		
Date Assigned:	10/02/2015	Date of Injury:	09/07/1995
Decision Date:	11/18/2015	UR Denial Date:	09/21/2015
Priority:	Standard	Application Received:	09/28/2015

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: Massachusetts

Certification(s)/Specialty: Anesthesiology, Pain Management

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 58 year old female with an industrial injury date of 09-07-1995. Medical record review indicates she is being treated for chronic low back pain. Subjective complaints (09-01-2015) included low back pain documented as "constant, sharp and dull." The pain is rated as 8 out of 10 with and 10 out of 10 without medications. Work status is not indicated (09-01-2015). Physical findings are not indicated (09-01-2015). Her medication is documented as Lidocaine adhesive patch. Prior treatments are Lidocaine patch and home exercise program. Request for authorization dated 09-09-2015 is for Marinol 2.5 mg twice daily # 60. On 09-21-2015 utilization review non certified the request for Marinol 2.5 mg BID #60.

IMR ISSUES, DECISIONS AND RATIONALES

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

Marinol 2.5mg BID #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009. Decision based on Non-MTUS Citation Official Disability Guidelines, Online Edition, Pain Chapter, Cannabinoids Section.

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

Decision rationale: According to the MTUS, Marinol is a man-made form of cannabis, also known as marijuana. The MTUS indicates that Marinol and cannabis do not have evidence to support the treatment of chronic pain. MTUS guidelines, page 28 does not recommend marinol for the treatment of chronic pain. Therefore, at this time, the requirements for treatment have not been met and medical necessity has not been established.