

<b>Case Number:</b>	CM15-0221859		
<b>Date Assigned:</b>	11/17/2015	<b>Date of Injury:</b>	03/05/2002
<b>Decision Date:</b>	12/30/2015	<b>UR Denial Date:</b>	11/03/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/11/2015

### 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: Emergency 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 58 year old male who sustained an industrial injury 03-05-02. A review of the medical records reveals the injured worker is undergoing treatment for left lower extremity complex regional pain syndrome, and left lumbar radiculopathy. Medical records (10-01-15) reveal the injured worker complains of low back and left lower extremity pain, rated at 2/10. The physical exam (10-01-15) reveals hypertonicity in the paraspinals bilateral at L3-5, and tenderness to palpation in the paraspinals left L4-5. Mild limitation of lumbar extension is noted due to pain. A significant increase in sensitivity is noted on the left in the Dermatomes C2-S2. Prior treatment includes medications including Nucynta ER, Lyrica, Capsaicin cream, and Cymbalta as well as physical therapy, back surgery, 3 epidural steroid injections, a spinal cord stimulator 6-8 sympathetic nerve blocks, and inhalation of THC wax. The original utilization review (11-03-15) non certified the request for Marinol 2.5mg #60 and a urine drug screen. The treating provider reports that the Nucynta has been discontinued due to the carrier. The injured worker has dealt with withdrawals. The plan of care (10-01-15) includes Nucynta, Marinol, Lyrical, Duloxetine, and a urine drug screen. The treating provider reports the urine drug screen from 09-29-15 was consistent with medications proscribed.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Marinol 2.5 mg Qty 60: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Cannabinoids. Decision based on Non-MTUS Citation Official Disability Guidelines: Pain (Chronic) - Dronabinol (Marinol).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Cannabinoids. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain: Cannabinoids.

**Decision rationale:** MTUS guidelines do not recommend cannabinoids for pain. As per Official Disability Guidelines, cannabinoids are still not recommended. Marinol is a synthetic cannabinoid FDA approved for nausea and anorexia for HIV and cancer patients only. There is some data that Marinol in combination with opioids may improve pain but it is considered experimental. Marinol is not medically necessary.

**Urine drug screen, Qty 1: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Drug testing. Decision based on Non-MTUS Citation Official Disability Guidelines: Pain (Chronic) - Urine drug testing (UDT).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): NSAIDs, GI symptoms & cardiovascular risk.

**Decision rationale:** As per MTUS chronic pain guidelines, urine drug screen may be considered for patients undergoing opioid therapy for monitoring for abuse and compliance. Patient just had a urine drug screen on 6/2015. Patient is considered low risk for abuse therefore there is no indication for another UDS so soon after an appropriate recent one. Not medically necessary.