

Case Number:	CM15-0031008		
Date Assigned:	02/26/2015	Date of Injury:	06/02/2011
Decision Date:	04/06/2015	UR Denial Date:	02/11/2015
Priority:	Standard	Application Received:	02/19/2015

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, 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 55 year old male, who sustained an industrial injury on 6/02/2011. The diagnoses have included malignant neoplasm of brain, unspecified. Treatment to date has included surgical and conservative measures. Magnetic resonance imaging of the brain, dated 5/27/2014, noted stable post-surgical changes when compared to study dated 3/30/2014. Currently (per progress note dated 7/21/2014), the injured worker complains of increased headaches for the past few months. He continued to have left hemianopsia, memory impairment, and chronic stomach discomfort. He was alert and oriented times four. Gastrointestinal exam was not noted. The injured worker was documented as receiving Marinol 3 tablets daily since 3/2012, to relieve chronic upset stomach and stomach pain. Other medications included Lexapro, Ativan, Percocet, and Viagra. On 2/11/2015, Utilization Review non-certified a request for Marinol 10mg #90 x30 day supply, noting the lack of compliance with MTUS Chronic Pain Medical Treatment Guidelines and Non-MTUS Guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

Marinol 10mg #90 x 30 days supply: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM, Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines (Effective July 18, 2009) Page(s): 28. Decision based on Non-MTUS Citation <http://www.marinol.com/>.

Decision rationale: Regarding a request for Marinol, Chronic Pain Medical Treatment Guidelines state that cannabinoids are not recommended given a lack of quality controlled clinical data. Marinol is indicated for the treatment of weight loss due to AIDS, which is not present here. As such, the currently requested Marinol is not medically necessary.