

Case Number:	CM15-0045363		
Date Assigned:	03/17/2015	Date of Injury:	02/07/2004
Decision Date:	04/20/2015	UR Denial Date:	02/23/2015
Priority:	Standard	Application Received:	03/10/2015

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: North Carolina
Certification(s)/Specialty: Family Practice

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 56 year old male who sustained an industrial lifting injury on February 7, 2004. The injured worker was diagnosed with cervical spondylosis without myelopathy, medial epicondylitis, cervical spine stenosis, rheumatism and fibrositis, unspecified myalgia and myositis, insomnia and depressive disorder. The injured worker underwent a C5-C6 and C6-C7 epidural steroid injection (ESI) on October 16, 2014. There were no other surgical, radiological or diagnostic reports documented. According to the primary treating physician's progress report on February 16, 2015, the injured worker continues to experience pain in the bilateral shoulders, elbows, wrists and lower back with loss of feeling in the bilateral lower extremities. The injured worker has a recent history of falls and uses a cane and electric wheelchair as assistive devices. Examination demonstrated limited active range of motion of the cervical spine and decreased range of motion of the bilateral shoulders and wrists. Treatment plan consists of continuing medication and the initiation of the current request for Dronabinol along with a weight loss program. According to the medical records submitted the injured worker attends physical therapy and Cognitive Behavioral Therapy (CBT) and has home care assistance. Current medications consist of Duragesic, Percocet, Lunesta, Trazadone, Valium, Paxil, Gabapentin, and Lidoderm patches.

IMR ISSUES, DECISIONS AND RATIONALES

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

30 capsules of Dronabinol 10mg: 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 NIH, dronabinol.

Decision rationale: The California MTUS, ODG and ACOEM do not specifically address the requested medication. Per the NIH guidelines, this medication is indicated in the treatment of nausea and vomiting when other modalities such as Zofran and Phenergan have failed. This patient is not receiving chemotherapy and thus the medication is not medically warranted.