

Case Number:	CM14-0214693		
Date Assigned:	01/02/2015	Date of Injury:	02/06/1998
Decision Date:	03/03/2015	UR Denial Date:	12/19/2014
Priority:	Standard	Application Received:	12/23/2014

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

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 64 year-old female, who was injured on February 8, 1998, while performing regular work duties. The records indicate the injured worker has an extensive medical history which has included multiple work related injuries. The February 8, 1998 injury has been indicated within the records to be a re-injury related to an incident in 1995, where the injured worker fell over a chair and landed on the right side of the body, resulting in injury to the right knee and low back. The injured worker is a waitress. The records reflect the injured worker has received treatment which included medications, physical therapy, pool therapy, epidurals, radiofrequency lesioning, multiple knee surgeries including a right knee replacement, multiple radiological imaging, chiropractic treatment, electromyography and nerve conduction studies, medial branch blocks, and laboratory evaluations. On January 22, 2014, the injured worker was seen for complaints of increasing right neck pain with stiffness and headaches, tingling and numbness of the right hand consistent with carpal tunnel syndrome, new complaint of weakness and numbness of the left lower extremity following lumbar surgery; chronic weakness of the right lower extremity; post-operative low back pain, and persistent mid-back pain. The records indicate the injured worker had been prescribed marijuana bud sometime on or before May 9, 2014. The records do not indicate the reason for the use of marijuana bud, or how its use will affect the activities of daily living for the injured worker. The request is for Marijuana Bud as directed as needed (prn); body part: cervical lumbar, right hand and wrist, right knee, ankle, and psyche. The primary diagnosis is cervicgia. On December 19, 2014, Utilization Review non-certified the request for Marijuana Bud as directed as needed (prn); body part: cervical lumbar,

right hand and wrist, right knee, ankle, and psyche, based on MTUS, Chronic Pain Medical Treatment guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

Marijuana bud, prn,: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Cannabinoids.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Medications for chronic pain Page(s): 28.

Decision rationale: The patient presents with pain in her neck, mid back and lower back. The request is for MARIJUANA BUD AS DIRECTED. The patient has been utilizing Marijuana bud since at least 06/20/14. MTUS guidelines page 28 does not recommend Cannabinoids for chronic pain. Given the lack of support for Cannabinoids, the request IS NOT medically necessary.