

Case Number:	CM14-0077165		
Date Assigned:	07/18/2014	Date of Injury:	02/16/1998
Decision Date:	06/09/2015	UR Denial Date:	05/09/2014
Priority:	Standard	Application Received:	05/27/2014

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: Maryland

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Neuromuscular 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 56-year-old male, who sustained an industrial injury on 02/16/1998. The initial complaints and diagnoses were not mentioned in the clinical notes. Treatment to date has included conservative care, medications, imaging, conservative therapies, and lumbar fusion surgery. At the time of the request for authorization, the injured worker complained of constant burning pain in both feet, intermittent weakness in the legs, bilateral knee pain, and radiating pain from legs to feet, poor sleep and thermal dysregulation. The injured worker reported that pain was controlled with pain medications (Actiq, Opana, and OxyContin). Marinol was being used for the treatment of nausea and for maintain a healthy weight. The diagnoses include chronic pain, status post lumbar fusion, reactive insomnia, reactive and complex regional pain syndrome (CRPS) generated depression, right knee pain, CRPS II, hypogonadism associated with chronic pain and left leg radiculopathy S1. The request for authorization included dronabinol 6 mg #30 for nausea due to medications for treating the lumbar spine and bilateral lower extremity pain.

IMR ISSUES, DECISIONS AND RATIONALES

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

Dronabinol 6mg #30 For Nausea Due To Medications Taken For Lumbar, Spine And Bilateral Knee Pain As An Outpatient: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain-Canniboids and Other Medical Treatment Guidelines
<http://www.nlm.nih.gov/medlineplus/druginfo/meds/a607054.html>.

Decision rationale: Dronabinol 6mg #30 for nausea due to medications taken for lumbar, spine and bilateral knee pain as an outpatient is not medically necessary per the ODG and an online review of this medication. The ODG states that canniboids are not recommended for pain. An online review on Medline states that Dronabinol is used to treat nausea and vomiting caused by chemotherapy in people who have already taken other medications to treat this type of nausea and vomiting without good results. Dronabinol is also used to treat loss of appetite and weight loss in people who have acquired immunodeficiency syndrome (AIDS). The documentation indicates that the patient is taking this for nausea due to medications. These guidelines do not offer support of Dronabinol for this indication and therefore this medication is not medically necessary.