

Case Number:	CM15-0125269		
Date Assigned:	07/13/2015	Date of Injury:	01/13/1994
Decision Date:	08/07/2015	UR Denial Date:	06/04/2015
Priority:	Standard	Application Received:	06/29/2015

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: Massachusetts

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:

This 50 year old female sustained an industrial injury on 1/13/1994. The mechanism of injury is not detailed. Diagnoses include complex regional pain syndrome, migraine headache disorder, cervical spondylosis, lumbar spondylosis, post-traumatic stress disorder, and myofascial syndrome. Treatment has included oral medications. Physician notes from the pain management specialist dated 5/1/2015 show complaints of neuropathic pain in the bilateral lower extremities and the bilateral hands rated 5/10. Recommendations include cannabis as medications, continue medications regimen, and follow up in one month.

IMR ISSUES, DECISIONS AND RATIONALES

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

Medication Cannabis for Chronic Pain and PTSD (post traumatic stress disorder): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Cannabinoids. Decision based on Non-MTUS Citation Official Disability Guidelines: Pain - Cannabinoids.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (Chronic), Cannabinoids.

Decision rationale: The claimant has a remote history of a work injury occurring in January 1994 and continues to be treated for chronic pain including a diagnosis of CRPS. When seen in December 2014 she was having total body pain and chronic migraines. In May 2015, she was having neuropathic pain in the hands and lower extremities. Pain was rated at 5-10/10. Morphine was being prescribed at a total MED (morphine equivalent dose) over 200 mg per day. Physical examination findings included equivocal Gaenslen and Fabere testing. Waddell signs were absent. There is evidence that marijuana may be harmful, particularly in the developing brain after regular use. Synthetic cannabinoids appear even more toxic. Regular marijuana use in vulnerable individuals is associated with increased risk of developing psychotic disorders such as schizophrenia. In terms of treating pain, cannabinoid medication is not recommended. The request was not medically necessary.