

Case Number:	CM15-0125290		
Date Assigned:	07/09/2015	Date of Injury:	05/05/2010
Decision Date:	08/05/2015	UR Denial Date:	06/17/2015
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: 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 31-year-old male who sustained an industrial traumatic fall injury with loss of consciousness on 05/05/2010. The injured worker was diagnosed with T12 burst fracture and retropulsion into the spinal canal. The injured worker underwent T10- L2 spinal fusion on May 6, 2010. Other injuries and treatments included pleural effusion, gastro-pleural fistula with necrotic proximal stomach and ruptured diaphragm with total gastrectomy and diaphragmatic defect repair, thoracic empyema of the left chest with incision and drainage, Roux-en-Y, esophageal jejunostomy and feeding tube placement on May 21, 2010. Incisional abdominal hernia repair was performed in June 2012 and Botox injections in December 2012, April 2013 and January 2015 for bladder control. The current diagnosis is post-lumbar laminectomy syndrome, neurogenic bladder, neurogenic bowel, erectile dysfunction and depression. According to the primary treating physician's progress report on March 16, 2015, the injured worker is wheelchair bound with fecal and urinary incontinence. The injured worker has a caregiver 10 hours a day to assist with all activities of daily living, bowel and bladder training with intermittent self-catherization, cooking/cleaning, skin care, driving to and from appointments and gym workouts. Examination of the bilateral lower extremities noted muscle tone at 0-1 Ashworth. The motor strength of the lower extremities documented L2 and L3 at 5/5 and L4-S1 at 0/0. Current medications are listed as Oxycodone IR, Oxybutynin transdermal patch, Lidoderm patch, Flexeril, Tizanidine, Ultram, Escitalopram, Amitiza, Lorazepam, Myrbetriq and Viagra. Treatment plan consists of trial pain stimulator, wheelchair repair/replacement, shower chair with padding replacement, continuing on current bowel and bladder regimen, medication regimen and pain management follow-up, preventive skin care,

gym exercise with assistance and the current request for Dronabinol 5mg.

IMR ISSUES, DECISIONS AND RATIONALES

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

Dronabinol 5mg 30-day supply Qty: 90: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) 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) drobinol.

Decision rationale: The California MTUS and the ACOEM do not specifically address the requested service. The ODG states the requested medication is not recommended in the treatment of pain despite recent state laws legalizing the use of medical marijuana due to lack of efficacy in studies. The patient has not had failure of all first line recommended pain treatments and therefore the request is not medically necessary.