

Case Number:	CM15-0126128		
Date Assigned:	07/10/2015	Date of Injury:	05/23/1988
Decision Date:	09/10/2015	UR Denial Date:	06/15/2015
Priority:	Standard	Application Received:	06/30/2015

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: New York
 Certification(s)/Specialty: Pediatrics, Internal 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 47 year old female, who sustained an industrial injury on May 23, 1988. She reported low back pain with numbness and pain radiating to the lower extremities. The injured worker was diagnosed as having lumbago, failed back surgery syndrome, chronic recurring back pain, musculoligamentous strain and weakness, lower extremity paresthesias and dysesthesias, lumbar 2-3 disc protrusion and diskopathy and pain management with various opiates and adjunctive medications. Treatment to date has included medications, surgical intervention of the lumbar spine, percutaneous nucleoplasty and a cane for ambulation. There were no current assessments provided in the documentation. The injured worker reported an industrial injury in 1988, resulting in the above noted pain. She was treated conservatively and surgically without complete resolution of the pain. Evaluation on September 26, 2006, revealed pain as noted. It was noted she used a cane to ambulate. It was noted she was on various medications including Norco, Valium, Neurontin and Flexeril. It was noted she had decreased sensory to touch in the lower extremities, motor weakness diffusely in the left lower extremity and good muscle tone. A 1 Month supply of Marinol 2.5 mg, a 1 month supply of Norco 10/325 mg and a one month supply of Valium 5 mg was requested.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 Month supply of Marinol 2.5 mg: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Cannabinoids Page(s): 27.

Decision rationale: According to the California (CA) MTUS Guidelines, Marinol is a synthetic form of cannabis. The CA MTUS does not recommend the use of cannabinoids. In this case, there is no baseline pain assessment or ongoing assessment of measurements function. There is no indication of failed first-line therapies. Marinol is indicated for AIDS related weight loss and chemotherapy induced nausea. There are no diagnoses related to the indication of Marinol. For these reasons a 1 month supply of Marinol 2.5 mg is not medically necessary.

1 Month supply of Norco 10/325mg: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 75, 78, 24, 28, 124.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Norco Page(s): 74-96.

Decision rationale: According to the California (CA) MTUS guidelines Norco is a short-acting opioid analgesic. CA MTUS recommends short-term use of opioids after a trial of a first line oral analgesic has failed. Guidelines offer very specific requirements for the ongoing use of opiate pain medication to treat chronic pain. Recommendations state the lowest possible dose be used as well as "ongoing review and documentation of pain relief, functional status, appropriate medication use and its side effects." It also recommends that providers of opiate medication document the injured worker's response to pain medication including the duration of symptomatic relief, functional improvements, and the level of pain relief with the medications. There was only one assessment in the documentation and no pain rating or effectiveness of Norco. The request for a 1 month supply of Norco 10/325 is not medically necessary.

1 Month supply of Valium 5 mg: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines Page(s): 24.

Decision rationale: According to the California (CA) MTUS Guidelines, benzodiazepines are not recommended for long-term use. The long-term efficacy is unproven and increases the risk of dependency. It was noted the injured worker had pain and was treated with Valium in 2006. There was no current documentation noting functional improvement or improvement in pain. There was no documentation of Valium providing benefit to the beneficiary and no goals explaining the intention of short-term use. The request for a 1 month supply of Valium 5 mg is not medically necessary.