

Case Number:	CM15-0022204		
Date Assigned:	02/12/2015	Date of Injury:	10/21/1998
Decision Date:	04/09/2015	UR Denial Date:	01/15/2015
Priority:	Standard	Application Received:	02/05/2015

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: 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:

This 71-year-old male sustained an industrial injury on 10/21/98. He subsequently reports chronic low back and left hip pain. The injured worker has undergone hip surgeries. Current treatments include prescription pain medications. On 1/15/15, Utilization Review non-certified a request for Actiq 1200ugm, #90 and Marinol. The Actiq 1200ugm was denied based on MTUS Chronic Pain guidelines. The Marinol was denied based on ODG guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

Actiq 1200ugm, #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): (s) 76-80.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Actiq/fentanyl lollipop Page(s): 12.

Decision rationale: The patient presents with pain and weakness in his shoulder, lower back and left hip. The request is for ACTIQU 1200UGM #90. The patient is currently taking Actiq,

Ambine CR, Baclofen, Celebrex, Colace, Lactulose, Marinol, nuvigil, Oxycodone and Oxycontin. The patient has been utilizing Actiq since at least 01/07/14. MTUS Chronic Pain Medical Treatment Guidelines, page 12 for Actiq/fentanyl lollipop states "Not recommended for musculoskeletal pain." In this case, the treater does not document how this medication is being used with what efficacy, except "the decrease in Actiq was difficult but tolerated." The use of Actiq for pain and muscle spasm is not in accordance with MTUS guidelines. The request IS NOT medically necessary.

Marinol: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Marinol (dronabinol) Page(s): 28.

Decision rationale: The patient presents with pain and weakness in his shoulder, lower back and left hip. The request is for MARINOL. The patient is currently taking Actiq, Ambine CR, Baclofen, Celebrex, Colace, Lactulose, Marinol, nuvigil, Oxycodone and Oxycontin. The patient has been utilizing Marinol since at least 07/15/14. Marinol (dronabinol) is a man-made form of cannabis (also known as marijuana). MTUS guidelines page 28 does not recommend Cannabinoids. Given the lack of support for Cannabinoids, the request IS NOT medically necessary.