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| Case Number: | CM15-0092412 | | |
| Date Assigned: | 05/18/2015 | Date of Injury: | 01/15/1999 |
| Decision Date: | 06/18/2015 | UR Denial Date: | 05/05/2015 |
| Priority: | Standard | Application Received: | 05/13/2015 |

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 Jersey, Alabama, California
 Certification(s)/Specialty: Neurology, 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 62 year old, male who sustained a work related injury on 1/15/99. The diagnoses have included cervical and upper thoracic strain, cervical radicular symptoms, bilateral elbow/forearm strain, lateral/medial epicondylitis, right greater than left and bilateral wrist and hand strain. Treatments have included medications and TENS unit therapy. In the PR-2 dated 4/9/15, the injured worker complains of breathing difficulty. He states he "can't breathe well." He complains of feeling constantly fatigued and tired. He states he has tried medical marijuana and it "really helped." He complains of neck and upper back pain with radiation to left arm which has increased. He complains of headaches which occur about three times a week due to neck pain. He complains of bilateral wrist, hand, elbow and forearm pain with exacerbation of bilateral elbow pain. He complains of bilateral shoulder pain. He also complains of depression, anxiety and panic attacks. He rates his overall pain a 2-3/10 with medications and an 8/10 without medications. He is able to perform activities of daily living with medications. The treatment plan includes a request for authorization for Marinol.

IMR ISSUES, DECISIONS AND RATIONALES

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

Marinol 2.5mg #60: 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 Cannabinoid Page(s): 27.

Decision rationale: Marinol is a man-made form of cannabis. According to MTUS guidelines: "Cannabinoids. Not recommended. In total, 11 states have approved the use of medical marijuana for the treatment of chronic pain, but there are no quality controlled clinical data with cannabinoids. Restricted legal access to Schedule I drugs, such as marijuana, tends to hamper research in this area. It is also very hard to do controlled studies with a drug that is psychoactive because it is hard to blind these effects. At this time it is difficult to justify advising patients to smoke street-grade marijuana, presuming that they will experience benefit, when they may also be harmed. (Mackie, 2007) (Moskowitz, 2007) One of the first dose-response studies of cannabis in humans has found a window of efficacy within which healthy volunteers experienced relief from experimentally induced pain. But although mid-range doses provided some pain relief, high doses appeared to exacerbate pain. (Wallace, 2007) Results of a double-blind crossover study suggest that smoked cannabis may reduce pain intensity for patients with neuropathic pain, although the Food and Drug Administration (FDA), Substance Abuse and Mental Health Services Administration (SAMHSA), and the National Institute for Drug Abuse (NIDA) report that no sound scientific studies support the medicinal use of cannabis. Psychoactive effects were also seen, including feeling high, although these were less apparent at the lower dose. Of more concern, were effects on cognitive performance, which in this chronic pain population was at or below the threshold for impairment already at baseline. Cannabis use was associated with modest declines in cognitive performance, particularly learning and recall, especially at higher doses. The finding necessitates caution in the prescribing of medical marijuana for neuropathic pain, especially in instances in which learning." In this case, there is no clear documentation of continuous patient improvement in level of function, quality of life, adequate follow up for absence of side effects and aberrant behavior from previous use. The provider is requesting long term prescription of Marinol without a clear plan to monitor its efficacy. The drug is indicated for chemotherapy induced nausea and AIDS related weight loss. Therefore, the request Marinol 2.5 mg #60 is not medically necessary.