

<b>Case Number:</b>	CM13-0040890		
<b>Date Assigned:</b>	12/20/2013	<b>Date of Injury:</b>	11/05/2008
<b>Decision Date:</b>	03/12/2014	<b>UR Denial Date:</b>	10/22/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/29/2013

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Internal Medicine and is licensed to practice in California. 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 physician 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### 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 patient is a 56-year-old male who sustained injury on 11/05/2008. A CT of lumbar myelogram dated 02/22/2013 showed no evidence of intrathecal arachnoiditis, scarring or granuloma formation related to infusion pump catheter. A CT of thoracic myelogram dated 02/22/2013 showed no evidence of spinal stenosis or neural compression in thoracic region. No evidence of adhesions, arachnoiditis or granuloma formation near tip of intrathecal infusion catheter. A clinic note dated 10/07/2013 indicates he presented for routine follow-up, intrathecal pump refill and medication refills. The patient reported constant and burning lower back pain; current level of pain is 9/10 and is radiating from his spine to all extremities. He also reported numbness and tingling sensation in lower extremities. Activities worsening his pain include riding in a car and standing. The pain is decreased with medications. He also reported decreased in appetite and would like to speak with MD regarding an appetite stimulant. His current medications include Roxicodone and Oxycontin orally in conjunction with his intrathecal pump medications to reduce his lower back pain to a tolerable level. The current rate and dose allowed for increased mobility, function and ability to perform his ADLs aside from decrease in appetite. On physical exam, his reflexes were 2+ bilaterally. Lower back ROM flexion 50 with pain, extension 13 with pain, lateralization R/L 20 bilaterally, rotation right 30, and left rotation 35. Good motion of hip, knee, and ankle. Deltoid strength was 4/5 and biceps 4/5. Positive Apley compression test. Lower extremity strength was 4/5. Pump site clean and dry with no erythema or signs and symptoms of infection. The examination of lower extremity significant for erythematous changes without pitting edema. His current medications were Zanaflex 4 mg, Roxicodone 30 mg, Linzesa 145 mcg, Lorazepam 1 mg, Soma 350 mg, Trazodone 50 mg, OxyContin 30 mg, PROAIR, Lasix, Klor-Con, and Mag Citrate. He was diagnosed with lumbosacral spondylosis without myelopathy, displacement lumbar intervertebral disc without

myelopathy, and other symptoms referable to back. The treatment plan was discontinued Topamax due to weight loss, prescribed Hydromorphone 25 mg/MI X1 10 ml Vials for intrathecal use alarm date 10/26/2013, Roxicodone, and initiate Megace 40 mg 1 po bid #60 to start 10/07/2013 for weight loss secondary to pain.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**Megace 40mg #60:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation American Medical Directors Association (AMDA), Altered Nutritional Status in the Long Term Care Setting.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation PAR Pharmaceutical Companies, Inc., Prescribing Information for Megace

**Decision rationale:** There were no guidelines available in the California MTU S or ODG; therefore the guidelines listed above were used for this determination. According to the PAR [REDACTED] prescribing information for Megace (revised 05/2013) "Therapy with megestrol acetate for weight loss should only be instituted after treatable causes of weight loss are sought and addressed. These treatable causes include possible malignancies, systemic infections, gastrointestinal disorders affecting absorption, endocrine disease, renal disease or psychiatric diseases." There was no documentation in the records provided on whether other treatable causes had been ruled out. The request for Megace is therefore non-certified at this time.