

Case Number:	CM14-0100275		
Date Assigned:	07/30/2014	Date of Injury:	01/25/2000
Decision Date:	10/06/2014	UR Denial Date:	06/16/2014
Priority:	Standard	Application Received:	06/30/2014

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. The expert reviewer is Board Certified in Anesthesiology, has a subspecialty in Pain Medicine and is licensed to practice in Texas. 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/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 injured worker is a 51 year old male injured on 01/25/00 when he was pushing a wheelbarrow containing concrete injuring his right shoulder and low back. Current diagnoses include status post L1 to S1 posterior laminectomy with persistent bilateral lower extremity radiculopathy, chronic cervical and thoracic myofascial pain, post-laminectomy syndrome, lumbago, left lumbar radiculopathy, chronic pain syndrome, chronic opioid tolerance, and drug taking behaviors, insomnia, anxiety, and depression. Treatments to date include physical therapy, epidural steroid injections, multi-disciplinary pain program, psychological counseling, and medication management. The documentation indicates psychiatric evaluation on 01/06/14 noted the injured worker reported opiate withdrawal for the 3rd month in a row with increasing agitation and anger resulting in him not living at home with his wife and kids. The documentation indicates the injured worker previously indicated intent to agree with weaning from non-prescribed Morphine and other opioid medications. Clinical note dated 02/13/14 indicated intent to prescribe Megestrol to improve appetite due to dangerously low weight. Height 69 inches, weight 125lbs. Documentation indicated the injured worker unable to tolerate withdrawal forced by non-authorization of medications. Medications included Adderall 10mg twice daily, Bupropion 300mg once daily, Carisoprodol 150mg 1-2 one daily, Cymbalta 60mg once daily, Flurazepam 30mg, Megestrol 40mg three times daily, Lorazepam 1mg four times daily, Lunesta 3mg every evening, Norco 10/325mg 8 once daily, and Oxycodone 20mg four times daily. The initial request for Adderall 10mg was initially non-certified on 02/03/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Megestrol 40mg #100: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Megestrol Tablets Prescribing Information; Professional Monograph (FDA); <http://www.drugs.com/pro/megestrol-tablets.html>; Megestrol Tablets Discription

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: <http://dailymed.nlm.nih.gov/dailymed/drugInfo.cfm?setid=65b28775-ee59-88cf-e4d8-372c6c79ad14>

Decision rationale: Per the National Library of Medicine and drug label information, MEGACE (megestrol acetate, USP) Oral Suspension is indicated for the treatment of anorexia, cachexia, or an unexplained, significant weight loss in patients with a diagnosis of acquired immunodeficiency syndrome (AIDS). Megestrol is a synthetic derivative of the naturally occurring steroid hormone, progesterone. There is no indication the injured worker has been diagnosed with or is being treated for the aboved mentioned symptoms. Additionally, off-label use of medications is not recommended by current guidelines. There was no documentation of other means of treatment for decreased weight and appetite prior to the use of Megestrol. As such, the request for Megestrol 40mg #100 cannot be recommended as medically necessary.