MAXIMUS Federal Services

Case Number:	CM14-0013576		
Date Assigned:	02/26/2014	Date of Injury:	01/25/2000
Decision Date:	06/26/2014	UR Denial Date:	01/21/2014
Priority:	Standard	Application Received:	02/03/2014

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 Physical Medicine and Rehabilitation, 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 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 who reported an injury on 01/25/2000. He reportedly was pushing a wheelbarrow containing concrete and the wheelbarrow began to fall causing him to forceble pull up. The clinical note dated 10/02/2013 pressented the injured worker with chronic intractable severe pain with lumbar radiculopathy and depression. The injured worker's physical exam revealed moderate to severe tenderness over the L4-S1, limited range of motion to the lumbar spine at 30-40 degrees with guarding, and a positive straight leg raise. The provider recommended Megestrol 40MG #100. The request for authorization form was not included in the medical documents for review.

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: Decision based on MTUS Chronic Pain Treatment Guidelines.

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: Medlineplus, Megestrol, Online Database. http://www.nlm.nih.gov/medlineplus/druginfo/meds/a682003.html.

Decision rationale: MedlinePlus notes Megestrol tablets are used to relieve the symptoms and reduce the suffering caused by advanced breast cancer and advanced endometrial cancer (cancer that begins in the lining of the uterus). Megestrol suspension is used to treat loss of appetite, malnutrition, and severe weight loss in patients with acquired immunodeficiency syndrome (AIDS). Megestrol should not be used to prevent loss of appetite and severe weight loss in patients who have not yet developed this condition. Megestrol is a man-made version of the human hormone progesterone. It treats breast cancer and endometrial cancer by affecting female hormones involved in cancer growth. It increases weight gain by increasing appetite.The included documentation lacks evidence of the need for Megestrol. The provider's rationale for the request was unclear. It did not appear the injured worker had a diagnosis for which the medication would be indicated. Therefore the request is not medically necessary and appropriate.