

Case Number:	CM14-0013840		
Date Assigned:	02/26/2014	Date of Injury:	12/17/1999
Decision Date:	10/01/2014	UR Denial Date:	01/07/2014
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 Illinois. 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 64-year old male who reported a date of injury of 12/17/1999. The mechanism of injury was not indicated. The injured worker had diagnoses of residual low back pain, left lower extremity radiculopathy with numbness and weakness in the left lower extremity and cervical spine sprain/strain with multilevel cervical degenerative disc disease. Prior treatments and diagnostic studies were not indicated within the medical records received. Surgeries included lumbar laminectomy and discectomy of an unknown date. The injured worker had complaints of low back pain that radiated to the lower extremities bilaterally and neuropathic pain described as severe burning and acute electrical lancinating type pain in the lower extremities bilaterally. The injured worker rated his pain at 5/5 with medications and 10/10 without medications. The clinical note dated 06/06/2014 noted the injured worker had tenderness to palpation of the bilateral lumbosacral junction. The injured worker's range of motion in the lumbar spine was 50 degrees of flexion, 5 degrees of extension, 15 degrees of right lateral flexion, and 10 degrees of left lateral flexion. The injured worker had hypoesthesia in the left L5 and S1 dermatomes, 2+ patellar reflexes bilaterally, severe tenderness to palpation over the medial and lateral aspect of the right ankle and restricted range of motion in the right ankle. Medications included Norco, Percocet and Lidoderm patches. The treatment plan included Norco, Percocet and a six week follow up. The rationale was to increase the weight of the injured worker as it was noted he was at 122 pounds prior to Megestrol and reached and maintained 142 pounds at least since 01/13/2013. The request for authorization form was received on 04/01/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

MEGESTROL 40 MG/ML 240 ML: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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: Medline plus, Megestrol, online database.

Decision rationale: The injured worker had complaints of low back pain that radiated to the lower extremities bilaterally and neuropathic pain described as severe burning and acute electrical lancinating type pain in the lower extremities bilaterally. The injured worker rated his pain at 5/5 with medications and 10/10 without medications. Medline Plus notes Megestrol is indicated to relieve the symptoms associated with breast cancer and advanced endometrial cancer. Megestrol suspension is used to treat loss of appetite, malnutrition, and severe weight loss in patients with acquired immunodeficiency syndrome (AIDS). Megestrol may also be used in the treatment of malnutrition in patients with cancer, prostatic hypertrophy, endometriosis, and endometrial hyperplasia. The intended use is to treat loss of appetite, malnutrition and severe weight loss. Megestrol is not indicated to prevent loss of appetite or severe weight loss in patients who have not yet developed this condition. The duration of its use is not indicated. It is noted the injured worker was at 122 pounds prior to the use of Megestrol and, it is noted the injured worker had reached and maintained 142 pounds at least since the 01/13/2013 examination. There is a lack of documentation the injured worker has a condition which would demonstrated the injured worker's need for Megestrol. The requesting physician's rationale for the request is not indicated within the provided documentation. Additionally, the request does not indicate the frequency at which the medication is prescribed in order to determine the necessity of the medication. As such, the request is not medically necessary.