

<b>Case Number:</b>	CM14-0064648		
<b>Date Assigned:</b>	07/11/2014	<b>Date of Injury:</b>	12/17/1999
<b>Decision Date:</b>	10/01/2014	<b>UR Denial Date:</b>	04/08/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/07/2014

### 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 Occupational 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 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:

According to the records made available for review, this is a 64-year-old male with a 12/17/99 date of injury. At the time (3/18/14) of the request for authorization for Megace 40mg, #240ml, there is documentation of subjective (severe low back pain and hip pain, continues to complain of symptoms radiating into both lower extremities, he is experiencing no intolerable side effects except for low appetite which has been treated well with the use of Megestrol) and objective (moderate tenderness to palpation of the bilateral lumbosacral junction, decreased lumbar spine range of motion, and hypoesthesia in the left L5 and S1 dermatomes) findings, current diagnoses (residual low back pain following lumbar laminectomy and discectomy at L4-L5 and L5-S1, left lower extremity radiculopathy with numbness and weakness in the left lower extremity, and cervical spine sprain/strain with multilevel cervical degenerative disc disease), and treatment to date (including Megace for at least 4 months). There is no documentation of anorexia, cachexia, or an unexplained, significant weight loss in a patient with a diagnosis of acquired immunodeficiency syndrome (AIDS).

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Megace 40mg, # 240ml:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM.

**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://www.drugs.com/pro/megestrol.html>

**Decision rationale:** MTUS and ODG do not address the issue. Medical Treatment Guidelines identify documentation of anorexia, cachexia, or an unexplained, significant weight loss in patients with a diagnosis of acquired immunodeficiency syndrome (AIDS), as criteria necessary to support the medical necessity of Megace (Megestrol). Within the medical information available for review, there is documentation of diagnoses of residual low back pain following lumbar laminectomy and discectomy at L4-L5 and L5-S1, left lower extremity radiculopathy with numbness and weakness in the left lower extremity, and cervical spine sprain/strain with multilevel cervical degenerative disc disease. However, despite documentation of low appetite which has been treated well with the use of Megestrol, there is no documentation of anorexia, cachexia, or an unexplained, significant weight loss in a patient with a diagnosis of acquired immunodeficiency syndrome (AIDS). Therefore, based on guidelines and a review of the evidence, the request for Megace 40mg, #240ml is not medically necessary.