

<b>Case Number:</b>	CM14-0081887		
<b>Date Assigned:</b>	07/18/2014	<b>Date of Injury:</b>	01/25/2000
<b>Decision Date:</b>	09/12/2014	<b>UR Denial Date:</b>	04/29/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/03/2014

### 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 Physical Medicine and Rehabilitation, has a subspecialty in Interventional Spine 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 patient is a 51 year old male with an injury date of 01/25/2000. The 04/02/14 evaluation report by [REDACTED] states that the patient presents with severe intractable lower back pain with radiculopathy. The patient rates his pain 6-7/10. Per the 03/06/14 report he is not working. The patient is under the care of a psychiatrist ([REDACTED]) for management of depression and psychotropic medications. Vertebral examination reveals severe tenderness to palpation over the L4-5 and L4-S1 left worse than the right. Range of motion of the lumbar spine is limited between 30 to 50% with guarding. Testing of the lower extremity reveals diminished muscle strength at 4/5 in the left hip flexion, 4/5 in the left knee flexion and extension, 4/5 left ankle dorsiflexion and plantar flexion. The patient's diagnoses include: 1. Status post lumbar laminectomy with post laminectomy syndrome (date unknown) 2. Persistent lumbago 3. Left lumbar radiculopathy 4. Chronic pain syndrome with chronic opioid tolerance. Current medication is reported as Norco, Zanaflex, Lorazepam, Buspirone and Flurazepam. The utilization review being challenged is dated 04/29/14. The rationale states that the patient's current height, body mass index, and starting weight were not documented. Therefore, it is difficult to assess the necessity of the requested medication. Treatment reports from 10/03/13 to 07/24/14 were provided.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Megestrol 40mg Qty 100:** 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 According to LC4610.5(2) "Medically necessary" and "medical necessity" mean medical treatment that is reasonably required to cure or relieve the injured employee of the effects of his or her injury and based on the following standards, which shall be applied in the order listed, allowing reliance on a lower ranked standard only if every higher ranked standard is inapplicable to the employee's medical condition: (A) The guidelines adopted by the administrative director pursuant to Section 5307.27.; (B) Peer-reviewed scientific and medical evidence regarding the effectiveness of the disputed service.; (C) Nationally recognized professional standards.; (D) Expert opinion.; (E) Generally accepted standards of medical practice.; (F) Treatments that are likely to provide a benefit to a patient for conditions for which other treatments are not clinically efficacious. In this case, the highest ranked standard is likely (D) Expert opinion or (E) generally accepted standards of medical practice.

**Decision rationale:** The patient presents with severe, intractable lower back pain with radiculopathy. The treater requests for Megestrol 40 mg Quantity 100. It is not known if the patient is currently taking this medication; however, the treater indicates adding this medication multiple times starting 12/12/13 because the patient's weight is dangerously low. No discussion or documentation was provided regarding the patient's decline in weight or base weight. Studies on megastrol acetate in cachexia and anorexia have shown some benefit in the treatment of weight loss in the elderly, cancer, and HIV patients. See <http://www.ncbi.nlm.nih.gov/pmc/articles/PMC2676640/>. Review of the reports show no documentation of cachexia, severe weight loss, cancer or HIV to warrant use of this medication. The treater does not discuss rationale for the use of Megestrol, for what purpose and with what results therefore Megestrol 40mg Qty 100 is not medically necessary.