

Case Number:	CM15-0084582		
Date Assigned:	05/06/2015	Date of Injury:	10/23/2000
Decision Date:	06/05/2015	UR Denial Date:	04/24/2015
Priority:	Standard	Application Received:	05/04/2015

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: Florida

Certification(s)/Specialty: Family Practice

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 73 year old male, who sustained an industrial injury on 10/23/00. The injured worker was diagnosed as having hypertension, pre-diabetes, Vitamin D deficiency, Vitamin B12 deficiency and coronary artery disease. Treatment to date has included aortic valve replacement, (CT) computerized tomography scan of the chest was performed on 12/22/14 which revealed bullous lung disease, diffuse cord on glass opacities greatest in the upper lung zones with early honeycombing, traction bronchiectasis and interstitial fibrosis, small pericardial effusion and dextroscoliosis in thoracic spine. Currently, the injured worker notes he is doing better with overall improvement noted in breathing, less dyspnea and less fatigue. The injured worker notes he is happy with overall progress. Physical exam noted clear lungs, regular heart rate and rhythm and no cyanosis of extremities and normal vital signs. The treatment plan included prescriptions for Symbicort and Megestrol.

IMR ISSUES, DECISIONS AND RATIONALES

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

One prescription of Megestrol 625mg/5ml with 2 refills: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation American Medical Directors Association

(AMDA), Altered nutritional status in the long-term care setting. Columbia (MD): American Medical Directors Association (AMDA); 2010. 35p.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation AAFP Choosing Wisely 2012 <http://www.aafp.org/afp/recommendations/viewRecommendation.htm?recommendationId=183>.

Decision rationale: Independent medical review has been asked to render an opinion regarding the medical necessity of Megestrol for this injured worker. MTUS, ACOEM, and ODG do not address the prescription of this medication, and likewise alternative reputable sources were referenced. This is a medication that is an appetite stimulant, and this patient does have a diagnosis of Malnutrition (although it is unclear from the records as to why this diagnosis is linked to his year 2000 work man's compensation injury.) According to AAFP recommendations "Use of megestrol acetate results in minimal improvements in appetite and weight gain, no improvement in quality of life or survival, and increased risk of thrombotic events, fluid retention, and death. In patients who take megestrol acetate, one in 12 will have an increase in weight and one in 23 will die. The 2012 AGS Beers criteria list megestrol acetate and cyproheptadine as medications to avoid in older adults." Likewise, this medication does not appear to be medically necessary.