

Case Number:	CM14-0216226		
Date Assigned:	01/06/2015	Date of Injury:	11/27/2006
Decision Date:	03/23/2015	UR Denial Date:	11/25/2014
Priority:	Standard	Application Received:	12/24/2014

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. 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: Ohio, North Carolina, Virginia
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 60 year old female, who sustained an industrial injury on 11/27/2006. The documentation noted on 5/27/14 the injured worker had back pain, bilateral leg pain (right side worse than left side) and tailbone pain-continues to take medications until detox program begins. Diagnosis was noted to be failed back surgery syndrome, sacroilitis. Her height was 68 inches and her weight 138 pounds previous weight 146. The documentation noted on 6/19/14 she continued to have low back pain, bilateral leg pain and buttock pain and was dependent on her opiates. The documentation noted that she did not want to do the detox program noting that she was dependent on her opiates, but she had no other indications. The documentation noted on 8/21/14 the injured workers weight was 145 pounds and she was to start suboxone therapy. The injured worker was seen 9/3/14 on an urgent basis due to increasing pain and states that her legs are giving out on her, causing her to fall diagnosis subjective and objective weakness in her right leg with significant increase in pain and bilateral sacroilitis and piriforms syndrome as the possible cause of her symptoms. The documentation noted that she was seen 11/3/2014 was seen on an urgent basis with complaints of low back pain radiating down her right leg and associated with a component of hip and buttock pain and with some cramping and tightness in the back of her thigh that has resulted in several falls where her leg gives out. The injured worker walks slowly with a walker with some favoring of her right leg and has some tenderness over the right suicidal ideations joint and greater trochanter; straight leg raising is positive on the right and negative on the left. She has slight decreased sensation to pinprick over the medial calf. Magnetic Resonance Imaging (MRI) 9/25/14 showed on post contrast scans, some enhancement

I the epidural location at L4-5 on the right side, likely represent granulation tissue fibrosis. According to the utilization review performed on 11/25/2014, the requested Megace 400mg/10ml, quantity 600ml sig; 20ml once a day has been non-certified. The documentation noted that the medical records do not establish that the injured worker suffers from weight loss as a result of one of these conditions for the use of Megace. The documentation noted that the Comprehensive review of the CA MTUS reveals that it is silent regarding Megestrol and the ODG was silent.

IMR ISSUES, DECISIONS AND RATIONALES

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

Megace 400mg/10ml, quantity 600ml sig; 20ml once a day: 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 Medscape

Decision rationale: Megace is indicated for AIDS cachexia but has been used off label for cancer related cachexia as an appetite stimulant. In this instance, it appears the injured worker has weight loss as a consequence of high dose opioid therapy and/or depression. As these are not approved indications, Megace 400mg/10ml, quantity 600ml sig; 20ml once a day was not medically necessary.