

Case Number:	CM15-0015040		
Date Assigned:	02/02/2015	Date of Injury:	11/27/2006
Decision Date:	03/19/2015	UR Denial Date:	01/05/2015
Priority:	Standard	Application Received:	01/26/2015

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: California

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

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 61 year old female who sustained a work related injury November 27, 2006. Past history included right L4-5 fusion of vertebral bodies and the intervening disk. An MRI(report present in the medical record), dated September 25, 2014 shows L3-4 stenosis, moderate degenerative disk disease and a bulge with right neural foraminal narrowing; L5-S1 has a disk bulge. According to a physician's progress report, dated December 11, 2014, the injured worker presented with complaints of low back, bilateral leg, and buttock pain with radiation down the right leg in an L4 distribution. Physical examination reveals she stands and walks very slowly, favoring her right leg; unable to stand up fully; tenderness over both SI(sacroiliac) joints and both greater trochanters; decreased sensation to pinprick over her right medial calf; straight leg raise is positive on the right and negative on the left. Diagnosis is documented as failed back surgery syndrome with likely L4 radiculopathy. Treatment included refill of medications. Some reference noted of possible dependence to pain medications. She was approved for inpatient detox and a functional restoration program which she did not attend. She has also been approved for Buprenorphin management which did not take place. There are no functional improvements noted and no pain relief reported as a result of the use of the current opioids. Possible Opioid hypersensitivity is not discussed. Megace is prescribed due to lack of appetite and weight loss. According to utilization review dated January 5, 2015, the request for Megace 400mg/10ml QTY: 600ml 20 ml QD, citing MTUS Chronic Pain Medical Treatment Guidelines, Opioids. The request for Oxycodone IR 15mg 1-2 Tablets Q (every) 4-6 HR PRN (as

needed) (10/Day) #300 is non-certified, citing MTUS Chronic Pain Medical Treatment Guidelines, Opioids.

IMR ISSUES, DECISIONS AND RATIONALES

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

Oxycodone IR 15mg 1-2 tabs Q4-6 HR PRN (10/Day) #300: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 78-80.

Decision rationale: MTUS Guidelines do not recommend the continued use of opioids when there is inadequate pain relief or the lack of functional benefits. This patient is wheelchair bound so the functional issues are somewhat secondary. However, there is inadequate evidence of pain relief. Pain levels remain 7-8/10 with medications and this is constantly reported to be inadequate with high dosing (Morphine Equivalent Dosing of 225mg/day). Trials of detoxification and a possible switch to Buprenorphine has been declined by the patient. The possibility of Opioid induced pain hypersensitivity is not considered in the records reviewed. Under these circumstances the continued Oxycodone IR 15mg 10/day is not consistent with Guidelines and is not medically necessary.

Megace 400mg/10ml qty: 600ml 20ml QD: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation US National Library of Medicine Website

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation http://www.megacees.com/PDF/Megace_ES_Portrait_PI.pdf

Decision rationale: MTUS Guidelines do not address this issue. Standard prescribing sources recommend Megace for advanced cancer treatment and/or cachexia associated with AIDS. It is not recommended for weight loss of unknown origin. There is no detailed GI evaluation or dietary history as part of an evaluation for the reported weight loss. Its use in these circumstances is not recommended. The Megace is not medically necessary.