

Case Number:	CM15-0173785		
Date Assigned:	09/15/2015	Date of Injury:	11/27/2006
Decision Date:	10/23/2015	UR Denial Date:	08/05/2015
Priority:	Standard	Application Received:	09/03/2015

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: Emergency 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 60-year-old female, who sustained an industrial-work injury on 11-27-06. A review of the medical records indicates that the injured worker is undergoing treatment for failed back surgery syndrome with secondary left sacroiliitis and piriformis syndrome, attempted opioid weaning with decrease in function and weight loss with discontinuation of Megace. Medical records dated (2-5-15 to 7-23-15) indicate that the injured worker complains of low back pain with pain radiating down both legs and some pain in the tailbone. These symptoms are unchanged from previous visits. The pain is rated 8-10 out of 10 on pain scale. The medical records also indicate worsening of the activities of daily living due to pain. Per the treating physician, report dated 3-5-15 the injured worker has not returned to work and is disabled. The physical exam dated 7-23-15 reveals that the gait favors the left leg, there is pain with extension and rotation at the lumbar spine, and there is tenderness over the left sacroiliac joint and trochanteric bursa. The physician indicates, "I am going to refer her back on the Megace because clearly, we have documented that she had significant weight loss without it and is way below ideal weight." The range was from 145.5 pounds to 132. Treatment to date has included pain medication including Norco, Megace since at least 2-5-15, back surgery, diagnostics, psyche care, physical therapy and other modalities. The request for authorization date was 7-28-15 and requested service included Megace 400mg-10ml #600 ML, no refills. The original Utilization review dated 8-5-15 non-certified the request as the documentation does not support that the injured worker is diagnosed with a condition for which Megace would be

medically indicated such as breast cancer, endometrial cancer or acquired immunodeficiency syndrome (AIDS) and therefore not medically necessary.

IMR ISSUES, DECISIONS AND RATIONALES

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

MEGACE 400mg/10ml #600 ML, no refills: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Medline plus website (U.S. National Library of Medicine NIH).

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

Decision rationale: The requested MEGACE 400mg/10ml #600 ML, no refills, is not medically necessary. CA MTUS and ODG are silent. <http://www.megacees.com/> notes that magestrol is used to treat anorexia. The physician indicates, "I am going to refer her back on the Megace because clearly, we have documented that she had significant weight loss without it and is way below ideal weight." The treating physician has not documented trials of other guideline-supported treatments, nor provided evidence-based, peer-reviewed, nationally recognized medical literature in support of this treatment. The criteria noted above not having been met, MEGACE 400mg/10ml #600 ML, no refills is not medically necessary.