

Case Number:	CM15-0078034		
Date Assigned:	04/29/2015	Date of Injury:	11/27/2006
Decision Date:	06/01/2015	UR Denial Date:	03/23/2015
Priority:	Standard	Application Received:	04/23/2015

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: Texas, Florida

Certification(s)/Specialty: Anesthesiology, Pain Management

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 11/27/06. The injured worker reported symptoms in the back. The injured worker was diagnosed as having failed back surgery syndrome and possible disease at the level above prior fusion. Treatments to date have included oral pain medication, status post fusion of lumbar spine, and use of cane, physical therapy, injections and functional restoration program. Currently, the injured worker complains of discomfort in the back with radiation to the lower extremities. There was associated numbness and weakness of the extremities. The plan of care was for medication prescriptions and a follow up appointment at a later date. On 3/5/2015, the BMI was noted to be 20.4. The weight was 138lb, a decrease from a previous record of 145.5lb at unspecified date. The medications listed are Lyrica, Cymbalta, Valium, hydrocodone, tizanidine, Soma, oxycodone and OxyContin. It is unclear which medications are currently being utilized as many are noted to be non-certified.

IMR ISSUES, DECISIONS AND RATIONALES

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

Megace 400 mg/10 ml: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation NIH (National Institutes of Health) National Library of Medicine - Daily Med (<http://dailymed.nlm.nih.gov/dailymed/search.cfn>).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.21. Decision based on Non-MTUS Citation FDA.

Decision rationale: The CA MTUS and the ODG guidelines did not address the use of weight gain medication. The FDA stated that Megace containing the 'active compound megestrol is indicated in the palliative treatment of some advanced carcinoma states. The medication data noted weight gain as one of the adverse or sometimes desirable side effects associated with the use of Megace. The records did not show that the patient was diagnosed with advanced carcinoma condition. The records did not show a significant weight loss or cachexia. There is no indication that the patient was unable to eat regular meals if weight gain was desired. The criteria for the use of Megace 400mg /ml were not met and therefore the request is not medically necessary.