

<b>Case Number:</b>	CM14-0041046		
<b>Date Assigned:</b>	06/30/2014	<b>Date of Injury:</b>	07/17/2012
<b>Decision Date:</b>	08/21/2014	<b>UR Denial Date:</b>	03/28/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/08/2014

### 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. The expert reviewer is Board Certified in Family Practice and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

40 yr. old female claimant sustained a work injury on 7/17/12 involving the low back and ankle. She was diagnosed with chronic regional pain syndrome and had a spinal cord stimulator. She had used Vicodin for pain. She had developed constipation and nausea during the course of managing her symptoms and has used Phenergan, Citrucel and Miralax. On 2/5/14 the treating physician had requested a neurosurgical evaluation for laminotomy. She was prescribed Sancuso patch for nausea pre-operatively and for 6 days post-operatively caused by opioid use.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Sancuso patch:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation <http://www.nlm.nih.gov>.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Anti-emetics.

**Decision rationale:** The ACOEM and MTUS guidelines do not comment on anti-emetics. Sancuso patch is intended for nausea due to cancer treatment. According to the ODG guidelines, anti-emetics are not recommended for nausea due to opioid use. The claimant's opioid use can be

altered and nausea has been treated with other medications already. The use of a Sancuso patch is not medically necessary.