

<b>Case Number:</b>	CM14-0076618		
<b>Date Assigned:</b>	07/18/2014	<b>Date of Injury:</b>	05/09/2002
<b>Decision Date:</b>	09/23/2014	<b>UR Denial Date:</b>	05/20/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/27/2014

### 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 Physical Medicine and Rehabilitation and is licensed to practice in Illinois. 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:

The injured worker is a 53-year-old male with a reported injury on 05/09/2002. The mechanism of injury was not provided. The diagnoses included cervicalgia, cervical cranial syndrome with muscle spasm of paraspinal muscles, postlaminectomy syndrome, and cervical region. The injured worker did not have any previous treatments that were documented and the efficacy of those treatments. The injured worker had an examination on 05/06/2014 as a follow-up and re-evaluation for his medications. He rated his pain on average between and 8 and 10 out of 10. His mood is rated at a 7 to 9/10, and his functional level he rated at 8 out of 10. The injured worker complained of poor sleep quality due to his pain in his neck. According to the examination, it was noted that the injured worker had neck pain and right arm pain, which was cervical radiculopathy. He was status post arthroscopy for it in management, and the symptoms were improving. He had myofascial pain and spasms, opioid dependency with efficacy. It was reported that the injured worker had NSAID intolerance. The injured worker denied nausea and vomiting or diarrhea or constipation. The list of medications included Ambien, Limberly, baclofen, Lyrica, OxyContin, Percocet, Relpax, Senokot, Soma, Xanax, and Zofran. The recommended plan of treatment was to continue his medications, consider physical therapy, and continue his stretching exercises, to recommend aqua therapy. There was no mention of the Sancuso Granisetron Transdermal System within this examination. The Request for Authorization and the rationale were not provided.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Sancuso (Granisetron Transdermal System): Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM. Decision based on Non-MTUS Citation ODGNational Library of Medicine.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence:RXlist.com, Sancusco, <http://www.rxlist.com/sancuso-drug/indications-dosage.htm>.

**Decision rationale:** The California MTUS/ACOM Guidelines do not address this request. The Official Disability Guidelines do not address this request. RxList states that the indications for the Sancuso Transdermal System is for the prevention of nausea and vomiting in patients receiving moderately or high emetogenic chemotherapy regimens of up to 5 consecutive days duration. A recommended dose is a 52 cm patch containing 34.3 mg of Granisetron. The patch should be changed every 24 hours for up to 7 days. There is a lack of evidence that the injured worker is on any chemotherapy regimens. There were no complaints of nausea or vomiting upon examination. Furthermore, there were no directions in dosage as far as frequency and duration provided. There is a lack of evidence to support the medical necessity of this medication. Therefore, the request for the Sancuso Granisetron Transdermal System is not medically necessary.