

|                       |              |                              |            |
|-----------------------|--------------|------------------------------|------------|
| <b>Case Number:</b>   | CM13-0010479 |                              |            |
| <b>Date Assigned:</b> | 12/11/2013   | <b>Date of Injury:</b>       | 01/28/2013 |
| <b>Decision Date:</b> | 03/25/2014   | <b>UR Denial Date:</b>       | 07/23/2013 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 08/14/2013 |

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Family Practice and is licensed to practice in Texas. 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 physician 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 patient is a 55-year-old male who reported injury on 01/28/2013. The mechanism of injury was stated to be the patient initially felt a "pop" in their hip. The patient was advised to quit smoking before hip surgery and was requesting Chantix. The patient's diagnoses were noted to include right osteoarthritis localized secondary pelvic region/hip joint.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Decision for 1 Chantix:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation <http://www.guideline.gov/content.aspx?id=36845&search=varenicline> (Tobacco Treatment and Pharmacotherapy (Nicotine replacement)).

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation National Guideline Clearing House. Official Disability Guidelines (ODG), does not address Chantix.

**Decision rationale:** Per the National Guideline Clearing House, the treatment for smoking is advice and counseling, motivational intervention using 5R's which include relevance, risk, rewards, road blocks, and repetition and pharmacotherapy which could include Chantix. The

clinical documentation submitted for review indicated that the patient was motivated to undergo smoking cessation and was to undergo a hip surgery. There was lack of documentation indicating the patient had prior trials of smoking cessation that were non-pharmacologic before moving on to pharmacologic measures. Additionally, per the submitted request, there was lack of documentation indicating the quantity and strength of Chantix being requested. Given the above, the request for Chantix is not medically necessary.