

|                       |              |                              |            |
|-----------------------|--------------|------------------------------|------------|
| <b>Case Number:</b>   | CM14-0098780 |                              |            |
| <b>Date Assigned:</b> | 07/28/2014   | <b>Date of Injury:</b>       | 07/20/2008 |
| <b>Decision Date:</b> | 10/01/2014   | <b>UR Denial Date:</b>       | 06/17/2014 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 06/27/2014 |

### 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 Anesthesiology, has a subspecialty in Pain Medicine 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 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 55 year old female injured on 07/20/08 as a result of constant walking at work while performing normal duties as a waitress. The injured worker reported ongoing pain to the bilateral feet and ankles and reported feeling something snap across the arch of her left foot while getting out of her car. Treatment to date included left foot/ankle fusion in 2009, revision in 2011, ankle arthroscopy with hardware removal in 2012, right knee arthroscopy in 2013, and left ankle fusion in 2013. Clinical note dated 06/04/14 indicates the injured worker presented for evaluation follow up of bilateral feet and ankles in addition to right knee pain. Current issues include nonunion of left ankle arthrodesis with persistent swelling and pain, persistent posterior tibial tendonitis and lateral ankle and subtalar joint impingement with synovitis in the right foot and ankle, chondromalacia and meniscal pathology of the right knee, and chronic nicotine usage. The documentation indicates previous attempt to receive approval for revision surgery of right ankle was denied due to current nicotine use. The injured worker reported inability to cease cigarette use with increase from 1-2 cigarettes per day to an occasional 4-6 cigarettes per day. The injured worker requested use of Chantix to assist in the cessation process. Medications included Celexa, night time sleep aid, Norco, and Prilosec. The initial request for Chantix was non-certified on 06/17/14.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Chantix:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**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: <http://dailymed.nlm.nih.gov/dailymed/drugInfo.cfm?setid=d52bc40b-db7b-4243-888c-9ee95bbc6545>

**Decision rationale:** Per the drug label information, the safety and efficacy of Chantix in patients with schizophrenia, bipolar disorder and major depressive disorder; some patients have experienced worsening of their psychiatric illnesses. The documentation indicated the injured worker utilized Celexa; however minimal information regarding the injured worker's psychiatric status was provided. Additionally, there is no indication the injured worker has attempted nicotine patches, etc prior to advancing to Chantix which has been found to have side effects. Further, the dose, frequency, amount, and number of refills was not provided. As such, the request for Chantix cannot be recommended as medically necessary.