

<b>Case Number:</b>	CM14-0077109		
<b>Date Assigned:</b>	07/18/2014	<b>Date of Injury:</b>	02/27/2006
<b>Decision Date:</b>	09/18/2014	<b>UR Denial Date:</b>	05/20/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/26/2014

### 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 Management and is licensed to practice in Tennessee. 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:

This is a 60-year-old male with a 2/27/06 date of injury. The mechanism of injury was not provided. According to a progress report dated 5/6/14, the patient continued to have moderate to severe pain without any improvement. An authorization for functional restoration program was pending. The medications were giving him some functional improvement and pain relief. Objective findings: tenderness in the paralumbar musculature, limited ROM of lumbar spine, diminished sensation of lumbar spine/thoracic spine, diminished sensation L4 and L5 nerve root distribution right leg, limited motion and diminished sensation of ankle/right foot. Diagnostic impression: status post lumbar spine fusion, chronic low back pain, radiculopathy right lower extremity, status post right knee total knee replacement, unstable right ankle status post multiple surgeries, depression, sleep disorder. Treatment to date: medication management, activity modification, surgeries. A UR decision dated 5/20/14 denied the requests for functional capacity evaluation and Wellbutrin. Regarding functional capacity evaluation, there is no documented evidence the patient had an unsuccessful return to work attempt. There does not appear to be conflicting medical reporting regarding his fitness for a modified job as his work status continues to be temporarily totally disabled. Regarding Wellbutrin, there are no documentations available to indicate the patient suffers from neuropathic pain.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**1 Functional Capacity Evaluation:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 132-139, Chronic Pain Treatment Guidelines 9792.23 Clinical Topics. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Fitness for Duty Chapter, FCE.

**Decision rationale:** CA MTUS states that there is little scientific evidence confirming that FCEs predict an individual's actual capacity to perform in the workplace; an FCE reflects what an individual can do on a single day, at a particular time, under controlled circumstances, that provide an indication of that individual's abilities. In addition, ODG states that an FCE should be considered when case management is hampered by complex issues (prior unsuccessful RTW attempts, conflicting medical reporting on precautions and/or fitness for modified job), injuries that require detailed exploration of a worker's abilities, timing is appropriate (Close to or at MMI/all key medical reports secured), and additional/secondary conditions have been clarified. In the reports reviewed, there is no documentation of the patient's work description and what type of activity level is required at work. In addition, there is no description of the patient wanting to return to work at this time or that he has had difficulty returning to work. In fact, the patient's work status is documented to be temporarily totally disabled according to the 5/6/14 progress note. Therefore, the request for 1 Functional Capacity Evaluation was not medically necessary.

**Wellbutrin 150mg #30:** Overturned

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 9792.24.2 Page(s): 16. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: FDA (Wellbutrin).

**Decision rationale:** CA MTUS states that SSRI's are controversial based on controlled trials. It has been suggested that the main role of SSRIs may be in addressing psychological symptoms associated with chronic pain. More information is needed regarding the role of SSRIs and pain. According to the FDA, Wellbutrin (bupropion) is an antidepressant medication. It works in the brain to treat depression. Wellbutrin is used to treat major depressive disorder and seasonal affective disorder. The patient has been diagnosed with depression. In addition, the patient has stated that his medications have provided him with functional improvement. Therefore, the request for Wellbutrin 150 mg #30 is medically necessary.