



## 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 Internal Medicine 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 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.

### DOCUMENTS REVIEWED

The following relevant documents received from the interested parties and the documents provided with the application were reviewed and considered. These documents included:

- [REDACTED]
- [REDACTED]
- [REDACTED]
- [REDACTED]

### CLINICAL CASE SUMMARY

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

This is a male with a work injury on 4/22/2007 to his left leg and right hand after a client kicked him while performing his duties as a caregiver. The relevant diagnosis to this case includes: chronic left lower extremity pain s/p surgical fusion of the left knee, stress fractures of left femur and tibia s/p ORIF, neuropathy, history of skin graft of left lateral aspect of the thigh due to infection. Per progress notes patient has chronic lower extremity symptoms, s/p surgery with a surgical fusion causing inability to bend knee with a decrease in range of movement also causing pain in the leg, hip, and back. Has had multiple surgeries of right ankle and left knee, he has had complications with MRSA. Per documentation patient has constant pain and is never pain free. He reports a 50% functional improvement when he takes medications versus when he does not. On physical exam per notes his left lower extremity skin graft has a small opening with mild swelling but without erythema. Patient uses bactrim for antibiotic prophylaxis and per notes he has been on this to keep him out of the hospital for recurrent MRSA infection of the lower extremity. The relevant clinical issues is whether Percocet 10/325mg #150 and Bactrim DS are medically necessary.

### IMR DECISION(S) AND RATIONALE(S)

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

#### **1. Percocet 10/325 mg #150 is medically necessary and appropriate.**

The Claims Administrator based its decision on the Chronic Pain Medical Treatment Guidelines (2009), Opioids, which is part of the MTUS.

The Physician Reviewer based his/her decision on the Chronic Pain Medical Treatment Guidelines (2009), pages 78, 81, and 92, which are part of the MTUS.

The Physician Reviewer's decision rationale:

After careful review of the medical records and documentation provided, the patient has 50% increase in functionality with use of Percocet compared to not taking the medication. He has chronic pain and no significant side effects have been noted in the progress notes. Therefore on the above basis the request for Percocet 10/325mg #160 is medically necessary.

## **2. Unknown prescription of Bactrim DS is not medically necessary and appropriate.**

The Claims Administrator based its decision on the Official Disability Guidelines, Infectious Diseases, which is not part of the MTUS.

The Physician Reviewer found that no section of the MTUS was applicable. Per the Strength of Evidence hierarchy established by the California Department of Industrial Relations, Division of Workers' Compensation, the Physician Reviewer based his/her decision on the Medline Plus, Bactrim DS.

The Physician Reviewer's decision rationale:

Co-trimoxazole is a combination of trimethoprim and sulfamethoxazole, a sulfa drug. It eliminates bacteria that cause various infections, including infections of the urinary tract, lungs (pneumonia), ears, and intestines. It also is used to treat traveler's diarrhea. Antibiotics will not work for colds, flu, or other viral infections. After careful review of the medical records and documentation provided to me there is no documentation that patient's wound/skin opening is infected. Specifically notes state that patient is using this medication for prophylaxis but per guidelines there is no recommendation for prophylactic use of Bactrim DS. Therefore on the above basis the request for Bactrim DS is not medically necessary.

Disclaimer: MAXIMUS is providing an independent review service under contract with the California Department of Industrial Relations. MAXIMUS is not engaged in the practice of law or medicine. Decisions about the use or nonuse of health care services and treatments are the sole responsibility of the patient and the patient's physician. MAXIMUS is not liable for any consequences arising from these decisions.

[REDACTED]

CM13-0010914