

<b>Case Number:</b>	CM13-0026894		
<b>Date Assigned:</b>	03/19/2014	<b>Date of Injury:</b>	11/07/2011
<b>Decision Date:</b>	05/21/2014	<b>UR Denial Date:</b>	09/13/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/19/2013

### 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 Occupational 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 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 patient is a 46 year old male who was injured on 11/07/2011 while he was unloading a box truck when he was struck from behind by a golf cart. Prior treatment history has included (list prior treatments). The patient underwent irrigation and debridement, and repair of his open fracture wound as well as intramedullary rod fixation of his tibia fracture on 11/07/2011. He underwent surgery for an exchange rodding of the right tibia on 10/31/2011 and began to utilize a bone growth stimulator. On 03/27/2013 is underwent a fibular osteotomy. Postoperatively, he continued to use a bone stimulator. Diagnostic studies reviewed include X-rays of the right tibia and fibula performed on 08/01/2013 revealed a bridging callus formation of the fracture site. His fibular osteotomy site is showing bridging callus. He has approximately a 15 degree posterior angulation at the fracture site. He has an intact tibial rod in the right tibia. Primary Treating Physician's Report dated 08/01/2013 documented physical findings on exam revealed the color of his right distal shin has improved. There is still some dark redness and some darkness of the skin but is much improved. He still has some adhesions of the subcutaneous tissues to the tibia. He has some tenderness over the soft tissue area. Induration and callus formation at the fracture site with deep palpation. He has good range of motion of his ankle and knee. The patient is diagnosed with Type-2 open tibiofibular fracture of the right leg, which has healed. Future medical benefits include assessment and management by an orthopedic surgeon, possible hardware removal and soft tissue debridement. His treatment will also include the use of anti-inflammatory medications and diagnostic imaging. Per UR, according to the follow-up report dated 09/05/2013 by [REDACTED], Bactrim was requested to keep available in case there were recurrent symptoms. It will be a lot cheaper for the patient to use Bactrim intermittently if there were recurrent episodes of erythema or heat rather than going to an emergency room.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**BACTRIM DS #60:** Overturned

**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 Official Disability Guidelines (ODG) Knee and Leg and Infectious Disease Chapters.

**Decision rationale:** This is a 46 yr. old male with a very complex fracture including ORIF of the Tibia and Fibula. The decision to remove the hardware due to more complete healing of the fractures is medically appropriate. The treatment using Bactrim DS (trimethoprim/sulfamethoxazole )#60 is medically appropriate. Cultures from the site are recommended as Bactrim DS may be appropriate for MRSA infections after the removal of the hardware. The guidelines recommend: "(2) Methicillin-resistant S. aureus: doxycycline or trimethoprim/sulfamethoxazole, or linezolid (second-line).