MAXIMUS Federal Services

Case Number:	CM13-0004035		
Date Assigned:	12/04/2013	Date of Injury:	07/18/2005
Decision Date:	01/17/2014	UR Denial Date:	07/01/2013
Priority:	Standard	Application Received:	07/29/2013

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 Denistry and Periodontics 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.

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, [redacted], is a male born [redacted] who suffered a work related injury on 7/18/05. He has multiple diagnosis including but not limited to depression, pain disorder, post concessional disorder, and cervicaligia. The current request is for prescriptions of Vicodin, Soma, and a follow up dental appointment with [redacted] There are currently no clinical notes related to dentistry or medical evaluation of the patient stating a need for dental therapy based off some clinical presentation. The patient has been recorded as stating that he has pain with varying degree depending upon medication use. There is a note in the treatment plan from the physicians report from 6/10/13 indicating that repair of a tooth is necessary yet it does not state which tooth or its relation to the history of injury.

IMR ISSUES, DECISIONS AND RATIONALES

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

One (1) prescription of Vicodin 5/500mg, #120 between 6/10/2013 and 8/23/2013: 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 Clinical evidence

Decision rationale: There is insufficient evidence from the clinical notes to show dental origin for the patient's pain and thus this cannot be determined as medically necessary from a dental perspective.

One (1) follow-up with Dr. Charles Stock for dental treatment between 6/10/2013 and 8/23/2013: 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 Clinical evidence

Decision rationale: There is insufficient evidence to support the need for follow up visit with Dr. Charles Stock as there is no history provided of any initial visit nor rationale for follow up therapy. There is no documentation of the patient's current dental problems, clinical presentation, current or past dental diagnosis.

One (1) prescription of Soma 350mg, #90 between 6/10/2013 and 8/23/2013: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Clinical documentation

Decision rationale: The Physician Reviewer's decision rationale: There is no clinical documentation regarding the medical necessity of this medication from a dental perspective. There is no dental diagnosis, dental problem lists, nor subjective reports of dental pain throughout the documentation provided.