

Case Number:	CM14-0014417		
Date Assigned:	02/28/2014	Date of Injury:	07/18/2000
Decision Date:	08/11/2014	UR Denial Date:	01/27/2014
Priority:	Standard	Application Received:	02/05/2014

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 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 57-year-old male who has submitted a claim for xerostomia, periodontal disease, and complex regional pain syndrome associated with an industrial injury date of 07/18/2000. Medical records from 2013 to 2014 were reviewed. Patient reported clenching his teeth and bracing his facial musculature in response to his orthopedic pain. Patient experienced dryness of mouth. He likewise reported snoring and frequent headaches upon waking up. Patient attested that he would not tolerate wearing a CPAP mask and or nasal paraphernalia for the treatment of airway obstruction. Physical examination showed xerostomia / qualitative changes of the saliva. Teeth indentations and scalloping of the right and left lateral borders of his tongue were noted. Intra-oral examination showed Class I occlusion, overbite of 2mm, and overjet of 2mm with Mallampati score #4. Tongue size was large. A diagnostic alpha-amylase analysis was performed which objectively documented increased amounts of a-amylase enzyme due to abnormal sympathetic activity, attributed to pain and stress. A diagnostic polysomnogram respiratory study was performed showing nocturnal airway obstruction. It was documented that patient had five episodes of obstructive apnea, 15 episodes of obstructive hypopnea, and an apnea / hypopnea index of 6 episodes of major obstruction of airflow occurring every hour. The official report of the abovementioned diagnostic tests was not submitted for review. Treatment to date has included medications such as Norco and omeprazole. Utilization review from 01/27/2014 denied the request for immediate emergency medical treatment of an obstructive airway oral appliance, nasal dilator, dynamic muscle breathing reprogrammer, and CPAP treatment to be used simultaneously with obstructive airway oral appliance because there was no indication that patient had respiratory complaints that would warrant immediate treatment; and denied dental treatment of scalings and gingival treatments, fluoride, and saliva substitute because there was no evidence that there was a previous trial of basic conservative treatment, such as lozenges to stimulate saliva flow.

IMR ISSUES, DECISIONS AND RATIONALES

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

IMMEDIATE EMERGENCY MEDICAL TREATMENT OF AN OBSTRUCTIVE AIRWAY ORAL APPLIANCE: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Non-MTUS Other Medical Treatment Guideline or Medical Evidence: Oral Appliance Treatment of Obstructive Sleep Apnea.

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: Oral Appliance Treatment of Obstructive Sleep Apnea: An Update, *Curr Opin Pulm Med.* 2009;16(6):591-596, <http://www.medscape.com/viewarticle/710387>.

Decision rationale: The California MTUS does not specifically address this topic. Per the Strength of Evidence hierarchy established by the California Department of Industrial Relations, Division of Workers Compensation, an online article was used instead. Oral appliances are an alternative to continuous positive airway pressure (CPAP) for the treatment of obstructive sleep apnea (OSA). Although CPAP is a highly efficacious treatment, there is a need for other treatment options because the clinical effectiveness of CPAP is often limited by poor patient acceptance and tolerance, and suboptimal compliance. In this case, patient reported snoring and frequent headaches upon waking up. Intra-oral examination showed Class I occlusion, Mallampati score #4 and large tongue. A diagnostic polysomnogram respiratory study was performed showing nocturnal airway obstruction. The official report of this test was not submitted for review, as it was only cited in a progress report. There was no emergency room report documenting the urgency of his condition. Succeeding progress reports failed to provide evidence of respiratory complaints. Moreover, patient attested that he would not tolerate wearing CPAP mask and or nasal paraphernalia for the treatment of airway obstruction; however, the current treatment plan involves such. It is unclear if patient had initially tried CPAP / nasal devices to be able to state intolerance of wearing the device. The medical necessity cannot be established due to insufficient information. Therefore, the request for Immediate Emergency Medical Treatment of An Obstructive Airway Oral Appliance is not medically necessary.

NASAL DILATOR: 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: Oral Appliance Treatment of Obstructive Sleep Apnea: An Update, *Curr Opin Pulm Med.* 2009;16(6):591-596, <http://www.medscape.com/viewarticle/710387>.

Decision rationale: Since the primary procedure is not medically necessary, none of the associated services are medically necessary.

DYNAMIC MUSCLE BREATHING REPROGRAMMER: 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: Oral Appliance Treatment of Obstructive Sleep Apnea: An Update, Curr Opin Pulm Med. 2009;16(6):591-596, <http://www.medscape.com/viewarticle/710387>.

Decision rationale: Since the primary procedure is not medically necessary, none of the associated services are medically necessary.

CPAP TREATMENT RECOMMENDED TO BE USED SIMULTANEOUSLY WITH OBSTRUCTIVE AIRWAY ORAL APPLIANCE: 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: Oral Appliance Treatment of Obstructive Sleep Apnea: An Update, Curr Opin Pulm Med. 2009;16(6):591-596, <http://www.medscape.com/viewarticle/710387>.

Decision rationale: Since the primary procedure is not medically necessary, none of the associated services are medically necessary.

DENTAL TREATMENT OF SCALINGS AND GINGIVAL TREATMENTS, FLUORIDE, AND SALIVA SUBSTITUTE: 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 the Non-MTUS, Other Medical Treatment Guideline or Medical Evidence: American Dental Association Treating: Treating Periodontal Disease, ada.org, Other Medical Treatment Guideline or Medical Evidence: Dental Health and Fluoride Treatment, webmd.com.

Decision rationale: The California MTUS does not specifically address this topic. Per the Strength of Evidence hierarchy established by the California Department of Industrial Relations, Division of Workers Compensation, an article from American Dental Association was used instead. It states that scaling is used to remove plaque and tartar beneath the gumline. On the other hand, an online resource cited that patients with tooth decay would benefit from fluoride treatment. Furthermore, a PubMed article cited that saliva substitutes by mouth can reduce

dryness. Examples include Aquoral, Caphosol, Moi-Stir, Mouth Kote, Mouth Kote Dry Mouth, Numoisyn, Saliva Substitute, and SalivaSure. In this case, patient experienced dryness of mouth, attributed to intake of medications. Physical examination showed xerostomia / qualitative changes of the saliva. A diagnostic alpha-amylase analysis was performed which objectively documented increased amounts of a-amylase enzyme due to abnormal sympathetic activity, attributed to pain and stress. Treatment with scaling, fluoride, and saliva substitute are reasonable options at this time. Therefore, the request for Dental Treatment of Scalings And Gingival Treatments, Fluoride, and Saliva Substitute is medically necessary.