

Case Number:	CM14-0112628		
Date Assigned:	08/01/2014	Date of Injury:	07/03/2006
Decision Date:	10/03/2014	UR Denial Date:	07/11/2014
Priority:	Standard	Application Received:	07/18/2014

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 licensed in Dentistry 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:

This is 63-year-old woman involved in an industrial injury on 12/12/05 and 07/03/2006 while she was employed as a senior right-of-way agent for paragon partners. Per [REDACTED] report dated 11/06/2013, as a result of her accident, she had bilateral knee replacement surgeries in 2010 and 2013. The patient also states in 2007 she noticed that she was frequently clenching and grinding her teeth hard together with discomfort in her jaws. She states that she was referred to [REDACTED], who made her a night guard appliance which she wore at night time. She states that her symptoms remained the same. She states that she kept biting through the night guards which she kept grinding through. She states that [REDACTED] made several appliances including an oral sleep appliance and snore guard. However her teeth shifted while wearing the guard which caused floss and food to collect between her teeth. This patient has also been treated with medication including Norco, Remeron, Ataras, and Temazepam, all of which have adverse side effects of dry mouth/xerostomia. Following this patient's injuries, she developed chronic dryness of the mouth. She also developed bruxism and clenching due to stress, anxiety, and depression. Dry mouth from the medications taken on an industrial basis caused aggravation of periodontal disease and dental caries. Patient has been evaluated by AME [REDACTED] on 01/30/2012. AME [REDACTED] Findings (per [REDACTED]) include diagnoses: salivary changes secondary to use of industrial medications, particularly chronic opiates for pain control; increased rate of dental decay secondary to salivary changes; bruxism secondary to pain/psychological; myofascial pain secondary to bruxism; and normal Temporomandibular joint study. The conclusions in the report state that the patient presently displays a condition known as dry mouth or xerostomia caused by various prescription medications and the chronic use of opiates for pain control. Examination revealed use of opiates for pain. Examination revealed decay on multiple teeth with new caries identified on teeth #s 3, 4, 13, 14, 20 and 31, which is

reasonably medically probable that carious lesions developed secondary to xerostomia condition from long term opiates for pain control, and therefore sustained a dental injury derivative of the initial orthopedic injury sustained on 07/03/2003. The patient provides a history of chronic bruxism with clenching and grinding of the teeth commonly found in patients with chronic pain. Psychological factors are also contribution to the perpetuation of bruxism. TM joints are healthy and functioning normally without internal derangement or displace disks. The patient requires dental treatment to eliminate carious lesions due to chronic xerostomia causing dental decay. Teeth #'s 3,4,13,14,20,31 require dental restorations. As long as xerostomia side effects of medication are being manifested, the patient should receive regular dental exams and periodontal cleanings at 3-4 month intervals as a preventative measure. Fluoride should be utilized, along with medications to treat symptoms of dry mouth. Fabrications of an orthotic appliance to counteract destructive effects of chronic bruxism, protect the dentition, and reduce Myofascial pain. On 06/18/2014 [REDACTED] report indicates objective findings include comfort opening 48mm, right and left lateral excursion of 10mm, click/pop of left TMJ, minimal pain of Left TMJ, minimal pain to palpation of bilateral masseter, bilateral temporalis, bilateral temporalis, bilateral lateral pterygoid space, bilateral media; pterygoid space, and bilateral SCM, tooth #15 decay on mesial with large amalgam filling, tooth #30 has mesial decay under crown, and tooth #31 has large amalgam filling with fractured edges causing foot entrapment and decay. [REDACTED] states due to mesial decay, large amalgam filling and pain and sensitivity to tooth #15, a PFM crown is required. Due to mesial decay of tooth #30, a porcelain crown is required. Due to the large amalgam, pulling away from the edges and sensitivity to sweets a new PFM crown is required for tooth #31.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tooth #15 PFM Crown: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines Head (updated 06/04/13), Dental trauma treatment (facial fractures)

Decision rationale: The dentist [REDACTED] has found mesial decay, large amalgam filling and pain and sensitivity on tooth #15; therefore, due to lack of adequate amount of remaining tooth structure after caries removal and removal of previous filling, and since patient is exhibiting pain and sensitivity on this tooth, a PFM crown on #15 is medically necessary to properly restore this tooth to function.

Tooth #30 Porcelain Crown: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Head (updated 06/04/13), Dental trauma treatment (facial fractures)

Decision rationale: Dentist [REDACTED] has found recurrent decay on mesial aspect of tooth #30; therefore, it is medically necessary to place a new PFM crown on tooth #30 in order to remove the decay, and restore this tooth to proper health and function.

Tooth #31 PRM Crown: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Head (updated 06/04/13), Dental trauma treatment (facial fractures)

Decision rationale: [REDACTED] has found that tooth #31 has large amalgam filling with fractured edges causing foot entrapment and decay. [REDACTED] (AME) also found new decay on tooth #31 and recommended restoration of this tooth. Therefore, a PFM crown is medically necessary to restore this tooth to proper health and function.

Nitrous Oxide: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation <http://www.drugs.com/pro/nitrous-oxide.html>

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation : Nitrous Oxide Administration. Nili N Alai, MD, FAAD; Chief Editor: Rick Kulkarni, MD

Decision rationale: This patient has been diagnosed with psychiatric disorders, including anxiety, depressive disorder and pain disorder. Per Medscape reference mentioned above: "In dentistry, nitrous oxide is indicated to decrease the pain and anxiety associated with procedures. It is commonly delivered by a nasal mask in combination with oxygen." and that "indications in adult dental patients include anxiety, low pain tolerance, underlying psychiatric disorders, and mental retardation." Therefore, Nitrous oxide analgesia is medically necessary in the treatment of this patient.