

Case Number:	CM14-0021971		
Date Assigned:	05/09/2014	Date of Injury:	08/06/1999
Decision Date:	07/21/2014	UR Denial Date:	02/10/2014
Priority:	Standard	Application Received:	02/21/2014

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 Otolaryngology and Dentistry, and is licensed to practice in Texas. 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 injured worker is a 67-year-old who reported an injury regarding her oral region. The clinical note dated August 6, 2013 indicates the injured worker had initially been injured on August 6, 1999 when she was lifting a large barbecue onto a shelf resulting in immediate bilateral shoulder and neck pain. The neck and shoulder pain had been treated with various herbal remedies as well as acupuncture. The injured worker underwent two surgical procedures to address the right shoulder pain. A three level ACDF was also completed. There is an indication the injured worker had been treated with Kadian, Actiq, Lidoderm, Ambien and Cymbalta. There is an indication the injured worker had been utilizing Actiq over the course of several years to address the neck and shoulder pain. In May of 2011 the injured worker reported her neck pain had become absolutely horrible. The injured worker reported a significant flare-up of pain resulting in increase in medication intake. The discharge summary from an interdisciplinary pain program dated November 23, 2013 indicates the injured worker continued with the use of opioid therapy. There is also an indication the injured worker is a current every day smoker of a half pack per day. The appeal letter dated January 29, 2014 indicates the injured worker having been recommended for continuing with an interdisciplinary program. The clinical note dated August 20, 2013 indicates the injured worker had been recommended for a weaning schedule regarding her opioid medication intake. The utilization review dated February 10, 2014 resulted in a denial for multiple teeth extractions and implant with the use of a fluoride tray and routine recall as the injured worker had been documented as having pre-existing dental issues with broken teeth and periodontal disease. It appears the injured worker had not undergone proper daily oral hygiene and routine dental care. Therefore, it was unclear if the injured worker would benefit from the proposed procedures.

IMR ISSUES, DECISIONS AND RATIONALES

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

IMPLANTS TO REPLACE MISSING TEETH AND THE ONES TO BE EXTRACTED: 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 OFFICIAL DISABILITY GUIDELINES (ODG) HEAD CHAPTER, DENTAL TRAUMA TREATMENT (FACIAL FRACTURES).

Decision rationale: The documentation indicates the injured worker having complaints of several missing teeth. There is also an indication the injured worker has undergone prolonged use of opioid therapy to address the ongoing complaints of pain at several areas throughout her body. There is an indication the injured worker has a pre-existing condition regarding the missing teeth. Furthermore, it is unclear if the injured worker has been compliant with previously rendered oral care with recommendations. The request for implants to replace missing teeth and the ones to be extracted is not medically necessary or appropriate.

FLUORIDE TRAYS: 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 OFFICIAL DISABILITY GUIDELINES (ODG) HEAD CHAPTER, DENTAL TRAUMA TREATMENT (FACIAL FRACTURES).

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

ROUTINE RECALL CARE: 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 OFFICIAL DISABILITY GUIDELINES (ODG) HEAD CHAPTER, DENTAL TRAUMA TREATMENT (FACIAL FRACTURES).

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