

Case Number:	CM14-0022070		
Date Assigned:	05/09/2014	Date of Injury:	08/11/2005
Decision Date:	08/07/2014	UR Denial Date:	01/20/2014
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 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:

The patient is a 63-year-old female who has submitted a claim for salivary secretion disorder associated with an industrial injury date of August 11, 2005. Medical records from 2014 were reviewed. The patient is being treated for RSD due to an industrial injury. Medications include Prilosec, ibuprofen, Lexapro, Lyrica, baclofen, and Cymbalta. The patient was also assessed to have bruxism, an adverse effect related to Lexapro and Cymbalta intake. This was associated with occasional moderate headaches in the right temple area; intermittent minimal facial pain on the right side; occasional minimal facial pain on the left side; and xerostomia. Examination of the oral cavity showed teeth indentations/scalloping of the right and left lateral borders of the tongue; bleeding and swelling of gum tissues; and bacterial biofilm deposits on the teeth and around the gum tissues. X-ray showed periodontal bone loss. Diagnostic alpha-amylase enzyme analysis showed increased enzyme concentration level at 147 KIU/L, while diagnostic salivary flow and buffering test revealed objective decrease in salivary flow. Objective quality changes of the saliva were also noted, where the saliva is ropey and cloudy in consistency as well as acidic (pH=5.32) in nature. The diagnosis was industrially-aggravated periodontal disease due to medications, industrial-related pain and stress, industrial bruxism, and industrial-related increased sympathetic activity. Treatment plan includes a request for fluoride scaling. Treatment to date has included musculoskeletal trigeminal appliance. Utilization review from January 20, 2014 denied the request for retro fluoride scaling because there was no evidence of periodontal disease or that it is in any way related to a type of trauma.

IMR ISSUES, DECISIONS AND RATIONALES

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

RETRO FLUORIDE SCALING: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Robert J. Genco. Contemporary periodontics, Mosby and Worthington Hv, Routine scale and polish for periodontal health in adults.

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: American Dental Association Treating periodontal disease, Scaling and root planing (http://www.ada.org/sections/scienceAndResearch/pdfs/patient_23.pdf).

Decision rationale: The CA MTUS does not address this topic. Per the Strength of Evidence hierarchy established by the California Department of Industrial Relations, Division of Workers' Compensation, the American Dental Association Treating periodontal disease was used instead. Scaling and root planing is a method of treating periodontal disease when pockets are greater than 3 mm. Scaling is used to remove plaque and tartar beneath the gumline. In this case, oral cavity examination showed bleeding and swelling of gum tissues, and bacterial biofilm deposits on the teeth and around the gum tissues. However, measurement of periodontal pockets was not defined. The guideline recommends scaling and root planing when pockets are greater than 3mm. It is a reasonable medical probability that a pre-existing periodontal issue could be aggravated or accelerated as a result of side effects of medications taken on an industrial basis. However, since there is no documentation of pre-existing periodontal history, no recent records that demonstrate measurement of periodontal pockets as defined and the dental records to support the need for fluoride treatment do not appear to exist, the request for RETRO FLUORIDE SCALING is not medically necessary.