

<b>Case Number:</b>	CM14-0026798		
<b>Date Assigned:</b>	06/13/2014	<b>Date of Injury:</b>	07/03/2006
<b>Decision Date:</b>	07/30/2014	<b>UR Denial Date:</b>	02/18/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/03/2014

### 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 [REDACTED]. Per [REDACTED] report dated 11/06/2013, As a result of her accident, she had bilateral knee replacement surgeries in 2010 and 2013. 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], whom made her night guard appliance which she wore at night time. She states that her symptoms remained the same. She state that she kept biting through the night guards which she kept grinding through. She states that [REDACTED] made several appliances including a oral sleep appliance and snore guard. She states, however that 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, However this report was not included in the IMR records package. This IMR reviewer had to review [REDACTED] report of 11/06/2013, which summarized AME [REDACTED] finding on page 13.AME [REDACTED] Findings (per [REDACTED] report):Diagnosis:1. Salivary changes secondary to use of industrial medications, particularly chronic opiates for pain control.2. Increased rate of dental decay secondary to salivary changes.3. Bruxism secondary to pain/psychological4. Myofascial pain secondary to bruxism.5. Normal Temporomandibular joint studyConclusions:1. 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 07/03/2003.2. 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.3. The patient requires dental treatment to eliminate carious lesions due to chronic xerostomia causing dental decaya) Teeth #'s 3,4,13,14,20,31 require dental restorations. b) as long as xerostomia side effects of medication is being manifested, the patient should receive regular dental exams and periodontal cleanings at 3-4 month internals as a preventative measure. Flouride should be utilized, along with medications to treat symptoms of dry mouth.c) Fabrication of an orthotic appliance to counteract destructive effects of chronic bruxism and protect the dentition, and to reduce Myofascial pain.On 1/06/2013 [REDACTED] is requesting:1. Upper left and lower left quadrant root planning and scaling,2. Upper right and lower right root planning and scaling3. Dental prophylaxis every 3 months4. Fluoride application5. Oral hygiene instruction6. Peridex oral rinse.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

#### **UPPER LEFT QUADRANT ROOT PLANING AND SCALING: 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 Non-MTUS Citation Official Disability Guidelines (ODG) ODG Head(updated 06/04/13) Other Medical Treatment Guideline or Medical Evidence: JOURNAL OF Periodontology, Parameter on Chronic Periodontitis With Slight to Moderate Loss of Periodontal Support\*Volume 71- Number 5- May 2000 (Supplement).

**Decision rationale:** This IMR reviewer is in agreement with AME [REDACTED] findings and conclusion. As long as xerostomia side effects of medication is being manifested, the patient should receive regular dental exams and periodontal cleanings at 3-4 month internals as a preventative measure. [REDACTED] "Periodontal probing revealed pocket depths of 2mm and 4mm throughout, with several 5 mm pocket depths in the molar areas" This is indication of periodontal disease. Also per reference above from Journal of Periodontology, initial therapy for periodontal disease should include: "- Instruction, reinforcement, and evaluation of the patient's plaque control should be performed. - Supra- and subgingival scaling and root planning should be performed to remove microbial plaque and calculus. "Therefore this IMR reviewer finds the upper and lower quadrant root planning and scaling requested by [REDACTED] to be medically necessary for this patient.

#### **LOWER LEFT QUADRANT ROOT PLANING AND SCALING: 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 Non-MTUS Citation Official Disability Guidelines (ODG) ODG Head(updated 06/04/13) Other Medical Treatment Guideline or Medical Evidence: JOURNAL OF Periodontology, Parameter on Chronic Periodontitis With Slight to Moderate Loss of Periodontal Support\*Volume 71- Number 5- May 2000 (Supplement).

**Decision rationale:** This IMR reviewer is in agreement with AME [REDACTED] findings and conclusion. As long as xerostomia side effects of medication is being manifested, the patient should receive regular dental exams and periodontal cleanings at 3-4 month internals as a preventative measure. [REDACTED] "Periodontal probing revealed pocket depths of 2mm and 4mm throughout, with several 5 mm pocket depths in the molar areas" This is indication of periodontal disease. Also per reference above from Journal of Periodontology, initial therapy for periodontal disease should include: "- Instruction, reinforcement, and evaluation of the patient's plaque control should be performed. - Supra- and subgingival scaling and root planning should be performed to remove microbial plaque and calculus. "Therefore this IMR reviewer finds the upper and lower quadrant root planning and scaling requested by [REDACTED] to be medically necessary for this patient.

**UPPER RIGHT ROOT PLANING AND SCALING:** 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 Non-MTUS Citation Official Disability Guidelines (ODG) ODG Head(updated 06/04/13) Other Medical Treatment Guideline or Medical Evidence: JOURNAL OF Periodontology, Parameter on Chronic Periodontitis With Slight to Moderate Loss of Periodontal Support\*Volume 71- Number 5- May 2000 (Supplement).

**Decision rationale:** This IMR reviewer is in agreement with AME [REDACTED] findings and conclusion. As long as xerostomia side effects of medication is being manifested, the patient should receive regular dental exams and periodontal cleanings at 3-4 month internals as a preventative measure. [REDACTED] "Periodontal probing revealed pocket depths of 2mm and 4mm throughout, with several 5 mm pocket depths in the molar areas" This is indication of periodontal disease. Also per reference above from Journal of Periodontology, initial therapy for periodontal disease should include: "- Instruction, reinforcement, and evaluation of the patient's plaque control should be performed. - Supra- and subgingival scaling and root planning should be performed to remove microbial plaque and calculus. "Therefore this IMR reviewer finds the upper and lower quadrant root planning and scaling requested by [REDACTED] to be medically necessary for this patient.

**LOWER RIGHT ROOT PLANING AND SCALING:** 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 Non-MTUS Citation Official Disability Guidelines (ODG) < ODG Head(updated 06/04/13) Other Medical Treatment Guideline or Medical Evidence: JOURNAL OF Periodontology, Parameter on Chronic Periodontitis With Slight to Moderate Loss of Periodontal Support\*Volume 71- Number 5- May 2000 (Supplement).

**Decision rationale:** This IMR reviewer is in agreement with AME [REDACTED] findings and conclusion. As long as xerostomia side effects of medication is being manifested, the patient should receive regular dental exams and periodontal cleanings at 3-4 month intervals as a preventative measure. [REDACTED] "Periodontal probing revealed pocket depths of 2mm and 4mm throughout, with several 5 mm pocket depths in the molar areas" This is indication of periodontal disease. Also per reference above from Journal of Periodontology, initial therapy for periodontal disease should include: "- Instruction, reinforcement, and evaluation of the patient's plaque control should be performed. - Supra- and subgingival scaling and root planning should be performed to remove microbial plaque and calculus. "Therefore this IMR reviewer finds the upper and lower quadrant root planning and scaling requested by [REDACTED] to be medically necessary for this patient.

**DENTAL PROPHYLAXIS EVERY THREE MONTHS:** 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: J Evid Based Dent Pract. 2014 Jun;14 Suppl:33-41.e1. doi: 10.1016/j.jebdp.2014.02.007. Epub 2014 Feb 15.Periodontal debridement: still the treatment of choice. Drisko CL.

**Decision rationale:** Although this patient has been diagnosed by [REDACTED] to have mild chronic periodontal disease and at this time Prophylaxis every 3 months may be necessary, however, this decision is asking for Prophylaxis every 3 months for an indefinite amount of time. The literature indicates that patients should be reevaluated every year for periodontal status and a treatment plan should be made accordingly. At this time, Prophylaxis every 3 months is NOT Medically Necessary.

**FLUORIDE APPLICATION ORAL HYGIENE INSTRUCTION:** 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 Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: Topical fluorides in caries prevention and management: a North American perspective. J Dent Educ. 2001 Oct;65(10):1078-83. Newbrun E.

**Decision rationale:** Per reference cited above, "the management of the high caries-risk patient requires the use of several preventive interventions and behavioral modification, besides the use of topical fluorides. For children over six years of age and adults, both office and self-applied topical fluoride treatments are recommended. For office fluoride therapy at the initial visit, a high-concentration agent, either a 1.23 percent F APF gel (12,300 ppm of fluoride) for four minutes in a tray or a 5 percent NaF varnish (22,600 ppm of fluoride), should be applied directly to the teeth four times per year." (Newbrun,2001) Therefore the fluoride application requested by [REDACTED] are medically necessary for this patient.

**PERIDEX ORAL RINSE:** 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 Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: JOURNAL OF Periodontology, Parameter on Chronic Periodontitis With Slight to Moderate Loss of Periodontal Support\* Volume 71- Number 5- May 2000 (Supplement).

**Decision rationale:** Per reference above from Journal of Periodontology, for initial therapy of periodontal disease should include: " Antimicrobial agents or devices may be used as adjuncts." Therefore this IMR reviewer finds Peridex oral rinse medically necessary for this patient.