

<b>Case Number:</b>	CM14-0029407		
<b>Date Assigned:</b>	06/20/2014	<b>Date of Injury:</b>	07/03/2006
<b>Decision Date:</b>	08/11/2014	<b>UR Denial Date:</b>	02/20/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/07/2014

### 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 an 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 study  
**Conclusions:**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 are being manifested, the patient should receive regular dental exams and periodontal cleanings at 3-4 month internals as a preventative measure. Fluoride 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 11/06/2013 [REDACTED] is requesting:1. Dental restorative treatment: Tooth #3, 4, 13 four surface composite filling. Tooth #14 for PFM crown. Tooth #18 for post and build up and PFM crown. Tooth #30 and #31 for three surface composite filling. Night guard appliance at completion.Nitrous oxide analgesia, 3 two-hour sessions to complete treatment.1. Treatment to tooth # 18, due to food impaction and gingival inflammation on the mesial aspect of #18 causing chronic irritation and soreness of the gums. 2. Treatment to tooth # 30, due to radiograph evidence of mesial and distal decay requiring an MOD composite restoration.

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

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

#### **Dental Restorative Treatment: Overturned**

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

**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).

**Decision rationale:** Per AME [REDACTED] examination and conclusion, decay on multiple teeth with new caries identified on teeth #s 3, 4,13,14,20 and 31 are reasonably medically probable that carious lesions developed secondary to xerostomia condition from long term opiates for pain control of an industrial injury, therefore this IMR reviewer finds dental treatment and restoration to those teeth medically necessary under the industrial injury.

#### **Tooth #3, two-surface composite filling: Overturned**

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

**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).

**Decision rationale:** Per AME [REDACTED] examination and conclusion, decay on multiple teeth with new caries identified on teeth #s 3, 4,13,14,20 and 31 are reasonably medically probable that carious lesions developed secondary to xerostomia condition from long term opiates for pain control of an industrial injury, therefore this IMR reviewer finds dental treatment and restoration to those teeth medically necessary under the industrial injury.

**Tooth #4, two-surface composite filling:** Overturned

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

**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).

**Decision rationale:** Per AME [REDACTED] examination and conclusion, decay on multiple teeth with new caries identified on teeth #s 3, 4,13,14,20 and 31 are reasonably medically probable that carious lesions developed secondary to xerostomia condition from long term opiates for pain control of an industrial injury, therefore this IMR reviewer finds dental treatment and restoration to those teeth medically necessary under the industrial injury.

**Tooth #13,two-surface composite filling:** Overturned

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

**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).

**Decision rationale:** Per AME [REDACTED] examination and conclusion, decay on multiple teeth with new caries identified on teeth #s 3, 4,13,14,20 and 31 are reasonably medically probable that carious lesions developed secondary to xerostomia condition from long term opiates for pain control of an industrial injury, therefore this IMR reviewer finds dental treatment and restoration to those teeth medically necessary under the industrial injury.

**Tooth #14 Porcelain Fused Metal (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 (ODG-TWC).

**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).

**Decision rationale:** Per AME [REDACTED] examination and conclusion, decay on multiple teeth with new caries identified on teeth #s 3, 4,13,14,20 and 31 are reasonably medically probable that carious lesions developed secondary to xerostomia condition from long term opiates for pain control of an industrial injury, therefore this IMR reviewer finds dental treatment and restoration to those teeth medically necessary under the industrial injury.

**Tooth #18 Post and Build Up:** Upheld

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

**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).

**Decision rationale:** The reasonable and medical probability that carious lesions on teeth #'s18 &30 developed secondary to xerostomia from long term opiates use has not been established yet by an AME dentist (agreed party). AME [REDACTED] was very specific in his report dated 01/30/2012 on which teeth were damaged secondary to xerostomia condition from long term opiates use for an industrial injury, but teeth #18 and #30 were not included in his conclusion. Even though [REDACTED] opinion is that the damage to teeth #18 and #30 are derived from this patient's industrial injury, he is not an agreed party to this specific case. IMR reviewer also cannot comment on causation. The treatment request by [REDACTED] may very well be medically necessary, but the causation of carious lesions to teeth #18 and 30 first needs to be addressed by an agreed party before treatment can be recommended under the industrial injury.

**Tooth #18 Porcelain Fused Metal (PFM) Crown:** Upheld

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

**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).

**Decision rationale:** The reasonable and medical probability that carious lesions on teeth #'s18 &30 developed secondary to xerostomia from long term opiates use has not been established yet by an AME dentist (agreed party). AME [REDACTED] was very specific in his report dated 01/30/2012 on which teeth were damaged secondary to xerostomia condition from long term opiates use for an industrial injury, but teeth #18 and #30 were not included in his conclusion. Even though [REDACTED] opinion is that the damage to teeth #18 and #30 are derived from this patient's industrial injury, he is not an agreed party to this specific case. IMR reviewer also

cannot comment on causation. The treatment request by [REDACTED] may very well be medically necessary, but the causation of carious lesions to teeth #18 and 30 first needs to be addressed by an agreed party before treatment can be recommended under the industrial injury.

**Tooth #30, three-surface composite filling:** Upheld

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

**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).

**Decision rationale:** The reasonable and medical probability that carious lesions on teeth #'s18 &30 developed secondary to xerostomia from long term opiates use has not been established yet by an AME dentist (agreed party). AME [REDACTED] was very specific in his report dated 01/30/2012 on which teeth were damaged secondary to xerostomia condition from long term opiates use for an industrial injury, but teeth #18 and #30 were not included in his conclusion. Even though [REDACTED] opinion is that the damage to teeth #18 and #30 are derived from this patient's industrial injury, he is not an agreed party to this specific case. IMR reviewer also cannot comment on causation. The treatment request by [REDACTED] may very well be medically necessary, but the causation of carious lesions to teeth #18 and 30 first needs to be addressed by an agreed party before treatment can be recommended under the industrial injury.

**Tooth #31, three-surface composite filling:** Overturned

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

**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).

**Decision rationale:** Per AME [REDACTED] examination and conclusion, decay on multiple teeth with new caries identified on teeth #s 3, 4,13,14,20 and 31 are reasonably medically probable that carious lesions developed secondary to xerostomia condition from long term opiates for pain control of an industrial injury, therefore this IMR reviewer finds dental treatment and restoration to those teeth medically necessary under the industrial injury.

**Night Guard Appliance (at completion of treatment):** Overturned

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

**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).

**Decision rationale:** This IMR reviewer agrees with the findings of AME [REDACTED] and fabrication of an orthotic appliance to counteract destructive effects of chronic bruxism and protect the dentition, and to reduce Myofascial pain. Night guard is medically necessary for this patient.

**Nitrous Oxide Analgesia (3 two-hour sessions):** Overturned

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

**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: Medscape reference: Nitrous Oxide Administration. Nili N Alai, MD, FAAD; Chief Editor: Rick Kulkarni, MD.

**Decision rationale:** Per [REDACTED] (Psychiatrist) report dated 10/10/13, AME in Psychiatry, the patient is diagnosed with several Psychiatric disorders, including moderate anxiety with episodes of panic symptoms, 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.