MAXIMUS Federal Services

| Case Number: | CM14-0036005 | | |
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| Date Assigned: | 06/23/2014 | Date of Injury: | 02/07/2001 |
| Decision Date: | 07/29/2014 | UR Denial Date: | 02/26/2014 |
| Priority: | Standard | Application Received: | 03/24/2014 |

## 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 Denistry 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 records provided for review reveal that this patient sustained a work-related injury to his lower extremities resulting in multiple surgical interventions. Due to the ramifications of his injuries and resultant pain, the need for numerous oral based opioid narcotic pain medications was indicated. The use of pain medications especially opiate-based Actiq pain medications (sugar-based) prescribed over years, have resulted in extensive root erosion, loss of gingival tissue and decay in this patients dentition due to the effects of medicine induced xerostomia on an industrial basis. The UR has denied this request due to "no documentation stating the need for these services and proper diagnosis. There is only a generalized statement of pain and swelling."

## IMR ISSUES, DECISIONS AND RATIONALES

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

**4 Endodontic root canal therapy for teeth #s 3, 20, 28, 29:** 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: (Olate, 2010) Dental implants, dentures, crowns, bridges, onlays, inlays, braces,

pulling impacted teeth, or repositioning impacted teeth, would be options to promptly repair injury to sound natural teeth, required as a result of, and directly related to, an accidental injury.

**Decision rationale:** The provider states that his "clinical assessment indicates that due to the extent of coronal gingival decay present on teeth numbers 3,20,28, and 29; the probability of pulpal exposures while removing the decay in these teeth is 100%; thereby requiring the need to perform endodontic root canal treatment. Therefore, Root canals on #3,20,28,29 are medically necessary.

**6 gingivectomies core build up and crown placements teeth #s 2,3,18, 20:** 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: (Olate, 2010) Dental implants, dentures, crowns, bridges, onlays, inlays, braces, pulling impacted teeth, or repositioning impacted teeth, would be options to promptly repair injury to sound natural teeth, required as a result of, and directly related to, an accidental injury.

**Decision rationale:** The provider states that patient remains on Fentanyl (opiate-based) medication which has significantly decayed teeth numbers 2,3, 18,20, 28 and 29, most notably on the coronal gingival aspect of these teeth as a result from medicine induced xerostomia. He also finds sub -gingival decay present on the coronal-gingival aspect of these teeth. Therefore, Gingivectomies are Medically Necessary to access and remove decay, and Core build ups and Crowns are Medically necessary to restore them.