

Case Number:	CM14-0042213		
Date Assigned:	06/30/2014	Date of Injury:	07/03/2006
Decision Date:	09/08/2014	UR Denial Date:	03/20/2014
Priority:	Standard	Application Received:	04/09/2014

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 the treating physician DDS report dated 11/06/2013, As a result of her accident, she had bilateral knee replacement surgeries in 2010 and 2013. The 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 the treating dentist, 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 the dentist 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. The patient has been evaluated by AME physician, DDS on 01/30/2012 & 11/12/13. The AME physician findings are salivary changes secondary to use of industrial medications, particularly chronic opiates for pain control, increased rate of dental decay secondary to salivary changes, bruxism secondary to pain/psychological, myofascial pain secondary to bruxism, and normal Temporomandibular joint study. On 11/12/13, page 16, AME dentist states, the examination at this time reveals that the injured worker has not received the appropriate industrial dental treatment that I had recommended in my initial AME of 01/30/ 12. None of the areas of dental decay brought on by medication-induced xerostomia has been addressed by the attending dentist. The injured worker

continues to require industrial dental treatment to relieve the effects of her derivative dental injury stemming from the work accident of 07/03/06. I continue to recommend treatment to eliminate dental decay on teeth numbers 3,4, 13, 14,20, and 31. Tooth #14 is now painful and may also require root canal therapy. In addition, there is a fractured crown on tooth #18 which requires replacement with a new crown. [REDACTED] also continues to require treatment for xerostomia. This would include the use of salivary supplements such as Salese as well as fluorides to protect the teeth against recurrent dental decay. Dental examinations and periodontal prophylaxis should also be accomplished at three to four month intervals as a preventive measure as long as xerostomia is being manifested. The injured worker continues to require the above outlined dental treatment on an industrial basis. The treating dentist is requesting, UL, LL, UR, LR Quadrant Root Planning and Scaling, Dental Prophylaxis (every 3mo), Fluoride Application, Oral Hygiene Instruction and Peridex Oral Rinse.

IMR ISSUES, DECISIONS AND RATIONALES

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

Peidex 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: Based on the increased rate of dental decay findings of AME dentist and 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.

Dental Prophylaxis (every 3 moths): 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: Comprehensive periodontal therapy: a statement by the American Academy of Periodontology. J Periodontol 2011 Jul; 82(7):943-9. [133 references].

Decision rationale: Although this patient has been diagnosed by the dentist to have 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.

Periodontal Evaluation a comprehensive assessment of a patient's current health status, history of disease, and risk characteristics is essential to determine the periodontal diagnosis and prognosis of the dentition and/or the suitability of dental implants. The patients should receive a comprehensive periodontal evaluation and their risk factors should be identified at least on an annual basis.

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: Comprehensive periodontal therapy: a statement by the American Academy of Periodontology. J Periodontol 2011 Jul; 82(7):943-9. [133 references].

Decision rationale: Based on the increased rate of dental decay findings of AME dentist, and per reference above this IMR reviewer finds oral hygiene instruction 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: Based on the increased rate of dental decay findings of AME dentist and 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.