

Case Number:	CM14-0183696		
Date Assigned:	11/10/2014	Date of Injury:	08/08/2001
Decision Date:	01/15/2015	UR Denial Date:	10/27/2014
Priority:	Standard	Application Received:	11/04/2014

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 Occupational Medicine and is licensed to practice in Colorado. 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 injured worker is a 49-year-old female who was injured on August 8, 2001 when she fell off a chair, leading to severe dental pain along with right shoulder and lumbar injury. There is documentation of severe dental pain, tooth and jaw pain with pain intensity of 5/10 in severity. The injured worker developed xerostomia consider secondary to narcotic medication use and possible oral hygiene habits, leading to multiple dental infections which were determined related to the industrial accident exposure/injury. There is documentation of a loss of the entire mandibular teeth being replaced by an implant-retained oral appliance. There is documentation of continued xerostomia secondary to utilization secondary to continued high dose narcotic utilization. There is documentation that affected teeth were contributing to pain. The worker was examination and treated by a dental specialist and subsequent dental procedures including the placement of crowns of 2 teeth numbers 6, 7, 8, 9, 10 and 3 extraction of tooth #12 with sinus augmentation and bone grafting. There is documentation of dental caries-related infection and mouth pain. There is a request for Levaquin 750 mg, #15 on September 16, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Levaquin 750mg #15: 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 The Expert Reviewer based his/her decision on the Non- MTUS In vitro activity of Sitafloxacin compared with several fluoroquinolones against Streptococcus anginosus and Streptococcus constellatus. Yamamoto N, Fujita J, Shinzato T, Higa F, Tateyama M, Tohyama M, Nakasone I, Yamane N. Int J Antimicrob Agents. 2006; 27(2):171 and Non-MTUS ISRN Dent. 2012; 2012: 581207. doi: 10.5402/2012/581207. Epub 2012 Oct 22. Antimicrobial or subantimicrobial

Decision rationale: There are no MTUS guideline criteria for the utilization of Levaquin to treat dental caries associated mouth pain. The Food and Drug Administration (FDA) listed approved indications for Levaquin include chronic joint tenderness, pneumonia, prostatitis, pyelonephritis, sinusitis, skin structure infections-uncomplicated, skin infections complicated, uncomplicated and complicated UTI, anthrax, chlamydial infections redness, and epididymitis. There are numerous indications; however, the medical records do not describe what the injured worker has a potentially contraindicated disorder. A review of the current literature including Up to Date and Pub Med suggests that fluoroquinolones, including Levaquin, may be used to treat periodontal disease/dental infection. There is literature suggesting that alternate antibiotic options are also available to treat this disease, especially in considerations of the potential for antibiotic resistance. No specific guideline or medical consensus can be found that specifically stating the use of Levaquin is contraindicated for the treatment for periodontal dental caries-associated infection/disease. Therefore, the request for Levaquin is medically necessary and appropriate.