MAXIMUS Federal Services

| Case Number: | CM14-0195326 | | |
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| Date Assigned: | 12/03/2014 | Date of Injury: | 08/15/2002 |
| Decision Date: | 01/21/2015 | UR Denial Date: | 10/24/2014 |
| Priority: | Standard | Application Received: | 11/21/2014 |

## 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 Dentist 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:

Patient is a 58-year old male with a 08/15/02 date of injury. 10/10/14 progress report states that the patient was injured on 08/15/2002 when he hit his head on the roll cage and heard a cracking sound in his neck. Subsequently, the patient has had two neck surgeries are cervical spine and two in the lower back. Patient's subjective complaints include: Chipped lower anterior teeth was loose enamel, pain on teeth and gums, Brooks is in, clenching, dry mouth, stress, stomach problems, sleep disturbance to orthopedic pain and stress, orthopedic pain in neck, low back, right shoulder left knee. Objectively, the patient is missing teeth number 1, 13, 16, 17, 18 to 21, 28, 29, 31 to 32. PFM on teeth numbers 2, 3, 4, 5, 15 to 19. Caries on teeth numbers two and 3. Two unit breech between 12 and 14 and 27 and 30. Occlusal and ensues will wear on teeth numbers 9 to 11, 20, 22, 23, 24, 25, 26. Deep right, xerostomia, tenderness of the center muscle, tendon is of Temporomandibular joint, tenderness of right temporalis muscle, tenderness of bilateral splenius capitis muscle. The erythema between teeth number 8, 9, 6, 7, 20 and 22, 22 and 20 3, 24 and 25. It was slight buccal mucosal ridging of the inner cheek abnormal occlusal wear of anterior teeth, generalized gingivitis, moderate. Diagnoses: Myofascial pain, parafunctional activities (bruxism/findings/clenching). Traumatic injury to the upper and lower teeth, xerostomia.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**4 prophylaxis dental cleaning sessions:** Overturned

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation National Guideline Clearinghouse (NGC) guidelines

**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: American Dental Association Treating periodontal disease Scaling and root planning. Scaling and root planning is a method of treating periodontal disease when pockets are greater than 3 mm. Scaling is used to remove plaque and tartar beneath the gumline. A local anesthetic may be given to reduce any discomfort.

**Decision rationale:** As the guidelines, Scaling and root planning is a method of treating periodontal disease when pockets are greater than 3 mm. Scaling is used to remove plaque and tartar beneath the gumline. A local anesthetic may be given to reduce any discomfort. Using a cane instrument called a small scaler or an ultrasonic cleaner; attempt is carefully removed plaque and tartar down to the bottom of each periodontal pocket. The tooth's root surfaces then are smoothed or planed. This allows the gum tissue to heal. It also makes it more difficult for plaque to accumulate along the root surfaces. The physician indicates that the requested 4 dental cleanings are meant to be carried out with intervals of 3 months. Due to the extent of the patient's dental symptoms and conditions, and the severity of the problems, the requested treatment is medically reasonable. Therefore, 4 prophylaxis dental cleaning sessions are medically necessary.

**4 topical fluoride treatments:** Overturned

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation National Guideline Clearinghouse (NGC) guidelines

**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: http://www.ncbi.nlm.nih.gov/pubmed/14583954 Topical fluoride (toothpastes, mouthrinses, gels or varnishes) for preventing dental caries in children and adolescents. Marinho VC1, Higgins JP, Logan S, Sheiham A.

**Decision rationale:** As Guidelines, the Topical fluoride (toothpastes, mouthrinses, gels or varnishes) for preventing dental caries in children and adolescents. Marinho VC1, Higgins JP, Logan S, Sheiham A. Author information Abstract. BACKGROUND: Topical fluoride therapy (TFT) in the form of varnish, gel, mouth rinse or toothpaste has been used extensively as a caries-preventive intervention for over three decades. OBJECTIVES: To determine the effectiveness and safety of fluoride varnishes, gels, mouth rinses, and toothpastes in the prevention of dental caries in children and to examine factors potentially modifying their effect. SEARCH STRATEGY: We searched the Cochrane Oral Health Group's Trials Register (May

2000), CENTRAL (The Cochrane Library Issue 2, 2000), MEDLINE (1966 to January 2000), plus several other databases. We hand searched journals, reference lists of articles and contacted selected authors and manufacturers. SELECTION CRITERIA: Randomized or quasi-randomized controlled trials with blind outcome assessment, comparing fluoride varnish, gel, mouth rinse, or toothpaste with placebo or no treatment in children up to 16 years during at least 1 year. The main outcome was caries increment measured by the change in decayed, missing and filled tooth surfaces (D(M)FS). DATA COLLECTION AND ANALYSIS: Inclusion decisions, quality assessment and data extraction were duplicated in a random sample of one third of studies, and consensus achieved by discussion or a third party. Authors were contacted for missing data. The primary measure of effect was the prevented fraction (PF) that is the difference in mean caries increments between the treatment and control groups expressed as a percentage of the mean increment in the control group. Random effects meta-analyses were performed where data could be pooled. Potential sources of heterogeneity were examined in random effects metaregression analyses. MAIN RESULTS: There were 144 studies included. For the 133 that contributed data for meta-analysis (involving 65,169 children) the D(M)FS pooled prevented fraction estimate was 26% (95% CI, 24% to 29%; $p < 0.0001$). There was substantial heterogeneity, confirmed statistically ($p < 0.0001$), but the direction of effect was consistent. The effect of topical fluoride varied according to type of control group used, type of TFT used, mode/setting of TFT use, initial caries levels and intensity of TFT application, but was not influenced by exposure to water fluoridation or other fluoride sources. D(M)FS PF was on average 14% (95% CI, 5% to 23%; $p = 0.002$) higher in non-placebo controlled trials, 14% (95% CI, 2% to 26%; $p = 0.25$) higher in fluoride varnish trials compared with all others, and 10% (95% CI, -17% to -3%; $p = 0.003$) lower in trials of unsupervised home use compared with self-applied supervised and operator-applied. There was a 0.7% increase in the PF per unit increase in baseline caries (95% CI, 0.2% to 1.2%; $p = 0.004$). REVIEWER'S CONCLUSIONS: The benefits of topical fluorides have been firmly established on a sizeable body of evidence from randomized controlled trials. While the formal examination of sources of heterogeneity between studies has been important in the overall conclusions reached, these should be interpreted with caution. We were unable to reach definite conclusions about any adverse effects that might result from the use of topical fluorides, because data reported in the trials are scarce. The request for topical fluoride treatments also appears medically necessary, due to the extent of the patient's oral condition/pathology involving extensive caries and gingivitis. The 4 topical fluoride treatments are medically necessary.

**3 office visits:** 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) Pain Chapter ODG states that evaluation and management (E&M) outpatient visits to the offices of medical doctor(s) play a critical role in the proper diagnosis and return to function of an injured worker. The determination of necessity for an office visit requires individualized case review and assessment.

**Decision rationale:** The ODG states that evaluation and management (E&M) outpatient visits to the offices of medical doctor(s) play a critical role in the proper diagnosis and return to function of an injured worker. The determination of necessity for an office visit requires individualized case review and assessment.. The patient's extensive symptoms establish the necessity for several visits and appropriate treatment. The 3 office visits are medically necessary.

**1 Peridex (Chlorohexidine) mouthwash:** 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: http://solutions.3m.com/wps/portal/3M/en_US/3M-ESPE-NA/dental-professionals/products/espe-catalog/~/Peridex-Chlorhexidine-Gluconate-0-12-Oral-Rinse?N=5144762+3294797893+3294846473&rt=rud Peridexâ¿¢ Chlorhexidine Gluconate 0.12% Oral Rinse A Chlorhexidine Gluconate 0.12% oral rinse for use between dental visits as part of a professional program for the treatment of gingivitis. - Provides antimicrobial

**Decision rationale:** A Chlorhexidine Gluconate 0.12% oral rinse was for use between dental visits as part of a professional program for the treatment of gingivitis. Provides antimicrobial activity was during oral rinsing. Reduces certain aerobic and anaerobic bacteria was from a range of 54-97% through six months use. It shows no significant changes in bacterial resistance or adverse changes in the oral microbial ecosystem. It was Prescription only. This mouthwash is indicated for addressing gingivitis, which the patient is suffering from. The 1 Peridex (Chlorohexidine) mouthwash is medically necessary.