

Case Number:	CM15-0132604		
Date Assigned:	07/20/2015	Date of Injury:	05/31/2007
Decision Date:	09/11/2015	UR Denial Date:	06/26/2015
Priority:	Standard	Application Received:	07/09/2015

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California

Certification(s)/Specialty: Dentist

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 was a 55 year old male, who sustained an industrial injury, May 31, 2007. The injured worker previously received the following treatments Norco, acupuncture, Tramadol, Phenergan, Xanax; mediations tried in the past were Gabapentin, Lyrica, and Cymbalta, EMG/NCS (electrodiagnostic studies and nerve conduction studies). The injured worker was diagnosed with ileostomy, status post laminectomy syndrome, L3 through L5 fusion, ruptures colon secondary to high narcotic use with total colectomy, incisional hernias times two, chronic low back pain with radicular symptoms in the left lower extremity, chronic nausea, frequent C-difficile infections with diarrhea and EMG/NCS (electrodiagnostic studies and nerve conduction studies) of the bilateral lower extremities which show S1 radiculopathy and lumbar spine MRI. According to progress note of June 24, 2015, the injured worker's chief complaint was low back, extremity pain and abdominal symptoms. The injure worker reported the back pain as severe. The pain radiated into the posterior and lateral legs which was aching severe pain. The injured worker was having some diarrhea and some pain in the abdomen. The injured worker found acupuncture had been helpful to decrease the pain. The injured worker reported the Tramadol helped with the pain. The injured worker continued with nausea, diarrhea, anxiety and depression. The injured worker was unable to tolerate narcotics, due to colon problems in the past. The Zofran worked better than Phenergan. The pain level was 7-9 out of 10 without pain medication and 6-9 with pain medication. The physical exam not6ed the abdomen to be soft, non-tender, without masses or organomegaly and normal bowel sounds. The treatment plan included prescriptions for Azithromycin, Amoxicillin, Percocet Valium, Peridox and Zofran.

Letter faxed from dental specialists of [REDACTED] states that patient is scheduled for phase II implant surgery (multiple implant placements) on June 29th and phase III implant surgery on August 18th. Dentist is requesting medications for the visits. Additional records from this provider dated 12/11/13 states Patient is in pain and has many abscessed teeth, Rx for an antibiotic to help manage the infection but it's far from correcting the situation.

IMR ISSUES, DECISIONS AND RATIONALES

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

Azithromycin 250 mg Qty 6: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines: Infectious disease chapter.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation J Periodontol, 2015 Aug 7:1-17. [Epub ahead of print], Comparison of Azithromycin and Amoxicillin Prior to Dental Implant Placement: An Exploratory Study of Bioavailability and Resolution of Postoperative Inflammation, Gil Escalante M1, Eubank TD2, Leblebicioglu B1, Walters JD1.

Decision rationale: Letter faxed from dental specialists of [REDACTED] states that patient is scheduled for phase II implant surgery (multiple implant placements) on June 29th and phase III implant surgery on August 18th. Dentist is requesting medications for the visits. Additional records from this provider dated 12/11/13 states Patient is in pain and has many abscessed teeth, Rx for an antibiotic to help manage the infection but it's far from correcting the situation. Per medical reference mentioned above, "Azithromycin was available at the surgical site for a longer period of time than amoxicillin, and patients taking azithromycin exhibited lower levels of specific pro-inflammatory cytokines and chemokines in GCF and PICF. Thus, preoperative azithromycin may enhance resolution of postoperative inflammation to a greater extent than amoxicillin." Therefore this reviewer finds this request for Azithromycin 250 mg Qty 6 is medically necessary to enhance resolution of postoperative inflammation.

Amoxicillin 500 mg Qty 30 with 1 refill: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines: Infectious disease chapter.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 2 General Approach to Initial Assessment and Documentation Page(s): 3.

Decision rationale: Records reviewed indicate that patient is scheduled for phase II implant surgery (multiple implant placements) on June 29th and phase III implant surgery on August 18th. However there is insufficient documentation from the requesting dentist to medically justify the need for Amoxicillin 500 mg Qty 30 with 1 refill. Absent further detailed recent documentation and clear rationale, the medical necessity for this request

is not evident. Per medical reference mentioned above "a focused medical history, work history and physical examination generally are sufficient to assess the patient who complains of an apparently job related disorder" in order to evaluate a patient's needs. This reviewer does not believe this has been sufficiently documented in this case. This reviewer recommends non-certification at this time. Therefore the request is not medically necessary.

Percocet 5/325 mg Qty 30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 2 General Approach to Initial Assessment and Documentation Page(s): 3.

Decision rationale: Records reviewed indicate that patient is scheduled for phase II implant surgery (multiple implant placements) on June 29th and phase III implant surgery on August 18th. Dentist is requesting Percocet 5/325 mg Qty 30 for the visits, stating "per patient's request". However there is insufficient documentation from the requesting dentist to medically justify the need for Percocet 5/325 mg Qty 30. Absent further detailed documentation and clear rationale, the medical necessity for this request is not evident. Per medical reference mentioned above "a focused medical history, work history and physical examination generally are sufficient to assess the patient who complains of an apparently job related disorder" in order to evaluate a patient's needs. This reviewer does not believe this has been sufficiently documented in this case. This reviewer recommends non-certification at this time. The request is not medically necessary.

Valium 2 mg Qty 2 tablets: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 2 General Approach to Initial Assessment and Documentation Page(s): 3.

Decision rationale: Records reviewed indicate that patient is scheduled for phase II implant surgery (multiple implant placements) on June 29th and phase III implant surgery on August 18th. Dentist is requesting Valium 2 mg Qty 2 tablets. However there is insufficient documentation from the requesting dentist to medically justify the need for Valium 2 mg Qty 2 tablets. Absent further detailed documentation and clear rationale, the medical necessity for this request is not evident. Per medical reference mentioned above "a focused medical history, work history and physical examination generally are sufficient to assess the patient who complains of an apparently job related disorder" in order to evaluate a patient's needs. This reviewer does not believe this has been sufficiently documented in this case. This reviewer recommends non-certification at this time. The request is not medically necessary.

Peridex Qty 1: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation INTECH open access Publisher: Present & Future non-surgical therapeutic strategies for management of Periodontal Diseases.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation JOURNAL OF Periodontology, Parameter on Chronic Periodontitis With Slight to Moderate Loss of Periodontal Support* Volume 71 Number 5 May 2000 (Supplement).

Decision rationale: Letter faxed from dental specialists of [REDACTED] states that patient is scheduled for phase II implant surgery (multiple implant placements) on June 29th and phase III implant surgery on August 18th. Dentist is requesting medications for the visits. Additional records from this provider dated 12/11/13 states Patient is in pain and has many abscessed teeth, Rx for an antibiotic to help manage the infection but it's far from correcting the situation. 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 reviewer finds Peridex qty 1 medically necessary for this patient to promote healing and prevent infection post surgery.

Zofran 4 mg Qty 10 tablets: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines: Pain - Anti anxiety medications.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 2 General Approach to Initial Assessment and Documentation Page(s): 3.

Decision rationale: Records reviewed indicate that patient is scheduled for phase II implant surgery (multiple implant placements) on June 29th and phase III implant surgery on August 18th. Dentist is requesting Zofran 4 mg Qty 10 tablets. However there is insufficient documentation from the requesting dentist to medically justify the need for Zofran 4 mg Qty 10 tablets. Absent further detailed documentation and clear rationale, the medical necessity for this request is not evident. Per medical reference mentioned above "a focused medical history, work history and physical examination generally are sufficient to assess the patient who complains of an apparently job related disorder" in order to evaluate a patient's needs. This reviewer does not believe this has been sufficiently documented in this case. This reviewer recommends non-certification at this time. The request is not medically necessary.