

<b>Case Number:</b>	CM15-0045077		
<b>Date Assigned:</b>	03/16/2015	<b>Date of Injury:</b>	04/05/2004
<b>Decision Date:</b>	04/20/2015	<b>UR Denial Date:</b>	02/24/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/09/2015

### 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 is a 45-year-old male, who sustained an industrial injury on 4/5/2004. The current diagnoses are decayed occlusal of tooth #15, capsulitis/inflammation, bilateral TMJ, xerostomia, possible fractured tooth #14, osteoarthritis, right TMJ, clenching/bruxism, chronic periodontitis, status post implant #13 due to tooth fracture, buccal abfractions #12, and fractured tooth syndrome #19. According to the progress report dated 2/3/2015, the injured worker complains of pain to biting on tooth #19, occasional pain to sweets #14 and #15, frequent dryness of the mouth, bruxism/grinding of the teeth, and occasional pain to sweets and cold #12, since 11/14/2014. This is mainly to cold and lasts a few seconds. The pain on the lower left hurts to chewing. Pain can radiates to the upper left side of the face. Treatment to date has included radiographs, composite fillings, and implant. The plan of care includes Nitrous Oxide analgesia, tooth #12 buccal composite, and tooth #19 PFM Crown.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**1 Nitrous Oxide Analgesia:** 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 Medscape reference: Nitrous Oxide Administration. Nili N Alai, MD, FAAD; Chief Editor: Rick Kulkarni, MD.

**Decision rationale:** Records reviewed indicate that this patient has been authorized for PFM crown #19 and #12 buccal composite. Records reviewed also indicate that this patient has been diagnosed with reactionary depression/anxiety. Per Medscape reference mentioned above: "In dentistry, nitrous oxide is indicated to decrease the pain and anxiety associated with procedures. It is commonly delivered by a nasal mask in combination with oxygen." and that "indications in adult dental patients include anxiety, low pain tolerance, underlying psychiatric disorders, and mental retardation." Since this patient has been diagnosed with psychiatric disorders, including reactionary depression/anxiety, this reviewer finds Nitrous oxide analgesia medically necessary in the treatment of this patient. Patient should also be advised on the day of the procedure to not take any other medications that can have contraindications to the Nitrous Oxide.