

Case Number:	CM15-0117639		
Date Assigned:	06/25/2015	Date of Injury:	06/19/2007
Decision Date:	08/11/2015	UR Denial Date:	05/27/2015
Priority:	Standard	Application Received:	06/17/2015

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 54 year old female, who sustained an industrial injury on 06/19/2007. Medical records provided by the treating physician did not indicate the injured worker's mechanism of injury. The injured worker was diagnosed as having bruxism, myofascial pain of the facial musculature, and capsulitis/inflammation of the temporomandibular joint. Treatment and diagnostic studies to date has included mandibular orthopedic repositioning device, medication regimen, and diagnostic autonomic nervous system testing with pulse oximetry. In a progress note dated 03/17/2015 the treating physician reports ongoing complaints of facial pain and headaches along with complaints of pain to the teeth and gums secondary to improperly fitting oral device. The treating physician requested Chlorhexidine Gluconate Solution 0.12% with a quantity of 946 and Ludent Fluoride chewable 1mg with a quantity of 30, but the documentation provided did not indicate the specific reason for the requested medications.

IMR ISSUES, DECISIONS AND RATIONALES

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

Chlorhex GLU SOL 0.12%, 946 count: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation www.nim.nih.gov/.

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 complaints of facial pain and headaches along with complaints of pain to the teeth and gums secondary to improperly fitting oral device. The treating physician is requesting Chlorhexidine Gluconate Solution 0.12% with a quantity of 946. However there is insufficient documentation from the requesting dentist. There is insufficient documentation of claimant's current dental complaints, and/or clinical examination including oral examination/periodontal evaluation, dental x-rays, caries assessment to support the requests. Absent further detailed documentation and clear rationale, the medical necessity for this Chlorhex GLU SOL 0.12%, 946 count 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 that the request is not medically necessary.

Ludent CHW 1 mg, thirty count: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation www.nim.nih.gov/.

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 complaints of facial pain and headaches along with complaints of pain to the teeth and gums secondary to improperly fitting oral device. The treating doctor is requesting Ludent Fluoride chewable 1mg with a quantity of 30. However there are insufficient documentation from the requesting dentist. There are insufficient documentation of claimant's current dental complaints, and/or clinical examination including oral examination/periodontal evaluation, dental x-rays, caries assessment to support the requests. Absent further detailed documentation and clear rationale, the medical necessity for this Ludent CHW 1 mg, thirty count 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 that the request is not medically necessary.