

Case Number:	CM15-0170757		
Date Assigned:	09/11/2015	Date of Injury:	01/01/1962
Decision Date:	10/15/2015	UR Denial Date:	08/21/2015
Priority:	Standard	Application Received:	08/31/2015

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 75 year old male, who sustained an industrial injury on January 1, 1962, resulting in pain or injury to the jaw and teeth. Currently, the injured worker reports left jaw pain, dry mouth, headaches, neck pain, eyesight problems, and right jaw pain sometimes. A review of the medical records indicates that the injured worker is undergoing treatment for traumatic injury to upper and lower teeth, xerostomia (dry mouth due to medication), myofascial pain, capsulitis, inflammation, and para-functional activities (bruxism-grinding-clenching). The single report submitted for review was the Supplemental Dental Report dated August 14, 2015, which included the Comprehensive Initial Dental Report dated August 6, 2015. The provided found the injured worker with missing teeth #17 and 31, PFM crowns to teeth # 2, 3, 14, 15, 18, 19, 30, and 31, a 4 unit PFM bridge teeth # 4-7, porcelain crowns to teeth # 8 and 9, a 4 unit PFM bridge teeth #10-13, and no fractured teeth at that time. The injured worker was noted to have reduced salivary flow, xerostomia, dry mouth, with moderate tenderness upon palpation on the right side of the Masseter muscle, severe tenderness to palpation on the left side of the Masseter muscle, moderate tenderness to palpation on the right side of the Temporomandibular joint, and mild tenderness to palpation on the left side of the Temporomandibular joint. Prior treatments have included left jaw surgery in 1962, which affected his salivary gland on the left side causing dry mouth, crowns to all the upper and lower teeth, and a TMJ splint. The request for authorization dated August 10, 2015, made a request for Prevident 5000 toothpaste, Peridex mouthwash, and Biotene mouthwash rinse. The Utilization Review (UR) dated August 21, 2015, non-certified the request for Prevident 5000 toothpaste, Peridex mouthwash, and Biotene mouthwash rinse as the clinical evidence submitted for review failed to meet the evidence based guidelines for the requested services.

IMR ISSUES, DECISIONS AND RATIONALES

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

Prevident 5000 toothpaste: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation www.webmd.com/drugs/2/drug-4451/prevident-5000-plus-dental/details.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Evid Based Dent. 2014 Jun;15(2): 38-9. doi: 10.1038/sj.ebd.6401019. ADA clinical recommendations on topical fluoride for caries prevention. Maguire A JOURNAL OF Periodontology, Parameter on Chronic Periodontitis With Slight to Moderate Loss of Periodontal Support Volume 71 Number 5 May 2000 (Supplement).

Decision rationale: Records reviewed indicate that this patient is a 75 year old male, who sustained an industrial injury on January 1, 1962, resulting in pain or injury to the jaw and teeth. Currently, the injured worker reports left jaw pain, dry mouth, headaches, neck pain, eyesight problems, and right jaw pain sometimes. A review of the medical records indicates that the injured worker is undergoing treatment for traumatic injury to upper and lower teeth, xerostomia (dry mouth due to medication), myofascial pain, capsulitis, inflammation, and para-functional activities (bruxism-grinding-clenching). Left jaw surgery in 1962 which affected his salivary gland on the left side causing dry mouth, crowns to all the upper and lower teeth, and a TMJ splint. Report of [REDACTED] DDS dated 08/14/15 has diagnosed this patient with Traumatic injury to upper and lower teeth, xerostomia, myofascial pain, capsulitis and bruxism/grinding. UR dentist states that according to the perio charting and X-rays patient had some generalized mild to moderate adult periodontitis. Requesting dentist is recommending Prevident 5000 toothpaste to prevent any further caries or sensitivity on all his teeth. Per reference mentioned above, "Recommendations For individuals at risk of dental caries: 2.26% fluoride varnish or 1.23% fluoride (APF) gel, or prescription strength, home-use 0.5% fluoride gel or paste, or 0.09% fluoride mouth rinse." Therefore based on the findings and references mentioned above, this reviewer finds this request for one Prevident 5000 toothpaste medically necessary for this patient to prevent further teeth decay and gingival irritation.

Peridex mouthwash: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation www.webmd.com/drugs/2/drug-6402/peridex-mucous-membrane/details.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Evid Based Dent. 2014 Jun;15(2):38-9. doi: 10.1038/sj.ebd.6401019. ADA clinical recommendations on topical fluoride for caries prevention. Maguire A JOURNAL OF Periodontology, Parameter on Chronic Periodontitis With Slight to Moderate Loss of Periodontal Support Volume 71, Number 5, May 2000 (Supplement).

Decision rationale: Records reviewed indicate that this patient is a 75 year old male, who sustained an industrial injury on January 1, 1962, resulting in pain or injury to the jaw and teeth. Currently, the injured worker reports left jaw pain, dry mouth, headaches, neck pain, eyesight

problems, and right jaw pain sometimes. A review of the medical records indicates that the injured worker is undergoing treatment for traumatic injury to upper and lower teeth, xerostomia (dry mouth due to medication), myofascial pain, capsulitis, inflammation, and para-functional activities (bruxism-grinding-clenching). Left jaw surgery in 1962 which affected his salivary gland on the left side causing dry mouth, crowns to all the upper and lower teeth, and a TMJ splint. Report of [REDACTED] DDS dated 08/14/15 has diagnosed this patient with Traumatic injury to upper and lower teeth, xerostomia, myofascial pain, capsulitis and bruxism/grinding. UR dentist states that according to the perio charting and X-rays patient had some generalized mild to moderate adult periodontitis. Requesting dentist is recommending Peridex mouthwash to prevent any further gingival irritation. Per reference above from Journal of Periodontology, for initial therapy of periodontal disease should include: "Antimicrobial agents or devices may be used as adjuncts." Since this patient has been found to have generalized mild to moderate adult periodontitis, this reviewer finds this request for one Peridex mouthwash medically necessary for this patient to prevent further teeth decay and gingival irritation.

Biotene mouthwash rinse: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation www.biotene.com/products/mouthwash.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Oral Surg Oral Med Oral Pathol Oral Radiol. 2015 Mar; 119(3): 301-9. doi: 10.1016/j.oooo.2014.12.005. Epub 2014 Dec 12. Efficacy and safety of a new oral saliva equivalent in the management of xerostomia: a national, multicenter, randomized study. Salom M1, Hachulla E2, Bertolus C3, Deschaumes C4, Simoneau G5, Mouly S6.

Decision rationale: Records reviewed indicate that this patient is a 75 year old male, who sustained an industrial injury on January 1, 1962, resulting in pain or injury to the jaw and teeth. Currently, the injured worker reports left jaw pain, dry mouth, headaches, neck pain, eyesight problems, and right jaw pain sometimes. A review of the medical records indicates that the injured worker is undergoing treatment for traumatic injury to upper and lower teeth, xerostomia (dry mouth due to medication), myofascial pain, capsulitis, inflammation, and para-functional activities (bruxism-grinding-clenching). Left jaw surgery in 1962 which affected his salivary gland on the left side causing dry mouth, crowns to all the upper and lower teeth, and a TMJ splint. Report of [REDACTED] DDS dated 08/14/15 has diagnosed this patient with Traumatic injury to upper and lower teeth, xerostomia, myofascial pain, capsulitis and bruxism/grinding. UR dentist states that according to the perio charting and X-rays patient had some generalized mild to moderate adult periodontitis. Requesting dentist is recommending Biotene mouthwash rinse. Per reference mentioned above, regarding Novasial, Aequasyl and Biotene in the management of xerostomia "The treatments improved the oral condition with equal efficacy and were safe and well tolerated." Since this patient has been diagnosed with dry mouth and xerostomia, this reviewer finds this request for one Biotene mouthwash rinse medically necessary as a saliva substitute and to improve their oral condition.