

Case Number:	CM15-0060656		
Date Assigned:	04/06/2015	Date of Injury:	11/27/1996
Decision Date:	05/07/2015	UR Denial Date:	03/23/2015
Priority:	Standard	Application Received:	03/30/2015

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:

This 62 year old male sustained an industrial injury to the low back on 11/27/96. Recent treatment included medications and home exercise. In the most recent PR-2 submitted for review, dated 3/4/15, the injured worker complained of pain to the low back and bilateral shoulders rated 8/10 on the visual analog scale. The injured worker also complained of depression. Current diagnoses included low back pain, failed lumbar surgery, myalgia, xerostomia, bilateral shoulder impingement syndrome, erectile dysfunction, testicular hypofunction, anxiety, depression and insomnia. The treatment plan included continuing medications (Lidoderm patch, Duragesic patch, Norco, Ambien, Cymbalta, Naproxen Sodium, Zanaflex, Effexor, Zonegran, Terazosin, Benadryl, Thermophore arthritis pads, Cialis, Voltaren, Levothyroid, Androgel Pump) and continuing home exercise. Letter dated 04/14/15 from requesting dentist states that patient has been diagnosed with xerostomia due to medications prescribed for pain, patient also has generalized recession with minimal attachment on his lower anterior teeth. Patient is also getting decay and had to replace crowns due to dry mouth. He has many missing teeth that are being replaced with implants. Dentist recommending one perio maintenance cleaning, fluoride treatment every 3 months.

IMR ISSUES, DECISIONS AND RATIONALES

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

4 Dental topical application of Fluoride: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Head, Dental trauma treatment (facial fractures).

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.

Decision rationale: Records reviewed indicate that patient has been diagnosed with xerostomia due to medications prescribed for pain; patient also has generalized recession with minimal attachment on his lower anterior teeth. Patient is also getting decay and had to replace crowns due to dry mouth. He has many missing teeth that are being replaced with implants. Dentist recommending one period maintenance cleaning, fluoride treatment every 3 months on his letter dated 04/14/15. Per reference mentioned "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 for children who are aged six or over. The panel judged that the benefits outweighed the potential for harm for all professionally applied and prescription strength, home-use topical fluoride agents and age groups except for children aged under six years." Therefore, this reviewer finds this request for 1 dental topical application every 3 months for 1 year, total of 4 dental topical applications, to be medically necessary to properly treat this patient's dental condition and prevent further decay.

4 Periodontal maintenance: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Head, Dental trauma treatment (facial fractures).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Comprehensive periodontal therapy: a statement by the American Academy of Periodontology. J Periodontol 2011 Jul; 82 (7): 943-9.

Decision rationale: Records reviewed indicate that patient has been diagnosed with xerostomia due to medications prescribed for pain; patient also has generalized recession with minimal attachment on his lower anterior teeth. Patient is also getting decay and had to replace crowns due to dry mouth. He has many missing teeth that are being replaced with implants. Dentist recommending one period maintenance cleaning, fluoride treatment every 3 months on his letter dated 04/14/15. As stated in the reference above, treatment procedures indicated for patients with any periodontal disease should include "removal of supra- and subgingival bacterial plaque/biofilm and calculus by comprehensive, meticulous periodontal scaling and root planing." Therefore, this reviewer finds this request for 1 periodontal maintenance every 3 months for 1 year, total of 4 periodontal maintenance, to be medically necessary to properly treat this patient's dental condition and prevent further decay.