

# I-Decisions Inc.

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## NOTICE OF INDEPENDENT REVIEW DECISION

**DATE OF REVIEW:**

Sep/26/2009

**IRO CASE #:**

**DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:**

Naprelan: 375mg 2 po every day #60 - no refills; CPT Code: 90862

**DESCRIPTION OF THE QUALIFICATIONS FOR EACH PHYSICIAN OR OTHER HEALTH CARE PROVIDER WHO REVIEWED THE DECISION:**

MD, Board Certified Pain Management  
Board Certified Physical Medicine and Rehabilitation

**REVIEW OUTCOME:**

Upon independent review, the reviewer finds that the previous adverse determination/adverse determinations should be:

Upheld (Agree)

Overturned (Disagree)

Partially Overturned (Agree in part/Disagree in part)

**INFORMATION PROVIDED TO THE IRO FOR REVIEW**

ODG Guidelines and Treatment Guidelines, Anti-inflammatory medications (NSAIDs)  
Adverse Determination Letters, 9/14/09, 8/3/09  
Square Podiatry, Precert Information Sheet  
Employee's Request to Change Treating Doctor – Non network, 4/7/09  
D.P.M., 6/2/09, 6/9/09, 6/16/09

**PATIENT CLINICAL HISTORY SUMMARY**

This is a female being seen for a xx/xx/xx work-related injury that occurred while she was running to a bus at work. The provider's note from xx/xx/xx states "she tried to jump over a puddle and twisted her ankle joint. She kept on trying to work and the ankle joint got worse." At his initial foot and ankle consult in xx/xx, the provider states that the patient previously had an MRI showing a hairline fracture of her leg and a lateral ankle reconstruction. She was in a cast for 8 weeks, had physical therapy and returned to work in December 1999. The case was closed in 2004, and re-opened in 2009. The provider, Dr. DPM, cited prior orthopedic shoes and brace, injections to her foot and ankle, and electrical studies. Records prior to June 2009 were not provided for this review. Dr. 's diagnosis on 6/2/09 was plantar fasciitis, left; ankle sprain/strain with associated sinus tarsi syndrome, left ankle joint; neuroma deformity 2<sup>nd</sup> and 3<sup>rd</sup> interspace, left; and tendinitis of the posterior tibial tendon, left. He stated she had broken down inserts and ordered orthotic devices on 6/2/09. On 6/16/09, the provider noted there was good prognosis following a plantar fascia injection. He requested night splinting. The patient was dispensed some Naprelan on 6/16/09. A request for

Naprelan: 375mg 2 po every day #60 - no refills; CPT Code: 90862 has been denied by the insurance company and is the subject of this review.

**ANALYSIS AND EXPLANATION OF THE DECISION INCLUDING CLINICAL BASIS, FINDINGS AND CONCLUSIONS USED TO SUPPORT THE DECISION**

This patient was dispensed "some" Naprelan on 6/16/09 according to the records. There was nothing in the records provided, however, which stated if the patient has experienced any relief or had any functional improvement with this medication. The ODG does not discuss the use of NSAIDS for the acute treatment of plantar fasciitis pain. The ODG does state "Acetaminophen is the initial choice for treatment of acute pain & acute exacerbations of chronic pain." There is no documentation in the records that acetaminophen has failed in this patient. This request does not meet the guidelines. The reviewer finds that medical necessity does not exist for Naprelan: 375mg 2 po every day #60 - no refills; CPT Code: 90862.

Anti-inflammatory medications (NSAIDs)

Recommended. In treating acute ankle sprains, non-steroidal anti-inflammatory drugs (NSAIDs) provide increased pain relief and a more rapid return to activity compared with a placebo group. (Slatyer, 1997) However, in treating fractures NSAIDs are associated with side effects that are deleterious to treatment outcome, including delay in bone healing. (Biederman, 2005) For detailed information see the PAIN Chapter of ODG Treatment.

Medications for acute pain (analgesics)

Recommended as indicated below. Pharmacologic agents are the main treatment of acute pain & acute exacerbations of chronic pain

Acetaminophen is the initial choice for treatment of acute pain & acute exacerbations of chronic pain in a dose of 1,000 mg. A recent study found that in a single dose, aspirin was similar to acetaminophen (mg to mg comparison) for treatment of acute pain, although aspirin is more likely to produce GI side effects. (Edwards, 2006) (Sachs, 2005) The maximum daily dose of acetaminophen is 4,000 mg. There should be caution about daily doses of acetaminophen and liver disease if over 4,000 mg per day or in combination with other NSAIDs. (Watkins, 2006) A 2008 Cochrane review found that NSAIDs are not more effective than acetaminophen for acute low-back pain, but acetaminophen had fewer side effects, which support recommending NSAIDs as a treatment option after acetaminophen. (Roelofs-Cochrane, 2008)

NSAIDs are superior to acetaminophen for some types of pain, and can provide analgesia similar to opioids in some settings, including post-operatively. (Mason, 2006) They suffer from a ceiling effect above which no additional analgesic effect can be obtained. They also suffer from side effects such as GI disturbance, renal dysfunction, increased edema, and increased blood pressure. NSAIDs, and the Cox-2 NSAIDs in particular, also are associated with thrombotic cardiovascular events.

Opioids are appropriate analgesics for somatic, neuropathic and visceral pain. Hydrocodone is considered the most potent oral opioid that does not require special documentation for prescribing in some states (not including California). (Quigley, 2006) Side effects include sedation, nausea, vomiting and constipation. There is no evidence that supports the addition of pentazocine (Talwin) or butorphanol (Stadol) to decrease side effects. (Sachs, 2005) This study found a negative association between receipt of early opioids for acute LBP and outcomes (disability duration, medical costs, subsequent surgery), but severity was also a strong predictor (confounding variable) of all the outcomes and may explain the early opioid use. (Webster, 2007) Tramadol is not recommended as a first-line oral analgesic because of its inferior efficacy to a combination of Hydrocodone/ acetaminophen. There is also no evidence that it has a safer adverse event profile. (Turturro, 1998)

Naproxen (Naprosyn®, EC-Naprosyn®, Anaprox®, Anaprox DS®, Aleve® [otc], Naprelan®

Naproxen is a nonsteroidal anti-inflammatory drug (NSAID) for the relief of the signs and symptoms of osteoarthritis. See NSAIDs (non-steroidal anti-inflammatory drugs); NSAIDs, GI symptoms & cardiovascular risk; NSAIDs, hypertension and renal function; & NSAIDs, specific drug list & adverse effects for general guidelines, as well as specific Naproxen (Naprosyn®, EC-Naprosyn®, Anaprox®, Anaprox DS®, Aleve® [otc], Naprelan®) listing for more information and references. See also Anti-inflammatory medications.

Plantar fasciitis

See Accommodative modalities; Botulinum toxin; Causality (determination); Corticosteroids (topical); Dorsiflexion night splints; Electron generating device; Extracorporeal shock wave therapy (ESWT); Heel pads; Injections; Insoles with magnetic foil; Iontophoresis; Laser therapy (LLLT); Magnets; Magnetic resonance imaging (MRI); Mechanical treatment (taping/orthoses); Night splints; Orthotic devices; Physical therapy (PT); Plantar fascia stretch; Radiography; Stretching (flexibility); Surgery for plantar fasciitis; Taping; Tension night splints (TNS); Ultrasound, diagnostic; Ultrasound, therapeutic; & Work

#### **A DESCRIPTION AND THE SOURCE OF THE SCREENING CRITERIA OR OTHER CLINICAL BASIS USED TO MAKE THE DECISION**

ACOEM-AMERICA COLLEGE OF OCCUPATIONAL & ENVIRONMENTAL MEDICINE UM KNOWLEDGEBASE

AHCPR-AGENCY FOR HEALTHCARE RESEARCH & QUALITY GUIDELINES

DWC-DIVISION OF WORKERS COMPENSATION POLICIES OR GUIDELINES

EUROPEAN GUIDELINES FOR MANAGEMENT OF CHRONIC LOW BACK PAIN

INTERQUAL CRITERIA

MEDICAL JUDGEMENT, CLINICAL EXPERIENCE AND EXPERTISE IN ACCORDANCE WITH ACCEPTED MEDICAL STANDARDS

MERCY CENTER CONSENSUS CONFERENCE GUIDELINES

MILLIMAN CARE GUIDELINES

ODG-OFFICIAL DISABILITY GUIDELINES & TREATMENT GUIDELINES

PRESSLEY REED, THE MEDICAL DISABILITY ADVISOR

TEXAS GUIDELINES FOR CHIROPRACTIC QUALITY ASSURANCE & PRACTICE PARAMETERS

TEXAS TACADA GUIDELINES

TMF SCREENING CRITERIA MANUAL

PEER REVIEWED NATIONALLY ACCEPTED MEDICAL LITERATURE (PROVIDE A DESCRIPTION)

OTHER EVIDENCE BASED, SCIENTIFICALLY VALID, OUTCOME FOCUSED GUIDELINES (PROVIDE A DESCRIPTION)