

# **Medical Advisory Committee**

## **Meeting Minutes**

**July 16, 2010**

### **Opening:**

Dr. Bowman called to order at 9 am on July 16, 2010 a meeting of the Medical Advisory Committee and the Workers' Compensation Division at Clackamas Community College.

### **Present:**

Ronald Bowman, MD (Chair); John Braddock, MD; Franklin Wong, MD; Hans Carlson, MD; Brad Lorber, MD; Constantine Gean, MD; Joey Blubaugh (Employer Representative); Marilyn Terhaar (Worker Representative); Tom Williams, PT; Gary Rischitelli, MD; Jacqueline Sewart (WCD); Juerg Kunz (WCD).

**Absent:** Timothy Keenen, MD (Vice-Chair); Frank Prideaux, DC; Joey Blubaugh (Employer Representative).

### **A. Welcome and Introductions**

The committee and division welcomed Marilyn Terhaar, the new worker representative, serving on the Medical Advisory Committee.

### **B. Approval of Minutes – Medical Advisory Committee**

The committee unanimously approved the March 12, 2010 meeting minutes with the following edit:

The committee changed 'American Academy of Emergency Medicine' to read 'American Academy of Physical Medicine and Rehabilitation' in Section D, paragraph three, of the agenda item: 'Discussion of current non-compensable technology (including Surface EMG). Formation of subcommittee to periodically review technologies.'

Additionally, concerning Section F, 'Division 009 draft rules: Interpreter Billing Procedures', the committee asked if the division had made a provision in the Division 009 rules for when a physician or worker is unable to find an interpreter capable of translating a specific language. The division said that this particular scenario hasn't been addressed in the rules, but that the rules do state the worker has the right to find and choose their own interpreter with the physician having the right to veto that interpreter if they are considered unsatisfactory.

### **C. Technology/Compensability List and Lumbar Fusion – Jacqueline Sewart**

Technology/Compensability List

The division presented a compensable and non-compensable technologies list to the committee. The division commented that Dr. Braddock had agreed to chair a subcommittee that will review the technologies according to set timelines with other committee members joining the subcommittee depending on their interest or expertise. The division said that, with approval by the full committee, the subcommittee members may invite external subject matter experts to serve on the subcommittee to assist in reviewing a particular technology.

### Lumbar Fusion

The committee and division agreed to form a subcommittee to look at lumbar fusion at the next Medical Advisory Committee Meeting on Friday, September 10, 2010.

Areas for the subcommittee to address would be,

- Outlining ways to define and improve patient outcomes.
- Reducing the number of workers having to undergo lumbar fusion surgery.
- Defining and categorizing indications.
- The role of functional recovery programs prior to lumbar fusion surgery.

### **D. Opioid Subcommittee: ‘Opioid Use Recommendations for Primary Care Providers.’ – Dr. Gean**

The Opioid Subcommittee presented a draft program outline of ‘Opioid Focus Areas for Primary Care Physicians.’ The subcommittee said the purpose of the program is to educate primary health care practitioners in the basic tenants of opioid use and management.

The subcommittee said that when primary care practitioners advance beyond the treatment of an acute injury and the acute suppression of pain they have to contend with a lot of obfuscating material. To help the Oregon primary care practitioner in their treatment of patients, the subcommittee said that they had concentrated on six basic areas of focus for the primary care practitioner that were previously endorsed by the committee as areas that should be addressed. The subcommittee commented that each focus area provides basic treatment parameters, references, and treatment tools. Additionally, the subcommittee explained that they had developed ‘A Pain Heuristic’ that is a series of mental shortcuts to aide primary care practitioners unfamiliar with opioid treatment.

The subcommittee added that, with some debate among the subcommittee members, they are using the Washington State Interagency Guideline on Opioid Dosing for Chronic Non-Cancer Pain for part of the content of the draft program outline. The subcommittee said that debate over the use of the guideline is based on the opinion that it is overly prescriptive. The subcommittee referenced their use of the Morphine Equivalents Tool as being one point of contention within the subcommittee. Subcommittee members who debated the use of the guideline said that the Morphine Equivalents Tool is not only prescriptive, but that it may also be misconstrued by primary care physicians resulting in erroneous opioid conversions and incorrect dosages being given to patients. The

subcommittee said that a compromise to using the guideline would be to include advice or cautionary language for the primary care practitioner where there is concern about the use of a particular treatment tool.

The Medical Advisory Committee made these recommendations to the subcommittee,

- Add physical therapists as a target audience.
- Reference the advantages to patient recovery of prescribing both physical therapy and cognitive behavioral therapy.
- Make the program accessible to primary care practitioners working outside of the workers' compensation setting.

As a next step, the subcommittee said they would provide the division with content from the presentation so that the division can assist the subcommittee to develop a flow sheet. The MAC members agreed that it would be beneficial to have the Oregon Medical Association's blessing for the possibility of developing an Online training requirement for primary care practitioners that would use material developed by the subcommittee.

#### E. **IME Discussion** – Dr. Nonweiler

Invited guest Dr. Blake Nonweiler presented to the committee a proposal to improve the collection and delivery of independent medical exams by using videoconferencing. Dr. Nonweiler said that videoconferencing would reduce the cost of travel, provide access to more physicians and specialists who would be willing to perform independent medical exams creating a larger pool of high quality examiners, and that information could be gathered quicker and more conveniently providing faster resolution of cases. Dr. Nonweiler said that he was presently unaware of the costs and legal ramifications of performing independent medical exams using videoconferencing.

The committee gave the following thoughts and suggestions about videoconferencing,

- A physician would have to foster a trusting relationship with the independent medical examiner as the physician would be endorsing the quality of the examiner's work remotely.
- Videoconference training that would test examiner accuracy and maintain quality of care would be appropriate.
- Videoconferencing might remove some of the adversarial process often seen with independent medical exams.
- Videoconferencing might eliminate a lot of independent medical exams as the physician is obtaining a remote second opinion.
- The next generation of workers may be more accepting of videoconferencing than the present one as they would likely be more comfortable with technology playing a role in their lives.

The committee raised the following concerns about videoconferencing,

- Videoconferencing could possibly be impersonal and sterile.
- Workers may feel they are being denied the best exam possible when the physician isn't present in the room.
- Insurers may possibly deny claims involving videoconferencing.
- Videoconferencing might be seen as less legitimate or valid than a regular independent medical exam when being considered in court. (However, Dr. Nonweiler pointed out that the target audience for a videoconference independent medical exam is not the injured worker involved in a contested legal case, but rather the worker who is part of a straightforward case that isn't going to go to court.)

The division said they will present Dr. Nonweiler's proposal to the Worker's Compensation Division Administrator and Deputy Administrator. The division said they would then likely discuss the proposal with key stakeholders and the Management Labor Advisory Committee. The division said they would update the committee on their talks with other parties at the next Medical Advisory Committee Meeting on Friday, September 10, 2010.

#### F. **Plasma Rich Platelet Injection** – Dr. Bowman

Dr. Bowman gave an informational talk on plasma rich platelet injection in response to the division receiving pre-authorization requests on the treatment from insurers.

The committee gave the following thoughts and suggestions about plasma rich platelet injections,

- It's an emerging field of treatment and likely to become more popular in the future.
- More inquiries are being received about the treatment.
- Variations in treatment outcomes are likely due to differences in preparation recommended by each company and how each individual then uses the technology.
- Patient outcomes might be affected by that patient's "healthy" factor.
- Standardizing machinery and preparation would likely lead to improved patient outcomes.
- A study carried out with workers' compensation patients showed that those workers given plasma rich platelet injections, as opposed to those that were not given the treatment, came off narcotics quicker with a higher return to full work duty resulting in reduced disability payouts.

The committee decided that plasma rich platelet injections should be added to the division's compensable and non-compensable technologies list. The committee discussed that a subcommittee comprised of Dr. Bowman and Dr. Braddock will review the treatment.

### **G. Budget Discussion – Jacqueline Sewart**

The division notified the committee of the reductions in Workers' Compensation Division staff as a result of the economic downturn on the Department of Consumer and Business Services.

### **H. MLAC AMA 6<sup>th</sup> Edition Update – Jacqueline Sewart**

The division informed the committee that the American Medical Association had met with the Management Labor Advisory Committee to discuss the AMA Guides to the Evaluation of Permanent Impairment, 6<sup>th</sup> Edition. The division stated to the committee that it would require a rules change to implement the new edition of the guides.

### **Adjournment:**

Dr. Bowman adjourned the meeting at 11:22 am. The next meeting will be held on September 10, 2010 at Clackamas Community College, from 9 am to 11:30 am.