



MEETING NOTES
November 16, 2007

- Members Present:** Timothy Keenen, M.D., Vice-Chair; Maria Carraher, Injured Worker Rep.; Brad Lorber, M.D.; Frank Prideaux, D.C.; Gary Rischitelli, M.D. and Tom Williams, P.T.
- Members Absent:** Ronald Bowman, M.D., Chair; Hans Carlson, M.D.; Pam DeVisser, F.N.P. and Franklin Wong, M.D.
- WCD Staff Present:** Holly Mercer; Debra Buchanan; Juerg Kunz; Nanci Johnston; Nathan Johnson (IMD) and Denise Hunt
- Guest Speaker:** Kathy Ketchum, M.P.A., H.A. Oregon State University - College of Pharmacy

Approval of Prior Meeting Notes:

The prior meeting minutes, dated July 20, 2007, were reviewed by the committee members. A motion was made by Dr. Keenen and seconded by Dr. Prideaux to approve the minutes as written.

Pharmacy Project: *Nanci Johnston and Guest Speaker, Kathy Ketchum*

Pharmacy Fact Sheet Handouts covering calendar years 2002-2006 were distributed to the committee. Nanci Johnston discussed the IMD claims cost model summary of paid costs for all claims. WCD's goal, with the assistance of the MAC members, is to find a way to help encourage providers to prescribe generic drugs in the worker's compensation setting.

Kathy Ketchum, Representative from the Oregon State University – College of Pharmacy, gave a presentation regarding therapeutic equivalents and evidenced based drugs. Kathy reviewed her handouts, "Evidence-Based Medicine: The Oregon Medicaid Experience" with the committee. Kathy described some examples on what's been done on the Medicaid project. She talked about the different drug studies done using placebos and comparative studies with cost factors in mind. The group then went into a question and answer discussion period.

Lumbar Artificial Disc Replacement Sub-Committee: *Debra Buchanan*

Debra provided a recap on the committee's Lumbar Artificial Disc recommendations made in July and the process to date. WCD's Administrator, John Shilts, reviewed the earlier MAC recommendations and had a few questions concerning "*inclusion/exclusion criteria*". John asked for clarifications on that issue. As a result, the September MAC meeting was cancelled and in its place a sub-committee meeting was held to address John's questions. The memo was revised based on the recommendations of the sub-committee. Part of the revision included the removal of the term "*exclusion criteria*" since that primarily referred to exclusion criteria for the "studies". The sub-committee thought that some of the items listed in the criteria were either absolute contraindications to the procedure or relative contraindications; e.g. that it was case specific and really depended on the provider's judgement.

Lumbar Artificial Disc Replacement Sub-Committee Continued: *Debra Buchanan*

Handouts were provided on the revised recommendations along with a summary from SAIF on Lumbar Artificial Disc Replacement. The goal for the meeting was to have the committee review and discuss the revisions and provide recommendation. The next step would be to take the revised recommendation back to John Shilts. John will then decide what he wants to do as far as rule making and how it will be addressed as a public policy issue.

Some doctor's who were absent sent their comments to Debra: Dr. Bowman overall approved, but had a question about spondyloarthropathy being seronegative or seropositive, which Dr. Keenen clarified; Dr. Wong also thought the July memo looked good, but wondered about the "*definition of conservative treatment*" and "*if smoking should be a relative contraindication*". Dr. Wong's comments were discussed and addressed by the committee. Their consensus was that smoking is not a contraindication. Also, after further discussion, conservative treatment was defined as: *Minimum of 6 months, unsuccessful exercise based rehabilitation*. Dr. Carlson had voted "yes" in July on the memo and did take part in the sub-committee discussion.

There was also discussion about a broader term/category for AIDS, HIV, Lupus, autoimmune disorders, etc. After further discussion the following definition was created by consensus: *Co-morbid medical condition compromising general health*, with some examples. Dr. Lorber had some concerns about corticosteroids, and after further discussion it was modified some: *Chronic ongoing treatment with adrenal immunosuppression*. After additional discussion, Dr. Lorber said he would be satisfied if his comments could be noted somehow in the recommendation.

Dr. Keenan commented on stenosis. Suggested definition to use: Spinal stenosis lumbar, moderate to severe lateral recess and central stenosis, and it should be an absolute contraindication.

Debbie will revise and issue a new draft for the committee to review and vote on via email/mail. Then Holly and Debra will discuss with John Shilts and report back to the committee at the next meeting.

Cervical Artificial Disc Replacement: *Juerg Kunz*

A research summary spreadsheet along with 16 studies were distributed to the committee. Dr. Keenan commented on the first study, "ProDisc-C Prothesis" and remarked that the FDA has issued a letter of intent to approve. Physician training on ProDisc-C should then take place by early 2008. Juerg asked the committee for *key word(s)* that they could recommend to assist him when searching for research material. Dr. Keenan suggested Cervical Arthrodesis Adjacent Level Degeneration. Dr. Keenan also recommended to search the National Data Base "*pubmed.gov*" as well. Juerg will compile additional articles and studies then update the spreadsheet. Juerg will be sending out an industry notice announcing the review prior to the next MAC meeting. The committee will then review the handouts and form a subcommittee to assist with expediting their recommendations.

Meeting began at 9:00 a.m. and adjourned at approximately 11:00 a.m.

Next Meeting: January 18, 2008, 9:00 - 11:30 a.m., Clackamas Community College Training Center, Wilsonville.