

# Medical Advisory Committee

Meeting Minutes  
November 20, 2009

## **Opening:**

Kevin Willingham of the Workers' Compensation Division called the regular meeting of the Medical Advisory Committee to order at 9 am on November 20, 2009 at Clackamas Community College.

## **Present:**

Ronald Bowman, MD (Chair); John Braddock, MD; Franklin Wong, MD; Hans Carlson, MD; Gary Rischitelli, MD; Frank Prideaux, DC; Brad Lorber, MD; Constantine Gean, MD; Joey Blubaugh (Employer Representative); Jennifer Flood, WC Ombudsman for Injured Workers (present for Maria Carraher), Kevin Willingham (WCD), Jacqueline Sewart (WCD), Juerg Kunz (WCD), Mike Manley (IMD).

**Absent:** Timothy Keenen, MD (Vice-Chair); Maria Carraher (Worker Representative); Tom Williams, PT.

### **A. Review and approve the MAC Meeting minutes of Friday, September 18, 2009 All**

The committee approved the September 18, 2009 meeting minutes.

### **B. Final Decision on the AMA 6<sup>th</sup> Edition Guides Jacqueline Sewart**

The Management-Labor Advisory Committee had asked the Medical Advisory Committee to assist them and the division to determine whether to proceed with extensive study of the AMA 6<sup>th</sup> Edition by answering a set of questions, submitted by the Management-Labor Advisory Committee, from a medical perspective. The division asked the committee to review the MAC subcommittee answers to these questions. After the committee reviewed the answers, they agreed to submit them to the Management-Labor Advisory Committee with the following changes:

1. The committee discussed how that, although the initial printing of the AMA 6<sup>th</sup> Edition Guides contained many errors, there has been a corrected second edition printing of the AMA 6<sup>th</sup> Edition Guides. This second printing no longer makes it a disadvantage to adopt the AMA 6<sup>th</sup> Edition Guides as stated in the subcommittee's answer to question six.

In addition, the committee and the division discussed informing the Management-Labor Advisory Committee of how adoption of the AMA 6<sup>th</sup> Edition Guides might effect patient access issues and patient benefits.

At this point, the committee decided not to propose a recommendation for adoption of the AMA 6<sup>th</sup> Edition Guides to the Management-Labor Advisory Committee.

### C. Opioid Management Dr. Chou

Roger Chou, MD, director of the American Pain Society Guidelines Program presented *Chronic Opioid Therapy in Chronic Non-cancer Pain: Guidelines from the American Pain Society and the American Academy of Pain Medicine*.

Dr. Chou said the guidelines,

- Are approved by APS and AAPM boards
- Published in Journal of Pain February 2009 (open-access)
- Are planned to be updated

Dr Chou concluded that,

- Evidence on chronic opioid therapy for chronic non-cancer patients is limited
- A multidisciplinary expert panel reviewed the evidence and concluded that chronic opioid therapy should only be used in appropriately selected and monitored patients
- Safe and effective use of chronic opioid therapy requires clinical skills in opioid prescribing and in the assessment and management of risks associated with opioid abuse, addiction, and diversion

The committee asked Dr. Chou if there are instances where it's acceptable for a medical provider to tell a worker that they can drive in the course of their work when on chronic opioid therapy. Dr. Chou recommended that it would be best for the physician to take a common sense approach on recommending driving to a worker, paying particular attention to the worker's suitability to drive in the initial period of opioid treatment. Dr. Chou said there is more data in this area for chronic pain than there is data for acute pain.

The committee asked Dr. Chou if there is a sobriety test for workers on chronic opioid therapy. Dr. Chou said that it would be good to have such a test, but that he didn't know of physicians routinely performing such a test. Dr. Chou said a sobriety test of some sort would be useful for physicians to have from a legal standpoint.

The committee asked Dr. Chou if there are opioids that are considered more addictive or difficult to leave than other opioids. Dr. Chou recommended treating all opioids as potentially addicting, and wouldn't select one over the other as more or less addicting at this point. In addition, Dr. Chou said the street value of drugs can sometimes point to the desirability, and hence the addictive quality, of drugs.

The committee asked Dr. Chou to comment on the value of the quantitative analysis versus qualitative analysis. Dr. Chou said that quantitative analysis would allow a physician to see if a patient is taking the prescribed opioid dose. Dr. Chou said it would be difficult to interpret this data as patients can metabolize drugs at different rates. Dr.

Chou said urine drug screens can help in situations where the physician is expecting low opioid concentrations in the patient's sample.

To help raise physician awareness when prescribing opioid therapy the MAC sub-committee discussed that they are working to develop consistent and educational guidelines. Some of the issues they will be addressing are:

- When to use opioids initially
- Transition from acute to chronic opioid use
- Best practices for chronic opioid therapy
- Interventional techniques
- Tapering programs for opioids

The committee discussed that they could monitor a patient's opioid use by inquiring into their history and asking appropriate questions to help define their fitness for performing usual work duties.

The committee discussed that data might not show if a workplace accident was the cause of opioid use or some other reason.

The committee discussed that they may want to address taking into account of a worker's profession when prescribing opioid therapy.

#### D. **Division 009 Rules** Kevin Willingham

The division discussed five likely Division 009 Rules issues:

- Annual Fee Schedule Review & Conversion Factors
- Hospital Fee Schedule
- Administrative Burdens/Physician Hassle Factor
- OAR 436-009-0004 Adoption of Standards
- Developing and Implementing a Fee Schedule for Interpreter Services

The division asked the committee to review the issues for further discussion at the Medical Advisory Committee Meeting on January 8, 2010. At that meeting, the division will also be able to discuss input from the External Advisory Committee.

In addition, the division presented **Workers Compensation Medical Payments by Service Category** data. The data shows a decrease of medical payments in 2008, which is probably more related to the economic crisis and employment rates rather than it is to pure medical costs.

The committee stated they would like to see 'cost per patient' data. The division said they would have this data available for discussion by the January Medical Advisory Committee Meeting.

The division asked the committee to let them know of items they wanted discussed at future rules revision meetings.

The committee asked if the division could provide broad categories of CPT codes for each of the service categories shown in the medical cost data as it relates to worker's compensation. The division said they could provide these codes for discussion by the January Medical Advisory Committee Meeting.

The committee referenced the Administrative Burdens/Physician Hassle Factor rule issue and the fact that the data shows there has been a reduction in the percentage of physician's practices open to accepting workers' compensation patients, and an increase in the percentage of physicians unwilling to treat workers' compensation patients or limiting their practice of the treatment workers' compensation patients. The division said this issue has become increasingly apparent demonstrating a significant access problem with the workers' compensation system. The division discussed that rules revisions may help addresses problems the division found when talking to physicians and their staff at Oregon medical practices.

The committee referenced the Annual Fee Schedule Review & Conversion Factors rules issue, and one of the reasons given for supporting increasing the conversion factors, was the fact that payment rates for some service categories are below rates in general health care. The committee asked if the division could survey to find out general health care conversion factors for comparison against workers' compensation conversion factors. The division said they can survey insurers and obtain average general health care conversion factors. The division said they could not tie the conversion factor rates to a particular insurer under the law. The division said they would likely perform this survey in January.

**E. Agenda items tabled for next meeting** All

- Lumbar Matrix Scan
- OAR 436-009-0015(6) (C) – electromyography

**F. Adjournment** Dr. Bowman

Dr. Bowman adjourned the meeting at 11:27 am. The next general meeting is on January 8, 2010, at Clackamas Community College.