

# Medical Advisory Committee

## Meeting Minutes

March 4, 2011

### Opening:

Dr. Bowman called to order at 9:06 am on March 4, 2011 a meeting of the Medical Advisory Committee to the Workers' Compensation Division at Clackamas Community College.

### Present:

Ronald Bowman, MD (Chair); Brad Lorber; Joey Blubaugh (Employer Representative); John Braddock, MD; Franklin Wong, MD (MCO Representative); Constantine Gean, MD (Insurer Representative); Tom Williams, PT; Juerg Kunz (WCD); Jacqueline Sewart (WCD).

**Absent:** Timothy Keenen, MD (Vice-Chair); Gary Rischitelli, MD; Marilyn Terhaar (Worker Representative); Frank Prideaux, DC; Hans Carlson, MD

### A. Legislative Updates – Jacqueline Sewart (CD .06)

The Medical section is monitoring 41 bills. We prioritize them 1-4.  
1-2 = watch very closely, 3-4 = monitor only.

|            |   |   |
|------------|---|---|
| Priority 1 | Managing care   | Hearing 3-4-11  |
| Priority 2 | Podiatrists as attending physician  | Hearing last week, Work session next week, passed thru MLAC with a do pass. |
| Priority 2 | Practice medicine without interference / No one without a medical license can interfere with treatment (OMB licenses)   | We are watching closely   |
| Priority 2 | Bill from OTLA - Being paid at fee schedule and not collecting above fee schedule (Amended) If the worker agrees to pay you in full out of the settlement then you would be limited to the Workers' Compensation fee schedule. If the worker doesn't agree then you can go after the worker for the full balance. | Passed thru MLAC with a do pass. Has had one hearing at the legislature.    |

|            |   |  |
|------------|---|--|
| Priority 2 | Allow only one IME. IME external file reviews | Did not pass MLAC. Not likely to go.   |
| Priority 2 | COHE study                                    | Declined to vote at MLAC. Coming back next week to MLAC to see if there is an alternative. |
| Priority 2 | NP treatment time                             | MLAC chose to put off and look at next week. Did not pass out of MLAC.                     |

**B. Review and approve the MAC Meeting minutes of January 21, 2011 – Medical Advisory Committee (CD 19.33)**

Follow-up question to the Oregon Trail Lawyers Association – DCS medical payments (SB 173). Was the full notice of settlement to physicians put on bill? Answer: No, rules and laws are currently in place now.

The committee unanimously approved the Friday, January 21, 2011 meeting minutes.

**C. Division 009 rules Updates – Juerg Kunz (CD 22.02)**

Changes made in response to testimony

- Postpone Ambulatory Surgery Center fee schedule until next year. Apparently caused problem for Insurers to reprogram computer systems.
- Concern about the language on the Explanation of Benefits. Added the word “decision” about payment to clarify no payment EOBs.
- Added conversion factor for Anesthesia services.
- Attorney consultation time, deposition time, reviewing IME reports, and Insurer consultation time is changed back to Paid as Billed.
- Prosthetics and Orthotics is changed to lesser of usually charged or 140 % of actual cost to Provider.
- No changes are made to the Pharmacy fee schedule. The reimbursement rate stays the same as in the in 2010.
- Copied the rule regarding the workers’ choice of interpreter from Division 010 rules to 009 rules.
- Progress report for physical therapists: The division has incorporated language from OAR 848-040-0155 and 0160 (there are administrative rules by the Oregon Physical Therapist Licensing Board) into OAR 436-010-0230(4)(e), i.e., we incorporated requirements that already exist for physical therapists through their Board. The only requirement we added is that the Physical Therapist has to send the progress report /notes to the Insurer and the Attending Physician.

**D. Proposed pharmaceutical clinical justification form – Jacqueline Sewart**  
(CD 35.58)

- Want to reduce alternative drugs from five to three
- Need feedback to take off the least likely alternative
- Strike Fentanyl TD Patch
- Take out Acetaminophen on Fentora
- Kadian - take off Oxycodone (short acting)
- Lyrica – Add Amitriptyline
- OxyContin – Check for extended release
- Seven drugs are recognized for their high cost. Represent the greatest share per prescription
- Change to lower-cost alternatives
- The Division is emailing and mailing the initial form to Providers
- The Insurer is responsible for monitoring the form
- MAC members worried that there will be a lack of response
- MAC members think there should be a more focused approach
- Seems like there should a process with the Insurers to manage (warning letters)

**E. Platelet Rich Plasma (PRP) (injection) – Dr. Braddock**  
(CD 101.15)

Bottom line from literature review is that there is no consensus on whether this is actually effective or not. The problem with most of the articles is there is no standardization on the preparation with the platelet rich plasma. MAC should wait for a year and see if there are more studies done. More research needs to be done. Interesting piece was that it may turn out to be joint specific. The process has been used by injection, washes, and films. It is a form of Prolotherapy – it is injecting or placing a foreign substance into a joint to stimulate some sort of inflammatory response. At least one MCO has come to the same conclusion and this MCO is not approving PRP.

Recommendation – Do not approve at this point. Revisit in a year to see if there is more data.

Motion – MAC decides that Platelet Rich Plasma is considered a form Prolotherapy and will review again in March 2012.  
Six votes agree 1 vote abstain (no expertise)

**F. Opioid sub committee – Dr. Gean**  
(CD 115.57)

Handout Draft Opioid Management Program Goals and Proposed deliverables

Propose to take existing presentation and turn it into metered doses of information to present in a format understandable by Oregon primary care physicians to learn about the basics of Opioids. Information includes initial use, chronic use, transition and tapering etc... This would be done in a format that could be posted on the Oregon Workers' Compensation website and be user friendly. In essence a primary care physician self learning module. Nice to have a basic but link to more advanced program opioid training. Present to MLAC and decide what they want to do with it.

- Try to work with OMA to receive CME
- Process is so slow need help to promote
- <http://www.cdc.gov/about/grand-rounds/archives/2011/01-February.htm> to CDC Grand Rounds discussion on prescription drug overdoses (Feb. 17, 2011)
- May need help from the legislature
- Should get a letter to Governor from MLAC, OMA, MAC and Community
- MAC would like to see a task force / summit
- The original discussions as to what we were going to a year ago really involved what amounted to a profound understanding limitations of the group – this was why education approach was chosen. Getting the group health involved is essential.
- Direct cost driver to the Workers' Compensation system.
- There are studies showing opioid cases are slower to return to work
- Start with Pain Commission / Health Advisor ()

Tasks:

Jacqueline will start by asking WCD administrator what direction the division will take

Discuss training with OMA.

#### **G. New Technology – Juerg Kunz (CD 200.09)**

- No changes to chart from last meeting 1/21/11
- Prolotherapy and PRP will be moved to future status scheduled to be revisited in March, 2012
- No active status items at this time

#### **Adjournment:**

Meeting was adjourned at 11:11 am by Dr. Bowman. The next Medical Advisory Committee Meeting will be at 9 am on May 13, 2011 at Clackamas Community College.