

Division of Worker's Compensation Medical Advisory Committee Meeting

October 21, 2014

ATTENDEES:

1. Keith Graves, MD
 2. John Brophy, MD
 3. Jeff Hazlewood, MD
 4. James Talmage, MD
 5. David Tutor, MD
 6. Randall Holcomb, MD
 7. Ginny Howard, Zurich NA
 8. Jason Carter, Pharm D
 9. James Gregory Kyser, MD
 10. Rob Behnke, Cracker Barrel
 11. Robert Snyder, MD, Div. of WC
 12. Abbie Hudgens, Adm. Div. of WC
 13. Suzy Douglas, RN, Div. of WC
 14. Kelly Burns, WC Specialist, Div. of WC
 15. Margaret Collier, Case Mgt., Div. of WC
- On Phone: Dr. Sushil Mankani, Liberty Mutual
 Rod Bordelon, Jr. Former Commission of Texas, Div. of WC
 Gaye Fortner, Committee Member

Meeting called to Order by Dr. Snyder. A quorum was established,
The guests were introduced.

Minutes:

The minutes from the previous MAC meeting were reviewed and approved with no corrections or revisions. Discussion ensued regarding Committee officers. Dr. Brophy moved to elect Chairmen and Vice Chairmen at the next MAC meeting. All approved. None opposed. Those members willing to serve as Chair and vice-chair will email Dr. Snyder.

Guideline Discussions:

1. Review of Draft Appendix for Pain Management:
 - a. Page 1, Paragraph 4:
Change wording from SHALL to MAY according to statute: §50-6-124(d).

- b. Page 3 (>90 days should be included on Pg 1) copy and paste onto Page 1 to mandate consultation with the treatment psychiatrist. Encourage coordination of care is good but mandating patient to see psych would be hard to do.

Change wording as to who the prescribers are in <90 days encouraging conversation between docs.(Talmage will forward wording to Snyder). It should be added that multiple physicians prescribing meds should coordinate.

- c. Page 7 – positive drug screen with (+) ETOH (false positive) can get this with mouthwash/hand sanitizer. How is false positive confirmed? Dr. Hazlewood recommends it should be written to include (2) positive drug screens due to high amount of false positives re: ETOH. Abbie suggested breathalyzer.

Dr. Hazlewood will submit changes re: ETOH

Committee recommends to Administrator that Appendix be included on Website and advertised. These Guidelines will not be official until January 2016 as they are required to go through rule making process and AG's office.

Guidelines w/changes voted on by Committee. *All in favor. None opposed.*

2. CLOSED FORMULARY

Texas Dept. of Insurance published ODG formulary and published on website. ODG includes unit dose cost, which was not included on TX website. (This is example of closed formulary). Okla did theirs this year.

Dr. Jason Carter noted stated "any drug can be approved for initial 7 days, even if not on formulary". Texas does have statutory provision for initial 7 days. It can still be retrospectively reviewed and denied. Urgent and Emergent requires no Pre-Authorization. Texas does not have physician dispensing. It is prohibited for all dispensing, not just WC. Texas says huge changes in prescribing patterns and in Rx rates, almost in half. TX had roll-out period which encouraged all parties to work on what agreements would be for patients already taking non-recommended drugs. The TX formulary allowed doctors to say "no" to their patients and enabled them to look @ other drugs.

Texas formulary has medical advisor and panel of advisory physicians, but is based on ODG. N means Need Pre-auth.

Legacy claims are NOT left open indefinitely. Parties are allowed 2 yrs to work out agreement. ODG recommends legacy claims should have 1 year to wean/change.

Oklahoma took "0" day approach. Legacy claims do not fall under formulary at all.

WCRI report about Texas, which documents new Rx's decreased 80%

Dr. Kyser noted all psych drugs on the TX formulary are generic. Notes Paxil and Zoloft are not on the list. Dr. Eichler (ODG) states if recommended drugs are not on the list it simply means they require pre-auth. See appendix B of ODG guidelines.

Administrator requests that subcommittee of Dr. Carter, Dr. Kyser, and Dr. Hazlewood to discuss ODG info with Dr. Eichler.

Conversation at next meeting to discuss topic in further detail, including discussion of compound drugs and supplements. Dr. Carter will include handout labeled Formulary Comparison.

3. **Other Treatment Guidelines**

U/R companies: ACOEM 25%, ODG 75%,

Washington – public domain and is updated as necessary.

Inclusive or global sets were suggested at last meeting,

Shoulder handouts were given for ODG and Washington State as examples.

- Dr. Holcomb questions both global guidelines concerning acute vs chronic tears of the shoulder but also other structures.
- Dr. Harriman prefers simpler treatment guidelines and thinks Washington criteria is more appropriate.
- Dr. Kyser – prefers ODG. States that Washington psych would be a nightmare with repetitive paperwork.
- Dr. Brophy – finds ODG unworkable for lumbar spine. He will have discussion with Dr. Eichler (ODG). He distributed another set of suggestions to be discussed more fully at the next meeting.
- Dr. Hazlewood – Guidelines weed out fraud in pain mgt. U/R system is more to blame for problems than Guidelines.

NEXT MEETING: WEDNESDAY, DECEMBER 10, 2014, 1PM-3PM.