

Medical Advisory Committee

November 1, 2016

Location: Tennessee Room, 1-A, 220 French Landing Drive, Nashville, TN. 37243

Attendees:

David Tutor, MD, Occupational Medicine, Committee Chair
Abbie Hudgens, Administrator, Bureau of Workers' Compensation
Keith Graves, DC, Chiropractor
Rob Behnke, Cracker Barrel
Ginny Howard, Zurich Ins.
James Talmage, MD, Assistant Medical Director, Bureau of Workers' Compensation
Greg Kyser, MD, Psychiatrist
Robert Snyder, MD, Medical Director, Bureau of Workers' Compensation
Suzanne Gaines, Bureau of Workers' Compensation
Patricia LeMond, Travelers (for Misty Williams)
Lisa Bellner, M.D. Pain Management
Cerisia Cummings, D.O. Bridgestone
Suzy Douglas, Bureau of Workers' Compensation
Troy Haley, Bureau of Workers' Compensation
Mark Finks, Bureau of Workers' Compensation
Cathy Chapman, Bureau of Workers' Compensation
Lisa Hartman, RN. AFL-CIO

On telephone:

Randall Holcomb, M.D. Orthopaedics
Sushil Mankani, M.D. Liberty Mutual
Robin Smith, Neurospine Committee
Becky Troope
Parnell, Erie Ins.

Guests:

Tony Parker	Toni McCaslin	Kendra
Yarnell Beatty	Jesse Larrison	
David Price	Lou Alsobrooks	
Tonya Cain	Faith Parrish	
David DiPetro	Adam Jaynes	
Terry Parker	Jim Schmidt	

CALL TO ORDER

Call to order and by Dr. Tutor at 1:05 PM

INTRODUCTIONS AND QUORUM

All members, guests and telephone participants were introduced. Mr. Haley verified a Quorum.

Minutes for September were approved as circulated.

At the end of the meeting, members were asked to turn in their travel reimbursement requests.

OLD BUSINESS

Treatment Guidelines and Drug Formulary:

Dr. Snyder noted that there has been one expedited request, concerning a denied opioid. Within two days contact with the adjuster, pharmacy and provider was accomplished and resolved. The form is on the website.

Dr. Bellner had presented letters concerning lack of contact information and understanding of the process by the adjuster. Dr. Snyder had reviewed his communication and responses. Dr. Bellner suggested that it be made clear when the FAQ is revised that adjuster can approve medications without prior approval or utilization review.

Supplemental Spine Study Group Report

The results of the conference call was given to the committee members and requested to be sent by a few individuals on the phone. The observations were discussed and the suggestions were then reviewed in detail.

1. Ask ODG why they moved Embeda and MSContin to "N".
2. Revise the FAQ. Suggestions are being accumulated.
3. Get insurers to "pre-review cases"
4. Consider setting up treatment agreements.
5. References.
6. Exempting PMS physicians from the formulary.
7. Set up tracking for unfair or egregious reviewer.
8. Differentiate PMS from other prescribers in the Appendix.
9. Accurate, knowledgeable and authorized individuals be available.
10. Educate Case managers.

The discussion included notation that the adjusters do not understand the difference between prior approval and utilization review.

Dr. Snyder has observed an increase the denials for as many as 7-10 drugs at one time. He views this as a rejection of an entire treatment regimen and has been overturning these "blanket" denial and returning them to the ATP for continuation until there is a more focused review. Dr. Mankani felt that the suggestions were trying to justify the continued use of long acting opioids as always appropriate. Dr. Snyder responded that it should be done prospectively. Ms. Howard said, even with "complex or major claims units" that concentrate these cases, they act only when a request is received. Dr. Snyder asked if it might be possible to "flag" these cases in advance.

There is a problem of conflicting rules. It is noted that the DEA limits fills to 30 days causing some mismatches in fill numbers. Some other peculiarities in how physicians handle this were explained. Dr. Bellner said that it take 4 hours of staff/pharmacy time for every prior approval.

The problem of the initial prescription denial was mentioned. Although Dr. Snyder said that prohibition is already in the Treatment Guidelines rules, it is not well understood or followed. A letter to clarify was suggested.

In the discussion concerning exemption of PMS, caution was expressed about how and when and how often that should be done. It could be done for certain physicians by the PBM at the POS. Dr. Mankani strongly objected to this idea and said that the goal is to limit meds not let the present situation go unchecked and not expose the patient to more or the same risks.

“Bad” UR

On the issue of identifying egregious reviewers, Ms. Hudgens asked how it could be defined. It was suggested that the Medical Director could track but he asked that they be identified first by complaints from others by e-mail or call.

Other state’s experience with formularies will come out at a near future SAWCA meeting, chaired by our Administrator. A report will come back next month.

Dr. Talmage’s request for identifying egregious UR from last month was presented as a handout. Noting the present rules and tracking, Dr. Snyder already polices violations for not requesting necessary information and when the UR reviewer is not licensed or is not of the same or similar specialty.

The new process was agreed to by the committee and Dr. Snyder will track the results by mistake and reviewer. If a pattern develops, he will report to the committee. He presented the first case in a blinded manner as an example of the process. It was accepted by the committee. Dr. Mankani would like to know who the reviewers are and what companies. Dr. Snyder is to communicate this information back to the insurer with the approval of the Administrator. A process is to be presented to the committee at the next meeting.

Brochures:

Information the Bureau of Worker’s Compensation should provide to injured workers was presented again, handing the DOH opioid brochure and the informational piece presented by Minnesota concerning fusions. Although it might be a good idea, the committee was not encouraging that the Bureau should be providing this type of “medical guidance” in a form without the ability of the individual to know the context or ask questions. The position of the Bureau is that there are some treatments being done on WC patients, that are now known to have poor results (particularly in WC) leading to more problems (suffering and expense) and that the patients should be made aware. The providers do not give it generally very well.

NEW BUSINESS:

None.

NEXT MEETING:

Dates:

December 14, 2016, 11:00 AM for a combined meeting with the Medical Payment Committee. Instead of the regular agenda, WCRI will give a presentation on the present status of Fee Schedules.

Adjourn: at 3:00 PM.

Attachments: 4 pages.