

# Medical Advisory Committee

December 11, 2018

Volunteer Room, 1<sup>st</sup> Fl, Side A  
220 French Landing Drive  
Nashville, TN 37243

## Members:

Rob Behnke, Cracker Barrel  
Misty D. Williams, Travelers  
Ginny Howard, Zurich  
David Tutor, MD, Occupational Medicine, Chair  
John Brophy, MD, Neurosurgery  
James Talmage, MD, Assistant Medical Director  
Jeff Hazlewood, MD, PM&R, Pain Management  
Lisa Bellner, MD, PM&R, Pain Management  
Cerisia Cummings, DO, Bridgestone  
Robert Snyder, MD, Medical Director  
Abbie Hudgens, Administrator, BWC  
Troy Haley, Attorney, BWC  
Suzy Douglas, RN, BWC  
Suzanne Gaines, BWC

## Guests:

Toni McCaslin, HealthTrac Inc.  
Terry Parker, Vanderbilt  
Faith Parrish, Vanderbilt  
Jeri Vincent, Certified Case Manager  
Adam Jaynes, MNA GR  
Carter Phillips, MNA GR

## Via telephone:

Becky Troope, Healthsystems

## Call to Order

The meeting was called to order at 1:05.  
Introductions were made.

## Quorum

A quorum was confirmed as present (1/3 of the members needed).

## Approval of Minutes

The minutes of 7-17-2018 meeting accepted and approved. Some COI forms were signed and returned.

## Old Business

### ODG Updates:

August, September, October, November items were presented with explanation from Dr. Snyder. There were instructions on how to access the new ODG, now under the name "ODGbyMCG.com".

Deep venous thrombosis prophylaxis is new to ODG, treatment options were included. Naloxone was added to the pain section. The committee accepted voted to accept the changes by voice vote.

### Response from ODG:

Dr. Snyder distributed the correspondence from the committee following up on last meeting's criticism of ODG concerning work hardening and functional capacity evaluations. Dr. Brophy, Dr. Hazlewood and Dr. Talmage sent suggestions to Dr. Snyder for inclusion in a communication to ODG. Their response and published changes were given to the committee. Dr. Snyder congratulated the members of the committee and ODG for their work in improving the evidence.

### Compounds in ODG:

The notice from ODG concerning the December addition of compounds was distributed. This is the first step to better identify best practice concerning these types of treatments. ODG uses the FDA definition and expounds on some additional treatment points. Dr. Snyder pointed out that compounded epidural drugs, which include a steroid and an analgesic are not shown in UR appeals. Dr. Snyder wondered if this wouldn't change. Dr. Hazlewood cautioned against overuse of steroids. Dr. Talmage questioned whether the committee should make a rule. Mr. Behnke questioned should committee micromanage dosage? For use of steroids, Dr. Snyder asked if ODG got it right. Could it be improved? Lisa Bellner pointed out that people are getting too many injections; she has seen as many as 40-50. The risks of steroids in the long term is known but not communicated to the patients.

The Medical Directors do not see compounding drugs except topicals, even though other formulations are allowed.

### Drug Formulary Update:

The changes to the ODG Drug Formulary can be seen on the ODG website as well as the BWC.

### Opioid/Compounds Data:

Dr. Snyder presented the 2017 Department of Health statistics: 1776 Tennesseans died of drug overdoses. Dr. Snyder quoted Tommy Farmer, the TBI Drug Task Force Director, that meth labs and fentanyl laced pill presses have caused some officers to need naloxone simply by coming into contact; this is a hazard to first responders.

A consequence of reduction of opioids is that patients might to alternate sources. There has been an increase in overdoses and deaths related to fentanyl.

Some hospitals are trying to use alternatives to opioids. Toni McCaslin shared "ALTO-Alternatives to Opioids" pathway used by TriStar in their emergency and urgent care facilities.

Dr. Snyder presented heartening statistics to collate some payer data on compounds in Tennessee. There have been as much as a 95% reduction in prescriptions and a 50% reduction in expenditures.

#### E-billing update:

A webinar about how to place bill and documentation together will be presented. Many providers have problems dealing with this. Dr. Snyder asked for more information. There are four major clearing houses for e-billing. Each says that they can coordinate with any system and get bill to insurer for payment.

#### Access to Care Forum:

A summary of the responses to the questionnaire was distributed. Dr. Snyder asked members to review the document and seek effective action items based on responses to questions. This will be followed up at the next meeting. Some of the complaints stemmed from lack of education of the providers. To that end, the Physician Education Conference and the annual conference will include two efforts: "Duties of an Authorized Treating Physician" and "Guidance on the C30-A". Input from the committee is sought.

#### UR Report:

Quarterly comparisons were presented from 2016-2017-2018 with no reduction in the numbers of appeals. There was noted a shift toward pain related procedures and medications and a concentration from one company. Over forty cases have been reviewed by the two Medical Directors in 2018 to assure consistency and quality.

#### CPS Closure:

Dr. Snyder reported from the Department of Health that a majority of the Comprehensive Pain Specialists clinics (about 11 of 17) re-opened very soon under the same physicians. It caused a much smaller disruption for about 6 weeks than anticipated. Dr. Hazlewood and Dr. Bellner observed that some of the patients they saw were those on the more egregious treatment regimens.

## **New Business**

#### UR Cases:

Dr. Snyder presented two cases to the committee under a provision approved by the committee in 2016 to address obvious or severe misuse of the UR review process. These were:

## Medical Unit Criteria to Determine Inaccurate UR (significant variation)

Inconsistencies of UR,

Misapplying the Guidelines

Using the wrong section

Inaccurate Interpretation

“Knit-picking”

1. The initial UR Appeal decision must be to overturn the denial.
2. Identify the use of the wrong section or the wrong diagnosis.
3. The denial was inappropriate due to citing an inconsequential variation from the guideline (knit-picking).

Case 1 (case 3 under the provision) was L-4 nerve root involvement identified by the physician and the MRI report but the reviewer used the guideline for L-5 in the denial.

Case 2 (case 4) was the denial of occupational/hand therapy too soon after an extensive hand surgery. The committee agreed by voice vote. Advisory letters will be sent.

Dr. Hazlewood has noted an increase in denials of his treatments that require an appeal. He observed that is because the reviewer is improperly applying the guidelines. His appeals have been upheld at least 90% of the time. Dr. Hazlewood does not use EMR and he feels he is denied more often because of this. There have been peer-to-peer problems with scheduling a discussion between the treating physician and the UR reviewer.

Dr. Snyder presented a draft proposal as part of their drug formulary in Kentucky: when a peer reviewer denies treatment he must give a date and time when he'll be available for discussion. If the peer reviewer is not available, the UR is automatically approved. Alternatively, if the treating physician is not available or will not discuss the case then the UR denial stands. The peer to peer problems are difficult to answer especially when the treatment involves old injuries.

### Medical Fee Schedule:

On January 17, 2019 at 1:00, a public hearing for medical fee schedule changes will be held in the Tennessee Room. Oral comments with written comments will be open for two weeks afterwards. Dr. Snyder is entertaining fee schedule revision suggestions for 2019.

### Pain Relief App.

Tracy Jackson, M.D. is offering relief retreat type of format on-line and an on-line chat room. She has expanded the outcomes from her successful but underfunded retreat. Outpatient follow-up by this format has allowed continued treatment to be effectively and safely administered. She helped to create an app for this type of continued treatment for chronic pain. The contact information was distributed to the committee members and guests.

Next Meeting: March 26, 2019.

### Medical Marijuana:

Dr. Hazlewood and Dr. Talmage added a new item and discussed that the FDA has approved a CBD containing cannabis pill, Epidiolex. Although FDA approved it for two pediatric conditions, it is anticipated that off-label use may extend to chronic pain in adults. Dr. Hazlewood discussed his recommendations to patients for the use of hemp oil with some positive results in reducing opioids. He is concerned about positive drug tests. There is no regulation of over-the-counter hemp/CBD oil as long as the THC concentration is below 0.3%. He observed that a lot of people are using the oil and there are no recommendations to govern its use. It is not clear whether or how much testing of these products is occurring. Will over 0.3% of THC in CBD oil create a positive drug screen test result? There are no standard dosages by volume or amounts at this time. Other questions raised were: will even a THC level of 0.3% cause a positive test, if there is a positive test, at what level should it be deemed sufficiently positive to be above what could possibly be ingested with the oil, and has there been any testing of the Epidiolex? Dr. Snyder asked Dr. Bellner to send him information on patients' levels of THC who tested "positive" but denied the use of marijuana. Further information and discussion will continue.

### **Adjournment:**

The adjournment occurred at 2:40 PM.