| **MTUS EVIDENCE BASED UPDATES – LOW BACK** | **RULEMAKING COMMENTS****30 DAY COMMENT PERIOD** | **NAME OF PERSON/ AFFILIATION** | **RESPONSE** | **ACTION** |
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| 9792.23.5 (a)Low Back Disorders Guideline – Pages 102 and 103 | Commenter states that in the Opioids Subacute (1-3 Months) and Chronic Pain (>3 Months) section, subsection 4, titled Recommendation: Opioid Dose Limits in Subacute and Chronic Pain, the text reads on pages 102-103, “In rare cases with documented functional improvements occurring with use above 50 mg MED, subsequent does up to 100 mg may be considered…” The Low Back Disorders guideline also refers the reader to the Opioid guideline for various information.Commenter notes that the same section in the Opioids guideline (MTUS effective date 12/1/2017) states, “In rare cases with document functional improvements occurring with use above 50 mg MED, subsequent does up to 90 mg may be considered…”Commenter questions if the 100 mg MED limit applies only to treatment of subacute and chronic low back pain, with 90 mg MED limit applying to subacute and chronic pain unrelated to the low back, or is one or the other of these limits intended to apply to all subacute and chronic pain conditions. If the latter, which should be cited? | Erin Kuecker, Clinical PharmacistOptumAugust 30, 2021Written Comment | Agree, this recommendation is ambiguous. DWC ran this comment by ACOEM and it was confirmed that this was a non-substantive editing issue. ACOEM had originally had an upper dose limit of 100mg. Center for Disease Control (CDC) later published a dose limit of 90mg and ACOEM reduced the upper dose limit to 90mg so that there was no difference with CDC’s dose limit, but missed changing the dose limit in this guideline. Thus, dose limits should be the same in all circumstances and it should be 90mg in the Low Back Disorders Guideline. | As a result of this comment, the upper dose limit in the Low Back Disorders Guideline on page 102-103 has been amended to read: “In rare cases with documented functional improvements occurring with use above 50 mg MED, subsequent doses up to 90 mg may be considered…”  |
| 9792.23.5 (a)Low Back Disorders Guideline – Page 81 | Commenter notes the following statement on page 81:‘Recommendation: NSAIDs for Patients at Risk for GI Adverse Effects’ states, “There are four commonly used cytoprotective classes of drugs: misoprostol, sucralfate, double-based histamine Type 2 receptor blockers (famotidine, ranitidine, etc.), and proton pump inhibitors…”Commenters seeks clarification of that is meant by “double-dose” H2 blockers. | Erin Kuecker, Clinical PharmacistOptumSeptember 1, 2021Written Comment | Agree, the phrase “double-dose H2 blockers” is ambiguous and not defined. DWC ran this comment by ACOEM and it was confirmed that this was also a non-substantive typographical error. Here is their response. “This is a typo. The words ‘double-dose’ should be deleted. These medications are histamine type 2 blockers, or histamine-2 blockers.” | As a result of this comment, the word “double-dose” has been deleted from pages 81 and 83 and replaced with “histamine type 2” or histamine-2” blockers respectively.  |
| 9792.23.5 (a)Low Back Disorders Guideline | Commenter has reviewed the proposed update and has no comment at this time. | Andrea GuzmanClaims Regulatory DirectorState Compensation Insurance Fund (SCIF)September 15, 2021Written Comment | Noted. | None. |