

Working with Treaters Better Outcomes when Red Flags Fly

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What is the Goal?

- Efficient, cost-effective and appropriate medical care within evidence-based medicine guidelines
- Getting the IW
 - Healthy
 - Functional
 - Emotionally stabilized
 - Staying at work &/or returning back to work

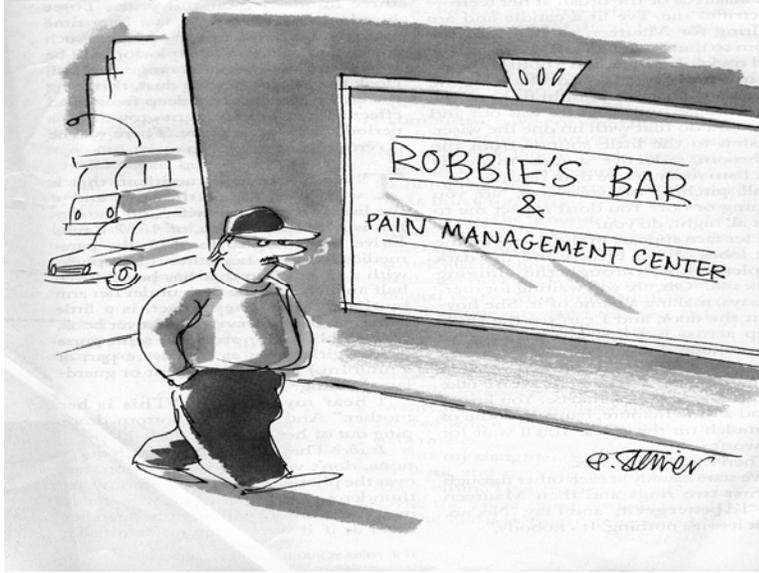
The Problem is What?

- Why are we failing getting some injured workers better and back to work?
- Why is there tension between treating doctors and payers?
- How can we identify problem cases and ineffective treatment?
- Once identified, can we change the course of treatment for better outcomes?
- What are the **RED FLAGS**
 - from an employers/payers perspective?
 - from a doctor perspective?

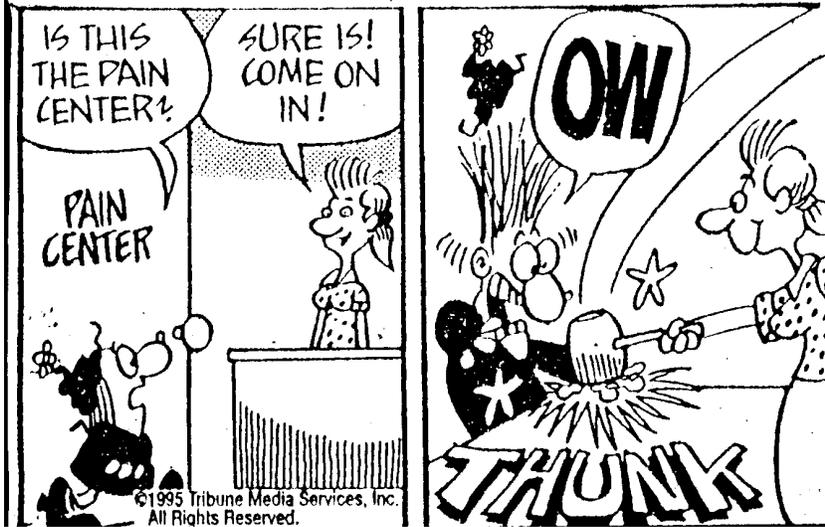
What is a **RED FLAG**

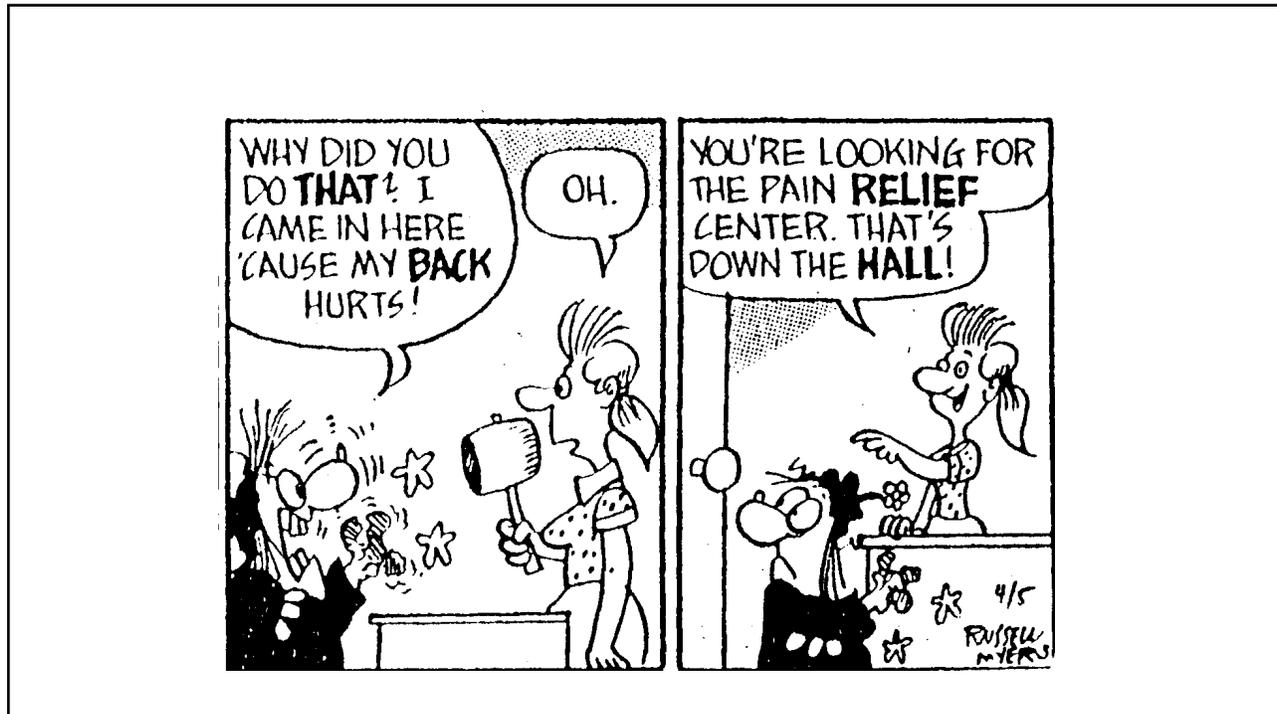
- A red flag is defined as a warning signal or something that demands attention
 - From the physician perspective
 - Requires re-evaluation of treatment plan, diagnosis, other factors
 - From the employer/payer perspective
 - Medical care not evidence-based
 - High cost – little benefit
- A **RED FLAG** means that things aren't going well
- A **RED FLAG** means a need to change or adjust treatment direction
- It does not mean stop treatment

RED FLAG #1: Referral to Pain Specialist



BROOM HILDA





Biomedical Model

- Explains pain through etiologic factors (e.g., injury) or disease whose pathophysiology results in pain
 - Cause →→ Effect
- The focus is on the lesion (the Pain Generator) and finding some way to numb or ablate it
 - Medication
 - Injection
 - Surgery
- This classic biomedical approach to understanding and treating chronic pain is incomplete

Biomedical Model

- Its exclusive application can result in
 - Unrealistic expectations on the part of the physician and patient
 - Inadequate pain relief
 - Excessive disability in those with pain that persists well after the original injury has healed
 - An unnecessary & preventable chronic pain syndrome
 - High and ever increasing cost without clinical benefit

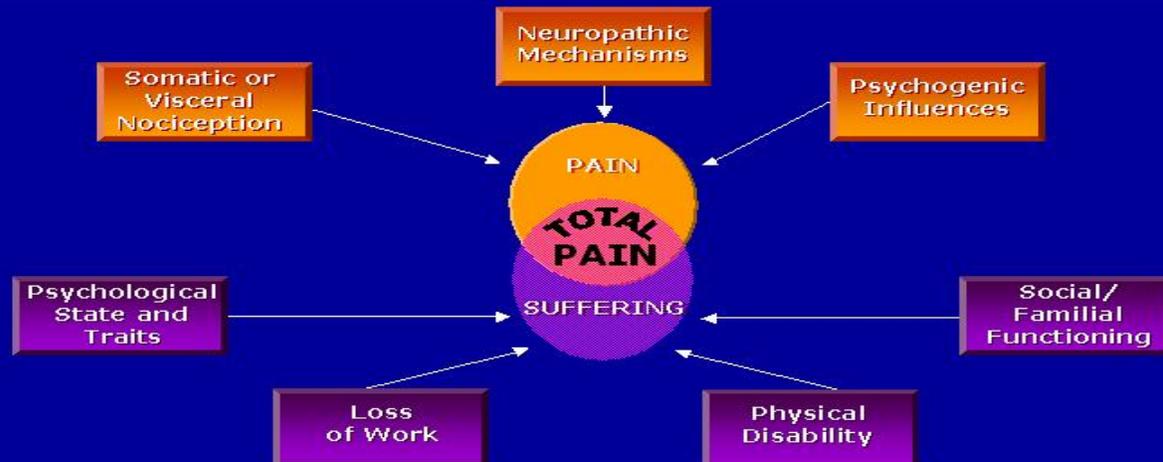
Biopsychosocial Model

- Recognizes that pain is ultimately the result of
 - Pathophysiology (physical processes)
 - Psychosocial factors
 - Relationship/interactions with the environment
 - workplace, home, disability system, and health care providers

MTUS Chronic Pain Medical Treatment Guidelines

- Strongly supports a biopsychosocial approach including early intervention to prevent delayed recovery and utilization of a functional restoration approach

The Complex Nature of Pain



(Adapted from Barkin, 1996)

RED FLAG #1

- Referral to a Pain Specialist (sometimes 😊)

-Expands the Claim or Salvages it?

A “good” pain specialist will follow a biopsychosocial functional restoration approach and identify and treat depression, sleep, and fear avoidance issues with appropriate medication and education. They should be able to facilitate transition to a HEP and emphasize the need for rehabilitation as opposed to a reliance on passive modalities

A “bad” pain specialist will just chase pain without paying attention to function. A “bad “ pain management physician will just provide requests for passive modalities without developing a comprehensive plan designed to restore function and allow P&S status

RED FLAG #2

- Delayed recovery leading to a chronic pain state

-Identification of Risk Factors

-Prevention

Risk Factors for Delayed Recovery

- Its all about the injured worker
- Baggage they bring to the work injury
 - When you hire someone, you hire their history and life experiences
- Perceptions (real or imagined) about how they are treated
- 5-10% of cases account for 80% of costs
 - These aren't just the catastrophic injuries but often limited injuries that should heal without major sequelae
 - Identifying them early should be a high priority
 - You can predict and prevent nightmare cases

Risk Factors for Delayed Recovery

- Preventing the transition from acute to chronic pain is the most important under-recognized strategic treatment target
- It is more important to know about the patient who has the disease than about the disease the patient has (Sir William Osler 7/12/1849 – 12/29/1919)

Characteristics & Predictors of DR

- Distress, depression, anxiety
- Fear-avoidance / Maladaptive beliefs
- Somatization
- Excessive pain behaviors (psychological overlay vs. malingering)
- Functional decline
- High pain ratings (subjective factors outweigh objectives)
- Early and prolonged use of opioids and drug dependency
- Disability out of proportion to objective findings
- Focus on litigation
- Job dissatisfaction / Prolonged work absence
- Psychosocial risk factors (child abuse)

Preventing Delayed Recovery

- Disability prevention, not disability management, is the key strategic issue
- Good early communication with IW (and others) and a job to return to hastens recovery; insures a better, less expensive outcome
- Several validated brief instruments are available to accurately identify workers at highest risk of delayed recovery and disability
- Identify IWs with delayed recovery risk factors and refer to *appropriate* treaters

RED FLAG #3: The Doctor Dilemma

- Do you have a Medical Director?
- Do you have/use Nurse Case Managers?
- How is your MPN quality?
- How does your MPN identify and use quality treating doctors?

- A Novel Approach: Partner with the patient and applicant attorney with joint goals of increased function and RTW

Treatment Issues

- Think “outside the box” for treatment...don’t be penny wise and pound foolish
 - Avoid a cookie cutter approach and over-reliance on protocols
- Use the MTUS followed by ACOEM & ODG wisely
 - Maybe the RFA treatment request falls outside the guidelines but particularly if the cost is low, what are the ramifications of saying no?
 - Angry IW
 - Angry Doctor
 - Inadequate treatment
- Assign a nurse case manager (NCM)
- Be comfortable obtaining a multidisciplinary or interdisciplinary evaluation to best assess an injured worker’s medical care needs
- Use quality early intervention and functional restoration programs sooner rather than later early and wisely

RED FLAG #5: Medications

- Opioids – what is appropriate use?
 - Weaning / Detoxification – what is appropriate?
 - What about legacy cases on high dose opioids?
 - Is dosage the primary risk factor for adverse event?
 - Cost shifting?
- Opioid & Benzodiazepine use
- Illicit drugs including marijuana
- Evidence of medication misuse, abuse, addiction

RED FLAG #6: Office-based Dispensing

- Be suspicious of office-based dispensing of atypical medications (Norco 2.5/325, Soma 250mg), but don't assume the physician is disingenuous either
- What is appropriate office dispensing?
 - Creams
 - Compounded drugs

RED FLAG #7

- Physicians unwilling to interact with Employers/Payers
 - Working together with better communication
 - Making Team Conferences Efficient and Worthwhile
- UR & IMR difficulties (as perceived by the physician)
 - Encourage the UR physician to be more educational
 - Encourage UR physicians to authorize appropriate treatment not to look for any excuse to dent treatment
 - How to avoid IMR costs
 - Utility of Passport programs
 - Practice Selection Criteria?
- Physicians need better education re:
 - Report writing
 - Proper filling out RFAs
 - Using the MTUS Guidelines

RED FLAG #8

- Denied claim & denied body parts
 - Increased IW anger, hostility, anxiety and depression
 - Increased lawyering up
 - PTP choice may be AA controlled
- Are body parts correctly classified?
 - Correlate with correct diagnosis
 - Missed diagnoses on preliminary evaluation?
- If a new body part makes sense then maybe a med-legal evaluation isn't necessary before treatment

RED FLAG #9

- Invasive interventions & surgery
 - Facet Procedures
 - Epidurals
 - Spinal Cord Stimulators
 - Implanted Intrathecal Pumps
- Procedures need to be coordinated with a functional restoration rehabilitation approach
- Patient education and expectations are paramount

RED FLAGS

- Is the pathology identified or is the physician simply trying to suppress pain?
- Are only passive modalities being employed or requested?
- Is there a comprehensive treatment plan to restore function?
- Are different treatment options discussed with the patient?
- Does the provider encourage the patient to assume responsibility for rehabilitation?

Questions?