

MTUS CHRONIC PAIN AND OPIOIDS TREATMENT GUIDELINES	ADDENDUM TO 45 45 DAY COMMENT CHART – ADDITIONAL COMMENTS BY BRENDA RAMIREZ	NAME OF PERSON/ AFFILIATION	RESPONSE	ACTION
Chronic Pain Medical Treatment Guidelines – Functional Restoration Approach to Chronic Pain Management – Paragraph 2	<p>Commenter recommends the following revised language:</p> <p>(see 8CCR Section 9720 <del>(f)</del> <b>(e)</b>).</p> <p>Commenter states that this definition was renumbered from (f) to (e) in recent regulatory revisions.</p>	Brenda Ramirez Claims & Medical Director California Workers’ Compensation Institute (CWCI) September 1, 2015 Written Comment	Agree. This is a typographical error, the should read 8CCR Section 9720 ( <del>f</del> )	Correct typographical error.
Chronic Pain Medical Treatment Guidelines – Functional Restoration Approach to Chronic Pain Management – Paragraph 3	<p>Commenter recommends the following revised language:</p> <p>Independent self-management is the long-term goal of all forms of functional restoration. The process and principles of functional restoration can <u>be applied</u> <del>apply to a wide range of eonditions, including acute injuries (e.g., sports, occupational), eatastrophic injuries (e.g., brain and spinal cord injury), and chronic eonditions (e.g., chronic pain and multiple selerosis).</del></p> <p>Commenter opines that this section is specific to chronic pain</p>	Brenda Ramirez Claims & Medical Director California Workers’ Compensation Institute (CWCI) September 1, 2015 Written Comment	Disagree. The purpose of the examples is to more fully describe how functional restoration is an approach that can apply to a number of conditions, including chronic pain. The various clinical examples further inform the treating physician how to use the functional restoration approach to the chronic pain patient.	None.
Chronic Pain Medical Treatment Guidelines – Functional Restoration	<p>Commenter recommends the following revised language:</p> <p>If the physician prescribes a medication for an indication not in the</p>	Brenda Ramirez Claims & Medical Director California Workers’ Compensation	Disagree that language should delete “confident” and add “if it is not specifically recommended in the MTUS Chronic Pain Guidelines, to	None.

MTUS CHRONIC PAIN AND OPIOIDS TREATMENT GUIDELINES	ADDENDUM TO 45 DAY COMMENT CHART – ADDITIONAL COMMENTS BY BRENDA RAMIREZ	NAME OF PERSON/ AFFILIATION	RESPONSE	ACTION
<p>Approach to Chronic Pain Management – Paragraph 6</p>	<p>approved FDA labeling, he or she has the responsibility to be well informed about the medication and <del>confident</del> <b>if it is not specifically recommended in the MTUS Chronic Pain Guidelines, to provide medical evidence</b> that its use is scientific and evidence based. When effective, medications should provide a degree of analgesia that allows the patients to engage in rehabilitation, improvement of basic activities of daily living, and/or <b>possibly</b> return to work.</p> <p>Commenter opines that if off-label use of a drug is not specifically “recommended” in the MTUS Chronic Pain Guidelines, providing medical evidence that its off-label use is nonetheless reasonably required to cure or relieve the injured worker from the effects of his or her injury, is reasonable necessary to protect the injured worker from unnecessary and deleterious care.</p> <p>Return to work is a primary goal.</p>	<p>Institute (CWCI) September 1, 2015 Written Comment</p>	<p>provide medical evidence”. The phrase “and confident that its use is scientific and evidence based” already includes the condition that the use of the medication is evidence-based.</p> <p>Disagree that “possibly” be removed as not all injured workers are able to return to work.</p> <p>Agree: Per the MTUS, patient treatment decisions need to be supported by the best available medical evidence.</p>	<p>None.</p> <p>None.</p>
<p>Chronic Pain Medical Treatment Guidelines – Pain</p>	<p>Commenter recommends removing the bracket “(“ before Therefore.</p>	<p>Brenda Ramirez Claims &amp; Medical Director</p>	<p>Agree. There is a typographical error.</p>	<p>Typo removed at 15 day comment period.</p>

MTUS CHRONIC PAIN AND OPIOIDS TREATMENT GUIDELINES	ADDENDUM TO 45 DAY COMMENT CHART – ADDITIONAL COMMENTS BY BRENDA RAMIREZ	NAME OF PERSON/ AFFILIATION	RESPONSE	ACTION
Outcomes and Endpoints – Paragraph 1		California Workers’ Compensation Institute (CWCI) September 1, 2015 Written Comment		
Chronic Pain Medical Treatment Guidelines – Pain Outcomes and Endpoints – Paragraph 3	<p>Commenter recommends the following revised language:</p> <p>Chronic pain is often associated with an overall reduction in the patient’s quality of life <del>which-and</del> may <del>lead to</del> <b>be associated with</b> depression, anxiety, impaired social and physical function, and sleep disturbance.</p> <p>Commenter opines that it is more accurate to describe these factors as associated.</p>	Brenda Ramirez Claims & Medical Director California Workers’ Compensation Institute (CWCI) September 1, 2015 Written Comment	Disagree. Current language “Chronic pain is often associated with an overall reduction in the patient’s quality of life which may lead to depression, anxiety, impaired social and physical function and sleep disturbance” already contains qualifying words “often associated with” and “which may lead to” and is accurate as written without further qualifiers.	None.
Chronic Pain Medical Treatment Guidelines – Pain Outcomes and Endpoints – Paragraph 4	<p>Commenter recommends the following revised language:</p> <p>If the patient taking controlled substances to treat chronic pain experiences decreased pain and can demonstrate increased <del>ed</del>ing levels of function <del>or-and</del> improved quality of life, then the treatment <del>has had is</del> <b>having</b> a satisfactory outcome.</p>	Brenda Ramirez Claims & Medical Director California Workers’ Compensation Institute (CWCI) September 1, 2015 Written Comment	Disagree that the suggested language changes the intent or meaning of the original “If the patient taking controlled substances to treat chronic pain experiences decreased pain and can demonstrate increased level of function or improved quality of life, then the treatment has had a satisfactory outcome.”	None.

MTUS CHRONIC PAIN AND OPIOIDS TREATMENT GUIDELINES	ADDENDUM TO 45 DAY COMMENT CHART – ADDITIONAL COMMENTS BY BRENDA RAMIREZ	NAME OF PERSON/ AFFILIATION	RESPONSE	ACTION
	<p>Commenter opines that the language should not inadvertently suggest permanent dependency on controlled substances.</p>		<p>Disagree that current language in any way suggests permanent dependency on controlled substances in describing the conditions for a satisfactory outcome, although these two criteria are a challenge to meet. Opioid therapy and dependency are clearly described elsewhere in the Opioids Treatment Guidelines.</p>	None.
<p>Chronic Pain Medical Treatment Guidelines – Part 2 – Acetaminophen</p>	<p>Commenter recommends creating an additional column labeled part 2 and relocating the following:</p> <p>Recommended for treatment of <del>acute pain</del>, chronic pain and acute exacerbations of chronic pain.</p> <p>Recommended as an initial treatment for mild to moderate pain, in particular, for those with gastrointestinal, cardiovascular and renovascular risk factors.</p> <p>Commenter recommends deleting the following:</p> <p><del>Acute pain: Recommended as an initial choice for treatment of acute</del></p>	<p>Brenda Ramirez Claims &amp; Medical Director California Workers' Compensation Institute (CWCI) September 1, 2015 Written Comment</p>	<p>Disagree: The procedure topic “Acetaminophen” has been adopted directly from ODG’s Pain (Chronic) guideline. DWC is not able to modify the format or recommendations made by the ODG guideline.</p> <p>Disagree that the short sentence recommending acetaminophen for acute pain should be deleted, it is left in for informational reasons for</p>	None.

MTUS CHRONIC PAIN AND OPIOIDS TREATMENT GUIDELINES	ADDENDUM TO 45 DAY COMMENT CHART – ADDITIONAL COMMENTS BY BRENDA RAMIREZ	NAME OF PERSON/ AFFILIATION	RESPONSE	ACTION
	<p><del>pain. See <a href="#">Medications for acute pain (analgesics)</a>. <i>Osteoarthritis:</i></del></p> <p><u>Dose:</u></p>		the treating physician and chronic pain patients may also experience acute pain at the same time as discussed in the introduction to the guideline.	
Chronic Pain Medical Treatment Guidelines – Part 2 – Actiq (oral transmucosal fentanyl lollipop)	<p>Commenter recommends creating an additional column labeled part 2 and relocating the following:</p> <p>Not recommended for chronic non-cancer pain.</p>	Brenda Ramirez Claims & Medical Director California Workers' Compensation Institute (CWCI) September 1, 2015 Written Comment	Disagree. DWC is not able to modify the format or recommendations made by the ODG guideline.	None.
Chronic Pain Medical Treatment Guidelines – Part 2 - Acupuncture	<p>Commenter recommends creating an additional column labeled part 2 and relocating the following:</p> <p>See the MTUS Acupuncture Treatment Guidelines for recommendations.</p>	Brenda Ramirez Claims & Medical Director California Workers' Compensation Institute (CWCI) September 1, 2015 Written Comment	Disagree. DWC is not able to modify the format or recommendations made by the ODG guideline.	None.
Chronic Pain Medical Treatment Guidelines – Part 2 - Aldendronate	<p>Commenter recommends creating an additional column labeled part 2 and relocating the following:</p> <p>See Bisphosphonates.</p>	Brenda Ramirez Claims & Medical Director California Workers' Compensation Institute (CWCI) September 1, 2015 Written Comment	Disagree. DWC is not able to modify the format or recommendations made by the ODG guideline.	None.
Chronic Pain	Commenter recommends creating an	Brenda Ramirez	Disagree. DWC is not able to	None.

MTUS CHRONIC PAIN AND OPIOIDS TREATMENT GUIDELINES	ADDENDUM TO 45 DAY COMMENT CHART – ADDITIONAL COMMENTS BY BRENDA RAMIREZ	NAME OF PERSON/ AFFILIATION	RESPONSE	ACTION
Medical Treatment Guidelines – Part 2 – Alexander technique	additional column labeled part 2 and relocating the following:  See Education.	Claims & Medical Director California Workers' Compensation Institute (CWCI) September 1, 2015 Written Comment	modify the format or recommendations made by the ODG guidelines.	
Chronic Pain Medical Treatment Guidelines – Part 2 – Alprazolam	Commenter recommends creating an additional column labeled part 2 and relocating and revising the following:  Not recommended for <b>treatment of chronic pain</b> or for long-term use.	Brenda Ramirez Claims & Medical Director California Workers' Compensation Institute (CWCI) September 1, 2015 Written Comment	Disagree. DWC is not able to modify the format or change recommendations made by the ODG guideline.	None.
Chronic Pain Medical Treatment Guidelines – Part 2 – Amitriptyline	Commenter recommends creating an additional column labeled part 2 and relocating the following:  Recommended.	Brenda Ramirez Claims & Medical Director California Workers' Compensation Institute (CWCI) September 1, 2015 Written Comment	Disagree. DWC is not able to modify the format or recommendations made by the ODG guideline.	None.
Chronic Pain Medical Treatment Guidelines – Part 2 – Antidepressants for Chronic Pain	Commenter recommends creating an additional column labeled part 2 and relocating the following:  Recommended as a first-line option for neuropathic pain, and as a possibility for non-neuropathic pain.	Brenda Ramirez Claims & Medical Director California Workers' Compensation Institute (CWCI) September 1, 2015	Disagree. DWC is not able to modify the format or recommendations made by the ODG guideline.	None.

MTUS CHRONIC PAIN AND OPIOIDS TREATMENT GUIDELINES	ADDENDUM TO 45 DAY COMMENT CHART – ADDITIONAL COMMENTS BY BRENDA RAMIREZ	NAME OF PERSON/ AFFILIATION	RESPONSE	ACTION
	<p>Commenter recommends specifying conditions for non-neuropathic pain.</p> <p>Commenter recommends the following deletion:</p> <p><del>Other recent reviews recommend both tricyclic antidepressants and SNRIs (i.e., duloxetine and venlafaxine) as first line options. (Dworkin, 2007) (Finnerup, 2007).</del></p> <p>Commenter requests that the Division delete or clarify if the Chronic Pain Medical Treatment Guideline is recommending the use of both tricyclic antidepressants and SNRIs for chronic pain, otherwise this will foster confusion and disputes over whether this is an MTUS-recommended treatment.</p>	Written Comment	<p>Disagree. DWC is unable to amend content to the adopted ODG Pain (Chronic) guideline. The various types of pain, e.g. nociceptive, inflammatory, neuropathic, and unknown causes are described in Part I: Introduction, and examples are given there.</p> <p>Disagree that the findings of Dworkin and Finnerup be deleted. The purpose of the guideline is to provide the best available medical evidence and the inclusion of these findings support the use of SNRIs in addition to tricyclic antidepressants. It is important to include this information as not all patients may tolerate a tricyclic antidepressant. The UR and IMR review processes are done by medical reviewers who are well informed on the medical evidence.</p>	<p>None.</p> <p>None.</p>

MTUS CHRONIC PAIN AND OPIOIDS TREATMENT GUIDELINES	ADDENDUM TO 45 DAY COMMENT CHART – ADDITIONAL COMMENTS BY BRENDA RAMIREZ	NAME OF PERSON/ AFFILIATION	RESPONSE	ACTION
	<p>Commenter requests that the Division specify the conditions included for Non-neuropathic pain.</p> <p>Commenter recommends the following deletion:</p> <p><del>In guidelines for painful rheumatic conditions recommended by Perrot, it was suggested that antidepressants may be prescribed as analgesics in non-depressed patients, with the first-line choice being tricyclics initiated at a low dose, increasing to a maximally tolerated dose. (Perrot, 2006)</del></p> <p>Commenter requests that the Division delete or clarify the Chronic Pain Medical Treatment Guideline is recommending this treatment for chronic pain, otherwise she opines that this will foster confusion an dispute over whether or not this treatment is recommended in the MTUS.</p> <p>Commenter recommends that the Division delete the Fibromyalgia segment unless there is a recommendation for the MTUS</p>		<p>Disagree that non-neuropathic conditions be specified, see comment above.</p> <p>Disagree. The findings of Perrot do support the recommendation that antidepressants are an option for the treatment of non-neuropathic pain, the first choice being tricyclics initiated at a low dose. There should be no confusion or disputes as they are in fact recommended by the MTUS.</p> <p>Disagree that the section on fibromyalgia be deleted. It provides the known medical evidence and is helpful to</p>	<p>None.</p> <p>None.</p> <p>None.</p>

MTUS CHRONIC PAIN AND OPIOIDS TREATMENT GUIDELINES	ADDENDUM TO 45 DAY COMMENT CHART – ADDITIONAL COMMENTS BY BRENDA RAMIREZ	NAME OF PERSON/ AFFILIATION	RESPONSE	ACTION
	<p>Chronic Pain Guidelines that is supported by the studies that follow.</p> <p>Commenter recommends the following be deleted:</p> <p><del>Refer to MTUS Low Back Complaints</del></p> <p>Commenter requests that this be deleted or clarified.</p> <p>Commenter requests that the Division specific recommendation in regarding to Antidepressant discontinuation.</p> <p>Commenter recommends creating an additional column labeled part 2 and relocating and revising the following:</p>		<p>clinicians and physician reviewers, especially as it discusses relative known benefits and harms from specific drugs.</p> <p>Disagree. This refers the reader to the MTUS Low Back Complaints guideline, which replaces a link to the non-MTUS ODG guideline for the low back.</p> <p>Disagree. DWC is not able add specific recommendations, they are made by ODG. The subject of discontinuation is clearly complex and the strategy needs to be made on a case by case basis as demonstrated by the medical evidence discussed in this section.</p> <p>Disagree with recommendation to reformat the guideline as DWC is unable to alter the</p>	<p>None.</p> <p>None.</p> <p>None.</p>

MTUS CHRONIC PAIN AND OPIOIDS TREATMENT GUIDELINES	ADDENDUM TO 45 DAY COMMENT CHART – ADDITIONAL COMMENTS BY BRENDA RAMIREZ	NAME OF PERSON/ AFFILIATION	RESPONSE	ACTION
	<p>Tricyclic antidepressants are recommended over selective serotonin reuptake inhibitors (SSRIs), unless adverse reactions are a problem.</p> <p>Tricyclics are <del>contraindicated</del> <b>not recommended</b> in patients with cardiac conduction disturbances and/or decompensation (they can produce heart block and arrhythmias) as well as for those patients with epilepsy. For patients &gt; 40 years old, a screening ECG is recommended prior to initiation of therapy.</p> <p>To minimize side effects, it is <del>suggested</del> <u>recommended</u> that titration <del>should</del> be slow and based on the patient’s response.</p> <p>Duloxetine is recommended as a first-line option for diabetic neuropathy.</p> <p>It is <del>suggested</del> <u>recommended</u> increased risk for GI bleeding be discussed with patients that have other</p>		<p>format of the adopted ODG guideline. See above.</p> <p>Disagree that DWC can make the suggested revision in the ODG Guideline.</p> <p>Disagree that “suggested” be replaced by “recommended” as that conveys a stronger strength of evidence and DWC is unable to make such revisions in the ODG Guideline.</p> <p>Disagree. DWC is unable to insert “recommended” for the Duloxetine entry in the adopted ODG guideline.</p> <p>Disagree. DWC is unable to</p>	<p>None.</p> <p>None.</p> <p>None.</p> <p>None.</p>

MTUS CHRONIC PAIN AND OPIOIDS TREATMENT GUIDELINES	ADDENDUM TO 45 DAY COMMENT CHART – ADDITIONAL COMMENTS BY BRENDA RAMIREZ	NAME OF PERSON/ AFFILIATION	RESPONSE	ACTION
	risks for GI bleeding.		replace “suggested” with “recommended” as they do not convey the same strength of evidence and DWC is unable to make such revisions in the ODG Guideline.	
Chronic Pain Medical Treatment Guidelines – Part 2 – Antiemetics (for opioid nausea)	<p>Commenter recommends creating an additional column labeled part 2 and relocating and revising the following:</p> <p>Not recommended for nausea and vomiting secondary to chronic opioid use. <del>Recommended for acute use as noted below per FDA-approved indications.</del></p> <p>Commenter recommends that the Division make specific recommendations.</p>	Brenda Ramirez Claims & Medical Director California Workers’ Compensation Institute (CWCI) September 1, 2015 Written Comment	<p>Disagree with recommendation to reformat the guideline as Disagree. DWC is unable to alter the format of the adopted ODG guideline. See above.</p> <p>Disagree. Information on acute use may be left in to clarify that it is not used for chronic opioid use.</p> <p>Disagree that DWC made a specific recommendation. Recommendations are only made by ODG, the guideline developer. DWC is unable to change ODG recommendations</p>	<p>None.</p> <p>None.</p> <p>None.</p>
Chronic Pain Medical Treatment Guidelines – Part 2 – Anti-epilepsy drugs (AEDs) for	<p>Commenter recommends creating an additional column labeled part 2 and relocating the following:</p> <p>Recommended for some neuropathic</p>	Brenda Ramirez Claims & Medical Director California Workers’ Compensation	Disagree. DWC is unable to alter the format of the adopted ODG guideline. See above.	None.

MTUS CHRONIC PAIN AND OPIOIDS TREATMENT GUIDELINES	ADDENDUM TO 45 DAY COMMENT CHART – ADDITIONAL COMMENTS BY BRENDA RAMIREZ	NAME OF PERSON/ AFFILIATION	RESPONSE	ACTION
pain	<p>pain (pain due to nerve damage).</p> <p>Commenter recommends that the Division make specific recommendations.</p> <p><i>Painful polyneuropathy:</i> AEDs are recommended on a trial basis (gabapentin/pregabalin) as a first-line therapy for painful polyneuropathy. Commenter recommends that the Division specify conditions for tricyclic antidepressants and SNRI antidepressants.</p> <p>Postherpetic neuralgia: Gabapentin and Pregabalin are recommended.</p> <p>Commenter recommends that the following be deleted:</p> <p><del><i>Central pain:</i> There are so few trials (with such small sample size) that treatment is generally based on that recommended for peripheral neuropathy, with gabapentin and pregabalin recommended. Lamotrigine has been found to be effective for</del></p>	<p>Institute (CWCI) September 1, 2015 Written Comment</p>	<p>Disagree. Individual drugs and disease states are appropriately discussed within the content of the guideline.</p> <p>Disagree that there be further specification regarding conditions for tricyclic antidepressants and SNRI antidepressants. This is a guideline adopted from ODG and further specification is beyond the scope of the DWC and may be limited by the available evidence.</p> <p>Disagree that available evidence be deleted from the guideline on central pain. Even if evidence is insufficient to form a concrete recommendation, the evidence—or lack of it is still useful for clinicians and reviewers.</p>	<p>None.</p> <p>None.</p> <p>None.</p>

MTUS CHRONIC PAIN AND OPIOIDS TREATMENT GUIDELINES	ADDENDUM TO 45 DAY COMMENT CHART – ADDITIONAL COMMENTS BY BRENDA RAMIREZ	NAME OF PERSON/ AFFILIATION	RESPONSE	ACTION
	<p><del>central post-stroke pain (see below for specific drugs), and gabapentin has also been found to be effective. (Baconja, 2004)</del></p> <p>Commenter requests deletion or the clarification that these MTUS Chronic Pain Guidelines recommend gabapentin and pregablin, and/or lamotrigine.</p> <p>Commenter recommends that the following be deleted:</p> <p><del>Acute pain: Not indicated due to lack of evidence.</del></p> <p>Commenter recommends creating an additional column labeled part 2 and relocating the following:</p> <p>Treatment of pain associated with osteoarthritis of the hip: Not <b>indicated recommended</b> Spinal cord injury:</p>		<p>Disagree. Current format conveys that study sizes remain small for the condition of central pain. DWC is unable to reformat the adopted ODG guideline.</p> <p>Disagree. The guideline gives pertinent evidence on efficacy of medications for chronic pain, but information on acute pain is also informative to the clinician in some contexts, especially as patients may present with mixed types of pain.</p> <p>Disagree. DWC is unable to reformat columns of the adopted ODG guideline. See above.</p> <p>Disagree. DWC is unable to change recommendations from the adopted ODG guideline,</p>	<p>None.</p> <p>None.</p> <p>None.</p> <p>None.</p>

MTUS CHRONIC PAIN AND OPIOIDS TREATMENT GUIDELINES	ADDENDUM TO 45 DAY COMMENT CHART – ADDITIONAL COMMENTS BY BRENDA RAMIREZ	NAME OF PERSON/ AFFILIATION	RESPONSE	ACTION
	<p>Gabapentin is recommended for chronic neuropathic pain.</p> <p>Commenter recommends that the following be deleted:</p> <p><del>CRPS: Gabapentin has been recommended (Serpell, 2002)</del></p> <p>Commenter requests that the Division delete or clarify that these MTUS Chronic Pain Guidelines recommend gabapentin for chronic pain associated with CRPS.</p> <p><del><i>Fibromyalgia: Gabapentin and pregabalin have been found to be safe and efficacious to treat pain and other symptoms. (Arnold, 2007) (Crofford, 2005) Pregabalin is FDA approved for fibromyalgia.</i></del></p> <p>Commenter requests that the Division delete or clarify that these MTUS Chronic Pain Guidelines recommend gabapentin and pregabalin for</p>		<p>use of the term “indicated” is clearly interpreted by clinicians and physician reviewers as “not recommended”, so the language is technically correct.</p> <p>Disagree. Language “Gabapentin has been recommended (Serpell, 2002) and later, “Recommended as a trial” conveys the need that the physician evaluate safety and efficacy in the patient population with CRPS as there is significant but not robust evidence to support a more affirmative recommendation.</p> <p>Disagree. DWC is unable to establish a more definitive recommendation from the guideline adopted from ODG.</p>	<p>None.</p> <p>None.</p>

MTUS CHRONIC PAIN AND OPIOIDS TREATMENT GUIDELINES	ADDENDUM TO 45 DAY COMMENT CHART – ADDITIONAL COMMENTS BY BRENDA RAMIREZ	NAME OF PERSON/ AFFILIATION	RESPONSE	ACTION
Chronic Pain Medical Treatment Guidelines – Part 2 – Chronic pain programs (Functional restoration programs [FRPs])	<p>fibromyalgia pain.</p> <p>Commenter recommends creating an additional column labeled part 2 and relocating the following:</p> <p>Recommended where there is access to programs with proven successful outcomes (i.e., decreased pain and medication use, improved function and return to work, decreased utilization of the health care system), for patients with conditions that have resulted in “Delayed recovery.”</p> <p>Commenter recommends creating an additional column labeled part 2 and relocating and revising the following:</p> <p>Outpatient pain rehabilitation programs <u>are recommended if all</u> <del>may be considered medically necessary in</del> the following circumstances <u>apply</u>:</p> <p>(1) The patient has a chronic pain syndrome, with evidence of significant loss of function that persists beyond three months and has evidence of three or more of the following:</p> <p>Commenter opines that these changes are necessary to clarify when the</p>	Brenda Ramirez Claims & Medical Director California Workers’ Compensation Institute (CWCI) September 1, 2015 Written Comment	<p>Disagree. DWC is unable to alter the format of the adopted ODG guideline. See above.</p> <p>Disagree. DWC is unable to alter the format of the adopted ODG guideline. See above.</p> <p>Disagree. DWC is unable to change recommendations of the adopted ODG Pain (Chronic) guideline.</p> <p>Disagree. Extensive criteria are provided in this procedure</p>	<p>None.</p> <p>None.</p> <p>None.</p> <p>None.</p>

MTUS CHRONIC PAIN AND OPIOIDS TREATMENT GUIDELINES	ADDENDUM TO 45 DAY COMMENT CHART – ADDITIONAL COMMENTS BY BRENDA RAMIREZ	NAME OF PERSON/ AFFILIATION	RESPONSE	ACTION
	<p>programs are necessary and that too often patients are inappropriately referred when the loss of function is insignificant.</p> <p>Commenter recommends creating an additional column labeled part 2 and relocating and revising the following in reference to inpatient pain rehabilitation:</p> <p>They <del>may be appropriate</del> <u>are recommended</u> for patient who meet one or more of the following criteria.</p> <p>Commenter opines that further clarification is necessary.</p>		<p>topic.</p> <p>Disagree. DWC is unable to alter the format of the adopted ODG guideline. See above.</p> <p>Disagree. DWC is unable to alter language regarding ODG guideline recommendations. The medical literature on this topic is evolving and is reflected in the language.</p>	<p>None.</p> <p>None.</p>