

MTUS – ASTHMA AND LUNG FORUM COMMENTS

Sharon L. Hulbert, Assistant General Counsel
The Zenith

October 26, 2015

Zenith appreciates the opportunity to provide comment on the 1st Forum for the draft Guidelines for Occupational/Work-Related Asthma, Interstitial Lung Disease. Zenith supports the addition of guidelines for both asthma and interstitial lung disease. Zenith has limited its comments to high level suggestions and provided examples to illustrate the comment.

1. A review should be conducted to be sure definitions are clear and that terminology used has only a single definition. This will help avoid conflict and confusion in the regulations. Including a definitions section, as has been done for other MTUS guidelines, would be very helpful in this regard.

For example, in the Work Exacerbated Asthma section on page 6, one definition is used in the second paragraph of the section on Impact and further down another definition is used in the third paragraph under Work-Related Asthma. Zenith recommends that a single definition be used and believes the most appropriate definition is:

Work Exacerbated Asthma is the activation of preexistent asthma or bronchial hyper-responsiveness by many factors such as temperature, exercise, dust, or low level irritants.

2. Tables need to be compared against the guidelines to make sure they align and that every item either has a recommendation or it is clear that a recommendation was not provided on purpose. For example, Table 1 on page 6 does not include a recommendation for Spirometry. Zenith does not necessarily believe this needs to change since the rationale could be that spirometry is a screening tool, not a diagnostic tool. However, since most items do include a recommendation, it would be helpful to include language that shows the omission was deliberate and not accidental. Therefore, we suggest including the phrase “No recommendation” to make the intent clear.
3. On page 11, a discussion is inserted regarding Complications and Comorbid Conditions Relevant to Work. It was not immediately clear to Zenith why the discussion was included because it appears to be more related to causality than medical necessity of treatment. The discussion is very broad and could lead readers to conclude that many medical conditions related to asthma are work related. Zenith does not disagree with the premise that asthma manifests itself in many different ways but is concerned about the inferences to be drawn from the discussion. The fact that a person may have one of the conditions does not make the condition compensable under workers’ compensation. Additionally, utilization review is normally focused on whether or not the treatment being proposed is medically necessary, not whether the condition is causally related to work. Causality generally is addressed outside of the medical necessity arena. Therefore, Zenith suggests either removing the section or including a discussion on causality to clarify the intent of the section. If the section is retained, Zenith suggests including the

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seven factors set forth under the Hill’s causality analysis approach in either this or the etiology section on page 9 of the guidelines. See, e.g., Epidemiologic Considerations In Occupational Asthma, William G. Hughson, MD, DPhil, FRCP(C), FCCP, Occupational Asthma and Allergies, Volume 12, Number 4, November 1992. This would provide guidance to providers on how to determine whether the condition is related to work or not, which is key. If the Hill’s causality analysis or a similar discussion is not included, Zenith recommends the entire section be removed.

4. Under Medical Surveillance on page 102 Recommendation: Management of Asthma (Respiratory Protective Devices), it states that respiratory protective devices are not recommended. Zenith agrees that respiratory protective devices should not be used as standalone treatment. However, there may be occasions when the use of a respiratory protective device is appropriate to assist in short term management of asthma. Therefore, we recommend the following changes:

The use of respiratory protective devices is not recommended as a safe approach for managing asthma, especially in the long-term and in patients with severe asthma. Not recommended as a standalone intervention but may be appropriate when used short term in conjunction with other efforts to reduce or eliminate exposure.

Strength of Evidence – **Not Recommended as standalone treatment, Insufficient Evidence (I)**

Level of Confidence – High

Lisa Anne Forsythe, Senior Consultant
Regulatory Business Analysis
Coventry Work Comp Services

October 26, 2015

Coventry would like to offer its support for the new guidelines as proposed, as a step towards continuing to expand the scope of industrial conditions specifically covered in the Medical Treatment Utilization Schedule. The proposed guidelines reference 2 key occupationally-related illnesses that play a crucial role in the Workers’ Compensation arena, underscoring the need for treatment guidelines for industrially-related illnesses in addition to the traditional focus on specific, acute, industrial-related injuries. Having benchmark standards in place for these types of conditions is beneficial to injured workers to ensure that consistent, high-quality care is administered.

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Brenda Ramirez, Claims & Medical Director
California Workers' Compensation Institute

October 26, 2015

The California Workers' Compensation Institute supports the addition of guidelines for Occupational/Work Related Asthma and Occupational Interstitial Lung Disease as drafted in Sections 9792.23.10 and 9792.23.11, adopting and incorporating by reference into the MTUS the Occupational/Work Related Asthma Guideline and the Occupational Interstitial Lung Disease Guideline from the ACOEM Practice Guidelines of June 26, 2015. The Institute believes that the Guidelines will benefit injured employees by providing treating, evaluating and reviewing physicians with guidance on the most effective treatment for these difficult occupational conditions, based on the best available medical evidence.

Karen L. Sims, Claims Operations Manager
State Compensation Insurance Fund

October 26, 2015

State Compensation Insurance Fund appreciates the opportunity to provide input regarding the Division of Workers' Compensation's (DWC) proposed revisions to Medical Treatment Utilization Schedule (MTUS) Regulations, specifically adding two new sections regarding Occupational/Work-Related Asthma and Occupational Interstitial Lung Disease Guidelines. State Fund has no comments and agrees with the DWC for adopting these guidelines.