

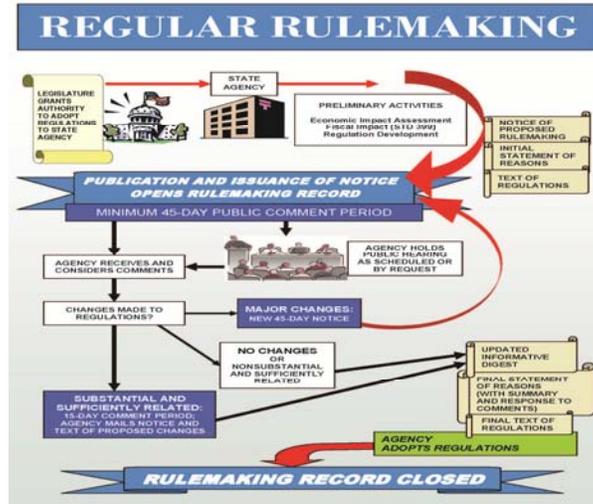
Medical Treatment Utilization Schedule (MTUS): Rulemaking

John G. Cortes, Industrial Relations Counsel
Division of Workers' Compensation
2016 DWC Educational Conference
Los Angeles, February 25-26, 2016
Oakland, March 3-4, 2016

Presentation Outline

- I. Overview of the Rulemaking Process**
- II. Current MTUS Rulemaking**
- III. Future MTUS Rulemaking Plans**

I. Overview of the Rulemaking Process



I. Overview of the Rulemaking Process

- The Office of Administrative Law will have 30 business days to review the final submission.
- If approved the regulations will become effective on a quarterly basis unless:
 1. The effective date is prescribed by statute;
 2. A later date prescribed by the state agency;
 3. The state agency makes a written request that demonstrates good cause for an earlier effective date;



II. Current MTUS Rulemaking

- Rulemaking was completed for the Evaluating Medical Evidence regulations, amending California Code of Regulations, title 8, sections 9792.20-9792.26. Regulations became effective April 20, 2015.
- The DWC purposely choose to complete this rulemaking first because it provides a regulatory road map:
 1. For the role of the MTUS;
 2. How to apply the MTUS (based on EBM);
 3. For treatment outside of the recommended guidelines set forth in the MTUS;
 4. The methodology for evaluating competing recommendations.

II. Current MTUS Rulemaking

- The DWC is currently in the rulemaking process for the MTUS' Chronic Pain Medical Treatment Guidelines and the Opioids Treatment Guidelines, sections 9792.24.2 and 9792.24.4.
- Formal rulemaking began on July 17, 2015.
- September 1, 2015 Public Hearing in Oakland, CA. Which also marked the end of the 45-Day Comment Period.
- December 4 – 19, we completed our First 15-Day Comment Period.
- Must be completed by July 17, 2016.

II. Current MTUS Rulemaking

Example comments received regarding the MTUS Rulemaking:

- “The Chronic Pain Medical Treatment Guidelines should be automatically updated whenever the Official Disability Guidelines (ODG) are updated.”
- “Disagrees that there is no regulatory authority to allow for the MTUS to be automatically updated and pointed out the Official Medical Fee Schedule is automatically updated.”
- “The DWC should adopt ODG’s Chronic Pain Medical Treatment Guidelines without modification.”
- “ACOEM’s Opioid Guidelines should be adopted”
- “Low Back section of the proposed MTUS Chronic Pain Medical Treatment Guidelines refers to the outdated MTUS Low Back section.”
- “As often as possible the MTUS needs to use the word “shall” instead of “should.”

II. Future MTUS Rulemaking Plans

All of the Clinical Topic medical treatment guidelines will be updated, section 9792.23 *et. seq.*

- Neck and Upper Back Complaints - section 9792.23.1
- Shoulder Complaints - section 9792.23.2
- Elbow Disorders - section 9792.23.3
- Forearm, Wrist, and Hand Complaints - section 9792.23.4
- Low Back Complaints - section 9792.23.5
- Knee Complaints - section 9792.23.6
- Ankle and Foot Complaints - section 9792.23.7
- Stress Related Conditions - section 9792.23.8
- Eye - section 9792.23.9

II. Future MTUS Rulemaking Plans

- We already began the process of updating all of the Clinical Topic medical treatment guidelines. The process started on October 16, 2015 with the 10-Day Public Forum for two new additional guidelines:
 1. Occupational/Work Related Asthma Guideline, section 9792.23.10
 2. Occupational Interstitial Lung Disease Guideline, section 9792.23.11
- We will continue to post 10-Day Public Forums for our proposed updates to all of the Clinical Topic medical treatment guidelines.
- Once completed, we will combine into one rulemaking package and submit to the Office of Administrative Law.
- We plan on beginning the formal rulemaking process before the end of this Summer.

II. Future MTUS Rulemaking Plans

- Challenging the MTUS? Outdated?
- Remember a regulatory process is already in place...



Chronic Pain Treatment Guidelines

Medical Treatment Utilization Schedule

Ray Meister, MD, MPH
Associate Medical Director
Division of Workers' Compensation

Why a Guideline for Chronic Pain?

- Public Health problem
- Significant factor in delayed recovery
- Major reason for medical treatment disputes in the workers' compensation system



- *“A key goal of these guidelines is to incentivize a multidisciplinary approach to chronic pain treatment to restore function and reduce pain and ultimately to encourage return to work following injury.*

- *The guidelines promote an evidence-based, comprehensive approach to treating pain, emphasizing measures that prevent or reduce chronic pain, suffering, and disability.”*

- *Rupali Das, M.D., DWC Executive Medical Director*

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Chronic Pain Medical Treatment Guidelines

- Current Guidelines:

Based on “frozen” 2009 adaptation of Official Disability Guidelines (ODG), published by Work Loss Data Institute

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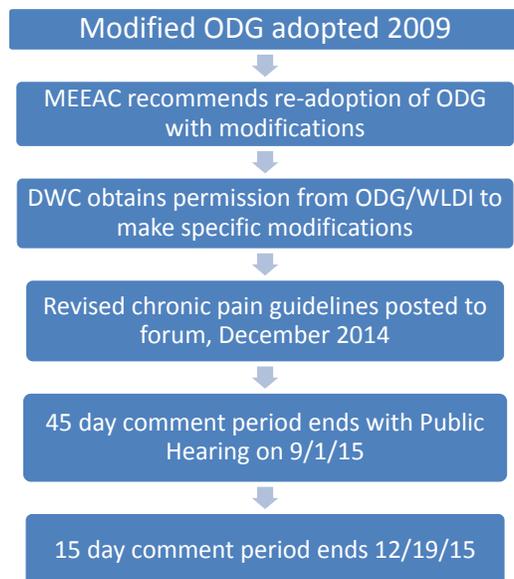
Chronic Pain Medical Treatment Guidelines

- 2015 Version
 - Based on edited version of ODG “Treatment in Workers’ Compensation—Chapter on Pain (Chronic)”
 - ODG modified to include introduction based on MEEAC* input and other changes
 - Changes made in conjunction with MEEAC
 - Based on best medical evidence & scientific studies

**Medical Evidence Evaluation Advisory Committee (MEEAC)*

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Chronic Pain Medical Treatment Guidelines



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Chronic Pain Medical Treatment Guidelines

Part 1: Introduction

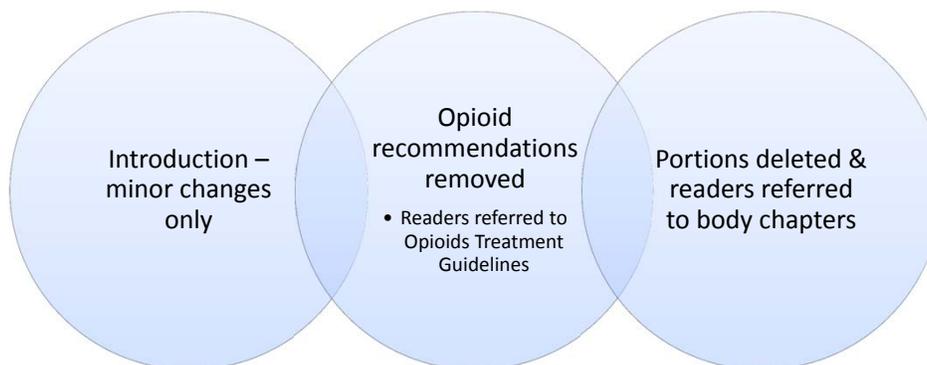
- » Definitions
- » Overview
- » Pain Mechanisms
- » Models
- » Risk Stratification
- » Assessment Approaches
- » Functional Restoration Approach
- » Pain Outcomes and Endpoints
- » Conclusion

Part 2: Pain Interventions and Treatments

Bibliography, Reference Summaries

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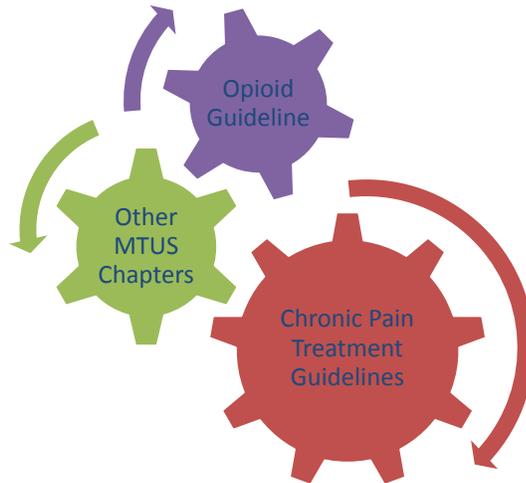
Chronic Pain: Modifications Made to ODG



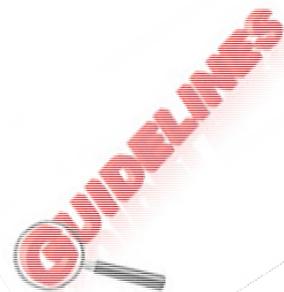
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Chronic Pain Medical Treatment Guidelines

integrate with other MTUS Chapters



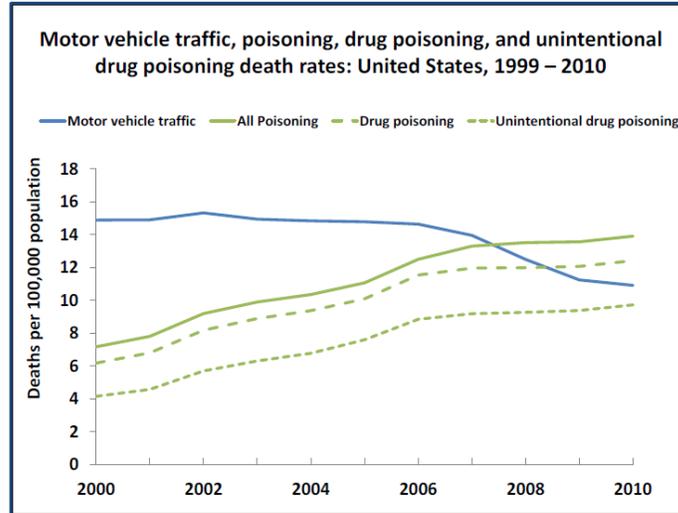
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for the Use of Opioids to Treat Work-Related Injuries

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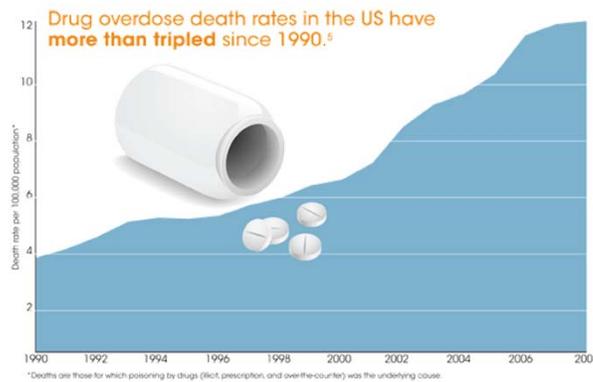
Unintentional Drug Deaths Rise



NCHS 2012

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CDC declares “national epidemic”



[CDC. Vital Signs: Overdoses of Prescription Opioid Pain Relievers—United States, 1999-2008. MMWR 2011; 60: 1-6](#)

100 people die from drug overdoses every day in the United States.

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Nationally, death rates from prescription opioid pain reliever (OPR) overdoses quadrupled during 1999–2010...

Centers for Disease Control and Prevention, MMWR, Vol. 63,
No. 39, Oct. 3, 2014

Morbidity and Mortality Weekly Report (MMWR)
Increases in Drug and Opioid Overdose
Deaths — United States, 2000–2014
January 1, 2016

- The rate for drug overdose deaths has increased approximately 140% since 2000, driven largely by opioid overdose deaths.
- Drug overdose deaths increased significantly from 2013 to 2014.
- Efforts to encourage safer prescribing of opioid pain relievers should be strengthened.

Guideline for the Use of Opioids to Treat Work-Related Injuries

MEEAC Work on Guidelines Begins December 2012

DWC Forum Posting April 2014

45 day comment period ends with Public Hearing on 9/1/15

15 day comment period ends 12/19/15

Next: Rulemaking continues

<https://www.dir.ca.gov/dwc/DWCPropRegs/MTUS-Opioids-ChronicPain/MTUS-Opioids-ChronicPain.htm>

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DWC Opioid Guidelines Based on Review of Existing Guidelines

- American College of Occupational and Environmental Medicine (ACOEM) (2011, 2014)
- American Pain Society—
American Academy of Pain Medicine
- American Society of Interventional Pain Physicians
- Jurisdictions: Canada; Utah; Washington
- Veterans Administration/Department of Defense
- Work Loss Data Institute: Official Disability Guidelines

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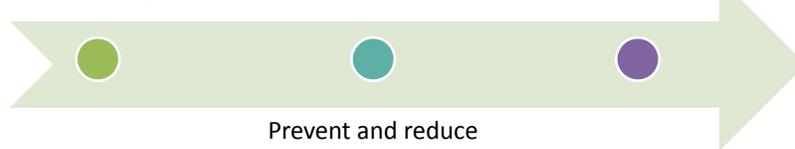
Goals

Evidence-based Opioids Treatment Guidelines

Intended audience is primary care and specialty clinicians, providers of UR & IMR, and insurers

Provide best practices & precautions for safe and effective prescribing

Recommends multidisciplinary treatment, promotes functional restoration



Prevent and reduce opioid-related long-term disability, mortality, and substance misuse/abuse

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Opioid Guidelines: Two Parts

Opioids Treatment Guidelines

- Part 1: Executive Summary, Introduction, and Recommendations
- Part 2: Supplementary Materials

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Recommended Practices

- Not first line of treatment
 - Use of non-opioid modalities
- Use for acute pain when severity warrants
 - Lowest dose, limited time, and no refill
 - Taper to zero within two weeks as possible
- Consult CURES (Controlled Substance Utilization Review and Evaluation System)
- No simultaneous use of CNS depressants
- Caution on potential adverse effects

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Consult / Refer to a Pain Specialist

- To assess the risk-benefit of opioids in complex patients or those at high risk of adverse effects
- At the time of a trial of chronic opioid treatment
- When significant tolerance to opioids is suspected
- To assist with the management of aberrant behavior or patients who have opioid use disorder
- To assist with tapering or weaning regimens
- To assist with other complex issues

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Dose Threshold

- No safe opioid dose has been demonstrated
- For acute, subacute, chronic pain, doses for opioid-naïve patients should not exceed **80 mg/day MED**
 - Dunn 2010, Bohnert 2011, Gomes 2011

<http://www.dir.ca.gov/dwc/dwcwcbforum/Opioids.htm>

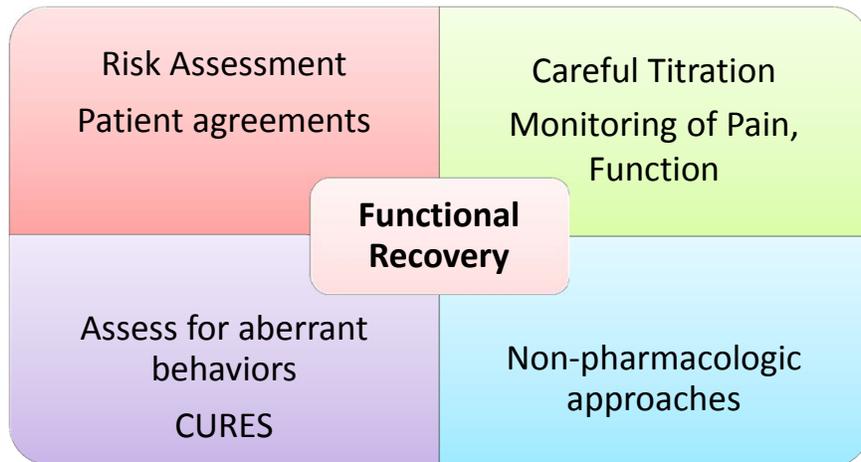
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Dose Threshold

- Consistent recommendations across State agencies:
 - Medical Board of California Guidelines for Prescribing Controlled substance for Pain
 - DWC Guidelines for the Use of Opioids to Treat Work-Related Injuries

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Evidence-based Opioid Guideline



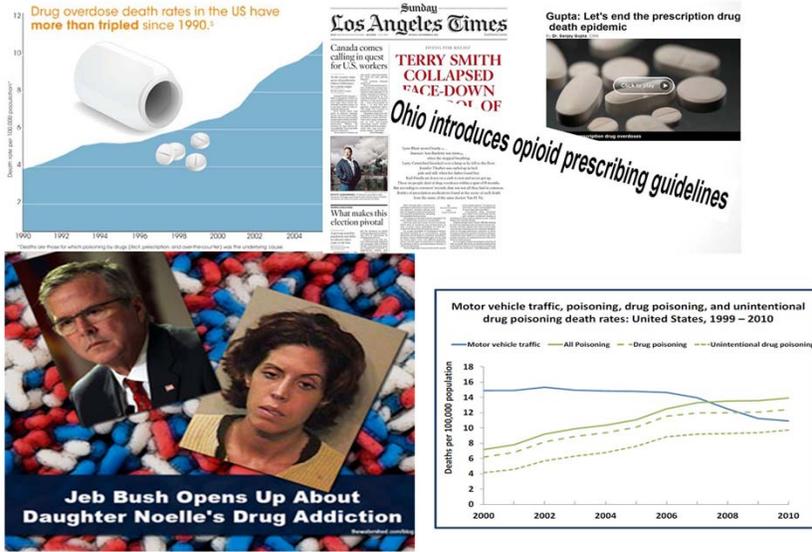
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Physician Education Curriculum

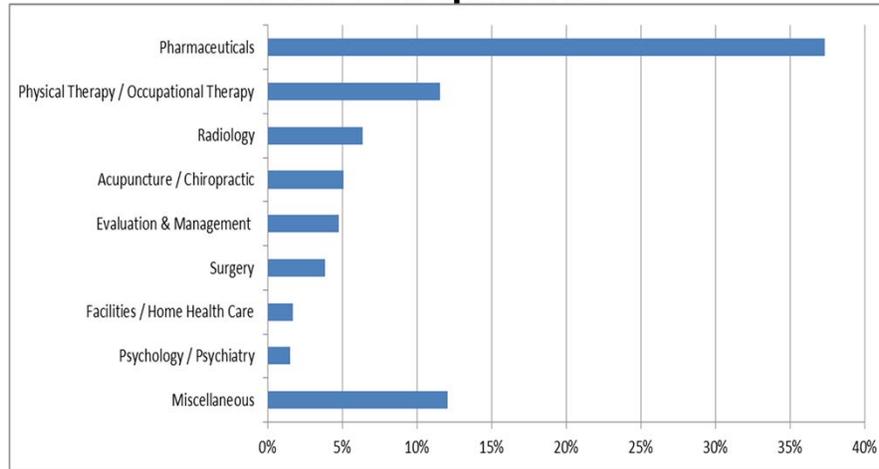
Devika Singh, Division of Workers' Compensation
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Why a need for Physician Education Curriculum?



Deaths do occur, and this is a pattern across the country. Prescription opioids misuse and overdose have become national health issues and the DIR is addressing this with new and updated chapters of the MTUS as well as plans for health care provider education on these topics.

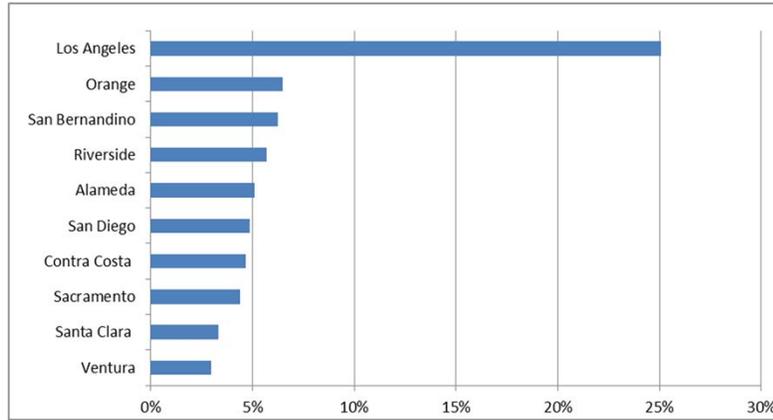
Pharmacy Denials = 37% of all IMR Requests



% Of All July to December 2015 Treatment Request Decisions, N= 105,858

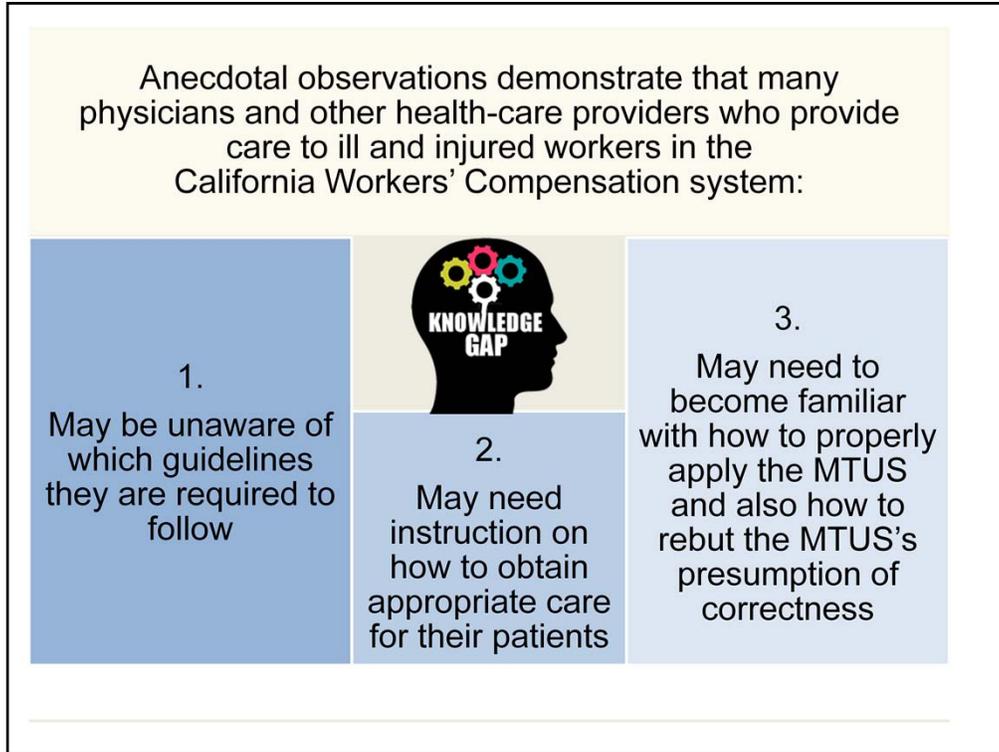
Q3 and Q4 of 2015 in the Independent Medical Review(IMR) system, nearly 37% are denial of opioids and pharmaceuticals.

1 in 4 IMRs originate in L.A. County



% Of All July to December Injured Worker's County of Residence, N= 80,574

1 in 4 IMRs originate in L.A. County. That means about ¼ of IMR's in Q3 and Q4 of last year were from LA County.



Anecdotal observations demonstrate that many physicians and other health-care providers who provide care to ill and injured workers in the California Workers' Compensation system:

- 1) May be unaware of which guidelines they are required to follow
- 2) May need instruction on how to obtain appropriate care for their patients and
- 3) May need to familiarize themselves with how to properly rebut the MTUS's presumption of correctness

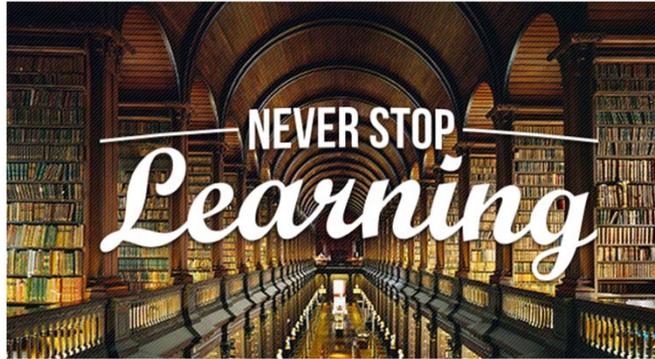
Interestingly enough with the world of workers compensation we do not have any tutorials on how to use the MTUS.

So we are creating a recipe on how to properly apply the MTUS and also how to rebut the MTUS's presumption of correctness

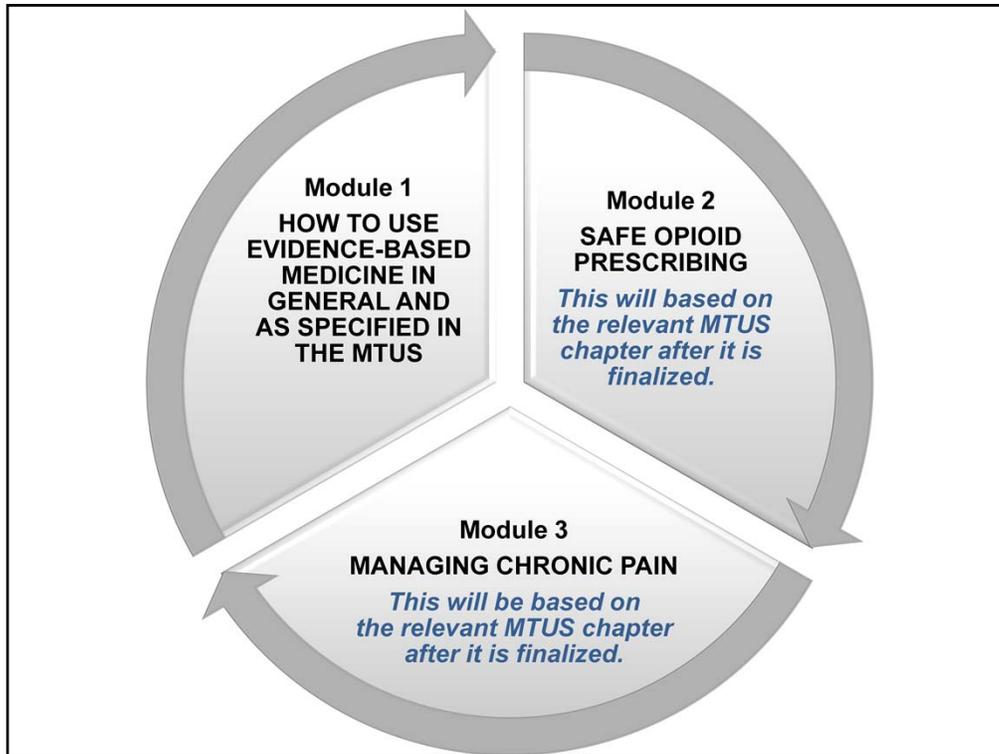
Not only can we create the recipe but we think the online physician education curriculum should be a learning tool for physicians, claims insurers and injured workers.

“The illiterate of the 21st century will not be those who cannot read and write, but those who cannot learn, unlearn and relearn.”

--Alvin Toffler, American writer



From what I hear the MTUS will always be around. This is not speculative guideline. It will be however periodically updated.

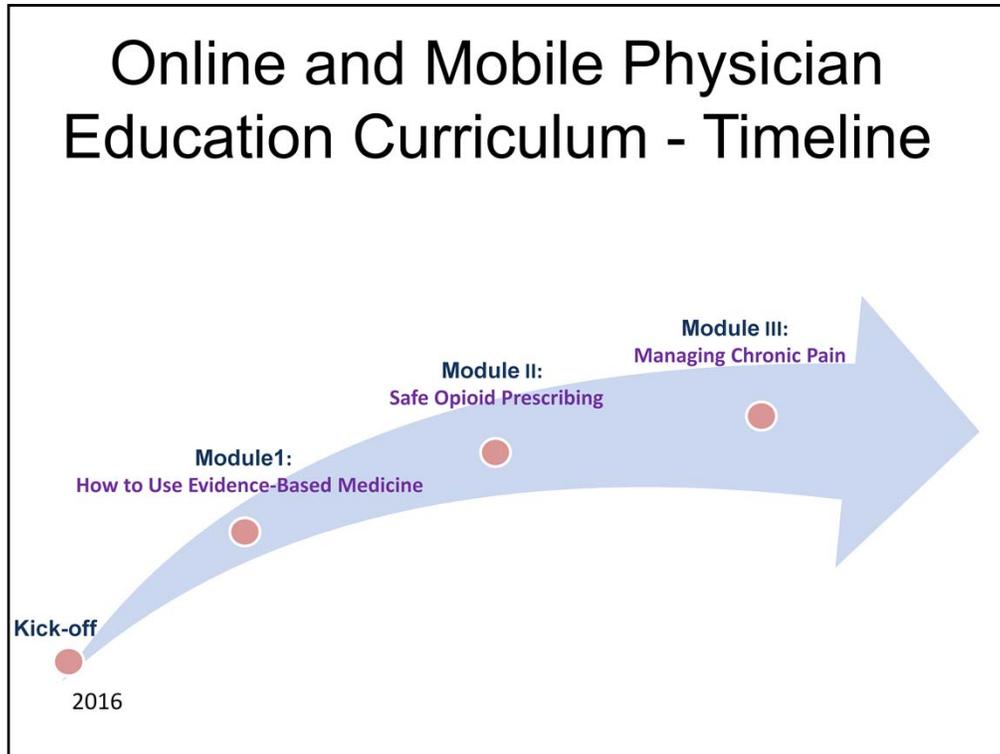


What is the Physician Education curriculum –

- It is currently comprised of 3 tutorials on learning how to use the MTUS.
- The courses will have relevant information from the MTUS

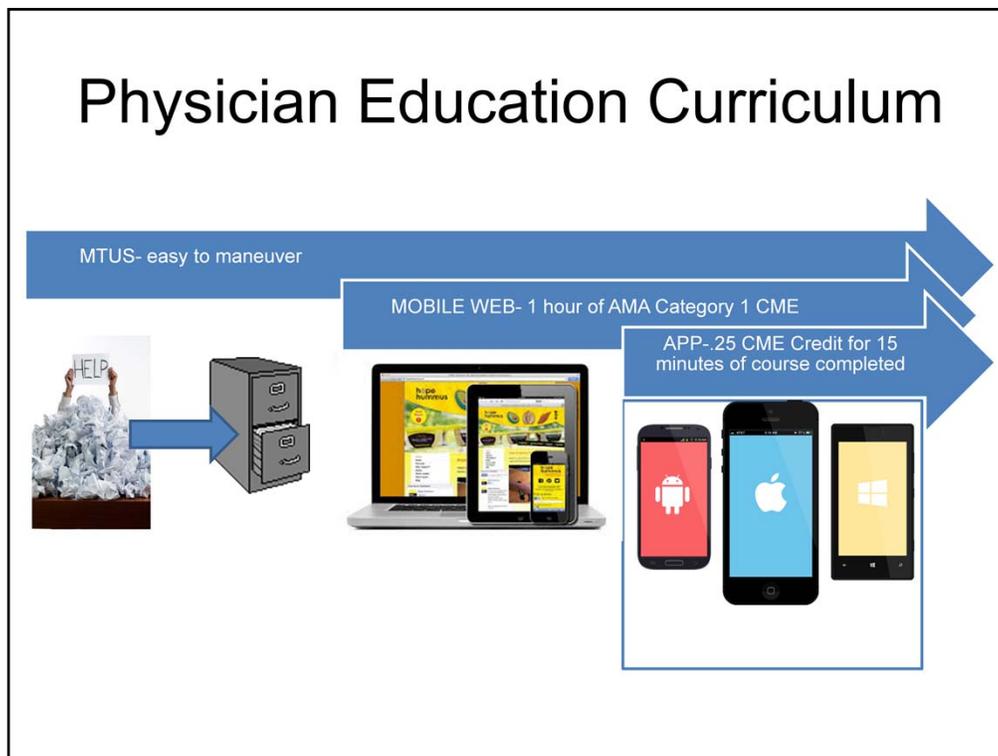
The three modules will be an interactive online educational curriculum with the American Medical Association Category I Continuing Medical Education for physicians and other types of continuing education credit for other health care providers in the California workers' compensation system. Physicians in California are required to follow the evidence based recommendations contained in the DWC Medical Treatment Utilization Schedule (MTUS). The MTUS is presumed to be correct but is rebuttable with a preponderance of scientific evidence. The online educational curriculum will address physicians and other health care providers' knowledge gaps.

Online and Mobile Physician Education Curriculum - Timeline



Three one hour long modules will be developed covering 1) evidence-based medicine and the MTUS; 2) Chronic Pain Treatment Guidelines and 3) Opioids Treatment Guidelines. By familiarizing physicians and other health care providers with these critical topics, we anticipate better care for injured workers and improved working relationships between providers, insurers and utilization review organizations. Principles learned in these modules will also be applicable to others sections of the MTUS. Lastly, free continuing medical education credits will be provided for those completing the courses.

Physician Education Curriculum



The Online site and mobile App will house the entire MTUS chapters in one location which will be indexed for ease of use and will now be able to fit into your pocket. This was never before possible.

Each of the modules will have two formats: **Online** (desktop, laptop computers, tablets) and **Mobile**

(smartphones). The mobile versions will be based on the online versions. The content of the mobile version

will be designed so that the user can complete it in 15 minute sections. The modules will use a variety of

interactive formats, including case examples, to convey complex concepts that are understandable,

engaging, and appropriate for the audience.

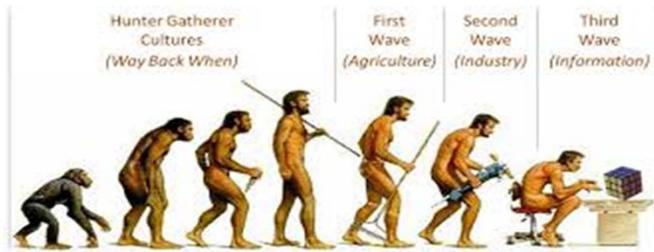
Commissioner Bagan



Commissioner Bagan stated that there are two issues:

- Medical treatment guidelines are difficult to follow.
- We need to provide more training to medical providers.

Commission on Health and Safety and Workers' Compensation (CHSWC); (2015, March 26), Oakland California. *CHSWC Meeting*. Retrieved from https://www.dir.ca.gov/chswc/Meetings/2015/Minutes_03-26-15.pdf



Questions?

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