Raymond Meister, MD, MPH
Executive Medical Director, Division of Workers' Compensation
Dr. Meister has served as executive medical director for DWC since June, 2016 and was an associate medical director since 2014. Prior to joining DWC, Dr. Meister served as public health medical officer at the California Department of Public Health, Occupational Health Branch, from 2000 to 2014.

Dr. Meister is boarded in Occupational Medicine having done his residency at UCSF. He earned a Master of Public Health degree from the University of California, Berkeley School of Public Health and a Doctor of Medicine degree from the University of Southern California School of Medicine. He has been a faculty member at the University of California, San Francisco since 1998 and is currently an associate clinical professor.

California Division of Workers' Compensation

Department of Industrial Relations

Worker's Compensation Update

Quarterly Medical Board of California Meeting

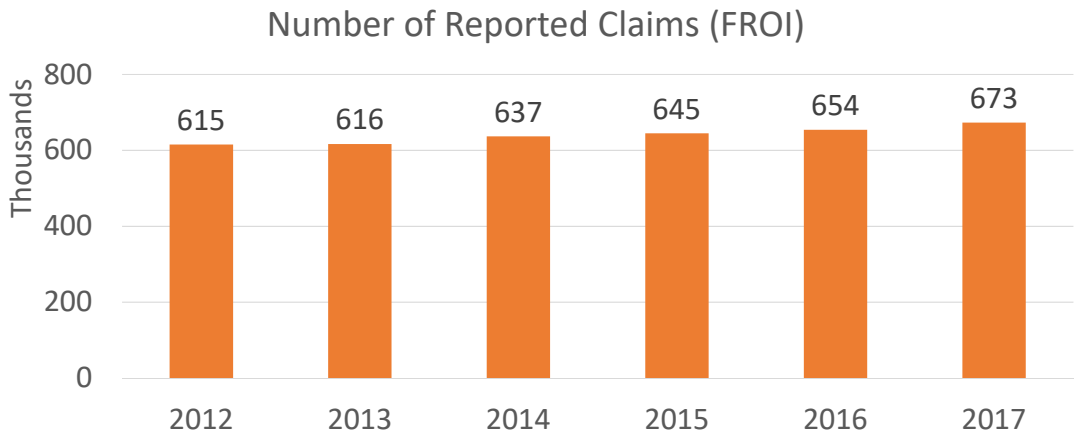
July 27, 2018

Raymond Meister, MD, MPH
DWC Executive Medical Director

Overview of Presentation

- Overview of Workers' Compensation Claims in California
- Overview of the MTUS – Adoption of ACOEM Guidelines
  - IMR Stats
- Overview of MTUS Formulary and Drug List
  - Structure of MTUS Formulary
  - MTUS Drug List
  - Related Rules
- Qualified Medical Evaluators (QME)

Slight increase in new claim filings, 2012-2017

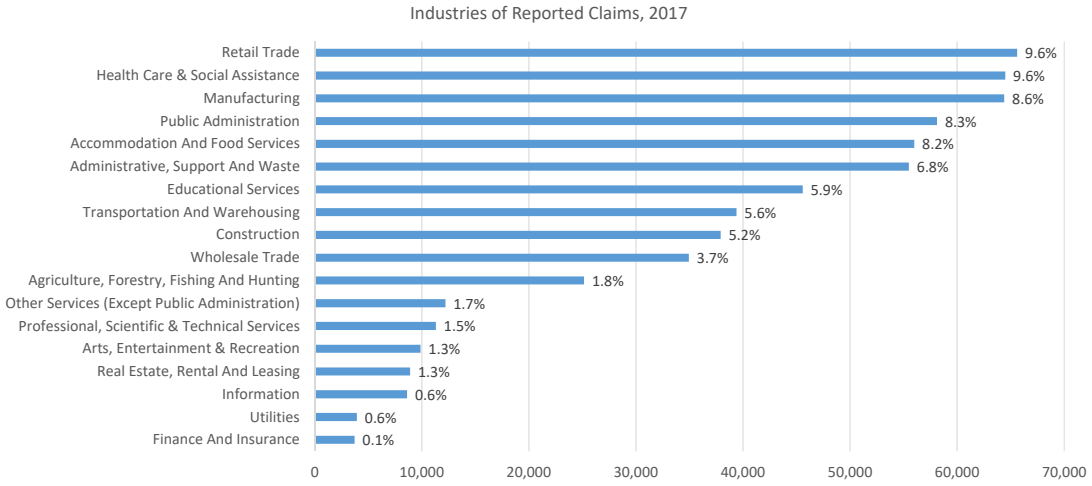


Source: Workers' Compensation Information System, data extracted 7/10/18.

Claim distribution varies but is concentrated in LA Basin and Bay Area

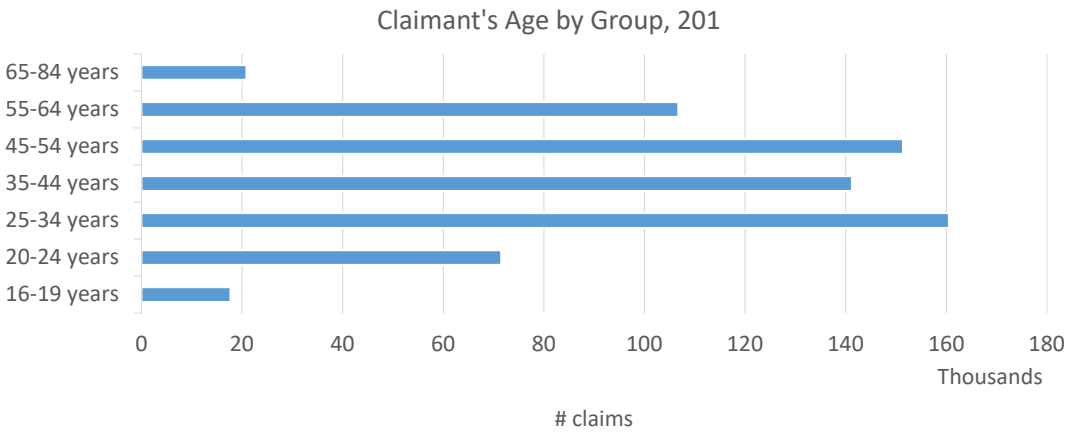
Source: Workers' Compensation Information System, data extracted 7/10/18.

Retail, Health Care and Manufacturing are leading industries for claims in 2017



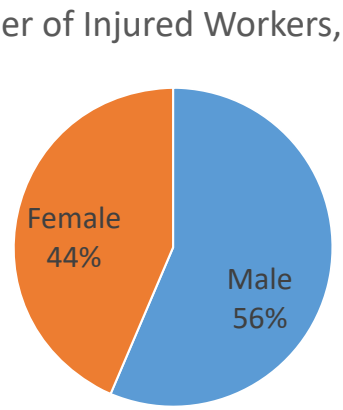
Source: Workers' Compensation Information System, data extracted 7/10/18.

Workers between 25-34 years of age reported highest number of claims in 2017



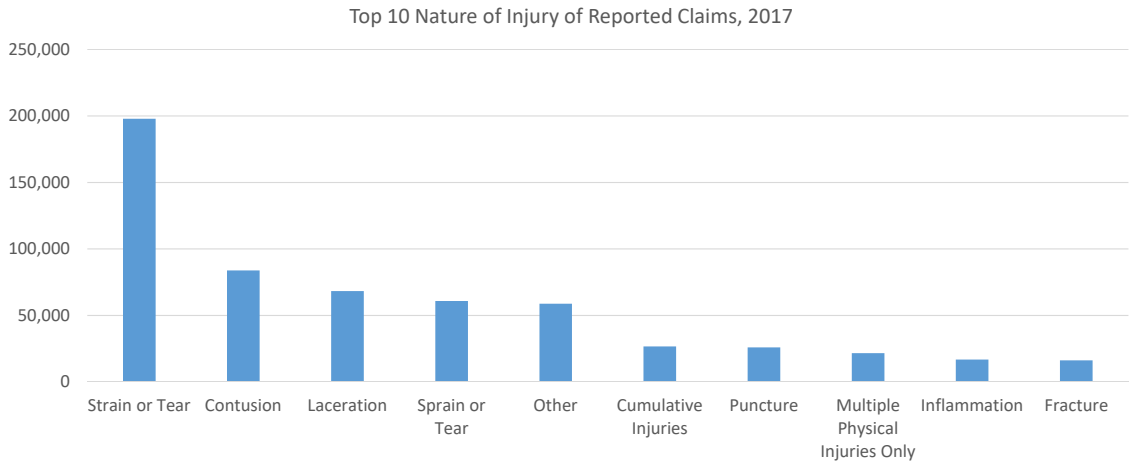
Source: Workers' Compensation Information System, data extracted 7/10/18.

Male workers comprised 56% of claims in 2017



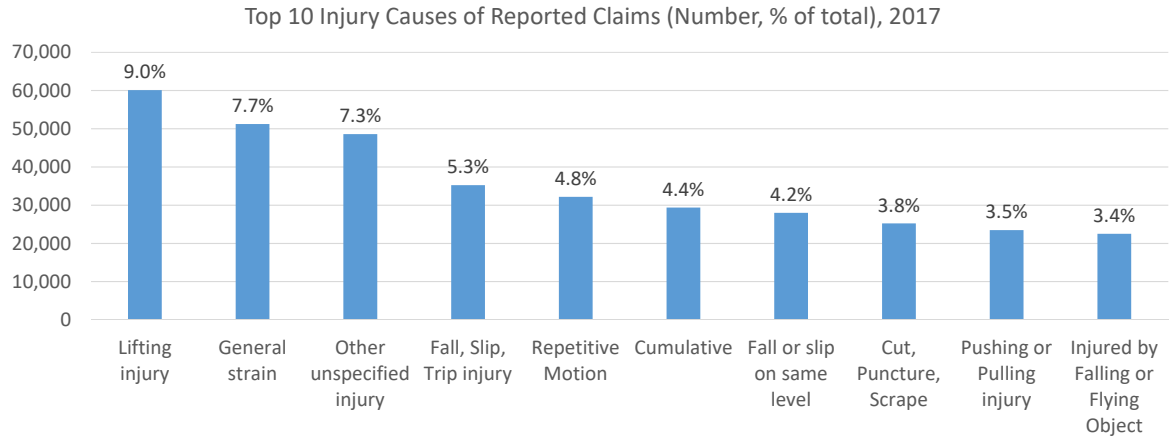
Source: Workers' Compensation Information System, data extracted 7/10/18.

Strains/Tear injuries were most common claim type in 2017



Source: Workers' Compensation Information System, data extracted 7/10/18.

Lifting injuries caused 9% of claims in 2017

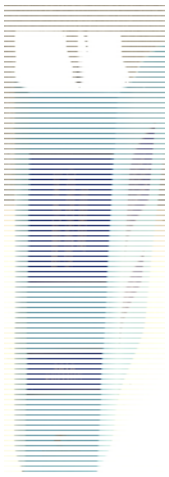


Claim closure rate has improved but CA has highest proportion of open claims in US

- California has the highest proportion of indemnity claims open at 24 months (46% as of 12/31/17 → twice the median state at 23%)
- Claim closure rates have increased significantly in California over the last 5 years but remain higher than other states
- Influenced by:
  - High volume of medical lien filings
  - Higher rates of PD and CT claim frequency
  - High complexity of handling and settling claims

Source: WCIRB 2018 State of the System Report

What is the MTUS?



- The MTUS is a set of regulations found within the California Code of Regulations.
- Establishes the primary role of the **treatment guidelines** in the MTUS, provides a **Medical Evidence Search Sequence** and a **Methodology for Evaluating Medical Evidence** when there are conflicting recommendations.
- Is based on the principles of evidence-based medicine (EBM).
- Adopts and incorporates by reference the treatment guidelines of the American College of Occupational and Environmental Medicine

Why is the MTUS important?

- It is the primary source of guidance for treating physicians and physician reviewers in workers' compensation.
- It provides the pathway to providing appropriate patient care and getting treatment requests approved.

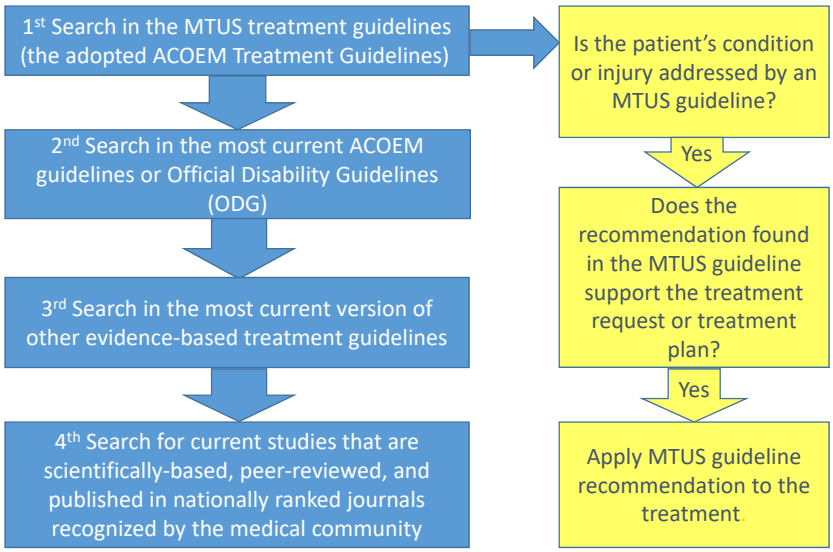
Evidence-Based Updates to MTUS

ACOEM Treatment Guidelines (Adopted effective December 1, 2017)

- Cervical and Thoracic Spine Disorders Guideline
- Shoulder Disorders Guideline
- Elbow Disorders Chapter
- Hand, Wrist, and Forearm Disorders Guideline
- Low Back Disorders Guideline
- Knee Disorders Guideline
- Ankle and Foot Disorders Guideline
- Eye Disorders Chapter
- Chronic Pain Medical Treatment Guideline
- Opioids Treatment Guideline
- Initial Approaches to Treatment
- Hip and Groin Guideline
- Occupational/Work Related Asthma Guideline
- Occupational Interstitial Lung Disease Guideline

- Hip and Groin Guideline
- Occupational/Work Related Asthma Guideline
- Occupational Interstitial Lung Disease Guideline

Process to Follow when making a Treatment Request



Recommendations Found Outside of the MTUS

1st Search in the MTUS treatment guidelines (the adopted ACOEM Treatment Guidelines)

2nd Search in the most current ACOEM Guidelines or Official Disability Guidelines (ODG)

3rd Search in the most current version of other evidence-based treatment guidelines

4th Search for current studies that are scientifically-based, peer-reviewed, and published in nationally ranked journals recognized by the medical community

There are only two limited situations that may warrant treatment based on recommendations found outside of the MTUS treatment guidelines:

1. MTUS treatment guidelines do not address patient's injury or condition.
2. MTUS treatment guidelines do not support desired treatment request.

What are the roles of UR and IMR physicians?

Utilization Review (UR)

Independent Medical Review (IMR)

UR and IMR physicians *determine* if your treatment request is Medically necessary

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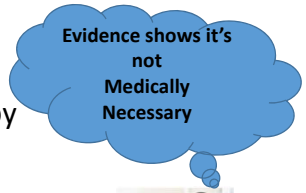
When can conflicts occur?

Treating Physician

- When the *treatment* you recommend is not supported by an MTUS guideline,

OR

- When your patient's *condition* is not covered by an MTUS guideline.



UR or IMR Physician

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MTUS Summary

- The MTUS is a set of regulations that provide an analytical framework for the evaluation and treatment of injured workers.
- The recommendations found in the MTUS guidelines are presumed correct.
- Follow the Medical Evidence Search Sequence which requires you to always begin by reviewing the MTUS guidelines to determine if it contains a recommendation that addresses your patient's condition and supports your desired treatment plan.
- Proper documentation is the key to getting treatment plans approved.
- Utilization Review and Independent Medical Review physicians determine if the treatment requests are medically necessary.
- When there are conflicting recommendations the MTUS Methodology for Evaluating Medical Evidence is applied.

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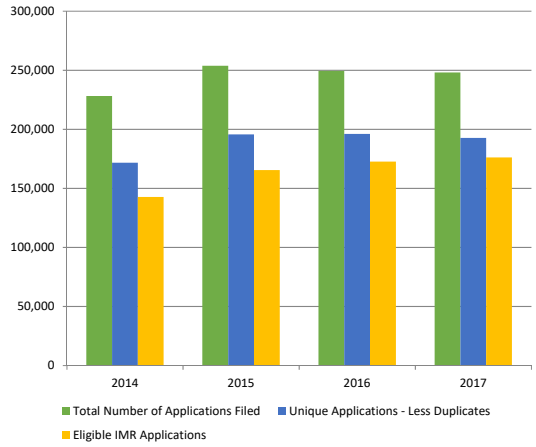
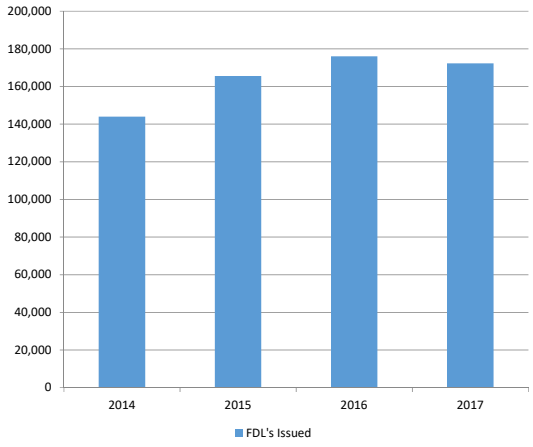
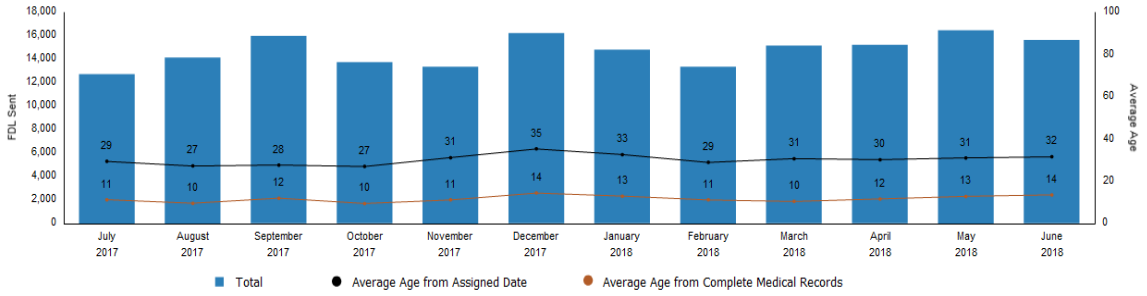
IMR Filings and Decisions – Year-to Year Comparisons



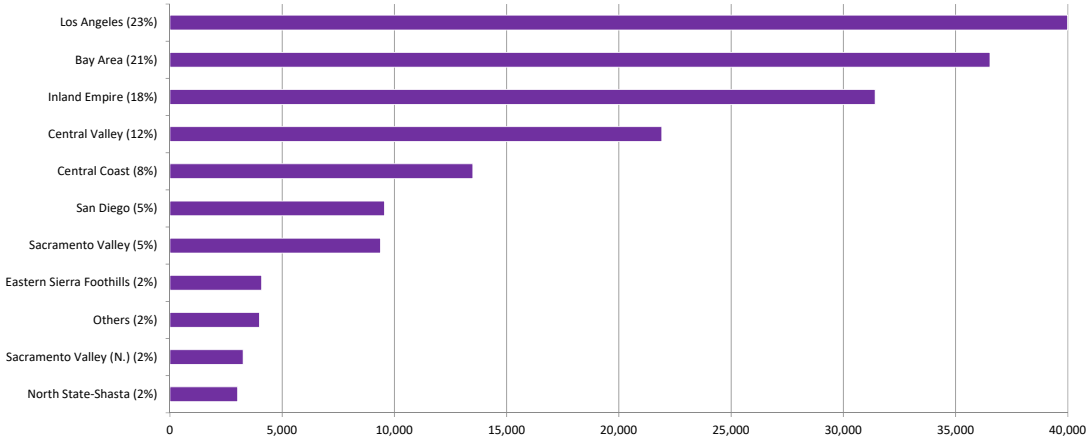


IMR Final Determinations Issued (July 2017-June 2018)

Total = 176,723

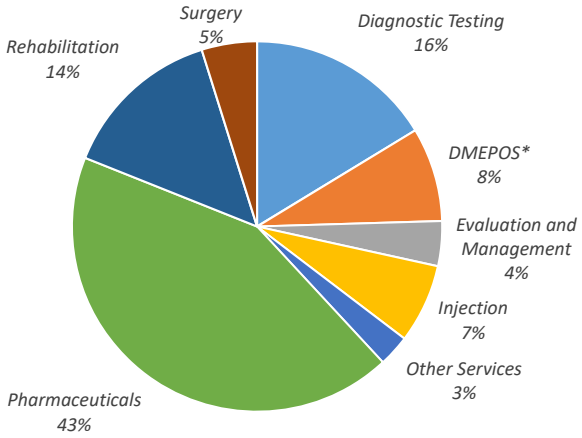


IMR: Geography of Injured Workers (July 2017-June 2018)



IMR Treatment Requests Service Categories (July 2017-June 2018)

Total = 350,040



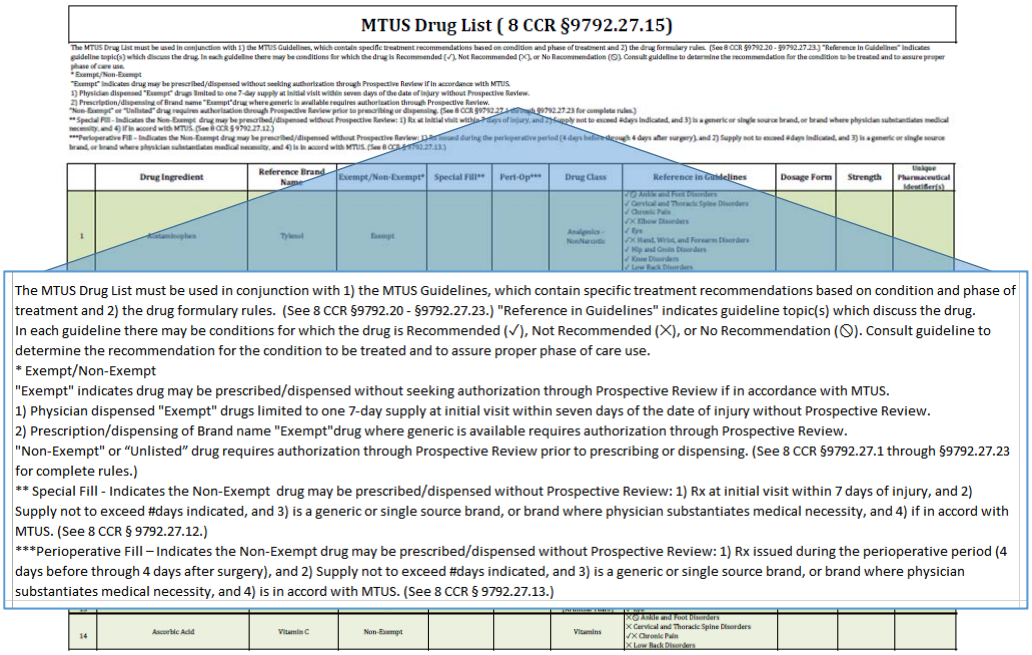
IMR Treatment Category Outcomes (July 2017-June 2018)

Service Categories	Requests	Upheld	Overturned
Pharmaceuticals	149,977	91.3%	8.7%
Diagnostic Testing	57,028	91.4%	8.6%
Rehabilitation	49,142	93.2%	6.8%
DMEPOS	28,966	92.7%	7.3%
Injection	24,017	89.8%	10.2%
Surgery	17,236	91.7%	8.3%
Evaluation and Management	13,838	82.7%	17.3%
Behavioral & Mental Health	4,131	81.5%	18.5%
Programs	3,386	86.1%	13.9%
Home Health & Transportation	2,319	93.1%	6.9%

Pharmaceutical Categories (Most Requested Medications)	Requests	Upheld	Overturned
Opioids	46,101	90.9%	9.1%
Topical Analgesics	20,141	96.1%	3.9%
Muscle Relaxants	19,683	96.4%	3.6%
NSAIDs	14,957	87.3%	12.7%
Anti-Epilepsy Drugs	9,536	83.5%	16.5%
Proton Pump Inhibitors	7,083	91.2%	8.8%
Sedative-hypnotics	6,945	94.0%	6.0%
Antidepressants	5,315	78.8%	21.2%
Benzodiazepines	4,475	96.7%	3.3%

Structure of the MTUS Drug Formulary and Role of the ACOEM Treatment Guidelines

- ACOEM Treatment Guidelines – The Backbone
  - Presumed correct on scope of medically necessary treatment
- MTUS Drug List – guides the prospective review requirements
  - "Exempt" drugs – No Prospective Review if in accord with MTUS
  - "Non-Exempt" & Unlisted Drugs – Prospective Review required
  - "Special Fill" & "Perioperative Fill" of specified Non-Preferred drugs
- Ancillary Formulary Rules
  - Special Fill policy
  - Perioperative Fill policy
  - Physician dispensed drugs
  - Generic/Brand selection
  - Compounded drugs
  - Off-label use of drugs



MTUS Drug List (8 CCR §9792.27.15)

The MTUS Drug List must be used in conjunction with 1) the MTUS Guidelines, which contain specific treatment recommendations based on condition and phase of treatment and 2) the drug formulary rules. (See 8 CCR §9792.20 - §9792.27.23.) "Reference in Guidelines" indicates guideline topic(s) which discuss the drug. In each guideline there may be conditions for which the drug is Recommended (✓), Not Recommended (✕), or No Recommendation (⃠). Consult guideline to determine the recommendation for the condition to be treated and to assure proper phase of care use.

* Exempt/Non-Exempt

"Exempt" indicates drug may be prescribed/dispensed without seeking authorization through Prospective Review if in accordance with MTUS.

1) Physician dispensed "Exempt" drugs limited to one 7-day supply at initial visit within seven days of the date of injury without Prospective Review.

2) Prescription/dispensing of Brand name "Exempt"drug where generic is available requires authorization through Prospective Review.

"Non-Exempt" or "Unlisted" drug requires authorization through Prospective Review prior to prescribing or dispensing. (See 8 CCR §9792.27.1 through §9792.27.23 for complete rules.)

** Special Fill - Indicates the Non-Exempt drug may be prescribed/dispensed without Prospective Review: 1) Rx at initial visit within 7 days of injury, and 2) Supply not to exceed #days indicated, and 3) is a generic or single source brand, or brand where physician substantiates medical necessity, and 4) if in accord with MTUS. (See 8 CCR § 9792.27.12.)

***Perioperative Fill – Indicates the Non-Exempt drug may be prescribed/dispensed without Prospective Review: 1) Rx issued during the perioperative period (4 days before through 4 days after surgery), and 2) Supply not to exceed #days indicated, and 3) is a generic or single source brand, or brand where physician substantiates medical necessity, and 4) is in accord with MTUS. (See 8 CCR § 9792.27.13.)

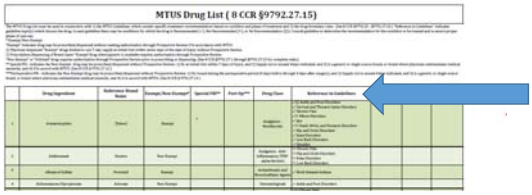
	Drug Ingredient	Reference Brand Name	Exempt/Non-Exempt*	Special Fill**	Peri-Op***	Drug Class	Reference in Guidelines	Dosage Form	Strength	Unique Pharmaceutical Identifier(s)
1	Acetaminophen	Tylenol	Exempt			Analgesics - NonNarcotic	✓⃠ Ankle and Foot Disorders ✓ Cervical and Thoracic Spine Disorders ✓ Chronic Pain ✓✕ Elbow Disorders ✓ Eye ✓✕ Hand, Wrist, and Forearm Disorders ✓ Hip and Groin Disorders ✓ Knee Disorders ✓ Low Back Disorders			
14	Ascorbic Acid	Vitamin C	Non-Exempt			Vitamins	✕⃠ Ankle and Foot Disorders ✕ Cervical and Thoracic Spine Disorders ✓✕ Chronic Pain ✕ Low Back Disorders			

MTUS Drug List - Exempt Drugs

- Exempt Drug Criteria
  - Being noted as a first line therapy weighs in favor of being Exempt.
  - Recommended for most acute and or acute/chronic conditions addressed in clinical guidelines weighs in favor of being Exempt.
  - A safer adverse effects (risk) profile weighs in favor of being Exempt.
  - Drugs listed for the treatment of more common work-related injuries and illnesses weighs in favor of being Exempt.

- No Prospective Review (PR) if in accord with MTUS (But, note PR requirements apply for otherwise "exempt" Physician-Dispensed and Brand Name Drugs)

Reference in Guideline



(✓) Recommended

(✕) Not Recommended

(⃠) No Recommendation

Drug Ingredient	Reference in Guidelines
Acetaminophen	✓⃠ Ankle and Foot Disorders ✓ Cervical and Thoracic Spine Disorders ✓ Chronic Pain ✓✕ Elbow Disorders ✓ Eye ✓✕ Hand, Wrist, and Forearm Disorders ✓ Hip and Groin Disorders ✓ Knee Disorders ✓ Low Back Disorders ✓ Shoulder

MTUS Drug List – Non-Exempt Drugs

- Non-Exempt drugs are available to treat the injured worker
  - If use is medically necessary and authorized through Prospective Review
  - If the Special Fill policy is applicable
  - If the Perioperative Fill policy is applicable
- Non-Exempt designation should not be interpreted as meaning the drug is not appropriate; medical necessity of the drug for the patient's condition is determined under the usual MTUS rules

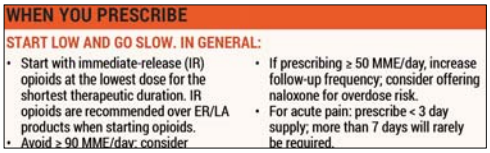
Special Fill of Designated Non-Exempt Drugs

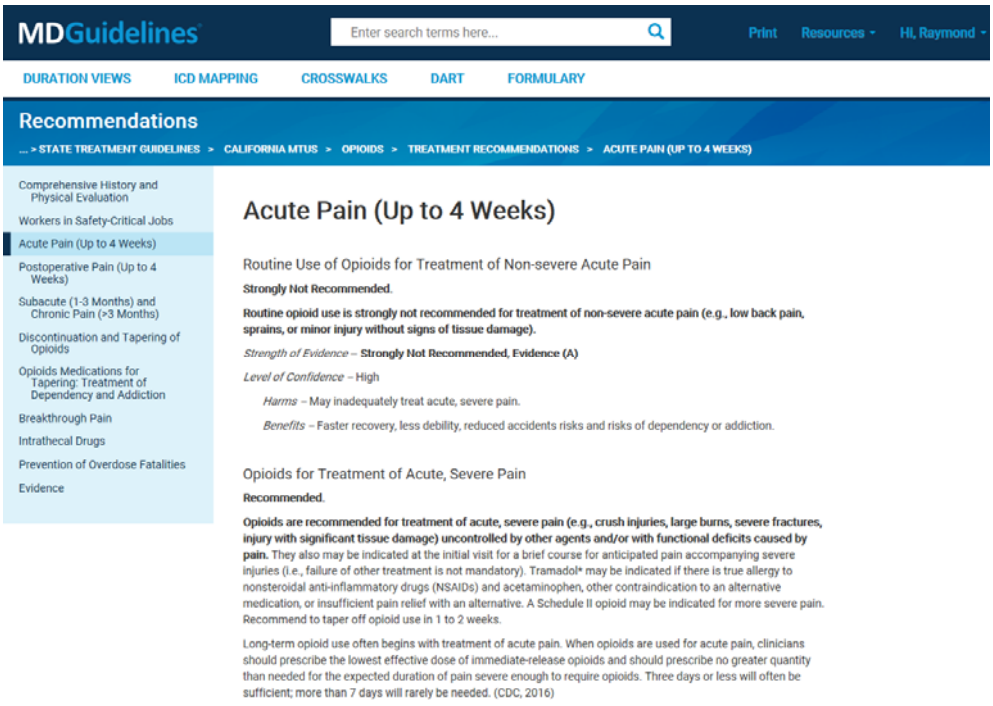
- Special Fill policy allows dispensing without prospective review
  - Drug must be identified as Special Fill eligible on MTUS Drug List
  - Prescribed at the single initial Tx visit, within 7 days of DOI
  - Supply does not exceed limit listed on MTUS Drug List
  - Drug dispensed is generic, single source brand, or physician documents medical necessity of brand
  - Prescribed in accordance with MTUS Treatment Guidelines
- MPN or pharmacy network may provide expanded Special Fill

Drug Ingredient	Reference Brand Name	Exempt/Non-Exempt*	Special Fill**	Class	Reference in Guidelines
Baclofen	Lioresal	Non-Exempt	4 Days	Musculoskeletal [illegible] Agents (Muscle Relaxants)	✓✕ Cervical and Thoracic Spine Disorders ✓✕⏲ Chronic Pain ✓✕ Hip and Groin Disorders ✕⏲ Knee Disorders ✓✕ Low Back Disorders ✓✕ Shoulder

Spotlight on Opioids

Medication interactions. AVOID CONCURRENT OPIOID AND BENZODIAZEPINE USE WHENEVER POSSIBLE.





Opioids for Acute Pain

Long-term opioid use often begins with treatment of acute pain. When opioids are used for acute pain, clinicians should prescribe the lowest effective dose of immediate-release opioids and should prescribe no greater quantity than needed for the expected duration of pain severe enough to require opioids. Three days or less will often be sufficient; more than 7 days will rarely be needed. (CDC, 2016)

Long-Term Opioid Use Following Treatment of Acute Pain

- CDC MMWR – 3/17/17
  - In a representative sample of opioid naïve, cancer-free adults who received a prescription for opioid pain relievers, the likelihood of chronic opioid use increased with each additional day of medication supplied starting with the third day, with the sharpest increases in chronic opioid use observed after the fifth and thirty-first day on therapy…
  - https://www.cdc.gov/mmwr/volumes/66/wr/pdfs/mm6610a1.pdf

Perioperative Fill of Designated Non-Exempt Drugs

- Perioperative Fill allows dispensing without prospective review
  - Drug must be identified as Perioperative Fill eligible on MTUS Drug List
  - Prescribed during perioperative period (4 days before to 4 days after surgery – day of surgery is day Zero)
  - Supply does not exceed limit listed on MTUS Drug List
  - Drug dispensed is generic, single source brand, or physician documents medical necessity of brand
  - Prescribed in accordance with adopted ACOEM Treatment Guidelines

Drug Ingredient	Reference Brand Name	Exempt/Non-Exempt*	Special Fill**	Peri-Op***	Reference in Guidelines
Warfarin Sodium	Coumadin	Non-Exempt		14 Days	⃠ Ankle and Foot Disorders ✓ Hip and Groin Disorders ✓ Knee Disorders

- MPN or pharmacy network may provide expanded Special Fill

Additional Formulary Provisions

- Waiver of Prospective Review – allowed where a UR plan adopts a "Prior Authorization" program adopted per regulation §9792.7(a)(5)
- Treatment under health & safety regulations such as Cal/OSHA Blood Borne Pathogens standard, e.g. urgent post-exposure prophylaxis
- DWC may maintain and post a listing by NDC, RxCUI, or other unique pharmaceutical identifier, of drug products on the MTUS Drug List
- Updates to the MTUS Drug List will be made at least quarterly
- Pharmacy & Therapeutics Committee
  - Quarterly meetings open to the public
  - 3 Physicians (M.D.s and D.O.s) & 3 Pharmacists
  - Role of P&T Committee is advisory

QME

- QME Exam
- 12 Hour Report Writing Course
- Recertification every 2 years
  - 12 hours of QME Continuing Education
- QME Complaints & Discipline