



Medical Services Review Board
April 19, 2007
Minutes

Members Present:

Beth Baker, M.D.
Barbara Baum, MS PT
Michael Goertz, M.D.
Rose Hatmaker
Charles Hipp, M.D.
Greg Hynan, D.C.
Robert Meisterling, M.D.
Jon Talsness, M.D.

Members Excused:

Philip Bachman, M.D.
Jeffrey Bonsell, D.C.
Sharon Ellis, R.N.
Elizabeth Mangold
Robin Peterson, P.T.
Andrew Schmidt, M.D.
Elizabeth Shogren

Members Absent:

Reed Pollack
Andrea Trimble Hart

Staff:

Kate Berger
Debbie Caswell
William Lohman, M.D.
Julie Marquardt
Phil Moosbrugger
Patricia Todd

Visitors:

Dan Anderson; Purdue
Marge Bigelow; MAPS
Charles Cochrane
Natalie Haefner; WCRA
Mary Beth Johnson; Purdue
Tom Mottaz; MTLA
Harold Sadoff; MTLA, MSPHA
David C. Wulff; MTLA

Chairperson Beth Baker called the meeting to order at 4:11 p.m.

Robert Meisterling, M.D. was introduced as a new member of the Medical Services Review Board (MSRB) as a physician alternate. MSRB members, department staff and the visitors introduced themselves.

With no quorum present, the approval of the minutes, review of the comments received on the draft rules and voting on the department's recommendations were tabled. The informational portions of the meeting were presented.

Assistant Commissioner's Announcements

Patricia Todd said the Workers' Compensation Advisory Council (WCAC) has a bill this session but that discussions were ongoing and she was not sure whether it would pass.

Todd noted the Department of Labor and Industry (DLI) held several meetings about its Pay for Performance initiative with the stakeholders in the workers' compensation system. DLI will review the proposals that resulted from that input and will discuss it

with relevant constituent groups. There was no time table for the project. Todd will update the MSRB at a later meeting.

Provider Discipline Report and Managed Care

Julie Marquardt, Medical Policy Specialist, reviewed the provider discipline report in members' packets. Upon the receipt of a complaint DLI will investigate and attempt to resolve it between the parties involved. If the parties cannot negotiate a settlement an Administrative Law Judge makes a recommendation to the MSRB for a decision. Marquardt noted that DLI is proactive in resolving these complaints early on and that is working.

A visitor at the meeting suggested that a pharmacist should serve on the MSRB. Lohman pointed out that the membership of the MSRB is set by statute. The board gets input from pharmacists when needed.

Amendments to Treatment Parameters

Dr. Lohman noted that DLI was contacted by representatives from Medtronic who submitted materials recommending changes to the treatment parameters concerning spinal stimulators and morphine pumps. DLI is conducting an evaluation of the medical literature regarding these devices and hopes to present that review at the next meeting.

Quorum

At 4:32 p.m. a quorum was achieved.

Charles Hipp made a motion to approve the minutes from the November 9, 2006, meeting, as presented. Barbara Baum seconded the motion. All voted in favor of the motion and it passed.

Review of Comments Received on the Draft Rules

Baum made a motion to have Lohman run this portion of the meeting. Hipp seconded the motion. All voted in favor of the motion and it passed.

Dr. Lohman distributed copies of the comments DLI received about the five draft rules to the members. He also distributed tables for each rule which excerpted all of the comments received regarding that rule and arranged them with reference to rule provisions. The tables also contained a department recommendation in response to each comment.

Lohman asked the MSRB to suspend the meeting rules of order and consider each of the recommendations as a motion made and seconded, ready for discussion and vote. In the case of a vote against a recommendation, members could propose an alternative or table the issue for further discussion at a later date.

Baum made a motion to suspend the meeting rules of order and to adopt the method proposed by Dr. Lohman. Rose Hatmaker seconded the motion. All voted in favor of the motion and is passed.

Lohman then proceeded to review the comments and the department's recommendations. The actions taken by the MSRB on each comment are recorded in the tables attached to these minutes.

All of the department's recommendations were approved with the following exception:

- The Board voted to table further discussion of the application of the rules regarding long-term use of opioid analgesics in cases where the treating health care provider has been prescribing opiates for more than three months but has not indicated an intention of prescribing them indefinitely (proposed MR 5221.6600 subpart 3 (2)). The Board asked for further information and will take up this issue at its next meeting.

The MSRB also directed the Department to:

- Change the word "physician" to "health care provider" wherever it appears in the rules regarding NSAIDs, muscle relaxers, and narcotic analgesics.
- Develop a definition of "medical contraindication" for review at the next MSRB meeting.
- Determine if the chiropractic practice of recommending OTC analgesics has any implications for these rules and report back to the Board at its next meeting.

Anyone interested in submitting additional comments was invited to email them to Lohman at bill.lohman@state.mn.us. Lohman will forward any new comments so members will have them before the next meeting.

The meeting was adjourned at 6:28 p.m.

Respectfully submitted,



Debbie Caswell
Executive Secretary

dc:s

MSRB Meeting 04-19-07
 Comments Received and Actions Taken Re: Proposed Rules for Nonsteroidal Anti-Inflammatories

12/7/06 Draft	Comment	Actions Taken
	Use of chemical names instead of trade names is confusing to everyone but a health care provider	<i>No action; the chemical name is more inclusive</i>
	These rules eliminate any provider discretion and will cause providers to refuse we patients	<i>No action; there is no evidence that other treatment parameters have had this effect</i>
	Who decides what is the "lowest clinically effective dose?"	<i>Clarify that this decision is made by the treating physician</i>
1.3	Add that preference should be given to etodolac, ibuprofen, nabumetone, and naproxen	<i>No action; preference is being given to the least expensive medications; these are second line drugs</i>
1.4	The duration of therapy and GI side-effects should preclude the listing of ketorolac	<i>No action; there is insufficient evidence to support this recommendation</i>
1.6	Change "are another class" to "are a subclass"	<i>No action; the change has no effect on the substance of the rule</i>
1.7	Change "but not to exceed" to "and not to exceed"	<i>No action; the change has no effect on the substance of the rule</i>
1.12	The requirement to use generics makes no sense except to lower costs	<i>No action; generics are already required by other state laws</i>
1.13	Delete generic diclofenac because of reports of increased cardiovascular toxicity	<i>Add a clarification - "unless there is a medical contraindication documented by the prescribing physician"</i>
1.14	One week trials are too short	<i>No action; this was recommended by the MSRB</i>
1.14	Who decides that the pain has been reduced by > 50%	<i>Clarify that this decision is made by the treating physician</i>
1.19	Who decides what is the shortest duration needed?	<i>Clarify that this decision is made by the treating physician</i>
1.27-29	The FDA maintains a warning against using COX-2 inhibitors in patients with aspirin allergy	<i>Conform to FDA</i>
1.27	Add "non-acetylated salicylates"	<i>Moot if rules conform to FDA</i>
1.31	COX-2 inhibitors are very effective treatment; restricting their use in this way does not make sense	<i>No action; the review of the evidence shows that they are no more effective than other NSAIDs</i>