



**Medical Services Review Board  
Oct. 22, 2009  
minutes**

**Members present**

Beth Baker, M.D.  
Barbara Baum, MS PT  
Glenda Cartney  
Barbara Gibson, M.D.  
Rose Hatmaker  
John Kipp, M.D.  
Reed Pollack  
Jody Ruppert, OTR  
Andrew Schmidt, M.D.  
Jon Talsness, M.D.

**Members excused**

Philip Bachman, M.D.  
Jeffrey Bonsell, D.C.  
Michael Goertz, M.D.  
Kathi Hendrickson, R.N.  
Gregory Hynan, D.C.  
Robin Peterson, PT  
Elizabeth Shogren, R.N.  
Andrea Trimble Hart

**Staff members present**

Kate Berger  
William Lohman, M.D.  
Patricia Todd  
Lisa Wichterman  
Jana Williams

**Visitors present**

Marge Bigelow, MAPS  
Natalie Haefner, WCRA  
Jennifer Hinnenthal, Medtronic  
Lisa Eckroth, Purdue  
Heather Keenan, MAPS Clinics  
Peter Lewon, MNA  
David Schultz, M.D., Pain Physicians  
Erin Sexton, Medtronic

The meeting was called to order by Chairperson Beth Baker at 4:05 p.m. A quorum was present. Members and staff members introduced themselves.

**Approval of the July 16, 2009 minutes**

*Dr. Barbara Gibson made a motion to approve the July 16, 2009, minutes as presented. Rose Hatmaker second the motion. All voted in favor – motion passed.*

**Announcements and updates**

Members whose terms are expiring in January were encouraged to reapply for their board positions. The meeting dates for 2010 were discussed. The dates are: Jan. 21, April 15, July 15 and Oct. 28. The new rules for permanent partial disability schedule and the medical treatment parameters were published in the *State Register* Oct. 19, 2009.

### Electronic meetings

Electronic meetings using WebEx will begin with the Jan. 21, 2010 meeting. Members must sign up for training if they wish to attend meetings via WebEx. Training for members is about an hour long. DLI will arrange a training meeting for members who will train at their personal computer and phone. WebEx Event Center software will be used. MSRB members will be able to speak and point out items on the website. The general public can log on, hear and see the meeting, but cannot speak. The public can post comments for members to address. The public must register prior to the meeting so DLI can e-mail responses to the comments or questions presented. MSRB will vote on issues via role call. WebEx meetings will be recorded.

### Intrathecal pumps

Reports and materials for the intrathecal pump studies are available for review on the DLI website. Length of time of each study is on the shorter side (fewer than 12 months).

The board members reviewed the public comments and recommendations received about the intrathecal pump drug delivery systems. There was discussion about which drugs are effective for pain control that are appropriate for use with the pump.

Dr. Dave Schultz spoke regarding the use of the pumps and what drugs are used in the pumps. Dr. Schultz referred to a study that is in the material provided online. Different drug combinations should be used in the pumps based on each injured worker's individual needs. Ten percent of Dr. Schultz's patients are workers' compensation patients.

*Dr. Andy Schmidt made a motion recommending the approval of implementing the report about intrathecal pump studies for rulemaking. Barbara Baum seconded the motion. All voted in favor – motion passed.*

*Dr. Kipp made a motion to be silent about what drugs are to be used in the intrathecal pump. Reed Pollock seconded the motion. All voted in favor – motion passed.*

*Glenda Cartney made motion for approval that a minimum trial period be recommended for intrathecal pump usage. Dr. Schmidt seconded the motion. All voted in favor – motion passed.*

Long-term management of pumps appears to be specific to each patient, but most patients keep the pump on a long-term basis and, therefore, use substantially fewer oral narcotics.

*Dr. Schmidt made a motion to revise drafted language regarding the discontinuation use of a pump. Cartney seconded the motion. All voted in favor – motion passed.*

### Written agreements for long-term opioid use

The board reviewed the written agreement for long-term opioid use. Dr. Kipp suggested pharmacies be added to the list of providers that employees must not use as an additional source to obtain narcotics from. The board had positive reaction to contract. Employees are required to report stolen narcotic prescriptions to the police.

The next MSRB meeting is scheduled for Jan. 21, 2010.

**Adjournment**

*Pollack made a motion to adjourn the meeting. Baum seconded the motion. All voted in favor – motion passed. The meeting adjourned at 5:45 p.m.*

Respectfully submitted,

*Lisa Wichterman*

Lisa Wichterman  
Medical Policy Specialist

**From:** Julie Klejewski  
**To:** Philip Bachman, M.D.; Baker, M.D., Beth; Baum, MS PT, Barbara; Bonsell, D.C., Jeffrey; Gibson, Barbara; Glenda Cartney; Goertz, M.D., Michael; Hatmaker, Rose; Henrickson, Kathi; Hynan, D.C., Gregory; Jody Ruppert; John Kipp, M.D., J.D.; Peterson, PT, Robin; Pollack, Reed; Schmidt, M.D., Andrew; Shogren, Bettye; Talsness, M.D., Jon; Trimble Hart, Andrea  
**Date:** 9/22/2009 1:52:13 PM  
**Subject:** Message to MSRB members

To: MSRB members,

Dr. Bill Lohman asked me to forward you his message below.

**MSRB Members:**

The completed draft report on intrathecal drug delivery systems and all of the supporting documents are now available at:

<http://www.dli.mn.gov/idds/>

**Please Note:** Due to technical conflicts beyond our abilities to resolve, there are some unintended problems in using the workstation.

First, the links in the draft report do not work.

Second while the links in the spread sheets do work, they require use of a "trick." Whenever you click on a link in one of the spreadsheets, a dialog box will open asking "This document has been modified. Do you want to save the changes?" Click "NO" and the link will open.

Let me know if there are any other problems.

The draft report and proposed rule language will be on the agenda at the next MSRB meeting.

William H. Lohman, MD

William H. Lohman, MD  
Medical Consultant  
Minnesota Department of Labor & Industry

This e-mail message and any attachments are confidential and may be privileged information. If you are not the intended recipient, or the person responsible for delivering it to the intended recipient, please notify the sender immediately by replying to this message and destroy all copies of this message and the attachments.

**CC:** Bill Lohman; Jana Williams; Lisa Wichterman; Patricia Todd

Comments Received and Recommendations Re: Proposed Rules for Intrathecal Drug Delivery Systems

	<b>Comment</b>		<b>Recommendation</b>
	<p>Pump failure is rare, catheter complications are estimated to occur in 20% of cases (Follett KA, et al. J Pain and Symptom Management 2000; 3: 209-215).</p>	<p>Recommend allowing bupivacaine and clonidine to be used at the discretion of the implanting physician. The second line drugs bupivacaine and clonidine are supported by class III evidence and should be allowed depending on implanter preference. Baclofen should be allowed for patients with spasm as a component of their pain problem. Medicare policy allows 6 drugs to be used in pumps: Morphine, Hydromorphone, Fentanyl, Bupivacaine, Clonidine, Baclofen</p>	<p>Only morphine and hydromorphone for spinal conditions; only morphine, hydromorphone and ziconotide for CRPS. Other medications can be used only with prior approval. The medications allowed without approval are the only drugs approved by the FDA for these uses.</p>
<p>p. 2, 1. 13</p>	<p>Added by Department</p> <p>What constitutes an appropriate trial period?</p>		<p>A minimum trial period of 24 hours. There is no consensus on length of trial period in the reviewed literature. And there is a concern that as the length of trial is extended the risk of infection increases. Therefore a minimum trial period is recommended.</p> <p>IDDs should be removed if the patient begins to need additional analgesic medications by other routes or functional abilities decline due to pain.</p>
	<p>There is no reliable evidence for long-term efficacy</p>		

Comments Received and Actions Taken Re: Proposed Rules for Intrathecal Drug Delivery Systems

<b>Comment</b>	<b>Action</b>
<p>Pump failure is rare, catheter complications are estimated to occur in 20% of cases (Follett KA, et al. J Pain and Symptom Management 2000; 3: 209-215).</p>	<p>No action</p>
<p>Recommend allowing bupivacaine and clonidine to be used at the discretion of the implanting physician. The second line drugs bupivacaine and clonidine are supported by class III evidence and should be allowed depending on implanter preference. Baclofen should be allowed for patients with spasm as a component of their pain problem. Medicare policy allows 6 drugs to be used in pumps: Morphine, Hydromorphone, Fentanyl, Bupivacaine, Clonidine, Baclofen</p>	<p>The rules should be silent on which medications can be used in a pump.</p>
<p>Added by Department</p>	
<p>p. 2, 1.13</p>	<p>A minimum trial period of 24 hours.</p>
<p>What constitutes an appropriate trial period?  There is no reliable evidence for long-term efficacy</p>	<p>DLI should work with IDDS providers to determine under what circumstances supplemental opiate analgesics via another route of administration can be used by patients with a pump and when a pump should be removed because it has failed to meet the goals of therapy.</p>