

**Medical Services Review Board
January 17, 2008
Minutes**

Members Present:

Philip Bachman, M.D.
Beth Baker, M.D.
Barbara Baum, MS PT
Jeffrey Bonsell, D. C.
Sharon Ellis, R.N.
Michael Goertz, M.D.
Charles Hipp, M.D.
Rose Hatmaker
Greg Hynan, D.C.
Reed Pollack
Elizabeth Shogren, R.N.
Jon Talsness, M.D.

Members Excused:

Andrew Schmidt, M.D.

Members Absent:

Andrea Trimble Hart
Robin Peterson

Staff:

Kate Berger
Debbie Caswell
Penny Grev
William Lohman, M.D.
Phil Moosbrugger
Patricia Todd
Steve Sviggum

Visitors:

Natalie Haefner; WCRA
Jen Samuels; MAPS
Becky Schierman; MMA
Daniel Wulff; MNAJ

The meeting was called or order at 4:06 p.m. by Chairperson Beth Baker. A quorum was present. *Barbara Baum made a motion to approve the minutes from the July 19, 2007, meeting, as presented. Sharon Ellis seconded the motion. All voted in favor of the motion and it passed.*

Commissioner Steve Sviggum was introduced and thanked members for serving on the Medical Services Review Board (MSRB) and for reviewing policies for injured workers. He noted he is looking for a reform bill out of the Workers' Compensation Advisory Council (WCAC) this year aimed at the injured worker, with medical being part of that.

Members introduced themselves.

Assistant Commissioner Announcements and Update

Assistant Commissioner Patricia Todd said the WCAC is working on a legislative bill and she had strong confidence that there will be a bill this year. The employer and employee group are still discussing what they will bring forth.

Review of Comments Received on the Draft Rules
Long-term use of Opiates

Dr. William Lohman said the Department of Labor and Industry (DLI) received more comments about the draft rules and met with concerned citizens who had some good points. He noted the question of time frame was still on the table.

Lohman pointed out a copy of the draft rules for chronic management in members' packets and reviewed the comments. He proposed that members vote on each recommendation as a motion and all agreed. The comments received at the meeting and the actions to be taken are listed in the table below.

Proposed Rules for Long-Term Prescription of Narcotic Medication

12/13/07 Draft	Comment	Actions
p. 1, l. 6	What is the definition of "enduring"	<i>Change "enduring" to "intractable" as defined in MS 152.125. "... 'intractable pain' means a pain state in which the cause of the pain cannot be removed or otherwise treated with the consent of the patient and in which, in the generally accepted course of medical practice, no relief or cure of the cause of the pain is possible, or none has been found after reasonable efforts."</i>
p. 1, l. 8	3 months seems too short a time; suggest 6 months or changing to "3 months after healing would have been expected"	<i>Set time period at 3 months.</i>
p. 1, l. 28-31	What do you do if the WC insurer refuses to allow the referral?	<i>No action needed. The provider and employee would have the legal recourse that currently exists for any denial of treatment.</i>
p. 1, l. 46- p. 2, l. 5	Why is this information needed?	<i>No action needed. Reviewing these possible contraindications is recommended medical practice.</i>
p. 1, l. 46- p. 2, l. 5	How does a non-psychiatrist use this information?	<i>No action needed. This information is used to determine if any further evaluation is needed before beginning treatment with long term opiates.</i>
p. 2, l. 3	Delete; impulse to use opiates is not an impulse control disorder	<i>Change "impulse control disorder" to "poor impulse control"</i>

p. 2, l. 22-25	Prescribing in 7 day increments does not make sense; tell the patient that prescriptions will not be filled on weekends or vacation days and let them bear the responsibility.	<i>Change “in multiples of seven day increments” with “in an amount sufficient” and add “holiday”</i>
p. 2, l. 22-25	Some patients vary their dosing or have a bad month.	<i>No action needed. This is why a plan for breakthrough pain is required.</i>
p.2, l. 28	This agreement should be part of the written agreement in subpart D	<i>No action needed. The department will review the drafting of sub items C and D and duplicate or rearrange items into the most user friendly format</i>
p.2, l. 35	This should be acknowledged in the written agreement	<i>No action needed. The department will review the drafting of sub items C and D and duplicate or rearrange items into the most user friendly format</i>
p. 2, l. 38	This seems redundant with subpart D 3	<i>No action needed. The department will review the drafting of sub items C and D and duplicate or rearrange items into the most user friendly format</i>
p. 3, l. 42	This seems redundant with subpart D 4	<i>No action needed. The department will review the drafting of sub items C and D and duplicate or rearrange items into the most user friendly format</i>
p. 3, l. 32	This should be in subpart C	<i>No action needed. The department will review the drafting of sub items C and D and duplicate or rearrange items into the most user friendly format</i>
p. 3, l. 47	Should a time-frame be added for accomplishing the goals of the treatment plan, for example 3-6 months	<i>No. The evaluation of the treatment plan and the time-frame for that evaluation should be left to the discretion of the prescribing health care provider.</i>
	It will be hard for physicians who don't see many of these patients to use a written agreement or comply with the rules	<i>The Department will create two forms as part of this rule whose use by the provider would be presumptive evidence of compliance with the rule – 1) a template for the requirements of items A and B 2) a standard written agreement meeting the requirements of items C and D</i>

Bettye Shogren requested input from the MSRB members on a proposal being discussed by the WCAC to limit the use of Fentanyl lollipops. Members shared their opinions.

Treatment Parameters
Spinal Cord Stimulators and Morphine Pumps

Lohman referred to the draft rule for spinal cord stimulators in the meeting packets and reviewed information and references on the department’s web page regarding spinal cord stimulators. He reviewed the comments and the department’s recommendations. A list of specific contraindications will be brought to the next meeting by Lohman. Discussion occurred and the comments and recommendations from the meeting are in the table below.

	Comment	Recommendation
p. 1 l. 30	Change “and is not a candidate for any other surgical therapy” to “Recommended only for selected patients in cases when less invasive procedures have failed or are contraindicated”. Use of SCS should not be limited to cases in which <u>all</u> other therapies are no longer available.	No action taken.
p. 1 l. 31	Who does the psychological evaluation?	Clarify that this is done by the treating health care provider.
p. 1, l. 31	What if the provider doesn’t feel capable of making this determination?	Clarify that the provider can obtain a consult if desired.
	Added by Department	
p. 1, l. 35-37	What constitutes an appropriate trial period?	A minimum trial period of three days
p. 1, l. 35-37	When is a trial judged to be successful?	At least 50% relief of pain
p. 1, l. 29	Provide a definition of “intractable pain”	Use the definition provided in MS 152.125 “... ‘intractable pain’ means a pain state in which the cause of the pain cannot be removed or otherwise treated with the consent of the patient and in which, in the generally accepted course of medical practice, no relief or cure of the cause of the pain is possible, or none has been found after reasonable efforts.”

Old Business
Drug Rules

Lohman noted the drug rules are moving forward. It is a long process and DLI will solicit formal comments.

PPD Schedule

Lohman said technical changes have been proposed to the PPD schedule rules and they are also moving forward in the same fashion.

New Business

The 2008 meeting was schedule pointed out to members and approved.

Baker pointed out that there are several open positions on the MSRB and asked members to solicit applications and to contact Deb Caswell for information.

Lohman stated that the Treatment Parameters are being posted on a user friendly Website being built at DLI and did a demonstration. You can go to the Table of Contents and browse by condition, and look up specific treatments. Or, you can look up treatment options. At this point in time it is just a framework and will give people easy access to the Treatment Parameters when it is completed.

Bachman made a motion to adjourn the meeting at 5:10 p.m. Bonsell seconded the motion. All voted in favor of the motion and it passed.

Respectfully submitted,



Debbie Caswell
Executive Secretary

dc:s