



**Medical Services Review Board
April 20, 2006
Minutes**

Members Present:

Beth Baker, M.D., Chairperson
Barbara Baum, P.T.
Jeffrey Bonsell, D.C.
Sharon Ellis, R.N.
Michael Goertz, M.D.
Rose Hatmaker
Elizabeth Mangold
William Martin, Esq.
Elizabeth Shogren
Jon Talsness, M.D.

Members Excused:

Robin Peterson, P.T.
Reed Pollack
Andrew Schmidt, M.D.

Members Absent:

Philip Bachman, M.D.
Charles Hipp, M.D.
Gregory Hynan, D.C.
Andrea Trimble-Hart

Staff:

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

Visitors:

Carolyn Blodgett, State Fund Mutual
Mark Pixler, MAPS

1) Call to Order, Introductions and Announcements

Chairperson Beth Baker called the meeting to order at 4:07 p.m. Members, staff and guests introduced themselves.

2) Approval of the October 13, 2005, Minutes

Jon Talsness made a motion to approve the October 13, 2005, minutes as presented. Barbara Baum seconded the motion. All voted in favor of the motion and it passed.

Assistant Commissioner Patricia Todd asked the Medical Services Review Board (MSRB) members to move the October 12, 2006, meeting to November to reduce the demands on the department's resources. The meeting date was moved to November 9, 2006.

3) Legislative Update

Todd gave a legislative update. The Workers' Compensation Advisory Council (WCAC) approved two provisions for this legislative session. The first provision would allow fax filing of a Notice of Appeal to the Workers' Compensation Court of Appeals. The second provision would permit insurers to give 30-days advance notice of cancellation of a policy for nonpayment of premium, instead of the 60-day notice required for all other cancellations. Both provisions have gone through hearings at the House and Senate and should move forward.

4) Pharmacy Rule Update

William Lohman, M.D., noted he distributed the proposed rule changes to the maximum fees paid for reimbursement of prescription and non-prescription drugs in workers' compensation at an earlier MSRB meeting. They proposed a new two-tiered system. The current payment is 100% of the average wholesale price plus a \$5.14 dispensing fee. That payment will remain the same when the pharmacy has to bill using a paper bill. There will be a new reimbursement maximum of 88% of the average wholesale and a \$3.65 dispensing fee when the pharmacist sends the bill to the insurer electronically at the point of sale and gets immediate confirmation that the bill will be paid. Moving this process to the electronic transaction arena reduces overhead and reduces the potential for bad debt for the pharmacist.

The Department of Labor and Industry (DLI) hopes this encourages pharmacists and insurers to get involved with electronic transactions. It requires pharmacists to participate if the insurance company puts the pharmacist on notice that the insurer is able to do this. The pharmacist could only get the lower fee, even if they do not do the electronic transaction. This should reduce costs and overhead and create more certainty about the dispensing of medication.

Only one comment was received and it was answered satisfactorily as far as the Office of Administrative Hearings (OAH) was concerned. The rules became effective April 10, 2006.

5) Task Force Reports

The report on **Muscle Relaxants** was discussed. This report is available online at <http://www.doli.state.mn.us/msrb/mr/>.

Lohman pointed out two typos in the recommendation section of the report. At III., the word "that" is repeated. At V., the word "not" should be added after the word "does". A member point out a typo in the Conclusions at 5., ii. The word "does" should be changed to the word "doses". These corrections will be made.

Lohman asked for discussion. Members agreed they had timely communication about the issues to be discussed at the meeting.

Michael Goertz, M.D. pointed out the wording on the recommendations at V. He suggested the word "contraindicated" be replaced with the words "not recommended" because, theoretically, there are appropriate uses for benzodiazepines. They are not medically contraindicated; they have some significant risks. It was agreed that the wording would be changed. The rule draft will come back to the MSRB for review before it is put out for comment.

Bonsell made a motion to approve the muscle relaxant report as written, with the typos corrected and indicated wording changes. Goertz seconded the motion. All voted in favor of the motion and it passed.

6) Old Business

Lohman noted the MSRB accepted the report on Nonsteroidal Anti-Inflammatories at the last meeting. Since there was not much time to review before the meeting, he asked if anyone regretted accepting the report and asked if there was any further discussion. No one had any issues.

7) New Business

The MSRB discussed the aspects of the narcotics rule draft.

Baker recalled the MSRB worked on the chronic pain parameters in 2003 that was reviewed by the Twin Cities Pain Society. This seems to be fairly interrelated with the issue of narcotic medications. She asked to revisit those parameters. It might be useful to adopt both in tandem and asked if DLI would allow the MSRB to do that. Lohman said DLI had talked about that and would be willing to consider putting these together. The chronic pain parameters dealt with the use of chronic narcotic medications but did not address which narcotics to use. He thought it was a natural complement to the narcotic drug parameters.

Lohman will send the most current narcotics draft in the next week or two. It is not an evidence-based document like the other reports are because it deals with mechanics and methods as opposed to the efficacy of a treatment modality. He noted when this draft rule was developed the Board did look for all the guidelines and professional statements about the use of chronic narcotics. They reviewed them and incorporated a lot of that information into the standard.

DLI will search to see if there are newer statements or guidelines from various medical societies about chronic opiate treatment. Members were encouraged to look too. Baker suggested Lohman consult the Pain Society again. Baum recommended that plan of action and the others supported the recommendation. Lohman will send the draft out in a couple of weeks.

A potential work plan for the next year was developed. The following issues may be researched:

- Finish narcotics
- Chronic opiate parameter. Lohman's goal is to have all the medication reports wrapped up by the next board meeting.
- Prolotherapy and botulinum toxin injections
- TENS units
- Alternative traction devices
- Indications for surgery; in particular, for artificial disk and fusion.

There was no interest expressed by MSRB members in further work about IDET, lithotripsy or bone growth stimulators.

There was no other new business.

Sharon Ellis made a motion to adjourn the meeting. Baum seconded the motion. All voted in favor of the motion and it passed. The meeting was adjourned at 5:10 p.m.

Respectfully submitted,

A handwritten signature in cursive script that reads "Debbie Caswell". The letters are fluid and connected, with a prominent loop at the start of the first name.

Debbie Caswell
Executive Secretary

dc/s