Pain Management, the New Formularies and Managing Patient Expectations

DWC Formulary Implementation From an Employer, Insurer & URO Perspective
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CAVEAT

• As the DWC Regulations are not yet finalized, some of the information and definitions provided within this presentation may be changed.
Proposed Regulations

• 9792.27.3 For injuries prior to July 1, 2017, the formulary should be phased in so that workers are not harmed.

• 9792.27.5 OFF LABEL USE
  • Prospective Review authorization required:
    • Non-Preferred
    • Unlisted
    • Preferred lacking recommendation in MTUS for off-label use.
  • Payment can be denied if prospective not obtained or retrospective determines not medical necessary.

• 9792.27.6 Not listed drugs can be authorized by prospective review.
  • Payment can be denied if prospective not obtained or retrospective determines not medical necessary.

• 9792.27.7 Brand Name Drugs where less costly generic available need prospective review, and physician must document patient specific reasons in medical records and DFR/PR2.
  • If review finds Brand not necessary then can pay at generic fee schedule price.
Proposed Regulations

• **9792.27.8** Physician Dispensed
  - Except:
    - Special & peri-operative fills)
    - Up to 7 days of Preferred. ONE
      TIME and tied to date of injury.
  - Must be authorized by Prospective
    review prior to dispensing.
  - PAYMENT DENIED ONLY if found on
    "retrospective review to be not
    medically necessary"

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Proposed Regulations

• **9792.27.9** Compounded drugs
  - Must get Prospective authorization BEFORE dispensed. Can
    withhold payment if no prior authorization.
  - Must document in DFR / PR2 patient specific factors to
    support medical necessity.

• **9792.27.10** MTUS DRUG LIST ....PROSPECTIVE REVIEW
  - Even for Preferred Drugs allows non payment if
    retrospective review determines was not medically
    necessary.
  - Non-preferred and unlisted need Prospective review.
  - Can deny payment if retrospective review determines
    was not medically necessary.
Proposed Regulations

- **9792.27.11** Special fill of Non-Preferred drugs per Drug List: maximum (usually 4) days
  - **IF:**
    - Rx at Initial visit within 7 days of injury
      - Day AFTER DOI is Day 1
    - MPN and PBM can create longer periods or additional drugs
    - FDA approved generic or single-source brand or authorized brand
    - Must be prescribed in accordance with MTUS
    - Can deny payment if retrospective determines not medically necessary

Proposed Regulations

- **9792.27.12** Perioperative. Per Drug List:
  - 2 days before to 4 days after surgery
    - Day of surgery is Zero
    - (MPN and PBM can create longer periods or additional drugs)
  - **IF:**
    - FDA approved generic or single-source brand or authorized brand
    - Prescribed in accordance with MTUS
    - Can deny payment if retrospective determines not medically necessary
Proposed Regulations

• 9792.27.15
  • AD "MAY" post NDC codes on DWC site of drugs on MTUS DRUG LIST.

• 9792.27.16 Pharmacy & Therapeutics Committee (P& T)
  • Review and consult with AD
  • Members:
    • Exec. Med. Dir. and 6 appointed: 3 pharmacists [one actively practicing]
    • -3 MD/DO physicians [one actively treating injured workers]
    • 2 year terms of until replaced.
    • Free of conflicts of interest
    • Minimum quarterly meetings

Pain Management, the New Formularies and Managing Patient Expectations

CASE STUDIES AND APPLICATION
CASE STUDY: Acute Injury After Formulary Enacted

45 year old male employed as Warehouse Worker for past 10 years with prior low back injury resolved after one month of conservative care.

DOI: January 2\textsuperscript{nd}, 2018
Initial Evaluation: January 5\textsuperscript{th}, 2018

1) low back injury after lifting heavy box
2) Straightforward injury; No red flags for cancer or neurologic injury

Diagnosis: Lumbar Strain (S39.012A)
Work Status: Avoid lifting weights greater than 25 pounds.
Treatment: Physical Therapy (PT): Three sessions/week for 2 weeks
Medications: Clinic Dispensed to Patient.
Ibuprofen 800mg 3 x per day #21 Cyclobenzaprine 10 mg 3 x per day #30.

So...how does the formulary and the MTUS apply?
Formulary Highlights

Ibuprofen is a preferred drug in formulary and may be provided to the patient without pre-authorization.

Cyclobenzaprine is not a preferred drug and therefore must undergo Prospective utilization review to determine if its use adheres to MTUS. Cyclobenzaprine is appropriate for moderate to severe low back pain but not minor low back pain.

Acute Injuries

• Preferred formulary drugs should be provided to injured worker promptly
  • NSAIDS
  • Antibiotics
  • Asthma medications
No Preauthorization

- Formulary Preferred Drugs
  - One time fill of up to 7 days
- Caveat:
  - Payment can still be denied by Retrospective Review if determined to not be in compliance with MTUS

Special fill

- Special fill of Non-Preferred drugs per Drug List: (usually 4) days
- IF:
  - Rx at Initial visit within 7 days of injury (day AFTER DOI is Day 1)
  - MPN and PBM can create longer periods or additional drugs
  - FDA approved generic or single-source brand or authorized brand and
  - Prescribed in accordance with MTUS
In each guideline there may be conditions for which the drug is Recommended (✓), Not Recommended (X), or No Recommendation (⦸). Consult guideline to determine the recommendation for the condition to be treated and to assure proper phase of care use.

* Preferred / Non-Preferred - “Preferred” indicates drug may be prescribed/dispensed without seeking authorization through Prospective Review if in accordance with MTUS. 1) Physician dispensed “Preferred” drugs limited to one 7-day supply without Prospective Review.

<table>
<thead>
<tr>
<th>Ibuprofen</th>
<th>Preferred</th>
</tr>
</thead>
<tbody>
<tr>
<td>✓</td>
<td>Ankle and Foot Disorders</td>
</tr>
<tr>
<td>✓</td>
<td>Cervical and Thoracic Spine Disorders</td>
</tr>
<tr>
<td>✓</td>
<td>Chronic Pain</td>
</tr>
<tr>
<td>✓⦸</td>
<td>Elbow Disorders</td>
</tr>
<tr>
<td>✓⦸</td>
<td>Hand, Wrist, and Forearm Disorders</td>
</tr>
<tr>
<td>✓</td>
<td>Hip and Groin Disorders</td>
</tr>
<tr>
<td>✓⦸</td>
<td>Knee Disorders</td>
</tr>
<tr>
<td>✓</td>
<td>Low Back Disorders</td>
</tr>
<tr>
<td>✓</td>
<td>Shoulder</td>
</tr>
</tbody>
</table>

ACOEM REED Guidelines

- Nonsteroidal anti-inflammatory drugs (NSAIDs) have been widely used for treatment of painful back conditions, including acute LBP

- Generally, generic ibuprofen, naproxen or other older generation NSAIDs are recommended as first-line medications.
Therefore, in this patient scenario, Ibuprofen is listed in the formulary as:

**Preferred** - "Preferred" indicates drug may be prescribed/dispensed without seeking authorization through Prospective Review if in accordance with MTUS. Physician dispensed "Preferred" drugs limited to one 7-day supply without Prospective Review.

AND

Recommended (√) by MTUS via ACOEM

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.

* Preferred / Non-Preferred - "Preferred" indicates drug may be prescribed/dispensed without seeking authorization through Prospective Review if in accordance with MTUS. 1) Physician dispensed "Preferred" drugs limited to one 7-day supply without Prospective Review.
ACOEM REED Guidelines

- **Skeletal Muscle Relaxants** for Mild to Moderate Acute, Sub-acute, or Chronic Low Back Pain
  - Not Recommended.

- **Muscle Relaxants** for Moderate to Severe Acute Low Back Pain
  - Moderately Recommended.

- **Indications** – Recommended for select cases of moderate to severe acute LBP. For most cases, these agents are not recommended as NSAIDs, progressive walking, and other exercises will be sufficient to control the symptoms.

Therefore, in this patient scenario, Cyclobenzaprine is both:

**Recommended (√), Not Recommended (×) by MTUS via ACOEM Guidelines**

**Non-Preferred** - “Non-Preferred" indicates drug must undergo Prospective Review to obtain authorization

And in accordance with MTUS.
Confusion

• Preferred Drugs
  • No pre-authorization required

• Non-Preferred Drugs
  • Pre-authorization Required
  • Need to determine if “severity” of low back pain “justifies” use

What to Remember

• 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.

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

• Physician dispensed "Preferred" drugs limited to one 7-day supply without Prospective Review.
Question:

As a Physician how do you address the acute injury where the patient is seeking opiate pain medications that are not supported by the MTUS?

Question:

In the acute situations where the use of opiate medications is appropriate are there limitations and how should you address those with the patient?
Question:
What about legacy cases?

CASE STUDY: Acute Injury After Formulary Enacted

45 year old male employed as Warehouse Worker for past 10 years with prior low back injury resolved after one month of conservative care.

DOI: June 2nd, 2017

Current Status: January 5th, 2018

- Low back injury after lifting and twisting heavy boxes
- Red Flags: Job dissatisfaction,
- Non-Surgical, pre-exiting degenerative disc disease, post-injury radicular complaints resolved.
CASE STUDY: Acute Injury After Formulary Enacted

45 year old male employed as Warehouse Worker for past 10 years with prior low back injury resolved after one month of conservative care.

DOI: June 2, 2017

Current Status: January 16, 2018

Low back injury after lifting and twisting heavy boxes

- Red Flags: Job dissatisfaction, BMI 31, Non-smoker
- Non-Surgical, pre-existing degenerative disc disease, post-injury radicular complaints resolved.

Diagnosis: Lumbar Strain (S39.012A) Degenerative disc disease (?)

Work Status: Off work

Prior Treatment:

- Completed 18 Physical Therapy visits, on HEP
- 8/3/17 MRI noting degenerative disc disease at L2-3 (slight) & L3-5 (moderate) & L4-5 bulging disc slightly encroaching on thecal sac.
- 9/6/17 EMG positive for L4-5 radiculopathy
- 103/17 LESI – Minor relief of pain and no functional improvement
CASE STUDY: Acute Injury After Formulary Enacted

**Medications:**
- Gabapentin 600 MG 3 x per day #90
- Norco 10/325 MG 4 x per day #120
- Cyclobenzaprine 10 mg 3 x per day #90,

So...how does the formulary and the MTUS apply?

Chronic Opioid Maintenance Therapy (COMT)

- Clinically Meaningful Improvement in Pain and/or Function
  - Scales, Impairments, Quality of Life
- Opioids are Non-Preferred Drugs
  - Use must adhere to MTUS Opioid Treatment Guidelines 2016
  - Pre-authorization required
  - Tapering required if use not supported by MTUS
  - MTUS may transition to ACOEM Opioid Guidelines
Tapering Opioids
(ACOEM Practice Guidelines (APG): Opioids)

• **Frequency/Duration** – Duration of a taper is empirical, dependent on dose, prior opioid use duration, and informed patient decision-making. Rates of the taper vary.

• The following are options:
  - 10% per day [456]
  - 20% every 3-5 days [456]
  - 10% per week [65, 457]
  - 25% per week [456]
  - 20-50% per day until lower doses reached (e.g., oxycodone CR 30mg, then decrease dose by 10mg/day every 2-5 days [64]

Tapering Opioids (Continued)

• Faster tapers over a few days have been safely accomplished.
  - The speed of the taper should generally be an informed choice involving the patient, as some will prefer a faster or slower taper.

  • The slowest taper in common use is 10% per week, thus lasting 10 weeks. A faster taper is 25% per week for 4 weeks. Some will opt for tapering over, e.g., 10 days.

  • A pilot study found a 22-week taper support intervention was effective (psychiatric consultation, psychiatric medication med. if indicated, opioid dose tapering, and 18 weekly meetings with a physician assistant to educate, explore motivation for tapering and CBT-based learning pain self-management skills) (Sullivan 2016).

  • Other agents are used when weaning is challenging, and/or dependence and addiction issues are more complex and commonly include naltrexone, methadone, buprenorphine and clonidine (see below).
What Taper to Expect from UR

• Empirical: 10-20% per month if taper provided
• No taper recommendations provided, full denial

Question:

• Having inherited the patient in the above case study post how do you address the medications?
  • Continue?
  • Taper?
  • Transition?
  • Wean?
• What do you say to the patient?
Question:

• Would your responses be different if the DOI was 6/2/2010 and the medication had been in play since 2003 (MMI)?
• What difference would it make if the medications were:
  ▪ Neurontin 600 MG 3 x per day #90
  ▪ Oxycodone 10 MG 4 x per day #120
  ▪ Carisoprodol 500 mg 2 x per day #60
  ▪ Lidoderm patch 5mg 2 x per day #60
  ▪ Duloxetine 30 mg 2 x per day #60

Question

• Will the formulary help with the opiate problem? Yes or No.
• Please discuss your opinions.