

WORKERS' COMPENSATION  
**MEDICAL ADVISORY COMMITTEE**

March 14, 2014  
9 a.m. – 11:20 a.m.

***MAC Committee Members Present:***

Ronald Bowman, MD (Chair); John Braddock, MD; Brad Lorber, MD; Susan Strom, DC; Lon Holston; Hans Carlson, MD; Gary Rischitelli, MD; Tom Williams, PT, Joey Blubaugh, Franklin Wong, MD.

***DCBS Staff Present:***

Juerg Kunz, Cara Filsinger, Don Gallogly, Nanci Johnston, Brian Fordham, Nameun House

***MAC Committee Members Absent:***

Constantine Gean, MD; Timothy Keenen, MD (Vice-Chair)

<b>Agenda Item</b>	<b>Discussion</b>
<b>Welcome, Introductions</b> (00:00:00)*	Dr. Bowman called the meeting to order at 9:00 a.m.
<b>Administrative discussions</b>  (00:00:16)*	<b>Review and approve minutes for January 10, 2014 meeting - MAC</b> The committee approved January 10, 2014 meeting minutes.  <b>Introduction: SAIF Corporation President John Plotkin</b> The committee welcomed new president of SAIF Corporation, John Plotkin. He expressed enthusiasm for collaborating with MAC on helping injured workers.
(00:01:40)*	<b>Information: Minnesota Patient Advocate Program – Dr. Rischitelli</b> Dr. Rischitelli shared information on Minnesota's Patient Advocate Program . The patient education program as a way of helping injured workers better understand the procedure and treatment options to make fully informed decisions for better outcomes and higher satisfaction. Recently the program added some patient education documents for assisting patients with information on lumbar fusion treatment. The Patient Advocate Program is a relatively new; however, the concept of patient education has been around in the industry.
<b>Final guidelines on opioid prescribing</b> (00:07:46)*	<b>Review: Revised guidelines based on November 15 and January 10 committee input</b> WCD's opioid workgroup revised the draft short-term and long-term guidelines based on feedback from MAC during the January 10 meeting and added two pages of reference material and incorporated a Provider Tool table provided by Dr. Lorber and useful links to the Washington State website provided by Dr. Gean.
(00:17:22)*	<b>MAC's future review on marijuana use over opioids – Dr. Wong</b> The issues around legalization of medical marijuana are contentious. Conflicting federal and state law and employment law add more complexity to the already challenging issue. Oregon Medical Board had a discussion on the use of medical marijuana, and Dr. Wong addressed there is a need for MAC review on the issue related to pain management.

(00:35:51)\*

**Action: MAC endorsement of opioid guidelines**

MAC recommended supporting the opioid guidelines with the changes discussed in the meeting. The guidelines will be posted to WCD's website and distributed to GovDelivery subscribers. The content of the guidelines will be updated whenever it is needed. Additionally WCD will track the actual count of website hits for these guidelines.

(00:39:10)\*

**Opioid Dosage Conversion Calculator – Don Gallogly**

DCBS Lead Research Analyst, Don Gallogly demonstrated the opioid dosage conversion calculator that showed all types of opioids equivalent to a dosage and how Washington's multiple prescription dosage calculator, which can help physicians figure out dosages for a patient with multiple opioid prescriptions.

The committee members said that the two calculators had different factoring attributes – equivalency vs. daily morphine equivalent dose (MED).

MAC suggested that Don make the following changes to the Oregon's opioid calculator:

- Show opioid range for particular opioids (methadone and buprenorphine) with specific range.
- Add Tramadol, Fentanyl, and Buprenorphine.
- Add a total MED.
- Add a link to Washington's opioid dose calculator:  
<http://agencymeddirectors.wa.gov/mobile.html>

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**Technology review**

(00:50:50)\*

**BiOM ankle – Juerg Kunz**

Last meeting, MAC decided that the BiOM should remain a compensable device and wanted to consider some patient selection criteria and guidelines.

**Action/Discussion: Committee discussion on draft guidelines and criteria**

After a brief discussion, MAC decided not to introduce patient selection criteria or other guidelines because the BiOM ankle is so infrequently prescribed. The reason why MAC reviewed the compensability was to answer SAIF whether or not BiOM ankle should be compensable.

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**Technology review**

(01:02:12)\*

**Spinal Cord Stimulator – Dr. Wong, subcommittee chair**

The subcommittee met on January 10 after the MAC meeting. To prepare a draft recommendation of the subcommittee, Dr. Wong reviewed the literature Juerg prepared, talked with Josh Marsh who is the director of the Washington health assessment technology program (HTA), and also looked at HTA's January 2014 report, Haze and Cochran's collaboration on the spinal cord study, ODG Guidelines which quoted Dr. Turner's study, the only study done for injured workers, indicating that the surgery only benefitted some in short period of time after the surgery but mostly lost all the benefits within a year in addition to showing significant complications. The best analysis of the studies was that the spinal cord stimulator might have a potential benefit, but it has been unproven.

Spinal cord stimulator has been done since 1969, but we have not seen much improvement in patients' functionality or pain. It is an invasive procedure and has much co-morbidity

and complication. Patients with chronic, complex pain cannot simply improve functionality and reduce pain from having the surgery.

Dr. Wong also surveyed all rehab clinics in downtown Portland to ask if they had known any patients with success from spinal cord stimulator, but none of those clinics could answer the question.

(01:28:11)\*

**Public testimony on spinal cord stimulator by Medtronic (Liesl Hargens)**

Liesl Hargens with Medtronic testified to remind MAC members that there have been recent studies that are showing cost-effectiveness of spinal cord stimulator. Cochran review was pulled because the information was old.

**Action/Discussion: Committee discussion on subcommittee recommendation**

- MAC has two options:
  - The committee concluded that the spinal cord stimulators are compensable; therefore, the claim has to go through a hearing process on medical services; or
  - The department would have to do a study by registering cases and reviewing them after three years.
  
- If WCD needs to implement the recommended changes for including the second opinion and a neuropsychological evaluation and allowing clinical trial of the spinal cord stimulator, WCD has to go through rulemaking process to implement them. Juerg will check with Meyer about directing workers to specific doctors for consultation.
  
- Are we spending too much time on evaluating the surgery that has not been benefitting patients? Should we start a registry process to track the patients?

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**Closing**  
(02:05:26)

The meeting adjourned at 11:20 a.m.  
The next meeting will be held on May 9, 2014 in Room 211 (2<sup>nd</sup> floor).

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\*The **audio** files for the meeting minutes and public testimony (both written and audio) can be found here:  
[http://www.cbs.state.or.us/wcd/rdrs/mac/mac\\_mtgmnts.htm](http://www.cbs.state.or.us/wcd/rdrs/mac/mac_mtgmnts.htm)