The California Medical Treatment Utilization Schedule (MTUS) – New Treatment Guidelines and Formulary

Ray Meister, MD, MPH

April 27, 2017

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# The California Medical Treatment Utilization Schedule (MTUS) – New Treatment Guidelines and Formulary
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## Topics Covered in this Presentation

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## Your Learning Objectives

- Define what the MTUS is and why it is critically important to the care of your patients.
- Identify the guidelines in the MTUS and learn how to use recommendations found in the MTUS guidelines for your patients’ treatment.
- Explain how to apply the MTUS Medical Evidence Search Sequence when considering recommendations found outside of the MTUS guidelines.
- Identify highlights of the proposed MTUS Formulary.
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Section 1  The MTUS: Why? What? Where?

Introduction

• Recognize why the MTUS is important.
• Define what the MTUS is and describe its component parts.
• Determine where to find the MTUS medical guidelines.

Why is the MTUS important?

• It is the primary source of guidance for treating physicians and physician reviewers in workers’ compensation.
• It provides the pathway to providing appropriate patient care and getting your treatment requests approved!
What is the MTUS?

- The MTUS is a set of regulations found within the California Code of Regulations.
- Contains definitions, establishes the primary role of the guidelines in the MTUS, provides a Medical Evidence Search Sequence and a Methodology for Evaluating Medical Evidence when there are conflicting recommendations.
- Is based on the principles of evidence-based medicine (EBM).

Elements of Patient Care

- Evidence-Based Medical Guidelines
- Patient Values & Expectations
- Clinical Expertise
- Physician’s Treatment Plan
Section 1  The MTUS: Why? What? Where?

Where to find the MTUS guidelines?

Clinical Topics
- The Eye Chapter;
- Neck and Upper Back Complaints Chapter;
- Shoulder Complaints Chapter;
- Elbow Complaints Chapter;
- Forearm, Wrist and Hand Complaints Chapter;
- Low Back Complaints Chapter;
- Knee Complaints Chapter;
- Ankle and Foot Complaints Chapter; and
- The Stress Related Conditions Chapter.

Available Online if Purchased
Or
View in a DWC District Office

Available Free Online

Special Topics:
- Acupuncture
- Chronic Pain
- Postsurgical
- Opioids

Treatment Guidelines

- Updates to Current MTUS Topics
  - General Approaches
  - Neck and upper back
  - Shoulder
  - Elbow
  - Forearm, wrist, and hand
  - Low back
  - Knee
  - Ankle and foot
  - Stress (Mental Health)
  - Eye
  - Chronic pain
  - Opioids
Treatment Guidelines

• New Topics to be added
  – Hip and groin
  – Interstitial lung disease
  – Occupational asthma
  – Traumatic brain injury

Summary

The MTUS is a set of regulations that provide an analytical framework for the evaluation and treatment of injured workers in the California workers’ compensation system.

The recommendations found in the MTUS guidelines are presumed correct and provide a pathway for the most effective treatment for work-related conditions.

The DWC is planning to update all of the guidelines in the MTUS.
Introduction

- Recognize the process to follow when making a treatment request for any condition.
- Explain the process when making a treatment request and the recommendations found in the MTUS supports your treatment plan.
- Examine case scenario #1.
- Explain the citation and clinical documentation requirements in order to get your treatment request approved.
Case Scenario #1

Diagnosis:
• Low Back Pain, ICD-10 M54.5

Proposed Treatment Plan:
• Ibuprofen 400 mg q 8 hrs.. #60
• At home application of cold to low back
• Instructions given to educate about proper lifting techniques and home stretching exercises
• Physical Therapy, 1 visit for home exercise program
• Home and work restrictions

MTUS Clinical Guideline Review:
• Low Back Complaints
Section 2  Using recommendations found in the MTUS for patient treatment

Case Scenario #1: Proper Documentation is the key!

- Your clinical documentation must substantiate the need for the requested treatment
- Request for Authorization (RFA) form (Include all treatment requests)
- Doctor’s First Report (DFR) or Progress Report (PR-2)

With inadequate documentation your treatment request could be denied even if the recommendation is in the MTUS!

4/27/17

Section 2  Using recommendations found in the MTUS for patient treatment

Case Scenario #1: Example Documentation

DFR, #23

23. TREATMENT RENDERED (Use reverse side if more space is required)
   Ibuprofen 400 mg PO q8 hrs. PRN.
   At home applications of cold to low back area.
   Instructions given on proper lifting techniques and home stretching exercise.
   Physical Therapy, 1 visit for home exercise program
   Home and work restrictions
   Guideline used to support treatment: MTUS – Low Back Complaints

RFA

Low Back Pain M54.5 Ibuprofen 400mg 1 tab q8hrs PRN, #60
Per MTUS- Low Back Complaints

Low Back Pain M54.5 Physical Therapy, 1 visit Home Exercise Program (97110)
Per MTUS- Low Back Complaints

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## Summary

Always begin by reviewing the MTUS guidelines.  
Next, determine if there is an MTUS guideline that addresses your patient’s condition and the recommendations support your treatment plan.  
If Yes, then apply the MTUS guideline to your treatment and use the criteria to guide your clinical documentation.

Remember - Citing a recommendation from the MTUS is not enough by itself. Clinical documentation must support the use of that recommendation, for that patient, in that situation.

Failure to properly document the MTUS requirements may result in a denial.

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### Section 3  
Using recommendations found outside of the MTUS for patient treatment.

#### Introduction

- Describe the two limited situations that may warrant a treatment based on recommendations found outside of the MTUS.  
- Explain the process when making a treatment request found outside of the MTUS.  
- Review the Medical Evidence Search Sequence.  
- Discuss case scenario #2.  
- Complete the citation and clinical documentation requirements in order to get your treatment request approved.
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SECTION 3 Using Recommendations Found Outside of the MTUS for Patient Treatment

Recommendations found outside of the MTUS

Two Limited Situations

1. MTUS does not address patient’s condition
2. MTUS recommendations do not support desired treatment plan – CHALLENGE MTUS

Decision Tree

- Is your patient’s condition addressed by an MTUS Guideline?
  - YES
  - Apply MTUS Guideline to your treatment
  - NO
  - Does the recommendation found in the MTUS support your treatment plan?
    - YES
    - Follow MTUS Medical Evidence Search Sequence
      - ACOEM or ODG
      - Other evidence based medical treatment guidelines
      - Other scientifically based studies
    - NO
    - Obtain treatment recommendations outside of MTUS

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Case Scenario #2

- 42 year old female truck driver returns for one week follow-up visit after low back injury.
- Reports worsening low back pain.
- Now states intense pain in low back with referred pain to buttocks.
- Reports difficulty with home exercise program
- Moderate distress, pleasant affect
- Moves slowly and is guarded, some tenderness and spasm lumbar paraspinous area.
- Pain improved with lumbar extension.
- Lower extremity strength R-5/5, L-5/5.
- Ankle jerk reflex R-2+, L-2+.
- R SLR negative, L SLR negative.
Diagnosis: Case Scenario #2
Low back pain, ICD-10 54.5

Treatment Recommendation:
• Ibuprofen 600 mg q 6 hrs, #90
• Supervised Exercise Program: 2 sessions a week for 2 weeks to reduce symptoms and improve function.
• Continue icing
• Sedentary work.

MTUS Clinical Guideline Review:
• Low Back Complaints – Supervised Exercise Program not recommended.

MTUS Medical Evidence Search Sequence:
• Current ACOEM – Low Back Disorders: Exercises Section addresses Supervised Exercise Programs
Case Scenario #2: Proper Documentation when challenging the MTUS

Your clinical documentation must substantiate the need for the requested treatment

Doctor’s First Report (DFR) or Progress Report (PR-2)

Request for Authorization (RFA) form (Include all treatment requests)

Note that the MTUS is being challenged

Cite the relevant study or guideline

If multiple citations, note the primary one

Attach the study or guideline section

Case 2: Example Documentation – Treating Physician

PR-2

Treatment Plan:
Increase Ibuprofen to 600 mg q 6 hrs, #90 Continue at home applications of cold to the low back area Instructions reviewed on proper lifting techniques and home stretching exercises.
Supervised Exercise Program: 2 sessions a week for 2 weeks to reduce symptoms and improve function. Note pain is improved with lumbar extension. (Guideline used to support treatment: Current ACOEM – Low Back Disorders: Exercises Section) Sedentary work only. Alternate between sit & stand every 15 min. Recheck 8/23/16.

RFA
Low Back Pain M54.5 PT, 2 per wk X 2 wks, Supervised Exercise Program (97110)
Per ACOEM- Low Back Disorders: Exercise Section
Section 3 Using recommendations found outside of the MTUS for patient treatment.

Summary

Always begin by determining if your patient’s condition is addressed by the MTUS guidelines.

If the MTUS guidelines do not address your patient’s condition, or if the MTUS recommendations do not support your desired treatment plan, then you must find a recommendation outside of the MTUS that supports your treatment plan.

Follow the medical evidence search sequence to find a recommendation outside of the MTUS guidelines.

Citing a recommendation found outside of the MTUS is not enough by itself. Your clinical documentation must support the use of that recommendation, for that patient, in that situation.

Failure to properly document the MTUS requirements may result in a denial.

Section 4 How conflicting recommendations are evaluated by Utilization Review and Independent Medical Review physicians.

Introduction

• Recognize the roles of Utilization Review (UR) and Independent Medical Review (IMR) physicians.
• Describe how conflicting recommendations can occur.
• Explain the MTUS methodology for evaluating medical evidence.
• Recognize the citation and documentation requirements for Utilization Review and Independent Medical Review decisions.
What are the roles of UR and IMR physicians?

**Utilization Review (UR)**

**Independent Medical Review (IMR)**

**UR and IMR physicians determine if your treatment request is Medically necessary**

When can conflicts occur?

- **When the treatment you recommend is not supported by an MTUS guideline,**

  **OR**

- **When your patient’s condition is not covered by an MTUS guideline.**
Section 4

How conflicting recommendations are evaluated by Utilization Review and Independent Medical Review physicians.

Applying the MTUS Methodology for Evaluating Medical Evidence

**UR and IMR physicians are required to:**

- Apply the [MTUS Methodology for Evaluating Medical Evidence](#) when there are conflicting recommendations.
- Evaluate the quality and strength of the underlying studies used to support each recommendation to determine which is supported by the best available evidence.
- The recommendation supported by the best available evidence will then be used to determine the medical necessity of your requested treatment.

### UR & IMR Decisions

**Physician reviewers should include:**

- A citation to the guideline or study
- The level of evidence for each published study
- If more than one citation, provide a copy of each with an explanation of how it provides additional information not addressed in the primary citation.
- A statement that higher levels of evidence are absent if relying on lower levels of evidence.
Utilization Review and Independent Medical Review physicians determine if your treatment requests are medically necessary.

When there are conflicting recommendations the MTUS Methodology for Evaluating Medical Evidence is applied.

To determine which recommendation is supported by the best available evidence the quality and strength of the evidence is evaluated.

Reviewing physicians must provide specific documentation to justify their decisions.

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**Formulary**

- **AB 1124** directed the DWC to create a workers’ comp formulary.
- **Goal** in implementing AB 1124: Adopt an evidence-based drug formulary, consistent with the MTUS, to augment provision of timely and high-quality medical care, while reducing administrative burden and cost
- [https://www.dir.ca.gov/dwc/MTUS/MTUS.html](https://www.dir.ca.gov/dwc/MTUS/MTUS.html)
Formulary

- RAND, Implementing a Drug Formulary for California’s Workers’ Compensation Program
  - Conducted a review and analysis of existing drug formularies.
  - Looked at: Washington State, Texas, Ohio, ODG, ACOEM, and MediCal/Medicaid.
  - Recommendation: Treatment guidelines and the formulary should incorporate the evidence-based standards of care that best meet the needs of California’s injured workers.
  - The ACOEM guidelines have a more rigorous, transparent development process.

Goals & Structure of the Formulary

- Goal: Adopt an evidence-based drug formulary, consistent with the MTUS, to augment provision of timely and high-quality medical care, while reducing administrative burden and cost
- Accomplished through Formulary structure
  - MTUS Treatment Guidelines – The Backbone
  - MTUS Drug List
    - Preferred drugs – No Prospective Review if in accord with MTUS
    - Non-Preferred & Unlisted Drugs – Prospective Review required
    - “Special Fill” & “Perioperative Fill” of specified Non-Preferred drugs
  - Ancillary Formulary Rules
Formulary – Preferred Drugs

- Preferred Drug Criteria
  - Being noted as a first line therapy weighs in favor of being preferred.
  - Recommended for most acute and or acute/chronic conditions addressed in clinical guidelines weighs in favor of being preferred.
  - A safer adverse effects (risk) profile weighs in favor of being preferred.
  - Drugs listed for the treatment of more common work-related injuries and illnesses weighs in favor of being preferred.
- No Prospective Review if in accord with MTUS

Formulary – Additional Medication Designations

- Preferred Drugs
- Non-Preferred & Unlisted Drugs – Prospective Review required
- Special Fill Medications
  - 4 day supply of certain Non-Preferred drugs in limited situations
- Perioperative Fill Medications
  - No prospective review of certain Non-Preferred drugs during the perioperative period
Ancillary Formulary Rules

- Intended to support the provision of appropriate, cost-effective, high quality medical care
  - Access to non-preferred and unlisted drugs
  - Off-label use
  - Generic drug preference; requirements for brand name drug
  - Compounded drugs
  - Physician dispensing

MTUS Formulary Drug List

Structure of MTUS Drug List
- Organized by active drug ingredient
- Preferred / Non-Preferred status
- Special Fill & Perioperative Fill
- Drug class
- Reference in Guideline “legend”

<table>
<thead>
<tr>
<th>Drug</th>
<th>Preferred / Non-Preferred</th>
<th>Special Fill**</th>
<th>Peri-Op***</th>
<th>Drug Class</th>
<th>Reference in Guideline</th>
</tr>
</thead>
<tbody>
<tr>
<td>Acetaminophen</td>
<td>Preferred</td>
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<td>Analgesics - NonNarcotic</td>
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<td>Cervical and Thoracic Spinal Disorders</td>
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<td>Low Back Disorders</td>
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<td>Shoulder</td>
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Formulary Legend Example

Reference in Guideline “legend”

(✓) Recommended
(✓) Not Recommended
(✓) No Recommendation

Some Additional Provisions

• Provision regarding Special Fill - DWC to evaluate effect on injured worker’s use of opioids
• Provision re: health & safety regulations such as California occupational Blood Borne Pathogens standard
• DWC may maintain and post a listing by National Drug Codes (NDC) of drug products on the MTUS Drug List
Long-Term Opioid Use Following Treatment of Acute Pain

• CDC MMWR – 3/17/17
  – In a representative sample of opioid naïve, cancer-free adults who received a prescription for opioid pain relievers, the likelihood of chronic opioid use increased with each additional day of medication supplied starting with the third day, with the sharpest increases in chronic opioid use observed after the fifth and thirty-first day on therapy...

  – https://www.cdc.gov/mmwr/volumes/66/wr/pdfs/mm6610a1.pdf

Rulemaking Procedure/Timeline

• Adopt the Formulary pursuant to Govt. Code Administrative Procedure Act
• Notice of Rulemaking – published March 17, 2017
• 45-day comment period & Public Hearing – May 1, 2017
• 15-day written comment period anticipated

Formulary Update Procedure
• Labor Code §5307.29
• At least quarterly updates
Participate in the Rulemaking

• Comments on the proposed formulary are welcomed and encouraged
• Follow the rulemaking on the DWC website rulemaking page:
  http://www.dir.ca.gov/dwc/rulemaking/dwc_rulemaking_proposed.html
• Sign up to be on the Administrative Director’s Newsline list
  (DWC home page - Contact Us - Stay current on DWC activities)

MTUS Online Education

• Instruction on how to use the MTUS.
• Available online without charge.
• Free CME credit.
• Example cases.
  http://www.dir.ca.gov/dwc/CaliforniaDWCCME.htm
• Next course under development: QME
In Conclusion

You should be able to...

- Describe the MTUS and understand its importance.
- Navigate the MTUS guidelines.
- Use recommendations found in the MTUS guidelines for your patient’s treatment.
- Apply the MTUS Medical Evidence Search Sequence when considering recommendations found outside of the MTUS.
- Document compliance with the MTUS in your reports.
- Identify highlights of the proposed MTUS Formulary.

Apply the MTUS to maximize patient function, recovery and return to work.
MTUS Formulary and Guidelines

- The State of California requires the use of the MTUS Guidelines and Drug Formulary for physicians treating workers’ compensation cases.

- Since the proposed updates to the MTUS treatment guidelines and formulary are built on the foundation of ReedGroup’s ACOEM Practice Guidelines and Formulary, a commercial license from ReedGroup is required when providers use the guidelines to treat patients.

- Purchase your annual commercial license to the ACOEM guidelines and formulary at a discounted rate of $100/year: http://go.reedgroup.com/MTUS

Thanks for your participation

END
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