I, Steven D. Feinberg, M.D., hereby declare that the content for this activity, including any presentation of therapeutic options, is well balanced, unbiased, and to the extent possible, evidence-based.

My spouse and I have no financial relationships with commercial entities producing, marketing, re-selling, or distributing health care goods or services consumed by, or used on, patients relevant to the content I am planning, developing, presenting, or evaluating.
Objectives / Goals

- What is the MTUS & the Formulary?
  - How do you use them to avoid UR and IMR denials?
- MTUS ACOEM Opioid Guideline
- MTUS Chronic Pain Guideline
- Report writing to avoid denials
- Introduction to MDGuidelines

MTUS & Drug Formulary

- On DWC web site but cannot copy/print MTUS
- Reed Group MDGuidelines
  CA Providers: $100/year
  http://go.reedgroup.com/MTUS
Summary of Recommendations

Chronic Persistent Pain and Chronic Pain Syndrome

<table>
<thead>
<tr>
<th>Recommendation</th>
<th>Recommendation Status</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yoga for Other Chronic Persistent Pain (CPP)</td>
<td>Recommended, Insufficient Evidence</td>
</tr>
<tr>
<td>Duloxetine for CPP</td>
<td>Recommended, Insufficient Evidence</td>
</tr>
<tr>
<td>Glucocorticosteroids for CPP</td>
<td>Not Recommended, Insufficient Evidence</td>
</tr>
<tr>
<td>Gabapentin and Pregabalin for CPP</td>
<td>Recommended, Insufficient Evidence</td>
</tr>
<tr>
<td>Muscle Relaxants for Acute Exacerbations of CPP</td>
<td>Recommended, Insufficient Evidence</td>
</tr>
<tr>
<td>Topical NSAIDs for CPP Where Target Tissue Superficially Located</td>
<td>Recommended, Insufficient Evidence</td>
</tr>
<tr>
<td>Lidocaine Patches for CPP</td>
<td>Recommended, Insufficient Evidence</td>
</tr>
<tr>
<td>Intrathecal Drug Delivery System for CPP</td>
<td>Not Recommended, Insufficient Evidence</td>
</tr>
<tr>
<td>Psychological Evaluation for CPP Patients</td>
<td>Recommended, Insufficient Evidence</td>
</tr>
<tr>
<td>Cognitive Behavioral Therapy</td>
<td>Moderately recommended, evidence (B)</td>
</tr>
</tbody>
</table>

MTUS Treatment Guidelines*

- Initial Approaches to Treatment Guideline (ACOEM 6/30/17)
- Cervical and Thoracic Spine Disorders Guideline (ACOEM 5/27/16)
- Shoulder Disorders Guideline (ACOEM 8/1/16)
- Elbow Disorders Guideline (ACOEM 2013)
- Hand, Wrist, and Forearm Disorders Guideline (ACOEM 6/30/16)
- Low Back Disorders Guideline (ACOEM 2/24/16)
- Knee Disorders Guideline (ACOEM 10/28/16)
- Ankle and Foot Disorders Guideline (ACOEM 9/15)
- Eye Disorders Guideline (ACOEM 4/1/17)
- Hip and Groin Guideline (ACOEM 5/1/11)
- Occupational/Work-Related Asthma Medical Treatment Guideline (ACOEM 1/4/16)
- Occupational Interstitial Lung Disease Guideline (ACOEM 1/4/16)
- Chronic Pain Guideline (ACOEM 5/15/17)
- Opioids Guideline (ACOEM 4/20/17)

* http://www.dir.ca.gov/dwc/DWCPropRegs/Medical-Treatment-Utilization-Schedule/Medical-Treatment-Utilization-Schedule.htm
MTUS & Drug Formulary

- MTUS Presumptively Correct
- (12/1/17 – ACOEM Guidelines)
- (1/1/18 – MTUS Formulary)
- MTUS & Formulary Linked

Avoid Denials

Use the MTUS & Drug Formulary Wisely

July 10, 2018 / WOEMA 2018 Webinar Series
MTUS Search Sequence

https://www.dir.ca.gov/t8/9792_21_1.htm

1st Search in the MTUS treatment guidelines (the adopted ACOEM Treatment Guidelines)

Is the patient’s condition or injury addressed by an MTUS guideline?

Yes

Does the recommendation found in the MTUS guideline support the treatment request or treatment plan?

Yes

Apply MTUS guideline recommendation to the treatment.
There are only two limited situations that may warrant treatment based on recommendations found outside of the MTUS treatment guidelines:

1. MTUS treatment guidelines do not address patient’s injury or condition.
2. MTUS treatment guidelines do not support desired treatment request.
There are only two limited situations that may warrant treatment based on recommendations found outside of the MTUS treatment guidelines:

1. MTUS treatment guidelines do not address patient’s injury or condition.  
2. MTUS treatment guidelines do not support desired treatment request.
The MTUS & Drug Formulary: Report Writing to Avoid Denials of Treatment Requests / Steven Feinberg, MD

Methodology for Evaluating Medical Evidence

- Medical care shall be in accordance with the recommendation supported by the best available evidence
- Rx Physician vs. UR / IMR

https://www.dir.ca.gov/t8/9792_25_1.html

Substantiating the Need for Treatment

- The 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 Treatment request is MTUS Compliant
- OR
- 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

With inadequate documentation the treatment request could be denied even if recommendation is in the MTUS!
MTUS Formulary Drug List*

<table>
<thead>
<tr>
<th>Drug Ingredient</th>
<th>Reference Brand Name</th>
<th>Exempt/Non-Exempt*</th>
<th>Special Fill**</th>
<th>Peri-Op***</th>
<th>Drug Class</th>
<th>Reference in Guidelines</th>
<th>Dosage Form</th>
<th>Strength</th>
<th>Unique Product Identifier(s)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Acetaminophen</td>
<td>Tylenol</td>
<td>Exempt</td>
<td></td>
<td></td>
<td>Analgesics - Non-Narcotic</td>
<td></td>
<td></td>
<td></td>
<td>Ankle and Foot Disorders, Cervical and Thoracic Spine Disorders, Chronic Pain, Elbow Disorders, Eye, Hand, Wrist, and Forearm Disorders, Hip and Groin Disorders, Knee Disorders, Low Back Disorders, Shoulder</td>
</tr>
</tbody>
</table>

* [http://www.dir.ca.gov/dwc/DWCPropRegs/MTUS-Formulary/Final-Regulations/DRUG-LIST.pdf](http://www.dir.ca.gov/dwc/DWCPropRegs/MTUS-Formulary/Final-Regulations/DRUG-LIST.pdf)

**Reference in Guideline**

(✓) Recommended
(✗) Not Recommended
(⦸) No Recommendation

MUST refer to MTUS ACOEM Guideline Chapter

July 10, 2018 / WOEMA 2018 Webinar Series
## Elbow Disorders – Acetaminophen

<table>
<thead>
<tr>
<th>Acetaminophen</th>
<th>Recommendation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Acetaminophen for Treatment of Elbow Pain</td>
<td>Recommended, Insufficient Evidence (I)</td>
</tr>
<tr>
<td>Acetaminophen or Aspirin for Patients at Risk for Cardiovascular Adverse Effects</td>
<td>Strongly Recommended, Evidence (A)</td>
</tr>
<tr>
<td>Acetaminophen for Biceps Tendinosis and Tears</td>
<td>Recommended, Insufficient Evidence (I)</td>
</tr>
<tr>
<td>Acetaminophen for Elbow Dislocation</td>
<td>Recommended, Insufficient Evidence (I)</td>
</tr>
<tr>
<td>Acetaminophen for Elbow Sprains</td>
<td>Recommended, Insufficient Evidence (I)</td>
</tr>
<tr>
<td>Acetaminophen for Post-operative Pronator Syndrome</td>
<td>Recommended, Insufficient Evidence (I)</td>
</tr>
<tr>
<td>Acetaminophen for Post-operative Radial Nerve Entrapment</td>
<td>Recommended, Insufficient Evidence (I)</td>
</tr>
<tr>
<td>Acetaminophen for Post-operative Management of Ulnar Neuropathy-related Pain</td>
<td>Recommended, Insufficient Evidence (I)</td>
</tr>
<tr>
<td>Acetaminophen for Treatment of Acute, Subacute, or Chronic Ulnar Neuropathies at the Elbow</td>
<td>Not Recommended, Insufficient Evidence (I)</td>
</tr>
<tr>
<td>Acetaminophen for Treatment of Elbow Fractures</td>
<td>Recommended, Insufficient Evidence (I)</td>
</tr>
<tr>
<td>Acetaminophen for Contusions</td>
<td>Recommended, Insufficient Evidence (I)</td>
</tr>
<tr>
<td>Acetaminophen for Treatment of Acute, Subacute, or Chronic Ulnar Neuropathies at the Elbow</td>
<td>Not Recommended, Insufficient Evidence (I)</td>
</tr>
</tbody>
</table>

## Chronic Pain – Acetaminophen

<table>
<thead>
<tr>
<th>Acetaminophen</th>
<th>Recommendation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Acetaminophen for Chronic Persistent Pain</td>
<td>Recommended, Insufficient Evidence (I)</td>
</tr>
<tr>
<td>Acetaminophen for CRPS</td>
<td>Recommended, Insufficient Evidence (I)</td>
</tr>
<tr>
<td>Acetaminophen for Neuropathic Pain</td>
<td>Recommended, Insufficient Evidence (I)</td>
</tr>
<tr>
<td>Acetaminophen for Treatment of Fibromyalgia</td>
<td>Recommended, Insufficient Evidence (I)</td>
</tr>
</tbody>
</table>
Non-Exempt Drugs

- Recommended (probably okay)
  - v.
- Not-Recommended, No Recommendation or Not Listed (must justify)

Non-Exempt
Special / Perioperative Fill
4-Day Supply - Limited Situations

<table>
<thead>
<tr>
<th>Drug Ingredient</th>
<th>Reference Brand Name</th>
<th>Exempt/Non-Exempt</th>
<th>Special Fill</th>
<th>Part of Code</th>
<th>Drug Class</th>
<th>Reference in Guidelines</th>
</tr>
</thead>
<tbody>
<tr>
<td>Z1</td>
<td>Rabies</td>
<td>Exempt</td>
<td>4 Days</td>
<td>4 Days</td>
<td>Non-Exempt Therapy Access [Rabies Vaccine]</td>
<td></td>
</tr>
</tbody>
</table>
Legacy Cases (< 1/1/2018) Transition Plan

MTUS ACOEM Opioid Guideline

Moderately Not Recommended

50 MED (morphine equivalent dose)

When can the treater prescribe opioids?
ACOEM Opioid Guideline

Limited to cases in which other treatments are insufficient and criteria for opioid use are met

Efficacy (pain relief & increased function)
No or manageable side-effects

-Must be Documented-

Tapering/Weaning

Tapering Must Be Medically Safe

No Abrupt Cessation

Safest taper is slow (~10% weekly)
MTUS Supported Treatment

Opioids in selected cases

Non-opioid medications

- Non-opioid pain relievers
- Antidepressants
- Anticonvulsants
- Muscle relaxants

Navigating the Formulary

Start with MTUS Supported Treatment
Body Part > Diagnosis > MTUS Treatment/Drug
Check different chapters

Non-MTUS Supported Treatment
Use MTUS Medical Evidence Search Sequence
### OPIOIDS

**Acute / Postoperative / Sub-Acute & Chronic Pain**

<table>
<thead>
<tr>
<th>Condition</th>
<th>Phase</th>
<th>Pain Classification</th>
<th>Evidence Support</th>
</tr>
</thead>
<tbody>
<tr>
<td>Acute Pain (up to 4 Weeks)</td>
<td>Routine Use of Opioids for Treatment of Non-Severe Acute Pain</td>
<td>Strongly Not Recommended</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Opioids for Treatment of Acute, Severe Pain</td>
<td>Recommended</td>
<td></td>
</tr>
<tr>
<td>Postoperative Pain (up to 4 Weeks)</td>
<td>Limited Use of Opioids for Post-Operative Pain</td>
<td>Recommended</td>
<td></td>
</tr>
<tr>
<td>Subacute (1-3 Months) and Chronic Pain (&gt; 3 Months)</td>
<td>Routine Use of Opioids for Subacute and Chronic Non-Malignant Pain</td>
<td>Moderately Not Recommended</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Opioids for Treatment of Subacute or Chronic Severe Pain</td>
<td>Recommended</td>
<td></td>
</tr>
</tbody>
</table>

*Note the significance of the word “severe”*

---

### Gabapentin (Neurontin)

<table>
<thead>
<tr>
<th>Condition</th>
<th>Phase</th>
<th>Pain Classification</th>
<th>Evidence Support</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cervical and Thoracic Spine Disorders</td>
<td>Cervical Thoracic Pain</td>
<td>Chronic, Non-neuropathic</td>
<td>Not Recommended</td>
</tr>
<tr>
<td>Peri-operative management</td>
<td>Acute</td>
<td>No pain classification</td>
<td>Recommended</td>
</tr>
<tr>
<td>Cervical and Thoracic Spine Disorders</td>
<td>Radicular Pain Syndromes</td>
<td>Chronic, No pain classification</td>
<td>No Recommendation</td>
</tr>
<tr>
<td>Chronic Pain</td>
<td>Chronic Persistent Pain</td>
<td>Chronic, Non-neuropathic</td>
<td>Not Recommended</td>
</tr>
<tr>
<td>Chronic Pain</td>
<td>Neuropathic</td>
<td>Chronic, Neuropathic</td>
<td>Recommended</td>
</tr>
<tr>
<td>Chronic Pain</td>
<td>Radicular Pain</td>
<td>Chronic, Severe</td>
<td>Not Recommendation</td>
</tr>
<tr>
<td>Chronic Pain</td>
<td>Fibromyalgia</td>
<td>Chronic, Severe</td>
<td>Recommended</td>
</tr>
<tr>
<td>Low Back Disorders</td>
<td>Low Back</td>
<td>Chronic, Radicular, Severe</td>
<td>Recommended</td>
</tr>
<tr>
<td>Low Back Disorders</td>
<td>Chronic</td>
<td>Radicular</td>
<td>No Recommendation</td>
</tr>
</tbody>
</table>
Gabapentinin (Neurontin)

<table>
<thead>
<tr>
<th>Condition</th>
<th>Phase</th>
<th>Pain Classification</th>
<th>Evidence Support</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cervical and Thoracic Spine Disorders</td>
<td>Cervical Thoracic Pain</td>
<td>Chronic</td>
<td>Non-neuropathic</td>
</tr>
<tr>
<td>Cervical and Thoracic Spine Disorders</td>
<td>Peri-operative management</td>
<td>Acute</td>
<td>No pain classification</td>
</tr>
<tr>
<td>Cervical and Thoracic Spine Disorders</td>
<td>Radicular Pain Syndromes</td>
<td>Chronic</td>
<td>No pain classification</td>
</tr>
<tr>
<td>Chronic Pain</td>
<td>Chronic Persistent Pain</td>
<td>Chronic</td>
<td>Non–neuropathic</td>
</tr>
<tr>
<td>Chronic Pain</td>
<td>Neuropathic</td>
<td>Chronic</td>
<td>Neuropathic</td>
</tr>
<tr>
<td>Chronic Pain</td>
<td>Neuropathic</td>
<td>Chronic</td>
<td>Radicular</td>
</tr>
<tr>
<td>Chronic Pain</td>
<td>Fibromyalgia</td>
<td>Chronic</td>
<td>Severe</td>
</tr>
<tr>
<td>Low Back Disorders</td>
<td>Low Back</td>
<td>Chronic</td>
<td>Radicular, Severe</td>
</tr>
<tr>
<td>Low Back Disorders</td>
<td>Low Back</td>
<td>Chronic</td>
<td>Radicular</td>
</tr>
</tbody>
</table>

ACOEM Chronic Pain Guideline
Summary of Recommendations

- Laboratory Tests for Chronic Persistent Pain: Recommended
- Needle EMG and Nerve Conduction Study to Diagnose: Recommended
- FCEs For Chronic Persistent Pain: Recommended
- Aerobic Exercise for Chronic Persistent Pain: Recommended
- Strengthening Exercise for Chronic Persistent Pain: Recommended
- Aquatic Therapy for Chronic Persistent Pain: Recommended
- Yoga for Other Chronic Persistent Pain: Recommended
- Oral NSAIDs for Chronic Persistent Pain: Recommended
- Acetaminophen for Chronic Persistent Pain: Recommended
- Gabapentin and Pregabalin for Chronic Persistent Pain: Recommended
- Duloxetine (Cymbalta) for Chronic Persistent Pain: Recommended
- Muscle Relaxants for Acute Exacerbations of Chronic Persistent Pain: Recommended
- Topical NSAIDs for CPP When Target Tissue Superficial: Recommended
- Lidocaine Patches for Chronic Persistent Pain: Recommended
- Acupuncture for Chronic Persistent Pain: Recommended
- Psychological Evaluation for Chronic Persistent Pain: Recommended
- Biofeedback: Recommended
- Cognitive Behavioral Therapy: Recommended
**Report Writing**

- Provide a **clear, legible and concise history and physical examination** followed by diagnoses and then recommendations for evidence-based medicine (EBM) care consistent with the MTUS
- **Avoid boilerplate paragraphs or Macros** especially with an electronic medical record (EMR)

---

**Current (relevant) Symptoms**

- □ Stable □ Improving □ Worsening
- *Don’t just repeat the symptoms from the last visit unless still relevant*
### Physical Findings (pertinent)

- List only pertinent and relevant positive or changed findings

### Current Medications

- List the actual meds, dose and frequency
- Clarify any changes, reason for changes, etc.
- Check CURES / CA PDMP
Activities of Daily Living (ADLs)

- Note +/- or no changes related to treatment
- What has changed in a positive way to support the current treatment regimen?
- Were goals set at the last visit met?
- Set goals for the next visit

Diagnoses

- Be careful and be specific
- While the diagnoses may not change from visit to visit, make sure each visit that they are accurate
Disability Status

- □ MMI / P&S
- □ TD (Temporary Disability)
  - TTD
  - TPD

Work Status

- □ Stay at Work (SAW)
- □ Return to Work (RTW)
- □ Full duty
- □ Modified duty (with restrictions - TPD)
- □ Cannot work in any capacity (TTD)
Work Abilities/Restrictions

- **Work restrictions** (protect the employee from further injury)
- **Physical Demand Definitions from the Dictionary of Occupational Titles (Dept of Labor)**

```
<table>
<thead>
<tr>
<th>Physical Demand Level</th>
<th>Occasional 0-33% of the workday</th>
<th>Frequent 34%-66% of the workday</th>
<th>Constant 67%-100% of the workday</th>
<th>Typical Energy Required</th>
</tr>
</thead>
<tbody>
<tr>
<td>Sédentary</td>
<td>10 lbs.</td>
<td>Negligible</td>
<td>Negligible</td>
<td>1.6 - 2.1 METS</td>
</tr>
<tr>
<td>Light</td>
<td>20 lbs.</td>
<td>10 lbs.</td>
<td>Negligible</td>
<td>2.2 - 3.5 METS</td>
</tr>
<tr>
<td>Medium</td>
<td>20 to 50 lbs.</td>
<td>10 to 25 lbs.</td>
<td>10 lbs.</td>
<td>3.6 - 6.3 METS</td>
</tr>
<tr>
<td>Heavy</td>
<td>50 to 100 lbs.</td>
<td>25 to 50 lbs.</td>
<td>10 to 20 lbs.</td>
<td>6.4 - 7.5 METS</td>
</tr>
<tr>
<td>Very Heavy</td>
<td>Over 100 lbs.</td>
<td>Over 50 lbs.</td>
<td>Over 20 lbs.</td>
<td>Over 7.5 METS</td>
</tr>
</tbody>
</table>
```

Treatment Plan

- Use some common sense
- Explain your rationale in simple terms
- Make it understandable to concerned parties
- Request for Authorization (RFA)
  - Start simple and conservative before requesting complex and invasive treatments
    - justify those requests per the MTUS
**Justification Support per MTUS**

- How will the request make a positive difference?
  - Is it diagnostic or for treatment?
- Have conservative measures (PT, Meds, counseling, etc.) failed?
- Will the requested procedure/treatment results in less pain, less medication and increased function while avoiding complications?
- Show how the request is MTUS compliant.

**Summary**

- The MTUS is presumptively correct
- Avoid denials by using the MTUS wisely
- The MTUS and Formulary are linked
- Focus on MTUS Recommended treatments
- Follow MTUS Search Sequence
- Be specific re: diagnosis & severity
- Use body part specific & Chronic Pain Chapter
- Importance of quality report writing
### Drug Detail: GABAPENTIN (Neurontin)

**Class:** ANTI-CONVULSANTS  
**Avg. Estimated Cost:** $1.06

<table>
<thead>
<tr>
<th>Condition</th>
<th>Phase</th>
<th>Pain Classification</th>
<th>Evidence Support</th>
</tr>
</thead>
<tbody>
<tr>
<td>Carcinomatous Pain</td>
<td>Chronic</td>
<td>Non-neuropathic</td>
<td>Insufficient Evidence (I)</td>
</tr>
<tr>
<td>Pelvis-Extrapelvis:</td>
<td>Acute</td>
<td>None</td>
<td>Insufficient Evidence (I)</td>
</tr>
<tr>
<td>Multicentric Pain Syndromes</td>
<td>Chronic</td>
<td>Non-neuropathic</td>
<td>No Recommendation</td>
</tr>
<tr>
<td>Chronic Pain</td>
<td>Chronic</td>
<td>Non-neuropathic</td>
<td>No, Limited Evidence (L)</td>
</tr>
<tr>
<td>Complex Regional Pain Syndrome (CRPS) - Previously referred to as Reflex Sympathetic Dystrophy (RSD) or Causalgia</td>
<td>Chronic</td>
<td>Moderate to Severe, Short term use</td>
<td>No, Limited Evidence (L)</td>
</tr>
<tr>
<td>Complex Regional Pain Syndrome (CRPS) - Previously referred to as Reflex Sympathetic Dystrophy (RSD) or Causalgia</td>
<td>Chronic</td>
<td>Moderate to Severe, Long term use</td>
<td>No Recommendation</td>
</tr>
<tr>
<td>Fibromyalgia / Tender pola</td>
<td>Chronic</td>
<td>Moderate to Severe, Short term use</td>
<td>No, Limited Evidence (L)</td>
</tr>
<tr>
<td>Neuropathic</td>
<td>Chronic</td>
<td>Neuropathic, Diabetic Peripheral Neuropathy,</td>
<td>No, Strong Evidence (A)</td>
</tr>
</tbody>
</table>

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**The Measure of Health**

MDGuidelines is an industry-leading solution for measuring and improving the impact of evidence-based care across entire populations — returning individuals to active living quickly and helping organizations thrive.

**Video Tutorials**

This series of video tutorials will provide a brief how-to walkthrough of the key features of our website. If you are interested in more in-depth training, please contact your Account Executive for additional options.
The MTUS & Drug Formulary: Report Writing to Avoid Denials of Treatment Requests / Steven Feinberg, MD

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Disorders

- Ankle and Foot Disorders (effective September 1, 2015)
- Cervical and Thoracic Spine (effective March 7, 2016)
- Chronic Pain (effective May 15, 2017)
- Elbow Disorders (effective April 15, 2017)
- Eye Disorders (effective April 1, 2017)
- Hand Wrist, and Forearm Disorders (effective June 30, 2016)
- Hip and Groin Disorders (effective May 1, 2011)
- Intestinal Lung Disease (effective January 1, 2016)
- Knee Disorders (effective October 28, 2015)
- Lower Back Disorders (effective February 24, 2016)
- Occupational Asthma (effective January 4, 2016)
- Opioids (effective April 23, 2017)
- Shoulder Disorders (effective August 1, 2016)
- Traumatic Brain Injury (effective November 15, 2017)

Chronic Pain

- Summary of Recommendations
  - Introduction
  - Chronic Persistent Pain
  - Complex Regional Pain Syndrome
  - Fibromyalgia
  - Neuropathic Pain
  - Rehabilitation
  - Behavioral Interventions
  - Monitoring / Auditing Criteria
  - Appendices
  - Figures and Tables
  - Contributors and References
The MTUS & Drug Formulary: Report Writing to Avoid Denials of Treatment Requests / Steven Feinberg, MD

Summary of Recommendations

Definitive May 15, 2017

TheEvidence-Based Practice Chronic Pain Panel's recommendations are based on critically appraised higher quality research evidence and/or expert consensus observing Good Principles when higher quality evidence was unavailable or inconsistent (see Methodology). The reader is cautioned to utilize the more detailed indications, specific appropriate diagnoses, temporal sequencing, preceding testing or conservative treatment, and contraindications that are elaborated in more detail for each level or treatment in the body of this guideline. In using these recommendations in clinical practice or medical management, these recommendations are not simple 'yes/no' criteria.

All ACCP guidelines include analyses of numerous interventions, whether or not FDA-approved. For non-FDA-approved interventions, recommendations are based on the available evidence; however, this is not an endorsement of their use. In addition, many of the medications recommended are off-label (i.e., the example and topical agents have been used off-label since the 1960s to treat chronic pain).

Recommendations are made under the following categories:

- Strongly Recommended, 'A' Level
- Moderately Recommended, 'B' Level
- Recommended, 'C' Level
- Insufficiently Based On Evidence, Not Insufficient Evidence
- Insufficiently Based On Evidence
- Not Recommended, 'C' Level
- Moderately Not Recommended, 'B' Level
- Strongly Not Recommended, 'X' Level

Acupuncture for Chronic Low Back Pain

Recommended, Insufficient Evidence

Acupuncture for Fibromyalgia

Recommended, Insufficient Evidence (A)

Acupuncture for Headache

Recommended, Insufficient Evidence (A)

Evaluation of Drug Therapy

Recommended, Insufficient Evidence (A)

Anesthesia

Recommended, Insufficient Evidence (A)

Antibodies

Recommended, Insufficient Evidence (A)

Antiplatelet Drugs

Recommended, Insufficient Evidence (A)

Antihypertensive Drugs

Recommended, Insufficient Evidence (A)

Antimicrobial Drugs

Recommended, Insufficient Evidence (A)

Antipsychotic Drugs

Recommended, Insufficient Evidence (A)

Antirheumatic Drugs

Recommended, Insufficient Evidence (A)

Antitubercular Drugs

Recommended, Insufficient Evidence (A)

Antiulcer Drugs

Recommended, Insufficient Evidence (A)

Antiviral Drugs

Recommended, Insufficient Evidence (A)
QUESTIONS?