

COMMONWEALTH OF MASSACHUSETTS



DEPARTMENT OF INDUSTRIAL ACCIDENTS

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Utilization Review

MA Regulation - 452 CMR 6.00

- * 12 Week Period from Date of Injury: Insurers/Self-insurers may approve treatment without conducting UR.**
- * Denial of treatment must be made by an approved UR Agent**

Treatment Guidelines

- * **MA Guidelines Created by Health Care Services Board and Adopted by the DIA**
- * **MA Guidelines 10% Rule - allows for deviation of care**
- * **If no MA Guideline applies, another approved evidenced based guideline must be referenced.**
- * **Diagnosis Based**

MA CHRONIC PAIN TREATMENT GUIDELINE

Revised 2016

- * **Appropriate use of Injections**
- * **Psychosocial Treatment – Important Component**
- * **Medication**
Follow-up visits; Random Drug Testing; Patient-Physician Agreements; Opioids not to exceed 90mg of oral morphine or its equivalent; Second opinions from pain specialists; Prescription Monitoring

MA Opioid/Controlled Substance Protocol

Created 2016

Goal: Promote safe, quality health care to injured workers while ensuring pain relief and functional improvement

- * ACUTE PAIN (Up to 4 weeks from onset)**
- * SUBACUTE PAIN (4-12 weeks from onset)**
- * POST-OPERATIVE PAIN (Up to 4 weeks from surgery date)**
- * CHRONIC PAIN: (Greater than 12 weeks from onset)**

Opioid Protocol Recommendations

- **Adhere to laws/regulations regarding prescription of medication;**
- **Start with lowest possible effective dose, limit the number of doses, do not initiate treatment with long acting or extended release opioids;**
- **Dosage should not exceed 90 MME/day without substantial improvement in function/second opinion from pain specialist;**
- **Multidisciplinary treatment;**
- **Opioid treatment agreement at 4 weeks;**
- **Long term opioids – F/U initially at least every 2-4 weeks for the first 2-4 months then at least once every 6-8 weeks;**
- **Initial drug screen before starting opioids, random drug screening at least twice and up to 4 times per year; more if indicated.**

Opioid Tapering

- **Tapering plan varies depending on prior opioid dose and duration.**
- **Consultation with an addiction/pain specialist or behavioral health specialist with expertise in pain management recommended for complex patients.**
- **Multidisciplinary treatment may be beneficial during tapering process.**

How to use the Opioid Protocol and Chronic Pain Treatment Guideline

Goal is to reduce pain and increase function

- * Treatment Guidelines/Protocols are Guides NOT Mandates;**
- * Be open to non-pharmacological/alternative treatment;**
- * Be aware that lab monitoring is necessary;**
- * Review Medical Records/Request information if necessary;**
- * Long term use of Opioids requires tapering.**

Medical Use of Marijuana Program DPH

- * **Physicians - Must registered with Medical Use of Marijuana Program**
- * **Patients - Certification by a MA Qualified Health Care Provider**
Register with the State – Yearly Renewal
- * **Debilitating Medical Condition**
- * **Bona Fide Physician-Patient Relationship**

Medical Marijuana Claims

- * No MA Guideline - 10% Rule**
- * DIA Judges have ordered insurers to pay for this treatment**
- * The DIA cannot specify the payment rate**
- * If an insurer is willing to pay for this treatment consider efforts to reduce the use of opioids**