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Today’s presenters

- Robert Hall, M.D.
  Medical Director

- Kathy Holland, LPN, BSM, MA, CWCP
  Manager Clinical Home Health

- Lauren Reese, RN, BSN, CCM
  Clinical Review Nurse Specialist

- Emily Alfstad, Pharm.D
  Clinical Pharmacist

- Jennilyn Kelsey, Pharm.D
  Clinical Pharmacist

- Rob Stump, RPh
  Clinical Pharmacist

- Julie Stark, PharmD
  Clinical Pharmacist
Objectives

1. Reinforce the value and approach for holding clinical roundtable discussions.
2. Demonstrate the clinical connections between the pharmacy and ancillary aspects of a claim.
3. Review several complex claims and discuss their underlying clinical issues and opportunities.
4. Determine the best paths toward improving the clinical and financial outcomes for each roundtable case discussed.
Review of clinical roundtables

• Purpose and value

• Suggested approach
  – Claim identification
  – Suggested attendees
  – Recommended structure
  – Interventions to consider
  – Outcomes to monitor
CASE EXAMPLES

Case #1 – Cervical and lumbar spine injuries
Case #2 – Bilateral lower limb amputations
Case #3 – Internal, orthopedic and head injuries with subsequent neurogenic bladder
Case #4 – Spinal Cord Injury
Case #1
Cervical and lumbar spine injuries

69-year-old male – Injured in 1987

Assaulted at work
• Experienced injuries to cervical and lumbar spine
• Multiple disc herniations
• Cervical and lumbar spine surgeries

• Frequent falls with subsequent injuries
• Depression and anxiety
• Recent diagnosis of prostate cancer
## Medications

<table>
<thead>
<tr>
<th>Medication</th>
<th>Indication</th>
<th>Prescribed regimen</th>
<th>Average monthly quantity</th>
</tr>
</thead>
<tbody>
<tr>
<td>Aspirin-Acetaminophen-Caffeine Tab 250-250-65 MG (Excedrin)</td>
<td>Migraine headaches</td>
<td>Six to seven tablets per day</td>
<td>100 tabs</td>
</tr>
<tr>
<td>Hydrocodone-Acetaminophen Tab 10-325 MG (Norco)</td>
<td>Pain</td>
<td>One tablet every eight hours as needed</td>
<td>60 tabs</td>
</tr>
<tr>
<td>Gabapentin Cap 100 MG (Neurontin)</td>
<td>Neuropathic pain</td>
<td>One capsule three times daily</td>
<td>90 caps</td>
</tr>
<tr>
<td>Pregabalin Cap 50 MG (Lyrica)</td>
<td>Neuropathic pain</td>
<td>One capsule daily</td>
<td>30 caps</td>
</tr>
<tr>
<td>Dexlansoprazole Cap 60 MG (Dexilant)</td>
<td>Gastritis</td>
<td>One capsule daily</td>
<td>30 caps</td>
</tr>
<tr>
<td>Promethazine HCl Tab 25 MG (Phenergan)</td>
<td>Nausea</td>
<td>One tablet every six to eight hours as needed</td>
<td>30 tabs</td>
</tr>
<tr>
<td>Linacotide Cap 72 MCG (Linzess)</td>
<td>Constipation</td>
<td>One capsule daily on an empty stomach before first meal of the day</td>
<td>30 caps</td>
</tr>
<tr>
<td>Baclofen Tab 10 MG (Lioresal)</td>
<td>Muscle spasms</td>
<td>One tablet three times daily</td>
<td>90 tabs</td>
</tr>
<tr>
<td>Cyclobenzaprine HCl Tab 10 MG (Flexeril)</td>
<td>Muscle spasms</td>
<td>One tablet every eight hours as needed</td>
<td>90 tabs</td>
</tr>
</tbody>
</table>
Pharmacy issues – Safety

- Duplications of therapy
- Medical marijuana and alcohol use
- Use of multiple central nervous system (CNS) depressants, including opioid analgesic and benzodiazepine, with significant history of falls
- Exceeding maximum recommended dose of aspirin-acetaminophen-caffeine for treatment of headaches
- Aspirin contraindicated with ketorolac injections
- Multiple age-related medication concerns
- Long-term use of promethazine
Pharmacy issues – Medical efficacy

• Reported pain scores: 6/10 to 9/10
• Subtherapeutic dosing of anticonvulsant (Lyrica) for neuropathic pain
• Linzess not FDA-approved for opioid-induced constipation
• Baclofen not recommended for muscle spasms in the absence of multiple sclerosis, spinal cord injury, etc.
• Reduced efficacy of cyclobenzaprine after four days of treatment
Pharmacy issues – **Cost-effectiveness**

- Newly available generic formulation of Lyrica
- Generic and over-the-counter (OTC) alternatives to Dexilant
- Generic, first-line laxative alternatives to Linzess
- Multiple agents prescribed for management of medication side effects
Key takeaways

Pharmacy

• Reduce use of CNS depressant medications to reduce fall risks
• Eliminate duplications of therapy
• Optimize neuropathic pain treatment regimen
• Use generic, OTC, and first-line medications when available
### Ancillary services – Home health

<table>
<thead>
<tr>
<th>Services</th>
<th>HHA for activities of daily living, mobility assistance, and meal preparation.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Assessments</td>
<td>No evaluation was provided.</td>
</tr>
<tr>
<td>Comorbidities</td>
<td>Pain in thoracic spine, spinal stenosis, bilateral sciatica, lumbosacral sprain, radiculopathy, cervical laminectomy, hypertension, anxiety, prostate cancer, urinary incontinence, tobacco smoker (former), bilateral hip osteoporosis, weight loss, depression, muscle cachexia, GERD, and headaches.</td>
</tr>
<tr>
<td>Clinical Determination</td>
<td>Recommended resuming HHA services to help prevent falls until medication adjustments were made to decrease potential CNS depression. HHA services may be discontinued once falls are no longer occurring.</td>
</tr>
</tbody>
</table>
Case #2
Bilateral lower limb amputations

40-year-old male – Injured in 1997

- Complete traumatic amputation of both legs
- Phantom limb pain
- Skin grafting
- Post traumatic stress disorder (PTSD) and mood changes

- Diabetes mellitus, insulin dependent (Type II)
- Chronic back and neck pain
<table>
<thead>
<tr>
<th>Medication</th>
<th>Indication</th>
<th>Prescribed regimen</th>
<th>Average monthly quantity</th>
</tr>
</thead>
<tbody>
<tr>
<td>Carbamazepine Tab 200 MG (Tegretol)</td>
<td>Pain</td>
<td>Three tablets daily</td>
<td>90 Tabs</td>
</tr>
<tr>
<td>Gabapentin Cap 300 MG (Neurontin)</td>
<td>Pain</td>
<td>One capsule twice daily</td>
<td>60 Caps</td>
</tr>
<tr>
<td>Naproxen Tab 500 MG (Naprosyn)</td>
<td>Pain</td>
<td>Two tablets daily</td>
<td>60 Tabs</td>
</tr>
<tr>
<td>Insulin Glargine Inj 100 Units/ML (<strong>Lantus</strong>)</td>
<td>Diabetes</td>
<td>Inject as directed</td>
<td>10 ML</td>
</tr>
<tr>
<td>Insulin Lispro Inj 100 Units/ML (<strong>Humalog</strong>)</td>
<td>Diabetes</td>
<td>Inject as directed per sliding scale</td>
<td>20 ML</td>
</tr>
<tr>
<td>Zinc oxide-Menthol Ointment (<strong>Risamine</strong>)</td>
<td>Skin Care</td>
<td>Apply as directed</td>
<td>226 GM</td>
</tr>
<tr>
<td>Miconazole 2% Cream (<strong>Baza Antifungal</strong>)</td>
<td>Antifungal</td>
<td>Apply as directed</td>
<td>284 GM</td>
</tr>
<tr>
<td>Mineral oil-polyethylene glycol dioleate-lanolin Oil (<strong>Cameo</strong>)</td>
<td>Skin Care</td>
<td>Apply as directed</td>
<td>480 ML</td>
</tr>
</tbody>
</table>
Pharmacy issues – **Safety**

- Duplication of anticonvulsant therapy (carbamazepine and gabapentin)
- History of hypoglycemia
- Non-compliance with insulin regimen
- Drug interaction – carbamazepine/atorvastatin
Pharmacy issues – Medical efficacy

- Potential suboptimal dosing of gabapentin for treatment of phantom limb pain and other neuropathic pain
- Potential addition of an oral anti-diabetic agent
Pharmacy issues – **Cost-effectiveness**

- Naproxen OTC formulation available
- Baza Antifungal generic OTC formulation available
- Relatedness of IDDM to injury
Key takeaways

Pharmacy

• Eliminate duplication of anticonvulsant therapy
• Optimize dosing of anticonvulsant therapy if appropriate
• Determine relatedness of IDDM to injury
• Diabetes control
• OTC conversion
## Ancillary services – Home health

<table>
<thead>
<tr>
<th>Initial service request</th>
<th>LPN/RN four hours a day/seven days a week (two hours in the a.m. and p.m.)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Clinical determination</td>
<td>Clinical documentation from the agency did not correlate with most recent order from the physician, which indicated LPN/RN two hours, every other day for ostomy care and one hour daily (30 minutes in the a.m. and p.m.) for wound care, assessment and dressing changes</td>
</tr>
<tr>
<td>Plan of Care Recommendation</td>
<td>Independent RN evaluation and replace daily LPN/RN services with a home health aid (HHA)</td>
</tr>
<tr>
<td>Outcome</td>
<td>Claimant refused independent RN evaluation. Adjuster authorized services to be decreased per physician order.</td>
</tr>
</tbody>
</table>
### Ancillary services – Home health

<table>
<thead>
<tr>
<th>New service request</th>
<th>LPN/RN two hours every other day for ostomy care and one hour daily (30 minutes in the a.m. and p.m.) for wound care, assessment and dressing changes</th>
</tr>
</thead>
</table>
| **Clinical determination/Recommendation** | 1. Decrease LPN/RN two-hour visit every other day to one hour for ostomy care  
   Rationale: Unless there are extenuating circumstances, colostomy care should not require more than one hour.  

2. Replace the LPN/RN with a HHA for the one-hour daily ostomy care (30 minutes in a.m. and p.m.) |
| **Outcome** | Multiple attempts with our medical director for peer review with prescribing physician occurred. Adjuster obtained IME. Discontinued home health services and paid claimant’s girlfriend for care. |
Case #3
Internal, orthopedic and head injuries with subsequent neurogenic bladder

67-year-old female – Injured in 1994
Motor vehicle accident
• Cognitive deficits
• Diabetes insipidus
• Nocturnal enuresis

• Increased heart rate
• Depression and anxiety
## Medications

<table>
<thead>
<tr>
<th>Medication</th>
<th>Indication</th>
<th>Prescribed regimen</th>
<th>Average monthly quantity</th>
</tr>
</thead>
<tbody>
<tr>
<td>Memantine HCl Tab 10 MG (Namenda)</td>
<td>Cognition</td>
<td>One tablet daily</td>
<td>30</td>
</tr>
<tr>
<td>Sertraline HCl Tab 100 MG (Zoloft)</td>
<td>Depression and anxiety</td>
<td>One tablet daily</td>
<td>1800 mL</td>
</tr>
<tr>
<td>Sertraline HCl Tab 25 MG (Zoloft)</td>
<td>Depression and anxiety</td>
<td>One tablet daily</td>
<td>30</td>
</tr>
<tr>
<td>Trazodone HCl Tab 100 MG (Desyrel)</td>
<td>Insomnia and mood</td>
<td>One tablet at bedtime</td>
<td>30</td>
</tr>
<tr>
<td>Aripiprazole Tab 2 MG (Abilify)</td>
<td>Depression</td>
<td>One tablet at bedtime</td>
<td>30</td>
</tr>
<tr>
<td>Cyclosporine (Oph) Emulsion 0.05% <em>(Restasis)</em></td>
<td>Dry eye</td>
<td>One drop in both eyes twice daily</td>
<td>60</td>
</tr>
<tr>
<td>Famotidine Tab 40 MG (Pepcid)</td>
<td>Unknown</td>
<td>One tablet daily</td>
<td>30</td>
</tr>
<tr>
<td>Desmopressin Acetate Tab 0.2 MG (DDAVP)</td>
<td>Diabetes insipidus and nocturnal enuresis</td>
<td>One tablet at bedtime</td>
<td>30</td>
</tr>
<tr>
<td>Oxybutynin Chloride Tab SR 24HR 5 MG (Ditropan XL)</td>
<td>Neurogenic bladder</td>
<td>One tablet daily</td>
<td>30</td>
</tr>
<tr>
<td>Mirabegron Tab SR 24 HR 50 MG <em>(Myrbetriq)</em></td>
<td>Neurogenic bladder</td>
<td>One tablet daily</td>
<td>30</td>
</tr>
</tbody>
</table>
Pharmacy issues – Safety

• Drug-disease interactions
  – aripiprazole
  – oxybutynin ER

• Age-related concerns
  – aripiprazole

• Duplication of therapy
  – antidepressants
  – antispasmodics

• Multiple prescribers
Pharmacy issues – Medical efficacy

• Appropriateness of:
  – Memantine
  – sertraline

• Dose of:
  – oxybutynin ER
  – desmopressin
Pharmacy issues – Cost-effectiveness

- Over-the-counter famotidine
- Restasis alternative
- Duplication of anti-spasmodics
Key takeaways

Pharmacy

• Address potential safety concerns
• Multiple prescribers
• Improve the patient’s pain
• Improve cost effectiveness
Case #4
Spinal Cord Injury

72-year-old male – Injured in 2002

- Cervical spine pain
- Bilateral carpal tunnel syndrome (CTS)
- Erectile and genitourinary dysfunction
- Right shoulder pain
## Medications

<table>
<thead>
<tr>
<th>Medication</th>
<th>Indication</th>
<th>Prescribed regimen</th>
<th>Average monthly quantity</th>
</tr>
</thead>
<tbody>
<tr>
<td>Celecoxib Cap 200 MG (Celebrex)</td>
<td>Pain and inflammation</td>
<td>One capsule daily</td>
<td>30 Caps</td>
</tr>
<tr>
<td>Hydrocodone Bitartrate Tab ER 20 MG (Hysingla ER)</td>
<td>Pain</td>
<td>Three tablets daily</td>
<td>90 Tabs</td>
</tr>
<tr>
<td>Hydrocodone-Acetaminophen Tab 5-300 MG (Vicodin)</td>
<td>Pain</td>
<td>Three tablets daily</td>
<td>90 Tabs</td>
</tr>
<tr>
<td>Hydromorphone HCl Tab 2 MG (Dilaudid)</td>
<td>Pain and inflammation</td>
<td>Two tablets daily</td>
<td>60 Tabs</td>
</tr>
<tr>
<td>Diclofenac Sodium Gel 1% (Voltaren)</td>
<td>Pain and inflammation</td>
<td>Apply as directed</td>
<td>90 GM</td>
</tr>
<tr>
<td>Gabapentin Cap 300 MG (Neurontin)</td>
<td>Neuropathic pain</td>
<td>Nine capsules daily</td>
<td>270 Caps</td>
</tr>
<tr>
<td>Baclofen Tab 20 MG (Lioresal)</td>
<td>Spasticity</td>
<td>Four tablets daily</td>
<td>60 Tabs</td>
</tr>
<tr>
<td>Mirabegron Tab SR 50 MG (Myrbetriq)</td>
<td>Overactive bladder</td>
<td>One tablet daily</td>
<td>30 Tabs</td>
</tr>
</tbody>
</table>
Non-compensable conditions

- Atrial fibrillation
- Chronic obstructive pulmonary disease (COPD)
- Diabetes mellitus with autonomic neuropathy
- Essential hypertension
- History of falls
- Obesity (BMI=35)
- Primary prostate cancer
- Ulcerative (chronic) proctitis
Pharmacy issues – Safety

- Duplication of NSAID therapy with oral celecoxib and topical diclofenac gel
- Industrially-related NSAID use with potential concomitant use of non-industrially-related warfarin, buffered aspirin, clopidogrel, ACE inhibitor (benazepril), and HCTZ
- Duplication of short-acting opioid therapy with hydrocodone-acetaminophen and hydromorphone
- Concurrent use of multiple opioid analgesics (Hysingla ER, hydrocodone-acetaminophen, hydromorphone) and gabapentin with potential concomitant use of non-industrially-related benzodiazepine (alprazolam ER)
Pharmacy issues – **Safety**

- Use of multiple CNS-depressing medications (long- and short-acting opioids, gabapentin, alprazolam ER) in a 72-year-old patient (Beers Criteria) with comorbid COPD/SOB, history of falls, and obesity
- Use of multiple NSAIDs in a patient with comorbid atrial fibrillation, hypertension/edema, ulcerative proctitis
Pharmacy issues – Medical efficacy

• Long-term (since 2008) use of celecoxib without documented efficacy or functional benefit and no documented trials of other oral NSAIDs

• Long-term (since 2007) use of multiple gabapentin strengths and dosages without documented efficacy or functional benefit and very few documented trials of other neuropathic pain medications (single month-long trial of pregablin in 2009, two month-long trials of lidocaine patches in 2013 and 2015)

• Long-term (since 2006) use of multiple oral baclofen strengths and dosages without documented spasticity, efficacy, or functional benefit and no documented trials of other skeletal muscle relaxants
Key takeaways

Pharmacy

• Eliminate duplication of therapy
• Reduce risks for medication side effects
• Discontinue therapy with variable or questionable efficacy
Conclusions

1. A holistic and multidisciplinary approach is needed to understand and manage complex claims.

2. In-depth understanding of past, current, and expected future state of the claim leads to better outcomes.

3. Claims can be complex due to the nature of the injury or the nature of the care that is being provided.

4. Taking a systematic approach to roundtable discussions can identify areas for multidisciplinary collaboration and oversight.
Thank you!

Questions?

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