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- Apple Mac OS 10.10+ (*Latest Firefox, Safari, or Chrome)
- Android 6.x (Chrome Browser Only)
- Apple iOS (*Latest version, Safari Browser Only)

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Roundtable claims review
PART 1
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Speakers

• Scott Cooney, Pharm. D.
• Robert Hall, M.D.
• Erin Kuecker, Pharm. D.
• Carolyn Little, RN
• Kelly Yambor, RN, BSN, CCM
Objectives

1. Provide an introduction to 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.
Introduction to clinical roundtables

• Purpose and value
• Suggested approach
  – Claim identification
  – Suggested attendees
  – Recommended structure
  – Interventions to consider
  – Outcomes to monitor
Connecting the pharmacy and ancillary aspects of a claim

**Pharmacy**
- Improving safety
- Decreasing side effects
- Optimizing effectiveness
- Identifying cost-saving opportunities

**Ancillary**
- Reducing complications
- Improving function
- Restoring quality of life
- Identifying cost-saving opportunities
Rehabilitation goals

- Physical and mental health
- Injury and patient specific
  Defined by rehab team
  Progress monitored and outcomes evaluated
- Movement and mobility
- Cognitive abilities
- Communication
- Environmental awareness and responsiveness
CASE EXAMPLES

Case #1 – Spinal cord injury with paraplegia
Case #2 – Anoxic brain injury
Cases #3 and #4 – Intrathecal pain pumps
Case #1
Spinal cord injury with paraplegia

63-year-old male – Injured in 2003
Unspecified industrial injury
  • Multiple thoracic and lumbar spine surgeries
  • Resulted in a spinal cord injury with paraplegia
What is a spinal cord injury?
Functions of the spinal cord by level

- Hand and Neck
- Diaphragm (breathing)
- Deltoids, Biceps
- Hand
- Wrist Extenders
- Triceps

- Chest Muscles
- Abdominal Muscles

- Leg Muscles

- Bowel and Bladder
- Sexual Function
Spinal cord injury (SCI) classification

Tetraplegia vs. paraplegia

• **Tetraplegia (Quadriplegia)** - Injury of the spinal cord in the cervical region

• **Paraplegia** - Injury of the spinal cord in the thoracic or lumbar region

- **C4 injury**
  Tetraplegia, results in paralysis below the neck

- **C6 injury**
  Results in paralysis of hands and arms as well as lower body

- **T6 injury**
  Paraplegia, results in paralysis below the chest

- **L1 injury**
  Paraplegia, results in paralysis below the waist
Spinal cord injuries can affect every major body system
Body systems affected

- Musculoskeletal
- Cardiovascular
- Pulmonary
- Endocrine
- Urinary
- Gastrointestinal
- Integumentary (skin)
- Psychiatric
## Medications

<table>
<thead>
<tr>
<th>Medication</th>
<th>Indication</th>
<th>Prescribed regimen</th>
<th>Average monthly quantity</th>
</tr>
</thead>
<tbody>
<tr>
<td>Acetaminophen Tab 500 MG (Tylenol)</td>
<td>Pain</td>
<td>Two tablets every six hours as needed</td>
<td>120 tabs</td>
</tr>
<tr>
<td>Oxycodone Tab ER 20 MG (OxyContin)</td>
<td>Pain</td>
<td>One tablet twice daily</td>
<td>60 tabs</td>
</tr>
<tr>
<td>Oxycodone-Acetaminophen Tab 7.5-325 MG (Percocet)</td>
<td>Pain</td>
<td>One tablet twice daily as needed</td>
<td>60 tabs</td>
</tr>
<tr>
<td>Pregabalin Cap 100 MG (Lyrica)</td>
<td>Neuropathic pain</td>
<td>One capsule three times daily</td>
<td>90 caps</td>
</tr>
<tr>
<td>Insulin Glargine Pen Injector 100 Unit/ML (Lantus SoloStar)</td>
<td>Diabetes</td>
<td>Inject 55 units subcutaneously daily at bedtime</td>
<td>15 mL</td>
</tr>
<tr>
<td>Insulin Lispro Pen Injector 100 Unit/ML (Humalog KwikPen)</td>
<td>Diabetes</td>
<td>Inject subcutaneously per sliding scale before meals and at bedtime</td>
<td>15 mL</td>
</tr>
<tr>
<td>Metformin Tab 1000 MG (Glucophage)</td>
<td>Diabetes</td>
<td>One tablet twice daily</td>
<td>60 tabs</td>
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<tbody>
<tr>
<td>Atorvastatin Tab 40 MG (Lipitor)</td>
<td>Hyperlipidemia</td>
<td>One tablet daily</td>
<td>30 tabs</td>
</tr>
<tr>
<td>Metoprolol Tartrate Tab 25 MG (Lopressor)</td>
<td>HTN/CHF</td>
<td>One tablet daily</td>
<td>30 tabs</td>
</tr>
<tr>
<td>Lisinopril Tab 2.5 MG (Prinivil, Zestril)</td>
<td>HTN/CHF</td>
<td>One tablet daily</td>
<td>30 tabs</td>
</tr>
<tr>
<td>Furosemide Tab 40 MG (Lasix)</td>
<td>CHF</td>
<td>One tablet daily</td>
<td>30 tabs</td>
</tr>
<tr>
<td>Potassium Chloride Tab ER 20 mEq (K-Tab)</td>
<td>Hypokalemia</td>
<td>One tablet daily</td>
<td>30 tabs</td>
</tr>
<tr>
<td>Ferrous Sulfate Tab 325 MG</td>
<td>Anemia</td>
<td>One tablet daily</td>
<td>30 tabs</td>
</tr>
<tr>
<td>Venlafaxine Tab XR 225 MG (Effexor XR)</td>
<td>Depression</td>
<td>One tablet every morning</td>
<td>30 tabs</td>
</tr>
<tr>
<td>Melatonin Tab 3 MG</td>
<td>Insomnia</td>
<td>Two tablets at bedtime</td>
<td>60 tabs</td>
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</table>
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<tbody>
<tr>
<td>Pantoprazole Tab 40 MG (Protonix)</td>
<td>GERD/Ulcers</td>
<td>One tablet twice daily</td>
<td>60 tabs</td>
</tr>
<tr>
<td>Sucralfate Suspension 1 GM/10ML (Carafate)</td>
<td>Ulcers</td>
<td>10 mL before meals and at bedtime</td>
<td>1200 mL</td>
</tr>
<tr>
<td>Polyethylene Glycol 3350 Packet (MiraLax)</td>
<td>Constipation</td>
<td>One packet twice daily as needed for constipation</td>
<td>1020 g</td>
</tr>
<tr>
<td>Sennosides Tab 8.6 MG (Senokot)</td>
<td>Constipation</td>
<td>Two tablets daily as needed if no bowel movement for 3 days</td>
<td>60 tabs</td>
</tr>
<tr>
<td>Albuterol-Ipratropium Aerosol 20-100 MCG/ACT (Combivent Respimat)</td>
<td>COPD</td>
<td>Two puffs four times daily as needed for shortness of breath</td>
<td>4 g</td>
</tr>
<tr>
<td>Enoxaparin Sodium Injection 120 MG/0.8 ML (Lovenox)</td>
<td>DVT/PE</td>
<td>Inject 120 mg (0.8 mL) subcutaneously every 12 hours</td>
<td>48 mL</td>
</tr>
<tr>
<td>Ipratropium Nasal Spray 0.06% (42 MCG/SPRAY) (Atrovent)</td>
<td>Nasal congestion</td>
<td>Two sprays in each nostril three times daily as needed for nasal congestion</td>
<td>15 mL</td>
</tr>
<tr>
<td>Varenicline Tab 1 MG (Chantix)</td>
<td>Smoking cessation</td>
<td>One tablet twice daily</td>
<td>60 tabs</td>
</tr>
</tbody>
</table>
Pharmacy issues – Safety

- Potential opioid use in patient with COPD
- Possible overdose of acetaminophen
- High doses of pantoprazole, sucralfate, and polyethylene glycol
- Duplication of therapy with ipratropium
- Potassium chloride ER tablet use with GI tract disease
- Ferrous sulfate use with peptic ulcer disease
Pharmacy issues – **Medical efficacy**

- Use of rescue inhaler only; no maintenance inhaler for COPD (clarify dosing for Combivent)
- Possible inappropriate dosing of metoprolol tartrate
- Continued tobacco smoking despite Chantix
- Suboptimal dosing of Lyrica
Pharmacy issues – Cost-effectiveness

• Lyrica
• Oxycodone-Acetaminophen
• Lantus SoloStar and Humalog KwikPen
• Venlafaxine ER 225 mg tablets
• Sucralfate suspension
• Polyethylene glycol 3350 powder packets
Ancillary issues – Home health

RN/LPN daily activities:
- Assessment and monitoring
- Wound care
- Medication management
- Pain control
- Education on disease
- Nutrition

HHA activities:
(nine hours per day and five days per week)
- Assistance with activities of daily living (ADLs)
- Home safety
- Light housekeeping
- Meal preparation
- Foley/colostomy care
- Spouse provides care during remaining hours of the week
Ancillary issues – DME

- Wound care supplies
- Supplemental oxygen
- Indwelling Foley catheter
- Diverting colostomy
- Low loss air mattress, wheelchair, and pressure-relief cushion
Key takeaways

Pharmacy
- Address potential safety concerns
  - Drug-disease interactions
  - High doses
  - Duplication of therapy
- Optimize current therapy
  - Sub-therapeutic dosing
  - Potentially inappropriate therapy
- Improve cost-effectiveness

Ancillary
- Identify opportunities for family members to provide care.
- Decrease hospitalization frequency by reducing the chance of urinary tract infection (UTI).
- Decrease IV antibiotic use by reducing UTIs.
Case #2
Anoxic brain injury

38-year-old male – Injured in 2007
Found in a tank having a seizure
• Anoxic brain injury and tetraplegia
• Dysphagia and loss of communication ability
Anoxic brain injuries

- Brain does not receive adequate oxygen and brain cells begin to die
- Most vulnerable parts of the brain are those that
  - Store memories
  - Control coordination
- Depending on length of time without oxygen, symptoms range from
  - Confusion
  - Coma
  - Weakness
  - Paralysis
Anoxic brain injuries

• No cure for anoxic brain injury

• Treatment involves intense rehabilitation to help improve or restore
  – Cognitive function
  – Memory
  – Balance
  – Strength
  – Coordination
  – Mental wellness
  – Function and quality of life
Body systems affected

- Neurologic
- Musculoskeletal
- Pulmonary
- Gastrointestinal
- Urinary
- Integumentary
- Digestive
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<tbody>
<tr>
<td>Ibuprofen Suspension 100 MG/5 ML (Motrin)</td>
<td>Pain</td>
<td>20 mL (400 mg) every eight hours as needed for pain via PEG</td>
<td>1800 mL</td>
</tr>
<tr>
<td>Acetaminophen Liquid 160 MG/5 ML (Tylenol)</td>
<td>Pain</td>
<td>20 mL (640 mg) every six hours as needed for pain or fever via PEG</td>
<td>1800 mL</td>
</tr>
<tr>
<td>Hydrocodone-Acetaminophen Solution 7.5-325 MG/15 ML (Hycet Elixir)</td>
<td>Pain</td>
<td>15 mL (7.5-325 mg) every six hours as needed for pain via PEG</td>
<td>(unknown)</td>
</tr>
<tr>
<td>Capsaicin Cream 0.025% (Trixaicin)</td>
<td>Pain</td>
<td>Apply topically twice daily as needed for pain</td>
<td>60 g</td>
</tr>
<tr>
<td>Intrathecal Pain Pump Solution (Baclofen) (concentration and dose unknown)</td>
<td>Contractures, spasticity</td>
<td>Use as directed</td>
<td>(unknown)</td>
</tr>
<tr>
<td>Baclofen Tab 10 MG (Lioresal)</td>
<td>Muscle spasms</td>
<td>One tablet at bedtime via PEG</td>
<td>30 tabs</td>
</tr>
<tr>
<td>Tizanidine HCl Tab 4 MG (Zanaflex)</td>
<td>Muscle spasms</td>
<td>Two tablets twice daily via PEG</td>
<td>120 tabs</td>
</tr>
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</table>
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<tr>
<td>Imipramine Tab 25 MG (Tofranil)</td>
<td>(unknown)</td>
<td>One tablet twice daily via PEG</td>
<td>60 tabs</td>
</tr>
<tr>
<td>Trazodone Tab 50 MG (Desyrel)</td>
<td>(unknown)</td>
<td>One tablet at bedtime via PEG</td>
<td>30 tabs</td>
</tr>
<tr>
<td>Lamotrigine Tab 100 MG (Lamictal)</td>
<td>Seizures</td>
<td>One tablet twice daily via PEG</td>
<td>60 tabs</td>
</tr>
<tr>
<td>Valproate Solution 250 MG/5 ML</td>
<td>Seizures</td>
<td>40 mL (2000 mg) twice daily via PEG</td>
<td>2400 mL</td>
</tr>
<tr>
<td>Depakene</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Levetiracetam Solution 100 MG/ML</td>
<td>Seizures</td>
<td>Use as directed</td>
<td>900 mL</td>
</tr>
<tr>
<td>Keppra</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Diazepam Solution 1 MG/ML (Valium)</td>
<td>Seizures</td>
<td>5 mL (5 mg) daily via PEG; additional doses as needed for seizure activity and as needed post-seizure via PEG</td>
<td>150 mL</td>
</tr>
<tr>
<td>Oxybutynin Syrup 5 MG/5 ML (Ditropan)</td>
<td>Neurogenic bladder</td>
<td>5 mL (5 mg) four times daily via PEG</td>
<td>600 mL</td>
</tr>
</tbody>
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<tbody>
<tr>
<td>Lansoprazole Orally Disintegrating Tab 30 MG (Prevacid Solutab)</td>
<td>GERD</td>
<td>One Solutab daily via PEG</td>
<td>30 tabs</td>
</tr>
<tr>
<td>Sucralfate Suspension 1 GM/10ML (Carafate)</td>
<td>GERD</td>
<td>10 mL (1 g) four times daily via PEG</td>
<td>1200 mL</td>
</tr>
<tr>
<td>Promethazine Tab 25 MG (Phenergan)</td>
<td>Vomiting</td>
<td>One-half tablet (12.5 mg) every six hours as needed for vomiting</td>
<td>15 tabs</td>
</tr>
<tr>
<td>Probiotic Cap 8 billion CFU (RisaQuad)</td>
<td>GI health</td>
<td>One capsule daily via PEG</td>
<td>30 caps</td>
</tr>
<tr>
<td>Bisacodyl Suppository 10 MG (Dulcolax)</td>
<td>Constipation</td>
<td>Unwrap and insert one suppository rectally daily as needed for constipation</td>
<td>30 sup</td>
</tr>
<tr>
<td>Magnesium Hydroxide Suspension 400 MG/5ML (Milk of Magnesia)</td>
<td>Constipation</td>
<td>15 mL (1200 mg) every 72 hours via PEG</td>
<td>150 mL</td>
</tr>
<tr>
<td>Polyethylene Glycol 3350 Powder (OTC) (MiraLax)</td>
<td>Constipation</td>
<td>Take as directed daily as needed for constipation via PEG</td>
<td>510 g</td>
</tr>
<tr>
<td>Simethicone Suspension 20 MG/0.3 ML (Gas-X)</td>
<td>Gas</td>
<td>1.2 mL (80 mg) daily as needed for gas via PEG</td>
<td>36 mL</td>
</tr>
</tbody>
</table>
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<tbody>
<tr>
<td>Albuterol Nebulizer Solution 0.083% (2.5 MG/3 ML) (Proventil)</td>
<td>Shortness of breath</td>
<td>Inhale one ampule via nebulizer every four hours as needed for shortness of breath</td>
<td>75 mL</td>
</tr>
<tr>
<td>Acetylcysteine Solution 20% (Mucomyst)</td>
<td>Pulmonary secretions</td>
<td>Use as directed</td>
<td>100 mL</td>
</tr>
<tr>
<td>Dextromethorphan-Guaifenesin Syrup 10-100 MG/5 ML (Robitussin DM)</td>
<td>Cough</td>
<td>Use as directed</td>
<td>473 mL</td>
</tr>
<tr>
<td>Diphenhydramine Liquid 12.5 MG/5 ML (Benadryl)</td>
<td>Allergies</td>
<td>10 mL (25 mg) every four to six hours as needed for allergies via PEG</td>
<td>1800 mL</td>
</tr>
<tr>
<td>Levocetirizine Tab 5 MG (Xyzal)</td>
<td>Allergies</td>
<td>One tablet daily via PEG</td>
<td>30 tabs</td>
</tr>
<tr>
<td>Fluticasone Nasal Spray 50 MCG/ACT (Flonase)</td>
<td>Allergies</td>
<td>Use two sprays in each nostril at bedtime</td>
<td>16 g</td>
</tr>
<tr>
<td>Ipratropium Nasal Spray 0.06% (42 MCG/SPRAY) (Atrovent)</td>
<td>Allergies</td>
<td>Use two sprays in each nostril four times a day</td>
<td>15 mL</td>
</tr>
<tr>
<td>Olopatadine Eye Drops 0.2% (Pataday)</td>
<td>Allergies</td>
<td>Use one drop in each eye daily</td>
<td>2.5 mL</td>
</tr>
</tbody>
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</thead>
<tbody>
<tr>
<td>Fluconazole Tab 200 MG (Diflucan)</td>
<td>Fungal infection prevention</td>
<td>One tablet daily as needed via PEG; for use with intermittent antibiotic therapy</td>
<td>10 tabs</td>
</tr>
<tr>
<td>Ketoconazole Shampoo 2% (Nizoral)</td>
<td>Fungal scalp infection</td>
<td>Every Wednesday, shampoo and leave on scalp for 5 to 10 minutes, then rinse</td>
<td>120 mL</td>
</tr>
<tr>
<td>Nystatin Cream 100,000 Unit/GM</td>
<td>Fungal skin infection</td>
<td>Apply externally daily as needed for rash</td>
<td>30 g</td>
</tr>
<tr>
<td>Triamcinolone Cream 0.1% (Kenalog)</td>
<td>Skin rash</td>
<td>Apply externally daily as needed for itchy skin</td>
<td>80 g</td>
</tr>
<tr>
<td>Mupirocin Ointment 2% (Bactroban)</td>
<td>Skin infection</td>
<td>Use as directed</td>
<td>22 g</td>
</tr>
<tr>
<td>Petrolatum Ointment 41% (<em>Aquaphor Advanced Therapy</em>)</td>
<td>Skin protectant</td>
<td>Apply externally daily as needed for dry skin</td>
<td>1.75 oz</td>
</tr>
</tbody>
</table>
Pharmacy issues – Safety

- Duplication of acetaminophen
- Risk of respiratory depression
- Drug interactions with sucralfate
- Drug interaction between lamotrigine and valproate sodium
- Duplications of therapy (anticonvulsant, antihistamine, antidepressant, laxative, skeletal muscle relaxant)
- Drug interaction between fluconazole and imipramine
- Medications that lower the seizure threshold
Pharmacy issues – **Medical efficacy**

- Intrathecal baclofen and oral skeletal muscle relaxants
- Imipramine dosed twice daily
- As needed use of capsaicin
Pharmacy issues – Cost-effectiveness

• Prevacid Solutab
• Fluticasone nasal spray
• Carafate suspension
Ancillary issues – **Home health**

**RN monthly activities:**
- Monitor for signs and symptoms of infection
- Vital signs/body system assessments
- Pain assessments
- Laboratory blood sampling
- Mediport site maintenance

**LPN 24/7 activities:**
- Monitor for signs and symptoms of infection
- Vital signs/body system assessments
- Pain assessments
- Medication management and administration
- Tube feedings
- Gastrojejunostomy site maintenance
- Peri care, assistance with transfers via electric lift
- Bathing and skin care
- Ensure safe environment
Ancillary issues – DME

- Mechanical lift
- Wheelchair
- Lateral rotation mattress
- Intrathecal pump
- Chest Physiotherapy (CPT) Vest
- IV pump
- Tube feeding pump and supplies
- Nebulizer
- Urinary catheters and adult diapers
Key takeaways

**Pharmacy**
- Address potential safety concerns
  - Drug-disease interactions
  - Drug disease state interactions
  - Duplication of therapy
- Improve cost-effectiveness

**Ancillary**
- Decrease hospitalization frequency by reducing respiratory infections.
- Decrease IV antibiotic use and RN visit frequency by reducing UTIs.
- Prevent future surgical intervention due spasticity with continuation of joint range of motion and use of hand splints.
- Deny future 24/7 home health LPN visits during hospitalizations
Case #3
Intrathecal pain pump

74-year-old female – Injured in 2003
Unspecified injuries to the coccyx and lumbar spine
• Lumbosacral radiculopathy
• Depression and anxiety
• Chronic pain syndrome
• Intrathecal pain pump
Intrathecal pumps

- Pain medications delivered directly to the spinal canal
- Baclofen can be used to treat spasticity
- Chronic, refractory pain
- Safety concerns
- Refills required
- Battery life and pump replacement
## Medications

<table>
<thead>
<tr>
<th>Medication</th>
<th>Indication</th>
<th>Prescribed regimen</th>
<th>Average monthly quantity</th>
</tr>
</thead>
<tbody>
<tr>
<td>Intrathecal Pain Pump Solution [Clonidine-Ziconotide (Prialt)] 4-25 MCG/ML</td>
<td>Pain</td>
<td>Infuse continuously as directed</td>
<td>15 mL</td>
</tr>
<tr>
<td>Tapentadol Tab 75 MG (Nucynta)</td>
<td>Pain</td>
<td>One tablet every six hours as needed</td>
<td>120 tabs</td>
</tr>
<tr>
<td>Gabapentin Cap 300 MG (Neurontin)</td>
<td>Neuropathic pain</td>
<td>One capsule every morning, one capsule every afternoon, and three capsules at bedtime</td>
<td>150 caps</td>
</tr>
<tr>
<td>Trazodone Tab 150 MG (Desyrel)</td>
<td>Insomnia</td>
<td>One tablet daily at bedtime as needed</td>
<td>30 tabs</td>
</tr>
</tbody>
</table>
Pharmacy issues – **Safety**

- High dose of Nucynta
- CNS and respiratory depression
- Risk for serotonin syndrome
- High dose of trazodone
- Duplication of clonidine
Pharmacy issues – *Medical efficacy*

- Sub-therapeutic but maximum tolerated dose of gabapentin
- Very sub-therapeutic dose of intrathecal clonidine
Pharmacy issues – Cost-effectiveness

- Intrathecal pump refill interval
- Intrathecal pump refill volume
- Nucynta
Ancillary issues – **Home health**

- Home health services not medically necessary
- Home health provided only for IT pump refills per compounding pharmacy policy
- Per diem cost for home health program enrollment
Key takeaways

Pharmacy
• Reduce oral opioid analgesics
• Reduce risks for medication side effects
• Eliminate duplication of therapy
• Optimize intrathecal pump therapy

Ancillary
• Home health not medically necessary
Case #4
Intrathecal pain pump

61-year-old female – Injured in 2001
Left lower extremity injury due to fall
• Unspecified injuries to the cervical, thoracic, and lumbar spine
• Subsequent cervical radiculopathy
• “Total body” complex regional pain syndrome (CRPS) type I
## Medications

<table>
<thead>
<tr>
<th>Medication</th>
<th>Indication</th>
<th>Prescribed regimen</th>
<th>Average monthly quantity</th>
</tr>
</thead>
<tbody>
<tr>
<td>Intrathecal Pain Pump Solution (Fentanyl citrate) 500 MCG/ML</td>
<td>Pain</td>
<td>Infuse as directed</td>
<td>20 mL</td>
</tr>
<tr>
<td>Oxycodone Tab 30 MG (Roxicodone)</td>
<td>Pain</td>
<td>One tablet every four hours as needed for acute breakthrough pain; maximum of five tablets per day</td>
<td>150 tabs</td>
</tr>
<tr>
<td>Cyclobenzaprine Tab 10 MG (Flexeril)</td>
<td>Muscle spasms</td>
<td>One tablet every eight hours as needed</td>
<td>90 tabs</td>
</tr>
<tr>
<td>Intravenous Infusion (Ketamine 400 MG infusion with intravenous Midazolam, Dexamethasone, Ketorolac, and Ondansetron)</td>
<td>CRPS pain</td>
<td>Infuse as directed</td>
<td>500 mL</td>
</tr>
</tbody>
</table>
Pharmacy issues – Safety

- Duplication of opioid analgesics
- High dose of oxycodone; additional MED with fentanyl
- CNS and respiratory depression
- Additional risks with opioid analgesics and midazolam relative to asthma and COPD
- Planned use of medical marijuana
- Experimental use of ketamine infusions for CRPS
- Ketamine and ketorolac risks with hypertension
Pharmacy issues – Medical efficacy

- Lack of clinical evidence supporting use of ketamine infusions for CRPS
- Variable efficacy reported for ketamine infusions
- Cyclobenzaprine may lose efficacy after four days of treatment
Pharmacy issues – **Cost-effectiveness**

- Multiple agents used for management of various side effects with ketamine infusions
Ancillary issues – **Home health**

- Home health services not medically necessary
- Home health provided only for IT pump refills per compounding pharmacy policy
- Per diem cost for home health program enrollment
Key takeaways

Pharmacy

• Eliminate duplication of therapy

• Reduce risks for medication side effects

• Discontinue therapy with variable or questionable efficacy

Ancillary

• Home health not medically necessary
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!

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