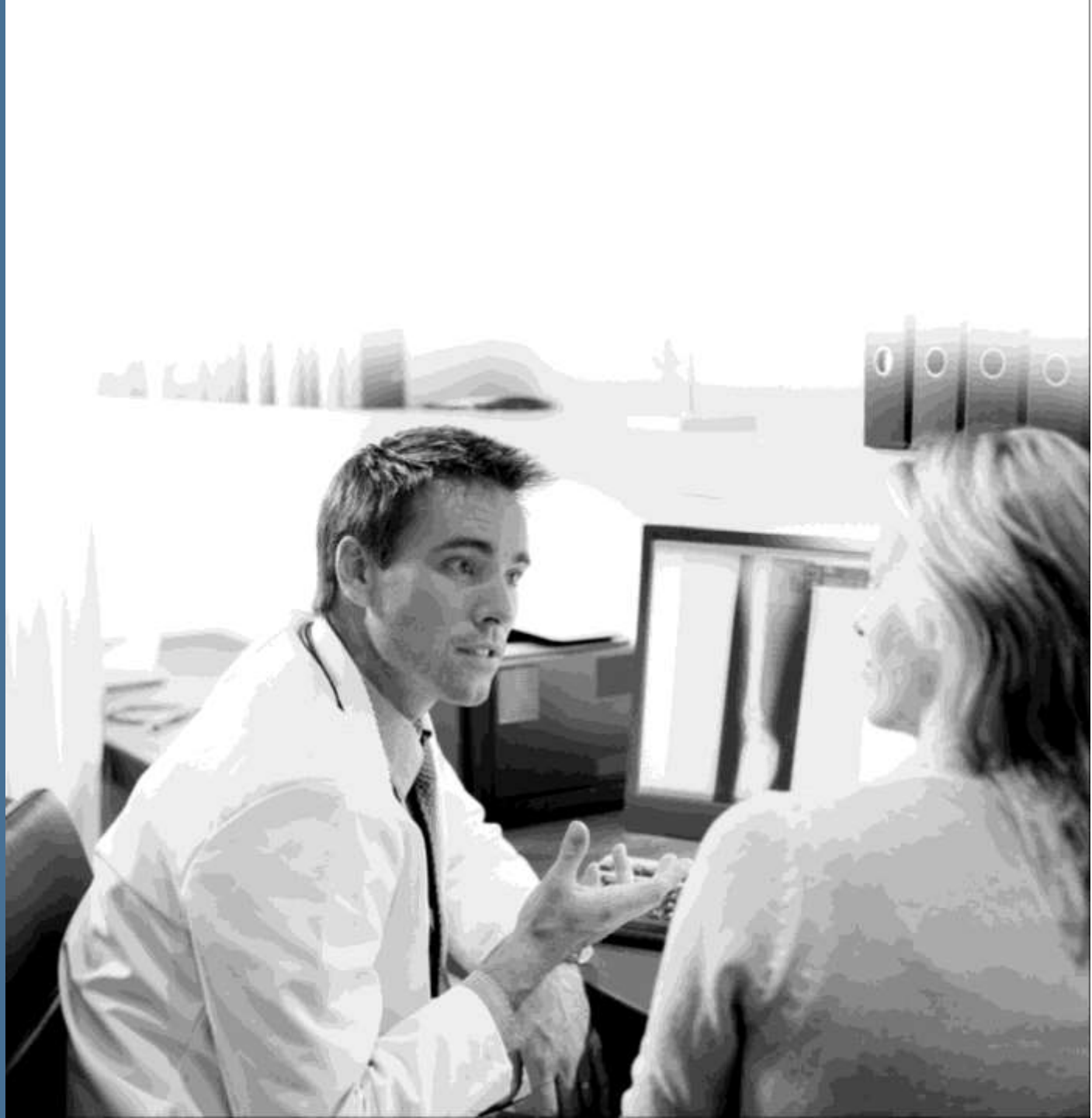




ReedGroup®
MDGuidelines®

ACOEM-BASED DRUG FORMULARY

January 10th, 2018



REEDGROUP INTRODUCTION

ReedGroup's History

- Founded four decades ago by Dr. Presley Reed
- Groundbreaking research on the *Effects of Returning People to Activity*

Research Findings

- *Reduces* rates of morbidity and mortality
- *Reduces* negative psychological, social, and economic effects
- *Reduces* costs for employers and insurers

ReedGroup Today

- Provides healthcare management services to 63 *Fortune 100* companies
- MDGuidelines is the world's most trusted source of disability durations and practice guidelines.



MDGUIDELINES OVERVIEW

DISABILITY DURATION TABLES AND EVIDENCE-BASED PRACTICE GUIDELINES

- Used by hospitals, physicians, employers, government agencies, and insurers
- World-wide subscriber base (47 countries)
- Gold-standard Disability Duration Tables
- Predictive modeling capability
- Ability to benchmark outcomes against industry dataset
- Easy integration into point of care systems
- Integrated clinical content from ACOEM (*American College of Occupational and Environmental Medicine*)

MDGuidelines Search for a topic or medical code... Resources

Carpal Tunnel Syndrome

ICD-9-CM ICD-10-CM ICD-11 (WHE)

- Length of Disability
- Workflows
- Treatment
- Diagnosis
- Prognosis
- Related Terms
- Differential Diagnosis
- Overview
- Failure to Recover
- Capabilities and Related Risk Factors
- Rehabilitation
- Comorbidities
- Contraindications
- Ability to Work
- Measurement Medical Instruments
- Hospital Codes
- References
- Follow-up Care
- Contributions

IT REORDER

Overview

Carpal tunnel syndrome (CTS) is a condition that results in symptoms of numbness, soreness, or pain in the distribution of the median nerve at the wrist. The exact pathophysiology is not completely understood but can be viewed as compression of the median nerve as it passes from the forearm into the hand at the level of carpal ligament. The median nerve is the main nerve of the hand. Its branches enter the hand through a narrow passageway (carpal tunnel) formed by the wrist bones (carpal bones) and the tough ligament that holds the bones in place (the transverse carpal ligament). The median nerve supplies sensation to the thumb, index finger, middle finger, and, in most people, part of the ring finger. Because the passageway is rigid, thickening of the ligament, inflammation, swelling, or increased fluid retention may compress the nerve (nerve entrapment), causing pain and numbness in the fingers (particularly the thumb and the index and middle fingers) and, over time, hand weakness. Pain may eventually extend to the arm, shoulder, and, rarely the neck. Sensation in the palm is not always affected because of a branch of the median nerve that does not go through the carpal tunnel.

Failure to Recover

If an individual fails to recover within the expected maximum duration period, the reader may wish to consider the following questions to better understand the specifics of an individual's medical case.

Regarding Diagnosis

- Does individual have pain, tingling, numbness, or feeling of weakness in the wrist, hand, or fingers? Is pain intermittent, often occurring at night or when individual first gets up in the morning?
- Does individual complain of dropping items more frequently than usual?
- Do fingers feel "stuck" at times? Is associated but associated trigger digit paresthesia?
- Does individual have problems pinching or grasping objects?
- Does physical exam reveal changes in sensation along the median nerve in the thumb and first three fingers?
- Does palm appear to be wasting away near the thumb (thenar eminence atrophy) indicating potentially neuropathy, or coronoid osteoarthrosis of the thumb (carpal-metacarpal joint)?
- Does individual have Tinel's or Phalen's sign?
- Does the individual have coronoid lateral elbow tendinopathy or ulnar neuropathy at the elbow?

MDGUIDELINES AND ACOEM

- In 2013, Reed Group purchased the ACOEM Practice Guidelines
- ACOEM University-based content research team remains intact unchanged
- ACOEM University-based content research team maintains its editorial independence
- ACOEM Practice Guidelines methodology continues to be rigorously maintained

KEY CONSIDERATIONS FOR ADOPTIONS

EVIDENCE-BASED PRACTICE GUIDELINES AND DRUG FORMULARIES

- EBM Guidelines / Formularies must support doctor/patient interactions
- Providers must drive treatment and drug prescriptions decisions
- EBM Guidelines / Formulary recommendations are only as good as the science and methodology on which they are developed
- EBM Guidelines development must be in alignment with IOM Standards for Developing Trustworthy Clinical Practice Guidelines



FORMULARY: PURPOSE AND PRINCIPLES



Evidence-based formulary for workers' compensation treatment



Use the strength of the ACOEM Occupational Medicine Practice Guidelines



State of the art guidance:

- Physicians
- Injured Workers
- Claims Professionals
- Legal and Regulatory Community
- All other stakeholders in WC Treatment

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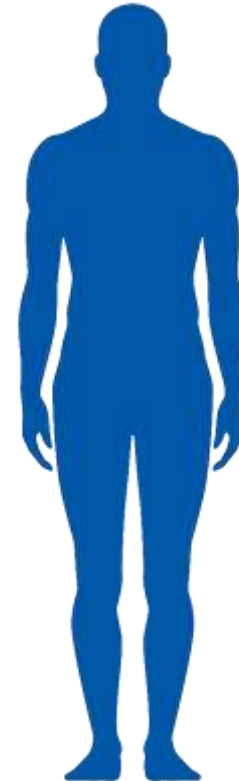
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FORMULARY: METHODOLOGY

- Specific Conditions by body part
- ICD9/10 codes attached
- Phase of treatment - acute and chronic
- ACOEM Recommendations:
 - Recommended
 - Not recommended
 - No recommendation- insufficient evidence
- National cost data for relative comparisons



FORMULARY: STRENGTHS AND DIFFERENCES

	ACOEM	OTHER
Condition appropriate drug recommendations	X	
Drug recommendations specific to Phase of Care (Acute or Chronic)	X	
List of preferred and non-preferred drugs	X	X
Visibility to Strength of Evidence Rating for prescriber confidence	X	
Nationally recognized and adopted for workers' compensation in multiple States	X	X
Comments for Prescribers and Claims Professionals for improved clinical decision-making	X	
Recommendations are based on trustworthy evidence-based medicine treatment guidelines	X	
Clear link to evidence-based medicine treatment guidelines	X	
Founded on transparent literature review and guidelines development process	X	
Pharmacy and medical expertise are combined	X	

FORMULARY: VIEW

Search by Condition

Search by Drug

Category:

Ankle and Foot Disorders

Condition:

Ankle Sprain

I have read and accepted the [Terms of Use](#)

Go

Filter or sort by column headers

Phase	Pain Classification	Drug Class	Generic (Brand)	Evidence Support
All	All	All	Filter by name...	All
+ Acute	No pain classification	ANALGESICS - ANTI-INFLAMMATORY	CELECOXIB (Celebrex)	✔ Yes, Strong Evidence (A)
+ Chronic	No pain classification	ANALGESICS - ANTI-INFLAMMATORY	CELECOXIB (Celebrex)	✔ Yes, Insufficient Evidence (I)
+ Acute	No pain classification	ANALGESICS - ANTI-INFLAMMATORY	DICLOFENAC POTASSIUM (Cataflam, Voltaren)	✔ Yes, Strong Evidence (A)
+ Chronic	Post-operative, Subacute	ANALGESICS - ANTI-INFLAMMATORY	DICLOFENAC POTASSIUM (Cataflam, Voltaren)	✔ Yes, Insufficient Evidence (I)

FORMULARY: VIEW

Search by Condition

Search by Drug

HYDROCODONE/IBUPROFEN (Vicoprofen)

Class ANALGESICS - OPIOID

Avg. Estimated Cost \$3.13

Filter or sort by column headers

Category ▲	Condition ▾	Phase ▾	Pain Classification ▾	Evidence Support ▾
All ▾	Low Back ▾	All ▾	All ▾	All ▾

▾ Low Back Disorders Low Back Acute Mild to Moderate ⊕ No, Strong Evidence (A)

Comments for Prescriber

Not recommended for treatment of non-severe, acute pain (e.g., low back pain, sprains, or minor injury without signs of tissue damage).

NSAIDs can increase the risk of heart attack or stroke in patients with or without heart disease or risk factors for heart disease. Risk may be increased with higher doses and increased duration.

Comments for Claims Professional

Not recommended for treatment of non-severe, acute pain (e.g., low back pain, sprains, or minor injury without signs of tissue damage).

ICD-9

720.2, 720.9, 721.90, 722.10, 722.11, 722.2, 724.00, 724.02, 724.03, 724.09, 724.2, 724.4, 724.5, 724.9, 756.10, 756.11, 756.12

ICD-10

M43.20, M43.21, M43.22, M43.23, M43.24, M43.25, M43.26, M43.27, M43.28, M43.8X9, M46.1, M46.90, M46.91, M46.92, M46.93, M46.94, M46.95, M46.96, M46.97, M46.98, M46.99, M47.20, M47.819, M47.899, M47.9, M48.00, M48.06, M48.07, M48.08, M51.14, M51.15, M51.16, M51.17, M51.24, M51.25, M51.26, M51.27, M51.9, M53.80, M53.84, M53.85, M53.9, M54.14, M54.15, M54.16, M54.17, M54.5, M54.89, M54.9, M99.23, M99.24, M99.25, M99.26, M99.27, M99.28, M99.29, M99.33, M99.34, M99.35, M99.36, M99.37, M99.38, M99.39, M99.43, M99.44, M99.45, M99.46, M99.47, M99.48, M99.49, M99.53, M99.54, M99.55, M99.56, M99.57, M99.58, M99.59, M99.63, M99.64, M99.65, M99.66, M99.67, M99.68, M99.69, M99.73, M99.74, M99.75, M99.76, M99.77, M99.78, M99.79, Q76.2, Q76.49

References

p. 256-265. ACOEM 2014 Opioid Guidelines p. 18-38.



QUESTIONS

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of health