Articles to Include with Prior-Authorization Forms

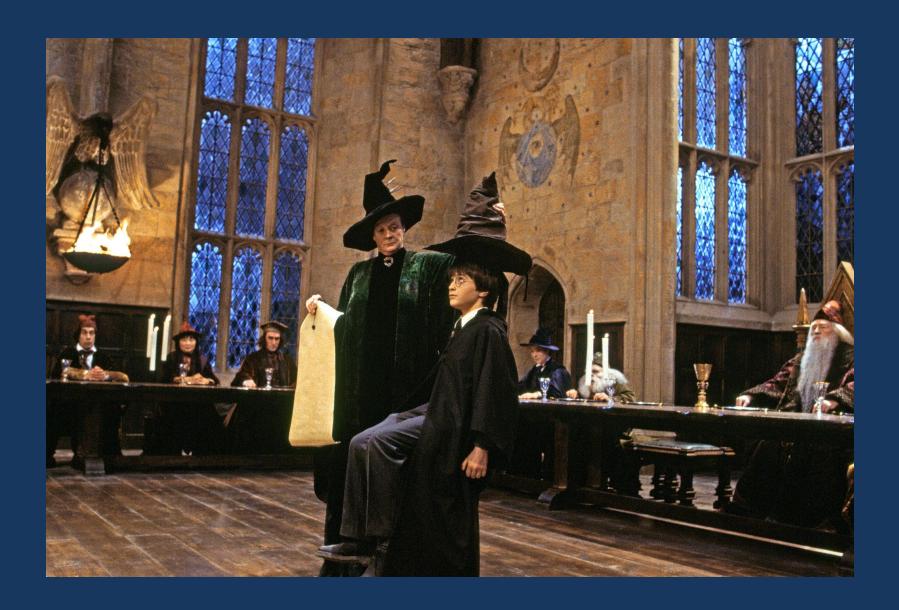
Mitchell Engle, MD, PhD 25 October 2019

Questions

 1. Who already includes articles when submitting for prior authorizations?

2. Who does Peer-to-Peer conferencing?

• 3. Who is frustrated with the amount of time spent talking with insurance companies to get therapies for patients?



Getting Patients the Right Treatments





Prior Authorization

- A utilization management process used to determine if they will cover a prescribed procedure, service, or medication.
- Functions
 - Improve quality of outcomes for patients
 - Limit the use of noneffective therapies
 - Contain costs for Insurer

Authorization Processes

- Your opportunity to make the case for therapy
- Guided by:
 - Coverage Policy (Clinical Policy Bulletin) -- Private Insurers
 - Limited Coverage Determination (LCD) -- Medicare Replacements
- Automated systems
 - Generally based on answers to questions
 - Opportunity to submit medical literature
- If denied...appeal letter or peer to peer
 - Opportunity to discuss medical literature
 - Be passionate

Essential Aspects in Notes

- Medical documentation is critical for authorizations
- Clear diagnosis that fits coverage policy/LCD
- Previous medical care
 - Surgeries --and whether further surgeries are necessary/recommended
 - Physical therapy (Start-End dates)
 - Medications
 - Psychological interventions
 - Interventional procedures
- Need to document multimodal care

Completely Unscientific Poll

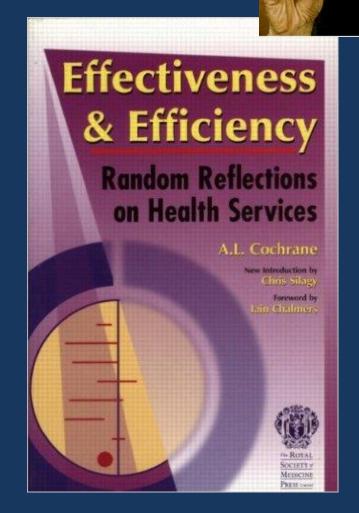
- N = 20; Members of Texas Pain Society
- Non-generic/non-formulary medications
- ESI's
- CMBB and RFA (RFTC)
- Dorsal Column Stimulation
- DRG stimulation
- Indirect decompression

Talking About Evidence

Archibald Cochrane

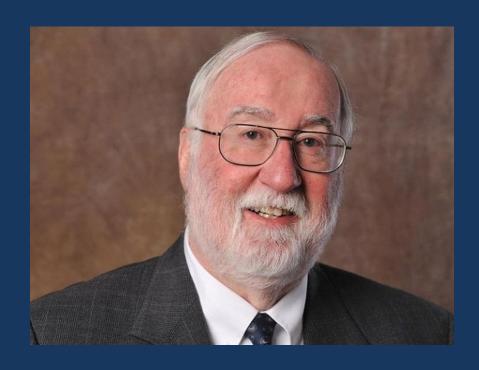
Many of the treatments, interventions, tests, and procedures used in medicine have no evidence to demonstrate their effectiveness and may in fact be doing more harm than good. -1972

Evidence, Evidence



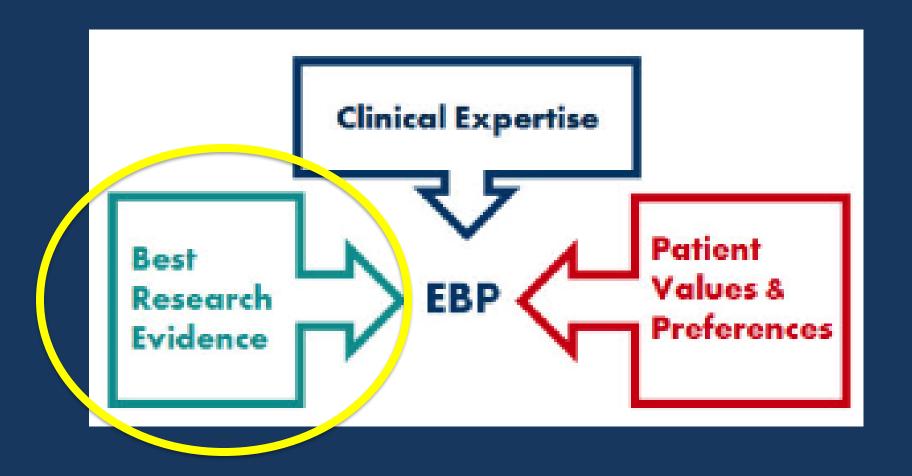
What is EBM or EBP?

Evidence Based Practice (EBP) is "the conscientious, explicit, and judicious use of current **best evidence** in making decisions about the care of the individual patient. It means integrating individual expertise with the best available external clinical evidence from systematic research" and patient preferences/values.



-David Sackett M.D.

What is EBM or EBP?



Classical Criticisms of EBM

- Devalues basic science knowledge
- Devalues tacit
 knowledge developed
 with clinical experience
- Difficulty extrapolating population results to a single patient



Recent Criticisms of EBM

- Distortion of evidence by "Vested Interests"
 - Pharma
 - Device manufacturers
 - Insurers
- Too much evidence
- Marginal gains due to overpowered studies
- Overemphasis on algorithmic rules
- Poor fit for multimorbidity



Parachute use to prevent death and major trauma related to gravitational challenge: systematic review of randomised controlled trials

Gordon C S Smith, Jill P Pell



Parachutes reduce the risk of injury after gravitational challenge, but their effectiveness has not been proved with randomised controlled trials

What is already known about this topic

Parachutes are widely used to prevent death and major injury after gravitational challenge

Parachute use is associated with adverse effects due to failure of the intervention and iatrogenic injury

Studies of free fall do not show 100% mortality

What this study adds

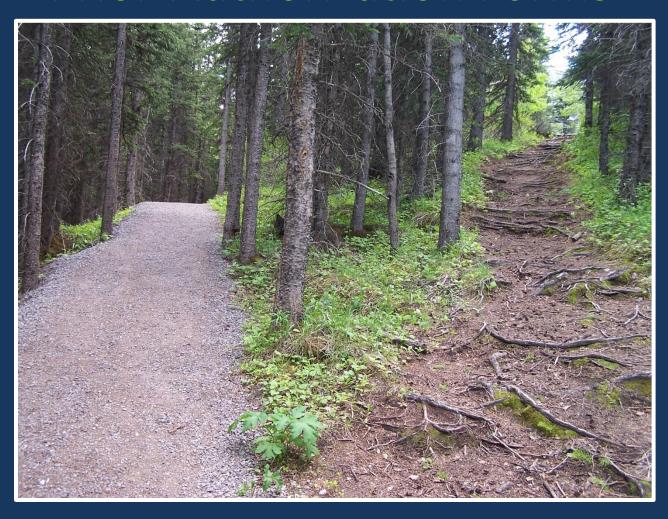
No randomised controlled trials of parachute use have been undertaken

The basis for parachute use is purely observational, and its apparent efficacy could potentially be explained by a "healthy cohort" effect

Individuals who insist that all interventions need to be validated by a randomised controlled trial need to come down to earth with a bump



Articles to Include with Prior-Authorization Forms



Cervical ESI

Anesthesiology 2014

PAIN MEDICINE

Epidural Steroid Injections, Conservative Treatment, or Combination Treatment for Cervical Radicular Pain

A Multicenter, Randomized, Comparative-effectiveness Study

Steven P. Cohen, M.D., Salim Hayek, M.D., Ph.D., Yevgeny Semenov, M.A., Paul F. Pasquina, M.D., Ronald L. White, M.D., Elias Veizi, M.D., Ph.D., Julie H. Y. Huang, M.D., M.B.A., Connie Kurihara, R.N., Zirong Zhao, M.D., Ph.D., Kevin B. Guthmiller, M.D., Scott R. Griffith, M.D., Aubrey V. Verdun, M.D., David M. Giampetro, M.D., Yakov Vorobeychik, M.D., Ph.D.

Table 3.	Successful	Treatment	Outcome	Stratified	by	Treatment G	roup
----------	------------	-----------	---------	------------	----	-------------	------

Positive Outcome*†	Conservative‡	Epidural Steroids	Combination‡	P Value§
1 month (n, %) 3 months (n, %)	30/58 (51.7) 15/56 (26.8)	29/54 (53.7) 18/49 (36.7)	33/51 (64.7) 29/51 (56.9)	0.35 0.006
6 months (n, %)	13/55 (23.6)	12/47 (25.5)	22/50 (44.0)	0.06

^{*} Lost-to-follow-up patients excluded from analysis. † A positive outcome defined as two-point decrease or more in arm pain, coupled with a positive global perceived effect without additional procedural interventions. ‡ In the 14 individuals in the conservative and combination groups who received complementary and alternative medicine treatment, 9 (64.2%) and 6 (42.9%) experienced a positive outcome at 3 and 6 months, respectively. § Fisher exact test used.

Bottom Line: Multimodal care including CESI's is superior to conservative care alone for arm pain relief and perceived effect at 6 months.

ESI for Lumbar Radiculopathy

Pain Medicine, 0(0), 2019, 1–16 doi: 10.1093/pm/pnz160 Review Article

OXFORD

The Effectiveness of Lumbar Transforaminal Injection of Steroid for the Treatment of Radicular Pain: A Comprehensive Review of the Published Data

Clark C. Smith, MD, MPH,* Zachary L. McCormick, MD,[†] Ryan Mattie, MD,[‡] John MacVicar, MBChB, MPainMed,[§] Belinda Duszynski, BS,[¶] and Milan P. Stojanovic, MD

- Using the criterion of 50% reduction in pain
- Success rates were 63% (58–68%) at one month and 64% (57–71%) at one year.
- Bottom Line: There is strong evidence that lumbar transforaminal injection of steroids is an effective treatment for radicular pain due to disc herniation.

ESI for Lumbar Stenosis

IN NEW ENGLAND JOURNAL of MEDICINE

ESTABLISHED IN 1812

JULY 3, 2014

VOL. 371 NO. 1

A Randormzed Trial of Epidural Glucocorticola Ejections for Spinal Stenosis

Pain Physician 2015; 18:79-92 • ISSN 1533-3159

Randomized Trial

A Randomized, Double-Blind Controlled Trial of Lumbar Interlaminar Epidural Injections in Central Spinal Stenosis: 2-Year Follow-Up

Laxmaiah Manchikanti, MD^{1,2}, Kimberly A. Cash, RT¹, Carla D. McManus, RN, BSN¹, Kim S. Damron, RN¹, Vidyasagar Pampati, MSc¹, and Frank J.E. Falco, MD³

AKA...Living in the Post-Friedly world.

Cervical Medial Branch RFA

PERCUTANEOUS RADIO-FREQUENCY NEUROTOMY FOR CHRONIC CERVICAL ZYGAPOPHYSEAL-JOINT PAIN

PERCUTANEOUS RADIO-FREQUENCY NEUROTOMY FOR CHRONIC CERVICAL ZYGAPOPHYSEAL-JOINT PAIN

Susan M. Lord, B.Med., Ph.D., Leslie Barnsley, B.Med., Ph.D., Barbara J. Wallis, B.Sc., Gregory J. McDonald, M.B., B.S., and Nikolai Bogduk, M.D., Ph.D.

NEJM 1996

Lumbar RFA

JAMA | Siginal Investigation

Effect of Radiofrequency Denervation on Pain Intensity Among Patients With Chronic Low Back Pain The Mint Randomized Clinical Trials

Johan N. S. Juch, MD; Esther T. Mas, PhD; Raymond W. J. G. Ostelo, PT, PhD; J. George Groeneweg, F., PhD; Jan-Willem Kallewaard, MD; Bart W. Koes, PhD; Arianne P. Verhagen, PT, PhD; Johanna M. van Dongen, PhD; Frank J. P. M. Jaygen, MD, PhD; Maurits W. van Tulder, PhD

Lumbar RFA

PAIN MEDICINE

Effectiveness of Lumbar Facet Joint Blocks and Predictive Value before Radiofrequency Denervation

The Facet Treatment Study (FACTS), a Randomized, Controlled Clinical Trial

Steven P. Cohen, M.D., Tina L. Doshi, M.D., Octav C. Constantinescu, M.D., Zirong Zhao, M.D., Ph.D., Connie Kurihara, R.N., Thomas M. Larkin, M.D., Scott R. Griffith, M.D., Michael B. Jacobs, M.D., William J. Kroski, D.O., Timothy C. Dawson, M.D., lan M. Fowler, M.D., Ronald L. White, M.D., Aubrey J. Verdun, M.D., David E. Jamison, M.D., Mirinda Anderson-White, R.N., Stephanie E. Shank, R.N., Paul F. Pasquina, M.D.

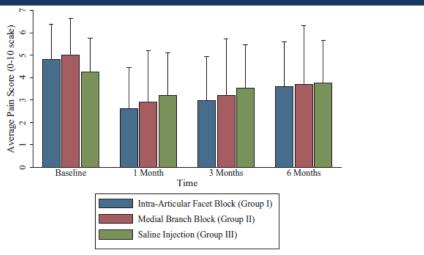


Fig. 5. Pain relief after lumbar facet radiofrequency ablation stratified by treatment group. Data presented as means with *error* bars representing 1 SD. For outcomes, n = 45 for intraarticular group, 48 for medial branch group, and 42 for placebo group.

Dorsal Column Stimulation

Pain Medicine, 0(0), 2019, 1–16 doi: 10.1093/pm/pnz185 Review Article

OXFORD

Spinal Cord Stimulation vs Conventional Therapies for the Treatment of Chronic Low Back and Leg Pain: A Systematic Review of Health Care Resource Utilization and Outcomes in the Last Decade

Charles A. Odonkor, MD,* Sebastian Orman,[†] Vwaire Orhurhu, MD, MPH,[‡] Martha E. Stone, MS,[§] and Shihab Ahmed. MBBS*

- Compared with Conservative Care, SCS resulted in significant improvements in health-related quality of life, health status, and quality-adjusted life-years.
- Fair quality evidence that SCS is potentially more cost-effective than Conservative care

Dorsal Column Stimulation

Neuromodulation: Technology at the Neural Interf

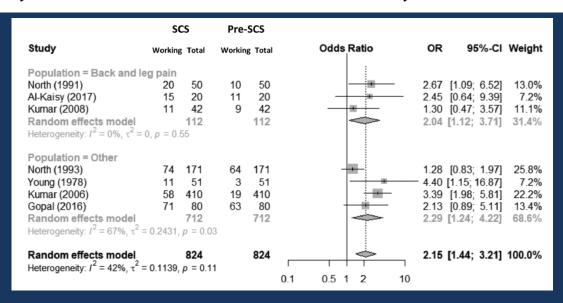


Received: March 3, 2018 Revised: May 1, 2018 Accepted: May 1, 201

(onlinelibrary.wiley.com) DOI: 10.1111/ner.12797

Return to Work of Patients Treated With Spinal Cord Stimulation for Chronic Pain: A Systematic Review and Meta-Analysis

Maarten Moens, MD, PhD*^{†‡§}; Lisa Goudman, MSc*[§]; Raf Brouns MD, PhD[¶]**; Alexis Valenzuela Espinoza MSc^{††}; Mats De Jaeger, MSc*; Eva Huysmans, MSc^{††‡‡}; Koen Putman, PhD^{††}; Jan Verlooy, MD, PhD^{§§}



- SCS intervention results in a higher prevalence of patients at work compared with before treatment
- SCS treatment also results in high odds to return to work

DCS for Peripheral Neuropathy



Bottom Line: In patients with refractory painful diabetic neuropathy, spinal cord stimulation therapy significantly reduced pain and improved quality of life.

DRG Stimulation

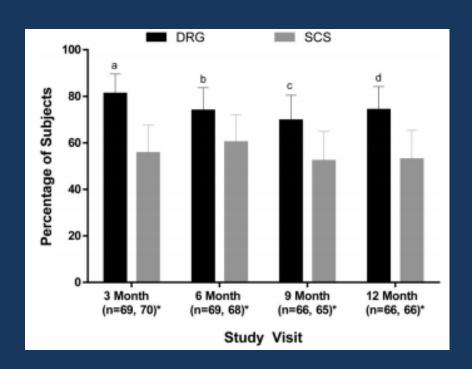
Research Paper

PAIN

OPEN

Dorsal root ganglion stimulation yielded higher treatment success rate for complex regional pain syndrome and causalgia at 3 and 12 months:

a randomized comparative trial ACCURATE Study; 2017



Intrathecal Pump

Pain Physician 2011; 14:343-351 • ISSN 1533-3159

Retrospective Review

Patient Selection and Outcomes Using a Low-Dose Intrathecal Opioid Trialing Method for Chronic Nonmalignant Pain

Jay S. Grider, DO, PhD, Michael E. Harned, MD, and Mark A. Etscheidt, PhD

Neuromodulation: Technology at the Neural Interface

Received: April 20, 2015 Revised: June 2, 2015 Accepted: June 25, 2019

(onlinelibrary,wiley.com) DOI: 10.1111/ner.12342

A Prospective, Randomized, Single-Blinded, Head-to-Head Long-Term Outcome Study, Comparing Intrathecal (IT) Boluses With Continuous Infusion Trialing Techniques Prior to Implantation of Drug Delivery Systems (DDS) for the Treatment of Severe Intractable Chronic Nonmalignant Pain

Maged Hamza, MD*; Daniel M. Doleys, PhD†; Islam A. Saleh, MD‡; Andrew Medvedovsky, MD§; Michael H. Verdolin, MD¶; Monalyce Hamza, BA**

In non-randomized studies, intrathecal drug delivery can effectively reduce pain

Vertebral Augmentation



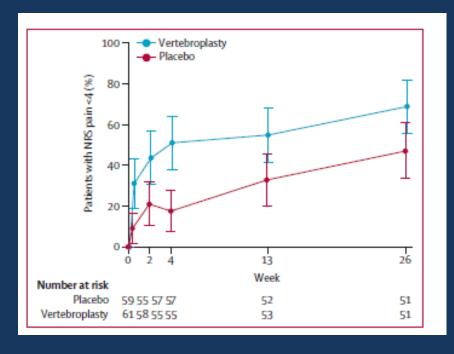
→ @ ` Safety and efficacy of vertebroplasty for acute painful osteoporotic fractures (VAPOUR): a multicentre, randomised, double-blind, placebo-controlled trial

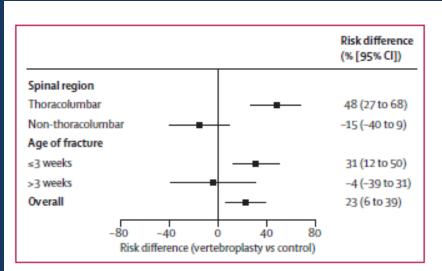
William Clark, Paul Bird, Peter Gonski, Terrence H Diamond, Peter Smerdely, H Patrick McNeil, Glen Schlaphoff, Carl Bryant, Elizabeth Barnes, Val Gebski

Summary

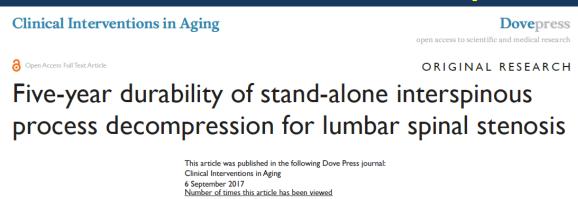
Lancet 2016; 388: 1408-16

Background We hypothesised that vertebroplasty provides effective analgesia for patients with poorly controlled pain





Indirect Lumbar Decompression



Journal of Pain Research

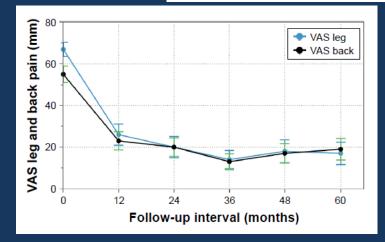
Dovepress

open access to scientific and medical research



CLINICAL TRIAL REPORT

Interspinous process decompression is associated with a reduction in opioid analgesia in patients with lumbar spinal stenosis





Where Do I Look?

- Pubmed
- Google Scholar
- Cochrane Database of Systematic Reviews
- Dynamed
 - POC reference tool
- Uptodate.com

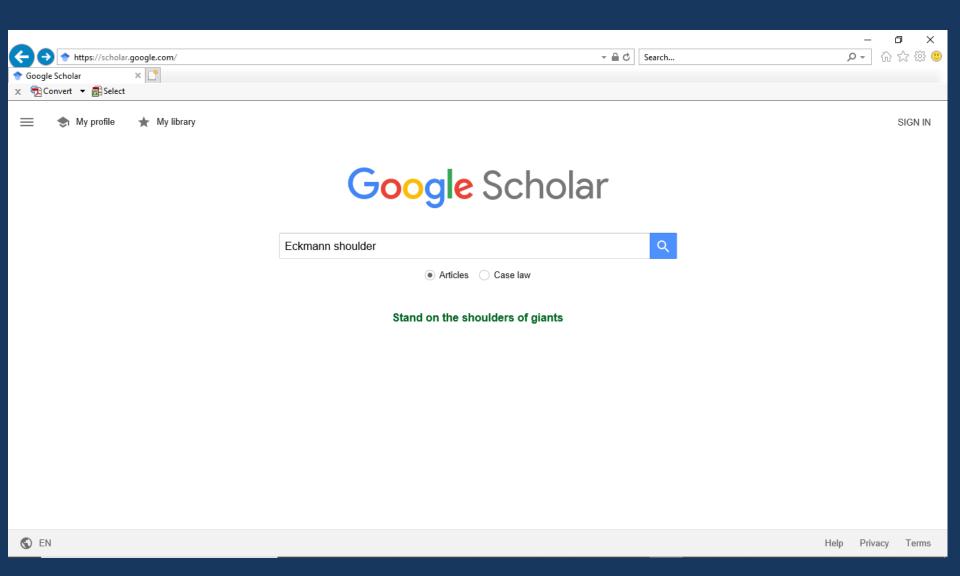


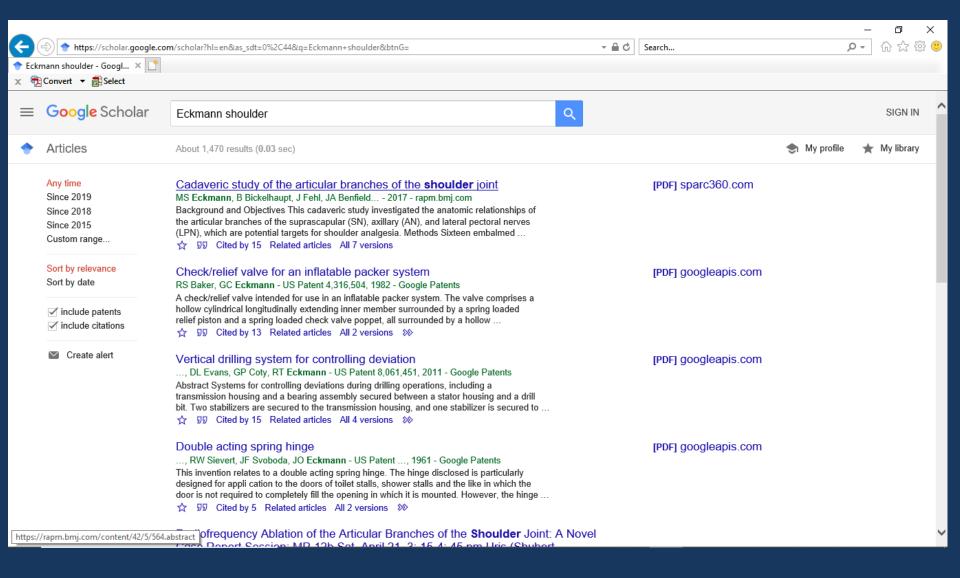
Remember: the evidence is not static!

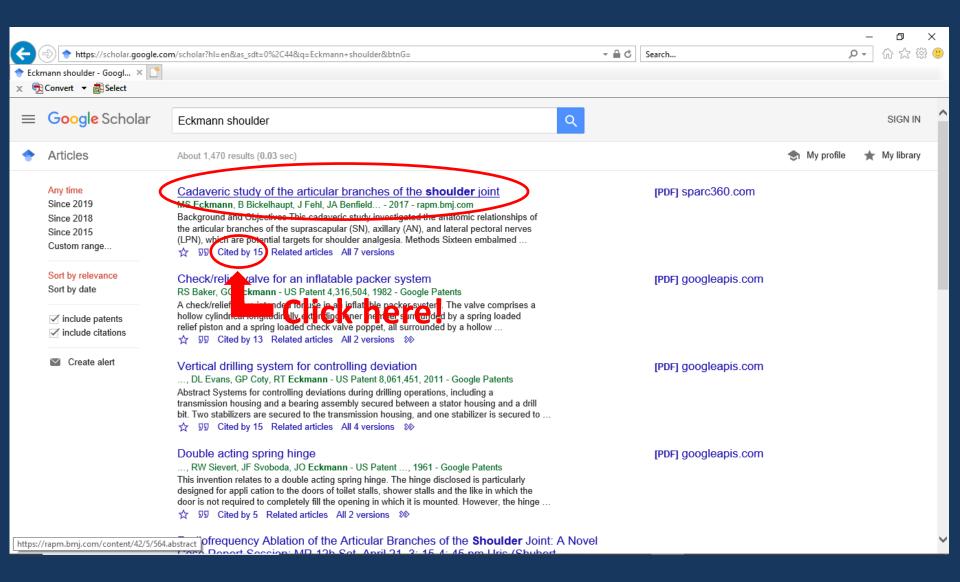
How Do I Keep Up To Date?

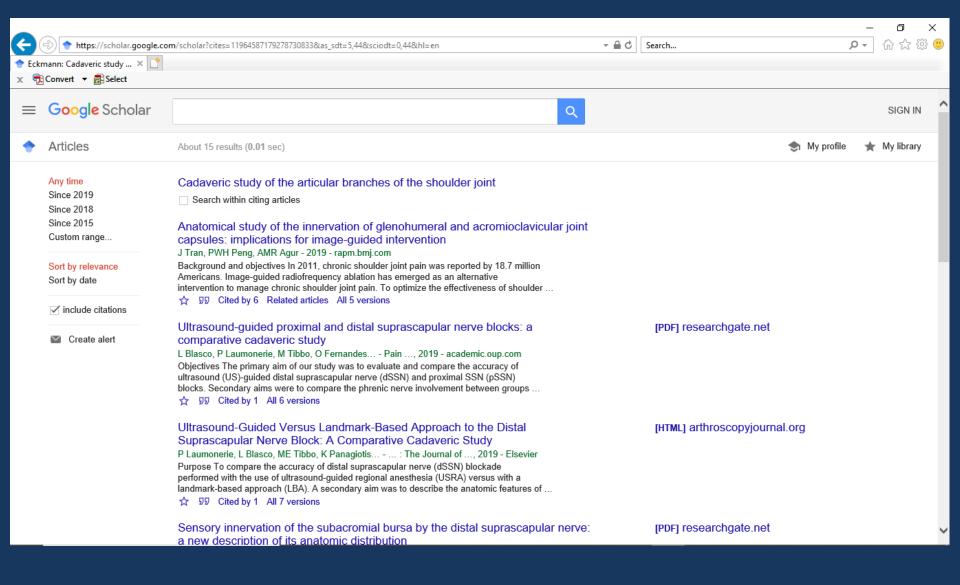
- Rerun searches on a topic using pubmed, google scholar, etc.
- Perform a "reverse search"
 - Use the last or first good paper.
- e.g. Eckmann and Nagpal work on shoulder innervation











Thank You

Dr.Engle@ippmcc.com