

Texas Department of Insurance
Division of Workers' Compensation



Opioids Plan-Based Audit

April 30, 2018

Section I: General Statement and Overview

Texas Department of Insurance, Division of Workers' Compensation (TDI-DWC) is required by Texas Labor Code §413.002 to "monitor health care providers, insurance carriers, independent review organizations, and workers' compensation claimants who receive medical services to ensure the compliance of those persons with rules adopted by the Commissioner relating to health care, including medical policies and fee guidelines." Furthermore, Texas Labor Code §413.0512 allows the Medical Quality Review Panel (MQRP) to recommend to the medical advisor appropriate action regarding doctors, other health care providers, insurance carriers, utilization review agents, and independent review organizations.

TDI-DWC will manage the medical quality review process in a manner that is fair to all workers' compensation system participants, open, and transparent to the extent consistent with state confidentiality laws, and provide the subject of a review the opportunity to participate throughout the Medical Quality Review Process. Medical quality reviews aid TDI-DWC in monitoring compliance with the Texas Workers' Compensation Act and TDI-DWC rules, help ensure that injured employees in the workers' compensation system receive medically necessary and appropriate health care that is timely and cost-effective, and facilitate functional recovery and appropriate return-to-work outcomes. Per Texas Labor Code §408.023(l)(3) the division shall collect information regarding cost and utilization of health care provided or authorized by a treating doctor on the list of approved doctors.

Per Texas Labor Code §408.023(l), the injured employee's treating doctor is responsible for the efficient management of medical care as required by Section 408.025(c) and TDI-DWC rules. Furthermore, health care providers shall provide treatment in accordance with the current edition of the *Official Disability Guidelines (ODG)*, the adopted treatment guidelines pursuant to 28 Texas Administrative Code (TAC) §137.100.

As opioid use continues to be a significant health care concern in the United States, the Texas workers' compensation system through its adoption of evidence based treatment guidelines and a closed formulary combined with ongoing monitoring activities is committed to the appropriate use of opioids by injured employees. Over all use of opioids, in terms of the number of opioids prescriptions in the system, declined by 46 percent between 2009 and 2015. During that same time period, use of opioids excluded from the closed formulary dropped almost 94 percent. The number of claims receiving a daily dose of more than 90 morphine milligram equivalents per day decreased by 77 percent. This audit will assist TDI-DWC in reviewing and monitoring the continuing use of opioids and reason or their use.

Section II: Purpose for Plan-Based Audit

- Promote the delivery of health care that is cost-effective and serve the goals of all participants in the workers' compensation system.
- Ensure that health care providers adhere to the *ODG* and medically accepted standards of care for prescribing opioids.
- Evaluate the appropriateness of a health care provider's decision-making and recordkeeping that supports prescribing opioids for each treatment plan tailored to a specific injured employee.

Section III: Scope and Methodology for Plan-Based Audit

- Health care providers who have prescribed opioids that were dispensed to injured employees during the selection criteria time frame:
 - where the initial opioid was prescribed within 10 days of the date of injury;
 - where the total day supply of opioids for the injured employee's claim is greater than 30 days;
 - identify claims where the prescriber is the only opioid prescriber; and
 - identify claims where the prescriber is one of multiple opioid prescribers.
- Opioids will be identified by the National Drug Code (NDC) as billed by pharmacies and reported through Medical State Reporting data (i.e., Medical EDI data). The NDCs are compared to the Medi-Span Master Drug Database (MDDDB) v2.5 to identify those NDCs that are classified as "Analgesics – Opioid."
- The procedure for determining the medical necessity and appropriateness of health care services is set forth in Section II of the Medical Quality Review Process. See also Texas Labor Code §413.002.

Section IV: Selection Criteria for Plan-Based Audit

- Time frame to select data:
 - Dates of injury of January 1, 2016 through December 31, 2016; and
 - Opioid prescription dispensed January 1, 2016 through August 31, 2017.
- Exclusions:
 - Any prescriber, other than an MD or DO, as reported through the Medical State Reporting data.
 - Prescribers who do not partner with, share a clinic/practice with, or take call for another prescriber.
 - Injured employees whose surgical procedure (excluding ESIs 62310, 62311, 62318, 62319, 62320-62327) was conducted in an ambulatory surgical center or in a hospital setting (inpatient/outpatient) within 60 days from the date of injury and billed through Professional Billing as reported in the Medical State Reporting data.
- Subject Selection:
 - Select no more than 10 health care providers who prescribed opioids and had the:
 - Highest number of claims within the selection criteria; and
 - For those health care providers having the same number of claims, the health care providers with the highest average of total day supply will be selected.
- Case Selection:
 - Randomly select no more than five cases per the selection criteria
 - Three cases where the prescriber is the only opioid prescriber and
 - Two cases where there were multiple opioid prescribers.
 - If either of these case criteria cannot be met cases from the other category shall be added to meet the five case total.

Section V: Roles and Responsibilities

Information Management Services (IMS), Division of Workers' Compensation

- Provides a list of practitioners who prescribed opioids based on the scope, methodology, and selection criteria.
- Selects the subjects and case files for medical quality review based on selection criteria.

Health Care Quality Review (HCQR), Division of Workers' Compensation

- Notifies subjects chosen for medical quality review and requests documents.
- Requests from IMS another subject or case if the nurse investigator verifies in writing that a subject or case was not selected in accordance with the approved plan-based audit criteria.
- Selects MQRP members to perform a review in accordance with Texas Labor Code §§408.0043, 408.0044, and 408.0045 and 28 TAC §§180.22, 180.66, and 180.68.
- Provides an executive summary to the Commissioner of Workers' Compensation upon conclusion of the Plan-Based Audit.

Medical Advisor, Division of Workers' Compensation

- Develops questions for the MQRP experts. The questions will be approved by all undersigned parties prior to any records being sent to the MQRP experts.

Section VI: Conflicts

This Opioids Plan-Based Audit incorporates the approved Medical Quality Review Process in effect. However, if a specific conflict exists between this Plan-Based Audit and the Medical Quality Review Procedure, this Plan-Based Audit prevails.

Section VII: Approvals

This *Opioids Plan-Based Audit* is respectfully submitted by:



Patrick Palmer, M.D.
Medical Advisor

Date

4/30/18

This *Opioids Plan-Based Audit* is respectfully approved by:



W. Ryan Brannan
Commissioner of Workers' Compensation

Date

4/30/18