

**Texas Department of Insurance  
Division of Workers' Compensation**



**Health Care Providers  
Pain Management Services (Opioids)  
Plan-Based Audit**

May 29, 2012

## **Section I: General Statement and Overview**

The 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." The 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 review process as set forth in the Medical Quality Review procedure. Medical quality reviews aid the TDI-DWC both to monitor compliance with the Texas Workers' Compensation Act (Act) and TDI-DWC Rules and to help ensure that injured employees in the workers' compensation system receive medically necessary and appropriate health care that is timely and cost-effective, and facilitates functional recovery and appropriate return-to-work outcomes.

The TDI-DWC acknowledges that prescription drug abuse and misuse, including opioids, is a serious issue in all health care delivery systems, including workers' compensation. In an effort to promote prompt, high quality health care to injured employees while ensuring effective cost control, the TDI-DWC, based on legislative authority granted to it by the Texas Legislature, has adopted and implemented several rules that provide the tools necessary for the TDI-DWC and other system participants to track prescription drug utilization and curb unnecessary medical care. These tools include the adoption of evidence-based treatment guidelines, a closed pharmacy formulary, pre-authorization procedures for medical treatment/services, medical dispute resolution processes/procedures, medical billing and coding requirements for pharmacy services, a pharmacy fee guideline, medical data reporting requirements and doctor monitoring procedures.

## **Section II: Purpose for Plan-Based Audit**

- Promote the delivery of quality health care in a cost-effective manner, including protection of injured employee safety;
- Ensure that health care providers adhere to the Official Disability Guides and medically accepted standards of care for prescribing pain management services including opioids; and
- Assess return-to-work outcomes.

## **Section III: Scope and Methodology for Plan-Based Audit**

- Health care providers who have prescribed opioids to injured employees:
  - where the initial opioid was prescribed less than 10 days from the date of injury;
  - where the total day supply of opioids for the injured employee is greater than 30 days; and
  - where the health care provider was the only health care provider prescribing opioids to the injured employee within the selected timeframe.

- 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 Procedure. See also Texas Labor Code Section 413.002.

## **Section IV: Selection Criteria for Plan-Based Audit**

- Time frame to select data:
  - Dates of injury of January 1, 2010 through December 31, 2010; and
  - Opioid prescriptions dispensed during January 1, 2010 through August 31, 2011.
- Exclusions:
  - Health care providers previously reviewed in FY11 or currently under review by the MQRP in FY 12 for this issue as outlined in Section III of the Medical Quality Review Procedure.
  - Health care providers currently undergoing a quality of care complaint investigation for this issue as outlined in Section III of the Medical Quality Review Procedure.
  - Injuries after January 1, 2011 will be excluded as a result of the Medical State Reporting data not having matured for these claims.
  - Prescriptions dispensed after August 31, 2011 (excluded as a result of the Medical State Reporting data not having matured for these claims) are not part of the selection criteria, but may be reviewed.
  - Health care providers who have less than five injured employees that meet the selection criteria.
  - Any prescribing doctor other than an MD or DO as reported through Medical State Reporting data.
  - Injured employees where a surgical procedure was conducted within 60 days from the date of injury and billed through Professional Billing as reported through Medical State Reporting data.
- The statistical toolbox developed by the State Auditor's Office may be used to determine:
  - Subject Selection:
    - Select no more than 15 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:
  - Select a sample size at a 95% confidence level with a minimum of five cases selected.

## **Section V: Roles and Responsibilities**

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

- Provides a list of health care providers 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, 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 Section 408.0043.
- Provides Executive Summary to the Commissioner of Workers' Compensation upon conclusion of plan-based audit.

Medical Advisor, Division of Workers' Compensation

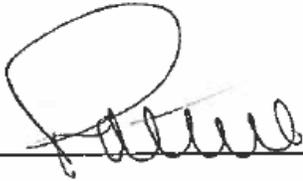
- The Medical Advisor shall develop questions for the MQRP Experts. Those questions shall be approved by all undersigned parties prior to any records being sent to the MQRP Experts.

## **Section VI: Conflicts**

This Pain Management plan-based audit incorporates the approved Medical Quality Review Procedure. 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 Pain Management Plan-Based Audit is respectfully submitted by:

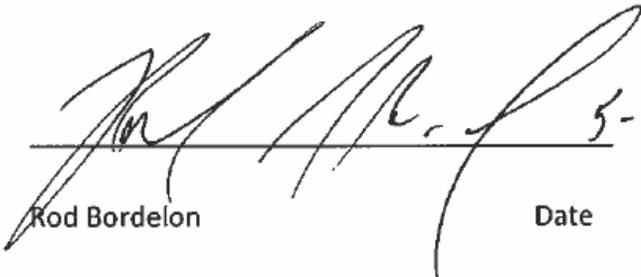
  
\_\_\_\_\_ 5-29-12

Donald Patrick, M.D., J.D.

Date

*Medical Advisor*

This Pain Management Plan-Based Audit is respectfully approved by:

  
\_\_\_\_\_ 5-29-12

Rod Bordelon

Date

*Commissioner of Workers' Compensation*