



Clinical Cost Containment Review

Approach

Our Clinical Cost Containment Review identifies potential cost savings in multiple areas of a claim, impacts costs through management of future pharmaceutical and medical spend, and supports positive clinical outcomes. This process applies expertise in settlement, pharmacy, medical services and equipment, and clinical management strategies to identify ongoing medical and/or drug therapies at inappropriate utilization levels that are driving high spend. Once concerns are identified, our experienced clinicians develop recommendations for treatment modification and provide an action plan for issue resolution.

With Peer-to-Peer Outreach, the clinical recommendations are discussed on a collegial level with the treating physician, facilitating changes at an earlier stage—positively influencing injured worker outcomes while positioning claims to settle and/or reducing lifetime reserves.

Nurse Progress Monitoring includes follow up by a Registered Nurse (RN) to facilitate and document detailed telephonic communications over a six-month period to ensure implementation of agreed therapeutic changes.

Case Study

Clinical Cost Containment Review Case Summary #1

A 46-year-old woman sustained an injury to her lower back, right hip and left knee in a fall. She was diagnosed with RSD/CRPS, sleep problems, an exacerbation of pre-existing psychiatric conditions, seizure disorder and migraine headaches. She attempted suicide several times and received inpatient psychological treatment as well.

Treatment has included several knee surgeries, a right total hip replacement, lumbar radiofrequency sympathectomy, injections, psychotherapy, and a spinal cord stimulator. Her prescription therapy included:

- OxyContin® (opioid analgesic for pain)
- Trileptal® (anticonvulsant)
- Oxycodone (opioid analgesic for pain)
- Pantoprazole (proton pump inhibitor)
- Topiramate (anticonvulsant for migraine prophylaxis)
- Abilify® (antipsychotic adjunct to antidepressant therapy)
- Venlafaxine (antidepressant)
- Doxazosin (antihypertensive-off label to treat depression)
- Lamotrigine (anticonvulsant)
- Mirtazapine (antidepressant)
- Rizatriptan (acute migraine attacks)

Clinical Cost Containment Review Case Summary #1 (continued)

Challenges/Concerns

There were many concerns with this case. First of all, multiple prescribers had been treating the injured worker for her industrial and non-industrial diagnoses, and it was questionable whether all of the medications prescribed were related to the injury. Plus, there were more cost effective alternatives available. Recommendations for an intrathecal pain pump—a costly medical treatment—was noted as a possible treatment option, and it was uncertain whether additional lumbar sympathectomy was in line with ODG guidelines.

Steps Taken/Results

A Clinical Cost Containment Review was performed to identify medical treatment and prescription drug issues to be addressed regarding relatedness to injury, duration of therapy and cost effective alternatives. Two specialty peer physicians made contact with the pain management physician, psychologist and the neurologist to discuss the case, resulting in the confirmation that the seizure disorder and migraine headache diagnoses were not related to the industrial injury. Once confirmed, the following medications were denied, resulting

in a combined savings of \$11,743.50 annually and \$478,116 over the life expectancy:

- ▶ Lamotrigine
- ▶ Topiramate
- ▶ Trileptal
- ▶ Rizatriptan

Additionally, it was agreed that future treatment would not include lumbar sympathectomies or an intrathecal pain pump—an estimated lifetime savings of \$364,746. The physician would consider changing Oxycodone to Hydrocodone-Acetaminophen, with the goal of eventually discontinuing all opioids. Nurse Progress Monitoring will continue to confirm weaning and eventual discontinuance of all opioids, which could result in significant additional savings.

Cost Savings Summary:

Items Removed	Annual Savings	Estimated Savings over Life Expectancy
Lamotrigine, Trileptal, Topiramate, Rizatriptan	\$11,743.50	\$478,116
Lumbar Sympathectomies, Intrathecal Pain Pump		\$364,746

Overall estimated lifetime savings: \$842,862

Case Study

Clinical Cost Containment Review Case Summary #2

A 41-year-old individual was involved in a motor vehicle accident and underwent open reduction internal fixation, (ORIF) of bilateral tibial plateau fractures and ankle fractures. Severe osteoarthritis developed in the knees and ankles, as well as symptoms of depression. Treatment included psychotherapy, injections and pain management. Bilateral total knee replacements as well as surgery for the bilateral ankles may be indicated in the future. Prescription medications are:

- ▶ Ambien® (sleep medication)
- ▶ Pristiq® (antidepressant)
- ▶ OxyContin® CR (opioid analgesic for pain)
- ▶ Lidocaine Patch (treatment of pain associated

with post herpetic neuralgia (off label for pain)

- ▶ Lyrica® (anticonvulsant, off-label treatment of neuropathy/radiculopathy)
- ▶ Ibuprofen (nonsteroidal anti-inflammatory drug used to treat pain or inflammation)
- ▶ Nexium® (proton pump inhibitor)
- ▶ Docusate Sodium (for constipation)

Challenges/Concerns

- ▶ The treating physician was prescribing OxyContin CR at 200 mg per day, which exceeds the 120 mg oral morphine equivalents as recommended by the Official Disability Guidelines (ODG) and Medical Treatment Utilization Schedule (MTUS). It is recommended that OxyContin be titrated and limited to no more than a 120 mg morphine equivalent dose per day.

Clinical Cost Containment Review Case Summary #2 (Continued)

- ▶ Docusate Sodium can be titrated downward if there is a decrease in the use of opiate medication and can be eliminated if narcotic therapy is discontinued.
- ▶ Nexium 40 mg was prescribed rather than an available generic medication such as Omeprazole (over-the-counter Prilosec®). Immediate transition was recommended.

Steps Taken/Results

A specialty-matched physician contacted the treating physician to discuss the case, which resulted in the physician agreeing with replacement of Nexium with over-the-counter Prilosec at a much lower monthly cost. Additionally, it was noted that both the injured individual and the treating physician agreed with tapering of opioid analgesics (OxyContin).

Nurse Progress Monitoring was requested to follow up on the changes the treating physician agreed to make in the prescription regimen. The RN was able to obtain updated office notes verifying the following within three months of the peer outreach

conversation with the treating physician:

- ▶ The medication Nexium was replaced with over-the-counter Prilosec
- ▶ OxyContin dosage decreased – OxyContin 60 mg tab discontinued and OxyContin 40 mg tab decreased from 120 pills to 90 pills per month
- ▶ The treating physician stated he would consider and discuss with the injured individual reducing Lyrica from 120 pills per month to 90 pills per month which continues to be monitored by a Helios RN.

Cost Savings Summary:

Items Removed	Annual Cost	Replaced Item	Annual Cost
Nexium	\$2,059.20	OTC Prilosec	\$286.56
OxyContin 60 mg	\$4,312.80	N/A	\$0
OxyContin 40 mg (Qty 120)	\$11,851.20	OxyContin 40 mg (Qty 90)	\$8,888.40

Total estimated lifetime savings: \$325,737

About Helios:

Helios, the new name for Progressive Medical and PMSI, is bringing the focus of workers' compensation and auto no-fault pharmacy benefit management, ancillary services, and Settlement Solutions back to where it belongs – the injured party. Along with this new name comes a passion and intensity on delivering value beyond just the transactional savings for which we excel. To learn how our creative and innovative tools, expertise, and industry leadership can help your business shine, visit www.HeliosComp.com. © 2014 Helios™ All Rights Reserved. STS14-1410-01

