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 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
FORMULARY: DEVELOPMENT TEAM

ROBERT GOLDBERG, MD
Project Leader
Chief Medical Officer

CHERYL ELTON, PHARMD, Lead Pharmacist

REGINA MEARS, MS, RPH

BRITTEN FEATHERSTON, PHARMD
FORMULARY: EXTERNAL REVIEWERS

- WILL GAINES, MD
  Liberty Mutual

- BERNYCE PEPLOWSKI, DO
  Consultant, Loma Linda University

- MARCOS IGLESIAS, MD
  Broadspire

- MELISSA BURKE, PHARMD
  Travelers

- ADAM SEIDNER, MD
  Travelers

- KURT HEGMANN, MD
  ACOEM, University of Utah
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

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

**Search by Condition**

**Category:**  
Ankle and Foot Disorders

**Condition:**  
Ankle Sprain

- I have read and accepted the **Terms of Use**

**Go**

Filter or sort by column headers

<table>
<thead>
<tr>
<th>Phase</th>
<th>Pain Classification</th>
<th>Drug Class</th>
<th>Generic (Brand)</th>
<th>Evidence Support</th>
</tr>
</thead>
<tbody>
<tr>
<td>Acute</td>
<td>No pain classification</td>
<td>ANALGESICS - ANTI-INFLAMMATORY</td>
<td>CELECOXIB (Celebrex)</td>
<td>Yes, Strong Evidence (A)</td>
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<tr>
<td>Chronic</td>
<td>No pain classification</td>
<td>ANALGESICS - ANTI-INFLAMMATORY</td>
<td>CELECOXIB (Celebrex)</td>
<td>Yes, Insufficient Evidence (I)</td>
</tr>
<tr>
<td>Acute</td>
<td>No pain classification</td>
<td>ANALGESICS - ANTI-INFLAMMATORY</td>
<td>DICLOFENAC POTASSIUM (Cataflam, Voltaren)</td>
<td>Yes, Strong Evidence (A)</td>
</tr>
<tr>
<td>Chronic</td>
<td>Post-operative, Subacute</td>
<td>ANALGESICS - ANTI-INFLAMMATORY</td>
<td>DICLOFENAC POTASSIUM (Cataflam, Voltaren)</td>
<td>Yes, Insufficient Evidence (I)</td>
</tr>
</tbody>
</table>
## HYDROCODONE/IBUPROFEN (Vicoprofen)

**Class**: ANALGESICS - OPIOID  

**Avg. Estimated Cost**: $3.13

### Filter or sort by column headers

<table>
<thead>
<tr>
<th>Category</th>
<th>Condition</th>
<th>Phase</th>
<th>Pain Classification</th>
<th>Evidence Support</th>
</tr>
</thead>
<tbody>
<tr>
<td>All</td>
<td>Low Back</td>
<td>All</td>
<td>All</td>
<td>All</td>
</tr>
</tbody>
</table>

### Low Back Disorders

**Low Back**

**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**


**References**

QUESTIONS

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