NORTH CAROLINA ACADEMY OF FAMILY PHYSICIANS

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December 6, 2017

The Honorable Meredith Henderson
Executive Secretary
North Carolina Industrial commission
1236 Mail Service Center
Raleigh, NC 27699-1236

RE: Medicaid Managed Care Proposed Concept Paper: Behavioral Health and I/DD Tailored Plan

Via E-mail: Meredith.Henderson@ic.nc.gov

Dear Ms. Henderson:

On behalf of the NC Academy of Family Physicians and our 4,000 members across the state, thank you for the opportunity to make comments on the draft proposal from the industrial Commission on "Rules for the Utilization of Opioids, Related Prescriptions and Pain Management Treatment in Workers' Compensation Claims." In general, we support the direction of this document with some small exceptions that we will outline below. Our organization remains committed to educating our members about the dangers of opioid while maintaining the ability to provide opioid for appropriate clinical use. In fact, we have continuing medical education sessions at our Annual Meeting for at least the last five years. We would like to offer the following minor suggestions.

Under Prescription of Targeted Controlled Substance or Other Medication in an Acute Phase Following the First Prescription

- First under, section (j)(2), we would suggest adding the following verbiage to line 15, such as, ***but not exclusive to***, one of the following. While the current language says such as, we want to make sure that our members understand that they can use other clinically validated risk tools. There are such tools that exist today or that could become available in the future, so we would suggest clarifying that language.
- Under section (k) and (l), lines 30-32, we would suggest changing the verbiage in each instance from ***shall not*** to ***should not unless necessitated by extraordinary clinical circumstances***. There are some instances, where this may be warranted, and your proposed rule acknowledges that in section (m), line 34, so these sections are inconsistent. While it may be rare for a physician to start someone on both drugs, in some minor circumstances, it may be appropriate and warranted. In our opinion shall not means this should never happen, yet there are those rare occurrences where it may be clinically relevant.

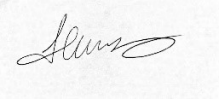
Under Prescription of Targeted Controlled Substance or Other Medication in a Chronic Phase

- The language under lection (j) is inconsistent with the legislatively mandated STOP Act adopted by the NC General Assembly this year. We believe this rule should not supersede legislation and should be consistent with the STOP Act's mandate for quarterly review, not every appointment or quarterly review. This could potentially mean that the physician would have to check the Controlled Substance Reporting System during a visit that has nothing to do with pain management.
- Once again under (n) on line 2 of page 3 of this section, we would suggest addling language to ensure inclusivity of other clinically validated screening tools by saying, such as, ***but not exclusive to.***
- We do not believe it is appropriate for the employer to require prior authorization for use of a carisoprodol. This is a medical decision and should be left to medical professional. A physician should not have to seek authorization from an employer that may or may not have the medical training necessary to make such a decision.
- Also under (q) and (r) lines 17 and 18, these two are not consistent. We would suggest language such as this for section (q): ***A health care provider should not prescribe benzodiazepines for pain or as a muscle relaxer in a chronic phase except in extraordinary clinical circumstances.***

Finally, we are somewhat concerned about the amount of documentation that is going to be required throughout this process, and how the Industrial Commission would assess documentation. We would encourage you to leave this assessment up to the NC Medical Board, since they are already charged with assessing the clinical competence and decision-making, including appropriate documentation of clinical decisions, of all physicians in the state.

In closing, let me reiterate our support of the general direction of these rules. However, we believe minor adjustments are warranted to further align them with the STOP Act and clarify a few other minor inconsistencies.

With best regards,



Tamieka Howell, MD
President, NC Academy of Family Physicians

cc: Gregory K. Griggs, MPA, CAE, NCAFP Executive Vice President