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November 30, 2017

Industrial Commission of Arizona  
Medical Resource Office  
Attn: Jacqueline Kurth  
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Dear Members of the Industrial Commission of Arizona:

This correspondence represents the comments of Copperpoint Mutual Insurance Companies ("CPM") relative to expanding the applicability of the Work Loss Data Institute's *Official Disability Guidelines – Treatment in Workers' Compensation* ("Guidelines" or "ODG") to treat injured workers in Arizona. CPM supports expansion of application of the Guidelines to include additional body parts and conditions. Expansion of application of the Guidelines is consistent with the legislative intent of A.R.S. § 23-1061.03 and the Rules related to adoption and applicability of the Guidelines.

Pursuant to A.A.C. R20-5-1301(C)(1-3), the Commission may modify or change the applicability of the Guidelines (currently applicable only to the management of chronic pain and use of opioids for all stages of pain management) if the Commission determines that modification or change will 1) improve medical treatment for injured workers, 2) make treatment and claims processing more efficient and cost effective, and 3) the Guidelines adequately cover the body parts or conditions. CPM respectfully contends that all of these criteria are met.

1. Expansion of applicability of the Guidelines will improve medical treatment for injured workers.

In recent decades, clear consensus has emerged that applying knowledge gained from large clinical trials on patient care promotes consistency of treatment and optimal outcomes for patients. Reliance upon the best available clinical studies allows doctors to provide care that has been proven to be efficacious and discourages treatment modalities that are either not helpful or even deleterious to a patient's recovery. Furthermore, the use of guidelines makes consulting and evaluating the best contemporary medical studies relatively simple and routine, even for individual clinicians.

The ODG represents a comprehensive, contemporaneously updated and multidisciplinary guideline that covers the vast majority of body parts and conditions encountered among injured workers. It facilitates physician access

to the most recent outcome studies, thereby improving treatment for injured workers.

CPM's experience utilizing the Guidelines for more than a year is consistent with the proposition that expansion of applicability of the Guidelines will improve medical treatment for injured workers. CPM has found the ODG to provide readily available, evidence based support for day to day claims management decisions. The Guidelines not only provide CPM claims adjusters with a basis for approving or denying a requested treatment, but also help inform discussions with attending physicians regarding appropriate treatment plans. For example, CPM routinely relies upon the Guidelines to help inform decisions regarding whether the use of opioid medications is indicated, the reasonable dose of an opioid or other medication, the reasonable duration of an opioid medication, and whether opioid treatment is appropriate in conjunction with other medications such as benzodiazepines, muscle relaxants, or sedative hypnotics. In light of the risks associated with the use of opioids (especially in conjunction with the use of other classes of medications), CPM's ability to rely upon the Guidelines to inform medical management decisions is crucial to facilitating improved medical treatment for injured workers. Application of the Guidelines to additional body parts and conditions would only expand and enhance these positive outcomes.

2. Expansion of applicability of the Guidelines will make treatment and claims processing more efficient and cost effective.

CPM's Claims Division has implemented protocol for utilizing the ODG to assess treatment recommendations in cases involving chronic pain and the use of opioids. This protocol involves the claims adjuster identifying a claim as involving chronic pain or the use of opioids, referring the claim to a utilization review nurse or CPM's medical director (David Ott, M.D.) for assessment utilizing the ODG, consultation (where appropriate) with the attending physician regarding the appropriateness of treatment recommendations, and decision making regarding authorization of a request for treatment. This process is efficient and can be carried out in the vast majority of cases within five working days. In most instances, there are no added costs associated with this process. In those cases where a denial of preauthorization for treatment goes in to the peer review process, it has been CPM's experience that this process takes approximately fourteen days and costs CPM on average \$250.00. In this respect, using Guidelines and the peer review process is both efficient and cost effective.

This process can be contrasted with the costly and time-consuming process of a carrier setting an independent medical examination ("IME") and seeing the matter through a contested hearing process. The average cost for an independent medical examination is \$1,600.00 and the average time for an IME report to become available is 45 to 60 days. Should the IME support the denial and the matter proceed to hearing, a 1061(J) hearing process can take months to complete. Such expenses and delays serve neither the carrier nor the injured worker.

3. The Guidelines adequately cover numerous additional body parts or conditions.

The ODG treatment Guidelines are comprehensive and provide treatment recommendations based upon peer-reviewed studies in relation to the body parts and conditions most commonly seen in injured workers. Further, the ODG is continuously updated with new findings and studies. As the ODG is multidisciplinary in scope, all medical specialties are represented. In this respect, expansion of applicability of the Guidelines to additional body parts and conditions would be appropriate.

Industrial Commission of Arizona  
Medical Resource Office  
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November 30, 2017  
Page 3

Based upon the considerations discussed above, CPM supports expansion of applicability of the Guidelines at this time. It has been CPM's experience that use of the Guidelines improves medical treatment for injured workers, makes treatment and claims processing more efficient, and that the Guidelines are comprehensive and robust enough to be applied to additional body parts and conditions. We appreciate the Commission's consideration of these comments.

Sincerely,

A handwritten signature in black ink, appearing to read "Mark A. Kendall". The signature is written in a cursive style with a large, looped "K" and "A".

Mark A. Kendall  
Associate General Counsel

MAK/mkg