

**MINUTES OF THE ILLINOIS WORKERS' COMPENSATION COMMISSION  
MEDICAL FEE ADVISORY BOARD MEETING  
JAMES R. THOMPSON CENTER, 100 WEST RANDOLPH STREET  
ROOM 9-039  
HELD ON JUNE 13, 2016 at 2:00 PM**

**Present at the meeting:**

Chairman Joann Fratianni  
Barb Malloy  
Bill McAndrew  
Diana Alvarez  
David Menchetti  
Dan Ugaste  
Dr. Preston Wolin  
Dr. David Fletcher  
Bill McAndrew

**IWCC staff present at the meeting:**

Ronald Rascia, General Counsel  
Dennie Mogensen, Deputy General Counsel  
Darlene Senger, CFO  
Brendan O'Rourke, Manger of Research and Education  
Annette Roti, Confidential Assistant to the Chairman  
Andrea Walsh, law clerk  
Shankar Ramesh, law clerk

**Members of the Public present at the meeting:**

Megan Karlic, Concentra  
Lisa Anne Forsythe, Aetna/Coventry WCS  
David Porter, Illinois State Medical Society  
Lauren Meachum, Liberty Mutual  
Jay Shattuck, Shattuck & Associates  
Liz Kerr, HFN

Chairman Fratianni called the meeting to order at 2:01 p.m., and noted that a quorum was present. Mr. McAndrew moved to approve the minutes of the December 8, 2015, meeting, Ms. Malloy seconded the motion, and the motion was approved unanimously.

There was no old business.

As to new business, Ms. Meachum from Liberty Mutual wanted to address the board in follow up to an email she had sent to the Chairman regarding generic drugs. Liberty Mutual has been looking at workers' compensation claims in terms of prescription costs and they are finding that there are increasing prescription costs and no commensurate benefit to the patient. They have identified five areas in which they would like the Workers' Compensation Medical Fee Advisory Board to weigh in. They are the following:

- Lack of a requirement to use generic medications in situations when they are as effective as brand name medication;
- Situations where the sale of drugs independently would be far less expensive than a compounded version of exactly the same two medications;
- There are certain drugs that are specifically designed to be distributed at a physician's office. Often, there is an equivalent on the market outside of a physician dispensed drug, and the cost of the physician dispensed drug is much higher;
- There are alterations to standard doses where it's done without justification;
- There is a bill submitted for a non-published billing code which is many times higher than a published billing code, to monitor patient compliance through drug screening.

Dr. Fletcher responded in the following manner:

- He is in favor of generic drugs, and is a big advocate of ethical physician dispensing. He believes that taking the stigmatic against physician dispensers will save employers' money. He believes it's the physician prescribing the higher dose per pill – specifically Flexeril, Ultram and Hydrocodone - by 20% of Illinois physicians that is the problem.
- He has seen abuses with drug compounding, but in certain situations, compounding is a wonderful thing. He recommends doing a UR on it.
- As to drug screening, physician dispensing can help as opposed to pharmacies dispensing because physicians can monitor narcotic use better with drug testing, narcotic contracts plus looking at the prescription monitoring program. Respondents can cut costs by having the drug testing kits and have the physicians simply collect the specimens and get the results back.

Ms. Meachum responded that it was her hope that the Board could include some of these things in the fee schedule, or give formal assistance in these areas.

Chairman Fratianni suggested Ms. Meachum formulate a formal request wherein she lays out her points and what specifically she is asking for submission to the board and that potentially a subcommittee could be formed to meet and formally discuss.

Upon no further business, Mr. McAndrew moved to adjourn, Mr. Ugaste seconded the motion, and the motion was approved unanimously and the meeting adjourned at 2:33 p.m.