



myMatrixx monitor



A Message from the CEO

by Steven MacDonald,
Founder, Chairman & CEO

On April 2 we launched myMatrixx Mobile. The first mobile tool designed for both claims professionals and injured workers to manage workers' compensation claims. Our clients have been asking us for a while to create a mobile version of our web portal, myMatrixx 360SM. Our team responded with a tool that provides a secure environment for claims professionals to manage pharmacy and ancillary workers' comp claims directly from their smart phone. If you have not visited the site yet, I encourage you to do so. Your existing username and login for the web portal is all that is needed. The site can be accessed from any mobile device by visiting mymatrixx.com or you can download it in the Google Play™ Store and on the Apple App StoreSM.

Once you login, you can quickly access and authorize a pending medication or ancillary order, receive an instant quote for ancillary items along with placing an order, and review a patient's



claim history. Our goal with the mobile site is to provide you with the key functions required to manage claims quickly on the go. Additionally, patients can create a login for myMatrixx Mobile and have access to an enhanced pharmacy locator with interactive driving directions and a mobile version of their personalized ID card. With enhanced communication to the patient, myMatrixx Mobile can aid with program compliance.

If you have tried myMatrixx Mobile we would like to get your feedback. Send us an email and let us know what you think at accountmanagement@mymatrixx.com. As we continue to work on new features to the mobile site, your comments will aid us in the process.

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good medicine
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Clinical

CLINICAL CORNER

Are antidepressants appropriate for workers' compensation?

by Kendra Karagozian, PharmD, Clinical Pharmacist



In 2011 the Centers for Disease Control and Prevention published a data brief that antidepressant use in the United States had increased nearly 400% since 1988. This report was heavily publicized and brought significant attention to the prominent use of antidepressants for depression in America. However, it is important to also recognize the widespread use of antidepressants to treat pain. Despite their name, antidepressants are very effective in alleviating certain types of pain.

Although the primary use of antidepressants is still for the treatment of major depression, some of the growth in their use is related their broad application in conditions other than major depression. Many of the antidepressants have also received FDA approval for generalized anxiety disorder (GAD), obsessive-compulsive disorder (OCD) and panic disorder, for example.

What's more interesting is their use in treating pain. In fact, they accounted for nearly 7% of the total medications used for myMatrixx injured workers in 2012. It has been known for almost four decades that antidepressants have analgesic properties that can be utilized independent of their ability to elevate mood. Although, with the exception of Cymbalta, these agents are not FDA approved for treating chronic pain, they are nonetheless a mainstay for treating chronic pain. There is substantial evidence that depression is common in patients who suffer from chronic pain.

Antidepressants are not generally first-line treatment for acute pain. Their use depends on the nature/type of the pain and any co-morbid conditions. First-line treatment for pain usually involves a short course of NSAIDs such as ibuprofen or acetaminophen (Tylenol®). For more severe pain

stronger agents, such as opioids, are frequently utilized. Antidepressants are most useful in treatment of nerve pain associated with chronic injuries as well as the treatment of depression that may co-exist with chronic pain.

The exact mechanism of how antidepressants help with pain is not well understood. It may involve the regulation of signal molecules called neurotrans-

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ANTIDEPRESSANTS

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mitters that regulate pain signals in the spinal cord. The three antidepressant subclasses that are most routinely used in pain management include: tricyclic antidepressants (TCA), serotonin-norepinephrine reuptake inhibitors (SNRIs), and selective serotonin reuptake inhibitors (SSRIs).

Tricyclic antidepressants are considered first-line treatment for neuropathic pain and are an effective option. These include: amitriptyline, imipramine, clomipramine, nortriptyline and desipramine. Though TCAs work well, potentially serious side effects, such as sedation are related to their use. The side-effects can be decreased by starting at a lower dose and slowly increasing the dose. These agents should be avoided in elderly patients (age 65 and older).

SNRIs have proven effective for neuropathic pain and may be more favorable than TCAs when comparing side effects.

SNRIs such as Venlafaxine (Effexor® and Effexor XR®), duloxetine (Cymbalta®), and Milnacipran (Savella®) are commonly used in workers' compensation.

Duloxetine has even been FDA approved for treating chronic musculoskeletal pain due to chronic osteoarthritis and chronic low back pain. This is the first of the antidepressants to get an approval for chronic pain. This action may lead to increased use of Cymbalta in the workers' comp population.

SSRIs such as fluoxetine (Prozac®), paroxetine (Paxil®), citalopram (Celexa®), and sertraline (Zoloft®), have also been used but evidence for effect on analgesia is weak at best. SSRI should be considered only when there is a lack of response or adverse events to TCAs and any other first line agents or if the patient has relative contraindications to TCAs and SNRIs. The SSRIs are

best reserved for patient with major depressive disorder without chronic pain.

It is not recommended that the TCAs, SNRIs, and SSRIs be used in combination. In this case, two is not better than one.

This article is meant to provide a brief introduction and overview of the antidepressants that are commonly used in workers' comp. As always, if an injured worker is requesting an antidepressant and you have questions, the clinical team at myMatrixx is available to help you!

¹Pratt LA, Brody DJ, GU Q. Centers for Disease Control and Prevention. Antidepressant Use in Persons Aged 12 and Over: United States, 2005-2008. Available at: <http://tinyurl.com/7jo2sco>. Accessed on May 7, 2013.

²DeBattista C. Chapter 30. Antidepressant Agents. In: Katzung BG, Masters SB, Trevor AJ, eds. *Basic & Clinical Pharmacology*. 12nd ed. New York: McGraw-Hill; 2012. <http://tinyurl.com/l525rx4>. Accessed April 23, 2013.

³National Institute of Mental Health. Depression and chronic pain. Available at: <http://tinyurl.com/m7643j3>. Accessed on May 7, 2013.

⁴Barkin RL, et al. Pharmacotherapeutic management of acute and chronic pain: Antidepressants. In: Rakel RE, et al. *Textbook of Family Medicine*. 7th ed. Philadelphia, Pa.: Saunders Elsevier; 2007. <http://tinyurl.com/kb57lyv>. Accessed Sept. 15, 2010.

⁵Rathmell JP, Fields HL. Chapter 11. Pain: Pathophysiology and Management. In: Fauci AS, Kasper DL, Jameson JL, Longo DL, Hauser SL, eds. *Harrison's Principles of Internal Medicine*. 18th ed. New York: McGraw-Hill; 2012. <http://tinyurl.com/kkfgyow>. Accessed April 24, 2013.

⁶Cymbalta [package insert]. Indianapolis, IN: Lilly USA, LLC; 2012.



THE RISE OF DISABILITY IN AMERICA AND The Implications for Workers' Compensation

by Michael Nguyen, PharmD, Director of Clinical Pharmacy

Last month an NPR story that debuted on the "This American Life" radio show highlighted a problem with the American workforce that does not appear to be garnering enough national attention. The statistics are staggering and are crying out for some type of response. It appears that the federal disability program is costing the U.S. more than food stamps and welfare combined with 14 million Americans receiving disability checks from the government every month. Additionally, 250 thousand people are applying for disability on a monthly basis. Listening to this story I began to sense that some of the issues contributing to this trend echo what we have been dealing with in workers' compensation for decades. It appears that back pain and mental illness are among the fastest growing causes of disability. In 2011, 33.8% of newly disabled workers entered the disability program with a diagnosis of back pain (and other musculoskeletal problems) and 19.2% with mental illness. It comes as no surprise that these are also very common conditions represented in protracted workers' compensation claims.

The question arises as to how many injured workers complaining of these conditions see federal disability on the horizon and therefore are reluctant to return to work. I pose this question only because these are largely invisible afflictions that cause payers a lot of confusion. Countless claims are presented with patients complaining of pain, receiving medications, surgeries, physical and occupational therapy, psychotherapy, aqua therapy, and even acupuncture all to no avail. As claims managers, the ultimate goal is to facilitate the proper treatment, correct the injury, and return the patient back to work. When this doesn't happen despite significant clinical effort and resources it should be normal to feel confused. What we shouldn't feel is any sense of failure. This is because I believe workers' compensation provides the highest level of care, and consistently authorizes treatments and medications that often blur the lines of medical necessity, all in the hopes of rehabilitating the patient. It's interesting that although

we anticipate the treating physician to be the most confused about a patient's lack of therapeutic progress, they often are not. The NPR story offered a possible explanation for this.

In Hale County, Alabama nearly 25% of working age adults are on disability. The reporter that spent 6 months there investigating the oddity heard the name of one particular doctor mentioned over and over again in stories about people becoming disabled. This doctor was described as being a "classic bleeding heart", the only general practitioner willing to practice in a very poor place

A problem with the American Workforce?



where almost every one of his patients is complaining of pain. It was very enlightening to hear that one of his criteria for determining a patient's disability status involved the non-medical question of what grade level a patient completed. The rationale for this was that if you had back pain, and a college degree, you may be more likely to find a sit-down or sedentary job and therefore were not disabled by the pain. Without a degree, you were disabled. The doctor was essentially referring his patients into the disability program to protect them from the financial hardships that would subsequently come from not working. I began to wonder how many of his patients were

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THE RISE OF DISABILITY IN AMERICA

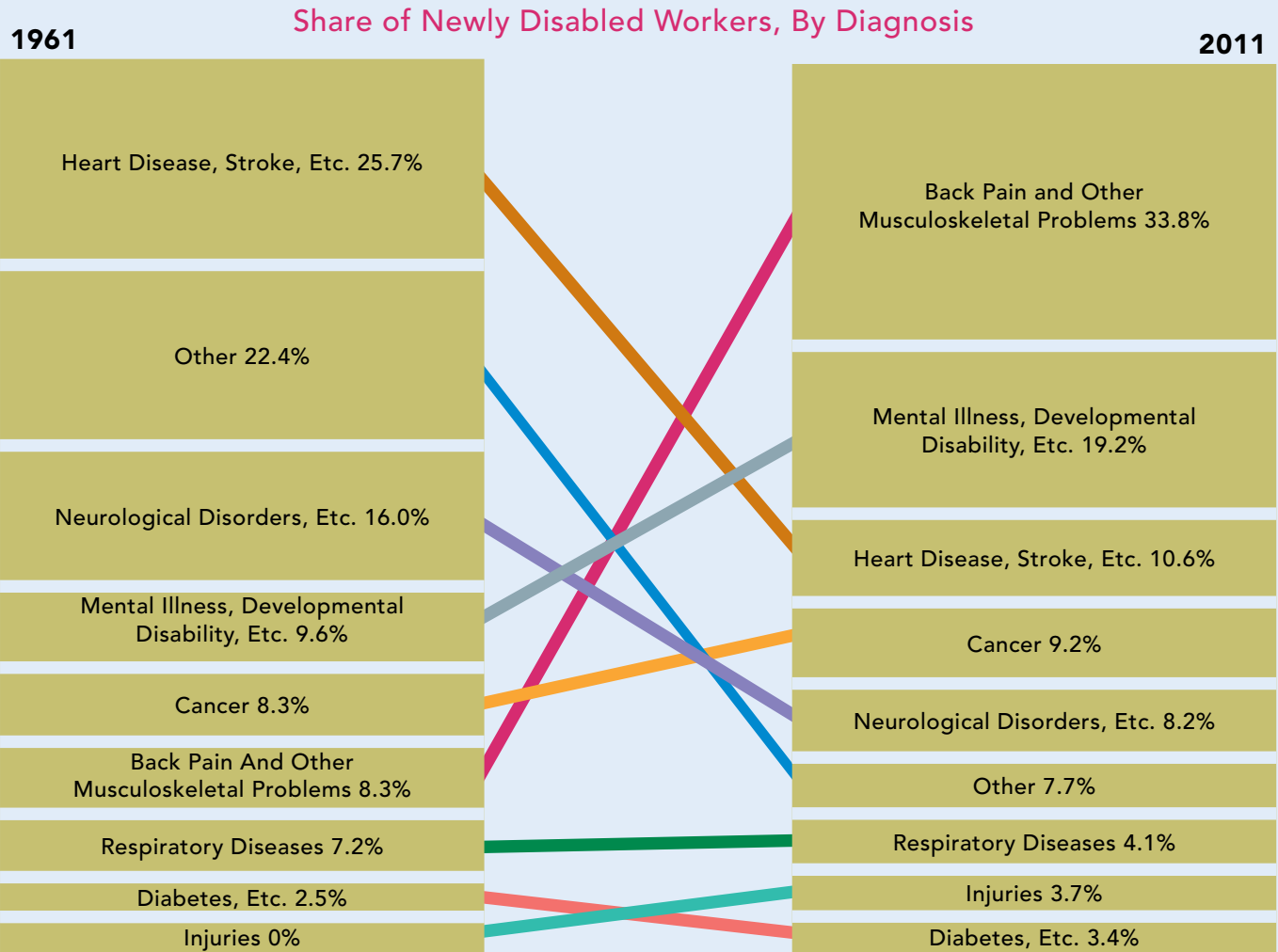
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receiving medications and were on workers' compensation? Since pain is the root of the disability and medications are essentially the "proof" of pain, I can only assume that everyone complaining of pain was on some type of medication.

Perhaps this explains why some physicians are unresponsive. Perhaps some physicians see themselves as patient advocates and feel obligated to provide what could be perceived as a social safety net. My concern is that as nets don't always catch what is primarily intended, the disability program has become a target for those that don't necessarily need it. It is a path of least resistance and a path that begins most rationally with a

workers' compensation claim. "The American College of Occupational and Environmental Medicine Chronic Pain Medical Treatment Guidelines" describes an Illness Behavior Model where, "secondary gain factors, such as disability income and avoidance of perceived unpleasant tasks can impact the overall clinical presentation."

While it may be a dismal view on human nature to assume patients to be malingering for this reason, it may be naïve to think that this can't ever be the case, especially when things don't add up.



Demystifying HCPCS Codes

Each year, billions of healthcare claims are processed for payment in the U.S. To ensure these claims are processed correctly in both group health and workers' compensation, a standardized coding system called the Healthcare Common Procedure Coding System, referred to as HCPCS (pronounced Hick Pick) is utilized. HCPCS are encountered often by claims professionals and can cause a great deal of confusion based on the number of codes available. However, they were developed in order to aid the billing process, right? So just what are HCPCS? We'll try to explain them here and provide some basic information to make the complex and not always understood HCPCS a little easier to grasp.

Level I of the HCPCS includes Current Procedural Terminology which is considered medical services and procedures furnished by physicians and other health care professionals. The numeric coding system is maintained by the American Medical Association (AMA). Health care professionals use the codes to identify services and procedures for billing insurance programs. This level however does not include medical items or services that are regularly billed by suppliers other than physicians.

At a Glance

HCPCS Level I: CPT (Current Procedural Terminology)

- A numeric system of five-digit codes.
- Identifies medical services and procedures furnished by healthcare providers.
- These codes, more commonly referred to as CPT (Current Procedural Terminology)
- Maintained by the American Medical Association and updated annually.
- Development and use began in 1966.

HCPCS Level II: DMEPOS (DME, O&P, Supplies)

- Five-character alpha-numeric codes.
- Identifies medical supplies, DME, and non-physician services, such as transportation.
- Maintained by CMS and updated quarterly.
- Development and use of level II codes began in the 1980's.



Level II of the HCPCS is a standardized coding system that is used primarily to identify products, supplies, and services not included in the CPT codes. These are commonly seen on the ancillary side of workers' comp and include transportation services, durable medical equipment, prosthetics, orthotics, and medical supplies when used outside a physician's office. The development and use of level II of the HCPCS began in the 1980's but became the standard when insurers were required to be in compliance with it by October 1, 2002 due to HIPAA regulations.

HCPCS Level II consist of one alphabetic character (a letter between A and V), followed by four digits. They are organized into 17 sections with the first character identifying the category. With thousands of codes, it can be challenging to identify and utilize the correct one. Some of the most common categories of Level II HCPCS codes in workers' compensation claims include:

- **A codes (A0100-A9999):** Transportation, Medical & Surgical Supplies, Miscellaneous & Experimental
- **E codes (E0100-E9999):** Durable Medical Equipment
- **H codes (H0100-H9999):** Rehabilitative Services
- **L codes (L0100-L9999):** Orthotic/Prosthetic Procedures
- **R codes (R0100-R9999):** Diagnostic Radiology Services
- **V codes (V0100-V9999):** Vision/Hearing Services

For More Information



myMatrixx hosted a webinar on February 26th on **DME Advances in Workers' Compensation** which included a section on HCPCS. The webinar is available online and can be [downloaded here](#).

Also, for questions regarding HCPCS, contact CMS at hcpcs@cms.hhs.gov.

myMatrixx Founder Named Entrepreneur of the Year

Every year, the editors at the Business Observer survey their coverage areas in Florida in search of their Entrepreneur of the Year. We are very excited to announce that this year they have selected **Steve MacDonald**, Founder, Chairman & CEO of myMatrixx.

What were they looking for? A great story. Someone who embodies the entrepreneurial spirit, who has taken risks and done what it takes to make it on their own. Well, Steve fits this to a tee. We are very proud of his achievements and for leading our organization through amazing growth.

To read Steve's story [Click Here](#).



myMatrixx Webinar Series

The myMatrixx Webinar Series provides an in-depth look at issues impacting workers' compensation. The series includes four sessions throughout the year covering topics of interest for claims handlers, nurse case managers and other industry professionals.

Each live-interactive webinar is accredited by the CEU Institute for continuing education credits for adjusters in several jurisdictions, licensed registered nurses and nurse case managers. Live sessions are recorded and made available after to download on mymatrixx.com.

Join Our Mail List

Not receiving this newsletter in your in-box? Want to receive important clinical alerts and industry news? Sign up for our email list. Text **WORKCOMP** to **42828** or ltaylor@mymatrixx.com to join our list.



Follow Us on Linked In and Twitter

Stay up-to-date with important clinical alerts, regulatory news and industry happening by following myMatrixx on **Linked In** and **Twitter**. We post useful information regarding workers' compensation to help you manage your pharmacy and ancillary claims.

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The Patent Wars: Big Pharma vs. Generics

[Click Here to Download and Watch the Webinar](#)

Big Pharma and generic drug manufacturers have been battling it out in the marketplace and the courtroom for decades, but the intensity of these battles has increased significantly in recent months. As more and more brands are due to come off patent, the big drug companies are utilizing every means possible to delay the release of the generic version. This includes litigation, the release of "new" versions of existing drugs and seeking approval for new indications of old drugs.

The impact caused by the patent wars to workers' compensation is staggering. Manufacturers of some of the most expensive brand name drugs in work comp including OxyContin® and Celebrex® continue to delay the release of generic versions. During this webinar, leading experts in workers' compensation will provide an in-depth look at this topic including:

- Review of recent legal battles including OxyContin
- Impact to workers' compensation
- Brands vs. Generics – are they really the same?

PRESENTERS:



Phil Walls, RPh

Chief Clinical and
Compliance Officer
myMatrixx



Dawn Raynor

Shareholder
Young Moore and
Henderson P.A.

Return to Work Symposium

Special Session at the 68th Annual Workers' Compensation Educational Conference
Orlando, August 18 - 21, 2013

If you'll be attending the annual conference in Orlando, make plans to attend this special session led by **Jean Feldman** of myMatrixx. An expert line up will present how to maintain a proactive return to work and an integrated disability management program. This session will focus on how to create an actionable return-to-work process that gains "buy-in" from everyone in your organization. The session will take place on Tuesday, August 20th from 8:30 am – 1:00 pm and registration is required to participate.

[Click Here to Register](#)

SESSION AT A GLANCE

KEYNOTE PRESENTATION:

The Employees Value Proposition: Post Accident

Presented by: **Margaret Spence**, President & CEO,
Douglas Claims & Risk Consultants, Inc.

Best Practices & Benchmarks in Worksite Return to Work Programs

- **Moderator: Spencer Eakes, MS, CDMS, CCM**, Return to Work Specialist, Miami Dade County Risk Management
- **Al Hammermiller**, Corporate Workers' Compensation Claim Manager, UPS
- **Rosa Royo**, Workers' Compensation Supervisor, Risk Management, Miami Dade Public School District
- **Donald Shrey, Ph.D., CRC**, President, Advanced Transitions, Inc., and Emeritus Associate Professor at the University of Cincinnati College of Medicine

Getting All the Stakeholders on the Same Team

Presented by: **Stephen Buehrer**, Administrator and CEO,
Ohio Bureau of Workers' Compensation

Return to Work Coordinators– Key to Success

Presented by: **Dr. Glenn Pransky**, Director, Center for Disability Research, Liberty Mutual Research Institute for Safety

Ben & Jerry's Stops by myMatrixx



The myMatrixx office received a surprise visit on Friday, May 17 from the Ben & Jerry's Ice Cream Truck which has been traveling around the country delivering yummy treats. Next few stops include DC, New York, Hartford and Boston. Just tweet them a message on Twitter to @BenJerrysTruck and they may come visit you.



EMPLOYEE SPOTLIGHT

James

JAMES DISALVO

MAIL SERVICE REPRESENTATIVE



myMatrixx owns and operates a mail service pharmacy ([Click Here For More Information](#)) providing our clients' patients with the convenient service of receiving their workers' compensation medications in the mail. One of the first team members a patient will speak to, even before they start mail service, is **James DiSalvo**, one of our Mail Service Representatives.

James has been assisting injured workers with their prescriptions at myMatrixx for over five years now. In his role, James assists patients with the mail service process. He spends most of his day on the phone gathering information from patients, physician offices and retail pharmacies. In many cases, setting up one patient on mail service involves a great deal of coordination, however, James and the mail service team handle all of this making the transition as smooth as possible. Once the injured worker is set up on mail service, James is always available to assist a patient as they have changes in their drug therapy or to answer

any questions they may have. In fact, when many patients call in they ask for James by name.

James is also a member of the Events Committee which helps plan monthly activities for the employees and Halloween is one of his favorite events to plan. He usually goes all out with the company festivities which includes a costume and pumpkin carving contest. When you ask James what he likes best about his role he says, "I really enjoy the people I work with and the patients I speak with each day. It is great knowing I am helping someone receive the care they need." James adds when it comes to myMatrixx and the culture, "I like how the company empowers their employees to be at their full potential." Prior to myMatrixx James also served others as a student loan adviser and a group home supervisor. Outside of work, James enjoys spending his time outdoors fishing, hunting and golfing.

James is here to help. If you have a patient interested in mail service, contact him today at **877-457-3400**.

Stop by and visit myMatrixx at the following upcoming events and visit [our website](#) for more details.

Annual Pennsylvania Workers' Compensation Conference

June 10-11, 2013

19th Annual Missouri Issues in Workers' Compensation

June 10-11, 2013

The Virginia Self-Insurers Association (VSIA) General Meeting

June 12-13, 2013

Ohio Self-Insurers' Association Annual Conference

June 12-14, 2013

Iowa Workers' Compensation Advisory Committee's Annual Symposium

June 13-14, 2013

Kansas Self-Insurers Association (KSIA) Annual Conference

July 11-12, 2013

SEAK 33rd Annual National Workers' Compensation and Occupational Medicine Conference

July 16-18, 2013

Indiana Workers' Compensation Institute (IWCI) Annual Seminar

August 7-8, 2013

Alabama Self-Insurers Association (ASIA) Summer Conference

August 11-13, 2013

WCI Workers' Compensation Educational Conference

August 18-21, 2013

Georgia State Board of Workers' Compensation Annual Educational Conference

August 25-28, 2013



Contact Us:

877-804-4900

mymatrixx.com

Questions? Feedback?

We are always looking to better our programs and services. If you have a question or comment, please send your valued feedback via **this email**: accountmanagement@mymatrixx.com

Subscribe:

to the **myMatrixx Blog** at mymatrixx.com for news, trends and updates in workers' compensation.

