



**SECTION 19A MEDICAL MEDIATION AGREEMENT**

1. Employee's Name (Last, First, MI) and Address (No., Street, City, State, Zip):	2. Social Security Number*:
3. Employer Name and Address (No., Street, City, State, Zip):	
4. Insurer/Address (No., Street, City, State, Zip):	5. Date of Injury (mm/dd/yyyy):

**THE PARTIES AGREE AS FOLLOWS:**

- Participation in the OATP
  - o The Employee and the Insurer acknowledge voluntary participation in the Opioid Alternative Pathway Treatment program (OATP) and commit to participate in good faith.
- Right to Traditional Litigation
  - o Participation in the OATP does not indicate waiving of rights to traditional litigation. Parties understand and agree that at the request of either party this matter may be removed from the OATP system and returned in its present status to the traditional DIA dispute resolution system.
- Adherence to Opioid Guidelines
  - o Current medication regime does not adhere to the DIA HCSB's Opioid Protocol and/or Chronic Pain Guideline and/or other guidelines (CDC, American College of Occupational and Environmental Physicians). At a minimum, the medical care must meet these guidelines.
- Independent Medical Review Recommendations
  - o An Independent Medical Review has recommended a reduction or discontinuation of opioid therapy and the following alternatives:
    - \_\_\_\_\_
    - \_\_\_\_\_
    - \_\_\_\_\_
    - \_\_\_\_\_
  - o The Employee shall attend reasonable independent medical examination(s) scheduled by the Insurer.
- Goal of Better Health
  - o The goal of the OATP is improved health and well-being for the Employee, including improved pain management.
  - o Long-term opioid treatment creates health risks and dependence. Reduction or elimination of the use of, or dependence on, opioids can provide health benefits.
  - o The Employee and the Care Coordinator shall establish and document health goals for the Employee (i.e., improved ability to care for one's daily needs, improved sleep, ability to walk without assistance, no barriers to attending family events, etc.).

Taper Plan

- The parties acknowledge that the opioid tapering plan should follow recommended guidelines and that rapid tapers should be avoided.
- The employee's goal is reduction of (*opioid medications* \_\_\_\_\_) below (*dose/day* \_\_\_\_\_) through a slow taper of (*dose/month* \_\_\_\_\_) within (*number* \_\_\_\_\_) months; or the elimination of use of opioids by (*date* \_\_\_\_\_).
- Reduction in opioids can cause a perception of increased pain temporarily known as opioid hyperalgesia. The employee shall be provided with supportive therapies to manage pain and withdrawal symptoms during the taper and shall adhere to the tapering protocol.
- The parties acknowledge that reduction of opioid dependence can be a difficult and lengthy process and may need repeated attempts. The provider should not abandon the patient.

Care Coordinator Selection and Payment

- The parties agree to engage \_\_\_\_\_ as the Care Coordinator or facilitating provider for the purposes of reduction and/or elimination of opioid dependence and improved pain management.

Cooperation with Care Coordinator

- The employee agrees to communicate and cooperate with the Care Coordinator and to follow reasonable recommendations and referrals.

Timeline

- The parties agree to evaluate progress toward the goals of this agreement at six months and at one year from the signing of this agreement. This agreement may be renegotiated at one year. The Care Coordinator will provide monthly reports to the Insurer and the Mediating Judge.

Medical Authorization

- The Employee agrees to provide and sign all necessary medical authorizations and releases as required or requested by the Mediating Judge or Care Coordinator, or reasonably requested by the Insurer.

Opioid and Non-Opioid Pain Treatment Payment

- The Insurer agrees to incur the cost of treatment, including opioid medications and such alternative medical treatment or other recommendations of the Care Coordinator, including functional restoration, exercise programs, physical therapy, chiropractic therapy, massage and acupuncture, psychological pain management training, and others including:

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insofar as the same are reasonable, necessary and related to the above industrial injury.

- The following approaches shall be excluded:

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- Opioid Dependence Treatment Payment
  - The Insurer agrees to incur the cost of treatment and other recommended modalities related to the reduction and elimination of opioid dependence, including consultation with addictions specialists, medication-assisted therapy, management of withdrawal symptoms, treatment of opioid side effects, addiction counseling and recovery support, naloxone prophylaxis, urine screening, and residential or non-residential rehabilitation treatment.
- Care Coordinator, Referral and Legal Fees
  - The Insurer agrees to pay the Care Coordinator's fees, referral fees, and to pay to Employee's counsel, upon approval of this agreement, the legal fee specified below.

**ATTORNEY FEE:** \$ \_\_\_\_\_

*This agreement does not forfeit the parties' rights to raise any other claims or defenses.*

<b>6. Employee/Claimant Signature: <i>(REQUIRED)</i></b>	<b>7. Date (mm/dd/yyyy):</b>
<b>8. Employee Counsel Signature:</b>	<b>9. Date (mm/dd/yyyy):</b>
<b>10. Insurer Counsel/Claims Rep. Signature:</b>	<b>11. Date (mm/dd/yyyy):</b>

**APPROVAL FOR THE DEPARTMENT BY:**

NAME: \_\_\_\_\_ TITLE: \_\_\_\_\_ DATE: \_\_\_\_\_

**\*Disclosure of Social Security Number is Voluntary. It will aid in the processing of your claim.**