

Assessment of Public Comment

During the public comment period, the Board received two unique written comments. The comments pointed out several typographical errors, which have been corrected.

Eye Disorder Medical Treatment Guidelines (MTG)

One of the comments noted that for certain medications, no formulation or dosage was specified. Some of the referenced sections/medications that were part of this inquiry were for medications that are not recommended. As such, no formulation or dosage is given and no change has been made in response to this comment. For recommended medications, when dosages and formulations are specified, they are provided either in the MTG or the Drug Formulary.

The other comment suggested clarifications to the history and physical examination findings of chemical burns, to more broadly include such symptoms or findings as: stinging, burning, pain, swelling, cataracts and retinal damage. These purely informational clarifications were added to the table of potential history and physical exam findings.

The comment also suggested a clarification to the history and physical examination findings of acute glaucoma, to more broadly include the symptom: acute headache. This purely informational clarification was added to the table of potential history and physical exam findings.

The comment also suggested that on page 25 and 26, in Table 4, the Board consider adding "herpes zoster ophthalmicus" as an additional potential diagnosis to the differential diagnosis of "red eye." While herpes zoster ophthalmicus is an important condition to consider, the Board does not believe that it is appropriately placed into Table 4 with the conditions being compared, because of its very different etiology and presenting constellation of symptoms, as the commenter noted, including but not necessarily limited to: "blisters around the upper eyelid and forehead on one side; burning, throbbing, or itching around the eye; skin redness or rash around the eye; eye redness, irritation, or tearing; and blurry vision." This is an important condition, beyond the scope of this particular Table. Therefore, no change has been made in response to this comment.

This comment also suggested that the Board add the clarifying information term "trauma" to the list of risk factors for bacterial infections. This clarifying informational term, in addition to the term "acute injury" has been added to the list of risk factors for bacterial infections. The comment also suggested adding "pain" to the symptoms of corneal infection, and the Board has made this clarifying change as well.

The comment also suggested adding "coronaviruses" to the "causes" column of the table on page 52 (Viral Conditions). The Board has added this informational clarification.

Complex Regional Pain Syndrome (CRPS) MTG

One commenter asked for clarification of the discussion of gabapentinoids, anti-seizure medications, and other medications as presented in the CRPS MTG. The simplest and most straightforward clarification is that the recommendations of the MTG should be read and interpreted as written, and therefore no changes were made in response to this comment. More specifically, the gabapentinoids discussed in section J.9 of the MTG should be considered separately and distinctly from the anticonvulsants discussed in section J.8 of the MTG. The frequency, dose, duration for the use of Gabapentin and pregabalin in the treatment of CRPS is as outlined in section J.9 of the MTG. The frequency, dose, duration for the limited use of anticonvulsants in the treatment of CRPS is as outlined in section J.8 of the MTG. The medications that are listed as examples of medications that should be tried prior to the use of IVIG should not be interpreted as a preferential rank order of either the medications that are listed or those that are not. The evidence supporting these recommendations is included in the evidence tables.

The other comment recommended adding several symptoms to the “Symptoms and Signs” list in section D.2. for clarification. As a matter of clarification, signs and symptoms that were listed in the diagnostic criteria for CRPS have been reiterated subsequently in the signs and symptoms section of the MTG.

Traumatic Brain Injury (TBI) MTG

One commenter asked for clarification of page 36, section B.13.a.v, Anticonvulsant Medications, and whether the medications listed were merely examples to be drawn from their broader class of medications. The MTG should be read and interpreted as written, these specific medications are being recommended for post TBI headache, and the recommendation is limited to the medications noted.

This comment also asked for clarification of page 36, section B.13.a.vi, Antidepressants, and whether the class of antidepressants listed was merely examples to be drawn from their broader drug category "antidepressants." The MTG should be read and interpreted as written, these specific class antidepressants (tricyclics) are being recommended for post TBI headache, and the recommendation is limited to the class of medications noted.

The comment also requested clarification in section B.13.b.ix. The Board has made a clarifying change to add “Antiseizure/Anticonvulsant,” which does not change the underlying recommendations, but rather makes clear that prophylactic anti-seizure medications are generally recommended, in the treatment of post-TBI seizures to both treat and prevent the progression of the initial seizure, as well as to reduce the risk of subsequent seizures after an initial post-TBI seizure has occurred. This is a clarification, and there is no change to the underlying recommendations.

The other comment suggested adding “seizures” to the “neurologic” bullet at the top of the page to provide additional context and clarity. The Board has made this informational addition.

The comment also asked for clarification regarding the indications for testing listed on page 26, section B.9.d, which brought to light a formatting error in the sections and subsections of the document. This formatting error was corrected, and Rotary Chair Testing and Electro- or Video-Nystagmography (ENG/VNG) were appropriately listed as subsections of Vestibular Function Testing. As corrected, the section is now B.9.d Vestibular Function Testing B.9.d.i Rotary Chair Testing and B.9.d.ii Electro- or Video-Nystagmography. This formatting change provides the clarification that was requested by the commenter, but does not change the substance of the recommendations for any of these testing modalities.

The comment also suggested that the Board consider including hyperbaric oxygen therapy for traumatic brain injury, perhaps in section B.11 alongside other rehabilitation therapies. The Board did consider this. However, neither the Medical Advisory Committee nor our subject matter experts recruited for the development of this MTG suggested the use of hyperbaric oxygen therapy. Though we are aware of reports of the use of hyperbaric oxygen therapy in TBI, these have generally been in the context of calls for additional research in this area, thus considering the modality still experimental. As such, we will continue to follow the developing body of medical evidence regarding the use of hyperbaric oxygen to treat TBI, which may in turn impact a future version of the TBI MTG, but no changes are being made at this time.

Changes made:

- Changed effective date in text to May 2, 2022

Eye Disorder MTG:

- Sentence deleted in section D.8.c. that was a typographical error
- Typographical error corrected in section A.6
- Typographical error corrected on page 16
- Added information clarifications to the table of potential history and physical exam findings
- Typographical error corrected on page 39, section D.4.c.
- Typographical error corrected on page 42, section D.7.a.i.
- Typographical error corrected on page 47, section E.2.
- Added clarifying terms “trauma” and “acute injury” to the list of risk factors for bacterial infections
- Added clarifying term “pain” to list of symptoms for corneal infection
- Typographical error corrected on page 51, in section E.3.f.ii.
- Added clarifying informational term “coronaviruses” to potential causes of red eye on the Viral Conditions table

CRPS MTG

- Typographical error corrected on page 9, section A.6.
- Typographical error corrected on page 17
- Signs and symptoms in diagnostic criteria for CRPS added subsequently in the signs and symptoms section of the MTG

TBI MTG

- Typographical error corrected in the footer throughout
- Clarifying language “Antiseizure/Anticonvulsant” to section B.13.b.ix
- Typographical error corrected on page 9, section A.6.
- Added clarifying change to add “seizure” to list of potential symptoms for TBI
- Formatting change to page 26 for clarification
- Typographical error corrected on page 40, section B.13.b.ix