Work Comp Roundup

Reduce Your Workers Comp Costs

Kicking the Opioid Problem: 5 Steps to Keep the Train Moving

Michael B. Stack · Wednesday, May 10th, 2017

There's been some good news about opioid challenges in the workers' compensation system lately. The percentage of new claims receiving opioids has decreased in recent years, as has the number of opioid scripts per claim. Several pharmacy benefit management companies have recently reported decreases in opioid use.

While the news signifies we are on the right track, now is hardly the time to turn a blind eye to the issue. Additional facts are that more than half of injured workers got an opioid script last year and of those, about half used them for at least 30 days, driving up costs for payers and leaving still scores of injured workers in states of extended disability or worse.

In order to keep heading in the right direction, the industry needs to stay up to date on the latest happenings and be vigilant in doing all we can to prevent opioid abuse, misuse and diversion.

The Latest

In terms of new regulations, the feds have joined the anti-opioid movement, with the Centers for Disease Control and prevention's Guideline for Prescribing Opioids for

Chronic Pain and a report by the Surgeon General, *Facing Addition in America*. States are implementing a variety of measures to try and limit opioid use for those truly in need; including formularies, prescribing limits, and other guidelines.

Sone of the latest developments in the opioid epidemic include the following:

Drug interactions. In addition to the problems associated with opioids themselves, combining them with other medications can be fatal. Benzodiazepines taken with opioids can create a cocaine-like high for the user; however, they can lead to respiratory depression and heighten the risk of a fatal overdose. Also, some benzodiazepines are being used as muscle relaxers to treat spasms.

Long- vs. short- acting. Medical treatment guidelines, such as those from the American College of Occupational and Environmental Medicine and the Official Disability Guidelines do not recommend opioids as a first line of treatment for chronic pain. In those circumstances where opioids might be the best option, short-acting meds should be the way to go. Where a typical workers' compensation claim might cost $16,000, short-acting opioids can increase that to $47,742, while long-acting opioids increase the average claim cost to more than $156,000, due to extended disability.

Abuse deterrent drugs. There are several medications approved as emergency treatment for opioid overdoses. Narcan, sold as naloxone is one of the main ones available. Three years ago, the government approved a self-injectable form, and in 2015 a nasal spray form hit the market. Called Evzio, the average cost is $3,380.69 higher than for the original Narcan products. The laws on the products vary among the states, with some allowing them without a prescription. While these medications are not typically part of a workers' compensation formulary, use of them increased among injured workers by 50 percent from 2015 to 2016.

Prescription Drug Management

As an employer/payer, there are things you can do to maximize safe and appropriate opioid use and prevent abuse/misuse. Working with various partners, you can develop a narcotics management plan. Pharmacy benefit managers, insurers, third-party administrators, nurse case managers, providers and others should be involved. The

plan should include several factors.

Provider outreach. Treating physicians need to understand and be on board with your plan. Those who are not may prescribe unnecessary opioids and should be excluded from your network in states with directed-care. The physician should use evidence based medicine as the standard of care. Providers, as well as pharmacies should be instructed to monitor the prescription drug monitoring program, depending on the jurisdiction. Opioids that are prescribed should be short-acting, for a limited time period and at a low morphine equivalency dose; the provider should conduct urine drug monitoring at an appropriate frequency; and should set up a 'contract' with the injured worker to identify rules related to opioid prescribing. Consistent and frequent communication with the treating physician is necessary to provide your support and ensure appropriate prescribing patterns are followed.

Patient education. Injured workers who may be prescribed opioids should be thoroughly informed about the risks vs. benefits. They should be made fully aware of the problems of long-term use of opioids, the risks from combing opioids with other medications, and the potential results of overuse.

Functional restoration. This should be the goal on which all decisions are based, to get the injured worker back to function and work.

Nurse Case Managers. Nurse case managers can be an invaluable resource to assess and intervene in certain claims. For example, they can assess the original diagnosis compared to the current diagnosis, check prescriber credentials, and make sure UDT and patient contracts are being used. They can do pain perceptions as well as psychological and functional assessments with the patient; create a functional outcome plan; and communicate consistently with the treating physician.

POS monitoring. Medications should be monitored at the point of sale and alerts sent when appropriate; for example, if a benzodiazepine is being purchased with an opioid.

Conclusion

Opioids are still the most commonly abused prescription drugs, as well as the most expensive and most often used therapy class. The workers' compensation industry has made great strides in reversing the trend. But that will only continue if employers and payers are adamant in their efforts.

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