THE FORUM

Managing the opioid epidemic

MODERATOR

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In each issue of *WC* magazine, we gather a cross-section of experts in the workers compensation field and grill them on key issues affecting the sector. In this issue, we look at the issue of opioid dependency and ask what actions workers compensation professionals can take to manage the problem.

What is the cause of the growing dependency on opioids?

KIMBERLY VAUGHN: The frequency of prescribing opioids has increased significantly in the last 25 years and especially the last decade. In some cases, opioids are being prescribed on a chronic basis instead of acutely, where it may not be medically advisable to do so. There are some cases in which doctors seem very cavalier in prescribing these medications without patient education or a plan for weaning.

ROSEMARY QUIÑONEZ: The culture of pain management has shifted from a holistic approach of the whole person, mind and body, to one of surgical intervention and prescription drug therapy. It is much easier and quicker to treat pain with prescription drugs than it is to change a person's lifestyle. While there are benefits to opioid prescriptions, there are risks. It is very easy for patients to develop a physical dependence on these substances. As their tolerance grows, they may find that they need more and more of the same medication to achieve pain relief. This is a dangerous cycle that results in addiction and overdosing.

CLAIRE CARR: Opioid medications affect the same brain centers as heroin, which is also an opiate, so it's no surprise these medications are so addictive. Combine that with increased prescription availability and a propensity for people to misuse, abuse or acquire them illicitly through friends or family to control pain or to get high, and you can see why there is a growing dependence on them.

DAVID MENCHETTI: I think the correct diagnosis of various pain syndromes as debilitating conditions has led to the increase in prescription of opioids. When injured workers are in pain and need relief, opioids can be effective. I think management then becomes key.

What red flags should claims and risk professionals look out for?

CC: One big red flag is a claimant who presents at different emergency rooms complaining of severe pain, despite having a treating physician who is already prescribing pain medications for the injury. Most states have a prescription drug monitoring program database to allow a prescribing doctor to see what other opiate medications the patient was prescribed, but it only works if the doctor checks it. Other red flags include a patient who tries to obtain a refill before it is due, asks their doctor for a longer term prescription (six-month supply versus one-month supply) or asks for specific drug combinations claiming certain medications "work better" for them.

KV: Drug screen results that are inconsistent with the medication being prescribed, individuals with prior or current substance abuse and a reported pain score that doesn't change despite increases in dosage.

RQ: A history of substance abuse or psychosocial factors. Compliance issues or a delayed recovery. Claims and risk professionals should analyze prescribing patterns of abuse for repeat offenders.

How do you manage this issue when there are signs of prescription drug abuse by your clients?

DM: I try not to insert myself between my client and his doctor. It is not my place to do so. But, doctors have become very sensitive to this issue and I believe are becoming more stringent in their management of opioid prescriptions. I think injured workers are becoming more aware of the dangers of opioid addiction too and are really beginning to seek alternatives from their doctors. Nobody benefits from opioid addiction: not injured workers, not doctors, not lawyers.

How do you manage signs of opioid abuse?

RQ: It really does take a village. We have partnered with many providers to tackle the issue. Our TPA, Gallagher Bassett Services and Coventry have a program

called First Scripts. It is a workers compensation pharmacy benefit management program which manages pharmacy, spend and appropriate utilization review with in-house pharmacists who provide education, support and intervention. Our Gallagher Bassett resolution managers and our Genex telephonic nurse case managers are vigilant about delayed recovery and opioid abuse. We also partner with occupational health clinics, like Concentra, who can find alternatives to drug therapy.

KV: Intervention by nurse case managers and pharmacy benefit managers, inquiries to the prescribing physicians, and discussions with a claimant's attorney are all ways to evaluate the issue and, hopefully, develop a plan to resolve it.

CC: I am in a state (Virginia) where the defense attorney is permitted to talk to the treating doctor. Pain management doctors will also run a toxicology screen to ensure the patient is using the medication properly. Obtain an independent medical examination or a peer review and present it via the nurse case manager to the prescribing doctor. Research any disciplinary reports on the treating physician for overprescribing opioid medications.

Is there a connection between pressures to control rising medical costs & the increase in doctors prescribing these drugs?

DM: Yes, sometimes prescribing medicine can seem to be an easy and cheap alternative to more expensive surgical procedures or on-going therapy. So, I think those pressures come into play. But, a longer term view needs to be considered. For example, would a spinal cord stimulator implanted today save costs in the long run over a cheaper short term opioid prescription?

CC: There may be. One of the biggest battle grounds we see is when a doctor recommends an invasive surgical procedure like a total knee replacement, a disc fusion or a nerve ablation. When a carrier disputes the medical necessity or causal relation of the proposed procedure and refuses to authorize it, the issue will go through the litigation process. Without health insurance to cover the cost of the procedure, the doctor may keep the patient on his or her pain meds and in some cases will switch from a non-narcotic to an opioid to better control the pain, and continue refilling the prescription while litigation is pending. During that time, the patient may develop a dependency on the new opioid medication.

RQ: Per NCCI, medical costs now represent 60% of the benefit dollars provided on a workers compensation claim. Maybe we are asking physicians to do more with less time and less information. Prescribers have little time, limited support and limited insurance coverage for pain management services. Pressure on reimbursements limits the time and support staff devoted to opioid risk management. Payers can relieve some of these barriers by providing automated risk information, PMP data, leverage health information technology and claims data for adverse patient outcomes integrated into the patient management workflow.

KV: Opioids, particularly brand names, can be very expensive. In addition to opioids, often numerous other drugs are prescribed concurrently to offset the common side effects including constipation, erectile dysfunction, dry mouth and stomach upset, all adding to the costs associated with opioid treatment.

What should workers comp professionals do differently?

DM: As I said, management is the key. So utilization review can be very effective in these circumstances. But take UR seriously. Don't just use it as an excuse to terminate opioid prescriptions. Use it to develop reasonable alternative pain management and treatment plans. An injured worker doesn't want to live a life of opioid addiction, but you have got to give that injured worker a pain relief alternative because he doesn't want to live in pain either.

RQ: Improve safety programs. Continue to educate employees on the risk of opioid abuse. Offer wellness programs that teach alternatives.

KV: Opioid dependency and abuse are public health issues and should be treated as such. To promote positive outcomes, employers, insurers/TPAs, defense attorneys, claimants' attorneys and prescribers need to get on the same page with a common goal of claimant health. The conversation on this issue can't just be about money. We need to focus on ways to return claimants to the best possible state of health, and sometimes that takes a village.

MEET THE PANEL

Claire Carr is a vice president of her firm, Kalbaugh Pfund & Messersmith P.C. and head of the firm's workers compensation practice group. She has 25 years of experience defending employers and carriers in workers compensation claims throughout Virginia.

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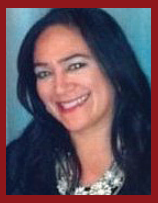

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