



How prescription opioids may be affecting your workers compensation program

Research on medical outcomes when opioids are used in workers compensation actually demonstrates that opioid use beyond the acute phase can impair function; be a barrier to recovery, and actually increase an individual's experience of pain.

Employees return to work

Washington State Department of Labor and Industries found that receiving more than a one week supply of opioids or two or more opioid prescriptions soon after an injury doubles a worker's risk of disability at one year post injury, compared with workers who do not received opioids.

The detrimental impact of prescription painkillers can linger even after an employee has returned to work. Someone on painkillers for 3 months may already be dependent and developing severe tolerance of the drugs, especially if their dose is escalating. Increased workers' compensation costs are not the only exposure that employers face. Appellate courts in four states have held that employers, and insurers, are financially accountable for overdose deaths tied to injured workers.

Evaluating your worker's compensation program

To address risks associated with opioid dependence and abuse, workers' compensation providers and claims managers need programs that require the conservative use of opioid medication for treatable pain. The primary goals should be for clinical, meaningful improvement of function and prevention of dependency and addiction to opioids.

The following checklist of questions can help you evaluate your workers compensation program management of opioid risk:

- **What percent of your workers compensation pharmacy claims are managed by your prescription benefit manager (PBM)?**
- **Does your program or PBM use a closed formulary where opioid prescriptions require prior authorization and approval?**
- **Has your PBM established flags to identify situations (below) that pose a greater risk of addiction, overdose and death?**
 - opioid prescribed at greater than 120 mg morphine equivalent daily dose
 - opioid prescribed for more than 30 days
 - an opioid prescribed with current benzodiazepine prescription – a dangerous combination that can lead to respiratory depression and death
- **Have your (PBM) and workers compensation claims management (WCCM) vendors implemented adequate controls to identify misuse and abuse of prescription medications?**
- **What procedures will your PBM and WCCM vendors follow if misuse is identified?**
i.e., who is notified, and how are these situations are resolved? Importantly, due to privacy laws, employers often legally cannot be notified of misuse or abuse situations.
- **Does your program reimburse for alternative treatments such as physical therapy, therapeutic massage or acupuncture?**
- **Are worker compensation treatment providers following conservative opioid prescribing guidelines? Guidelines which promote that:**
 - Use of opioids must result in a clinical, meaningful improvement of function
 - Use of prescriber-patient agreements
 - Ongoing compliance monitoring including routine urine drug test (UDT)
 - Clarify expectations of anticipated pain
 - Conduct thorough patient history to identify substance use and mental health problems

The National Council on Compensation Insurance estimates that prescription drugs account for about 25% of workers' compensation medical costs.

National Safety Council
1121 SPRING LAKE DRIVE
ITASCA, IL 60143-3201
(800) 621-7619
nsc.org

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