Workers Comp
Pharmacy is Pain Management

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Definitions

- Pharmacy
- Narcotics
- Opioids
- Abuse
- Dependency
- Addiction

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Work Comp Pharmacy

- 1990 - 2% of spend, no real issues, much less narcotic usage
- 2000 - 10% of spend - growth in use of pain medications
- 2011 - 19% of spend, exploding use of narcotics

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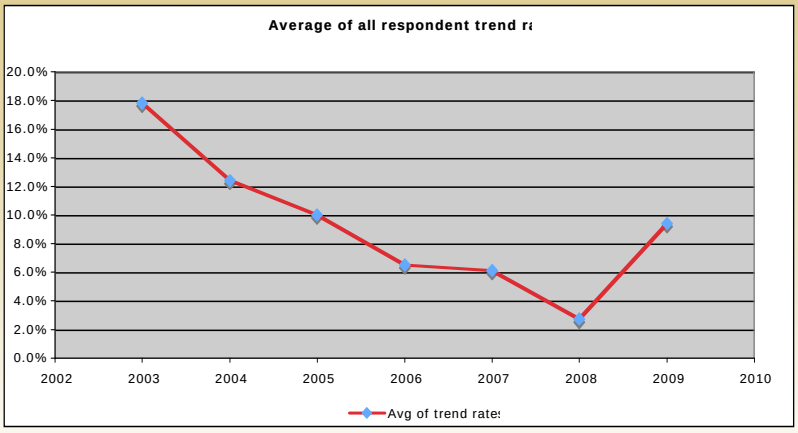
First trend increase in 7 years



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WC Drug Spend

- $5 - $5.5 billion in 2011
- Growing at about 10% annually (2009)
- Narcotic spend in WC - 24% of total - $1.4 billion +/-

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How did we get here?

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Change in National Norms for Use of Opioids for Chronic, Non-Cancer Pain

- **By the late 1990s, at least 20 states passed new laws, regulations, or policies moving from near prohibition of opioids to use without dosing guidance**
  - WA law: "No disciplinary action will be taken against a practitioner based solely on the quantity and/or frequency of opioids prescribed." (WAC 246-919-830, 12/1999)
- **Laws were based on weak science and good experience with cancer pain**

WAC Washington Administrative Code

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Portenoy and Foley Pain 1986; 25: 171-186

- Retrospective case series chronic, non-cancer pain
- N=38; 19 Rx for at least 4 years
- 2/3 < 20 mg MED/day; 4> 40 mg MED/day
- 24/38 acceptable pain relief
- No gain in social function or employment could be documented
- Concluded: "Opioid maintenance therapy can be a safe, salutary and more humane alternative…"

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Long term opioid use - the risks

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Do Function and QOL Improve?

"Epidemiological studies are less positive, and report failure of opioids to improve QOL in chronic pain patients."

Eriksen, J Pain 2006: 125: 172-179

"…it is remarkable that opioid treatment of long term/chronic non-cancer pain does not seem to fulfill any of the key outcome opioid treatment goals: pain relief, improved quality of life and improved functional capacity."

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Franklin et al, Natural History of Chronic Opioid Use Among Injured Workers w Low Back Pain Clin J Pain, Dec, 2009

- ✧ 694/1843 (37.6%) received opioid early
- ✧ 111/1843 (6%) received opioids for 1 yr
- ✧ MED increased sign from 1st to 4th qtr
- ✧ Only minority improved by at least 30% in pain (26%) and function (16%)
- ✧ Strongest predictor of long term opioid use was MED in 1st qtr (40 mg MED had OR 6)
- ✧ Avg MED 42.5 mg at 1 yr; Von Korff 55 mg at 2.7 yrs

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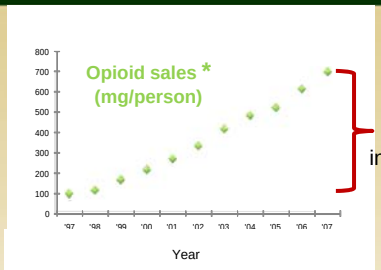
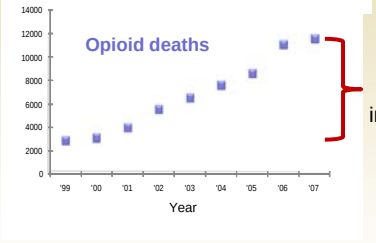
Unintentional Overdose Deaths Involving Opioid Analgesics Parallel Opioid Sales United States, 1997–2007

- ❑ **Distribution by drug companies**
  - ➢ 96 mg/person in 1997
  - ➢ 698 mg/person in 2007
    - ✧ Enough for every American to take 5 mg Vicodin every 4 hrs for 3 weeks
- ❑ **Overdose deaths**
  - ➢ 2,901 in 1999
  - ➢ 11,499 in 2007





National Vital Statistics System, multiple cause of death data set and Drug Enforcement Administration ARCOS system; 2007 opioid sales figure is preliminary

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Table 4. Most Frequent Suspect Drugs in Death and Serious Nonfatal Outcomes, 1998-2005

Drug Name	Rank/Deaths	Drug Class
Death outcome		
Oxycodone	1/5548	Opioid analgesic
Fentanyl	2/3545	Opioid analgesic
Clozapine	3/3277	Antipsychotic
Morphine	4/1616	Opioid analgesic
Acetaminophen	5/1393	Analgesic
Methadone	6/1258	Opioid analgesic
Infliximab	7/1228	DMARD
Interferon beta	8/1178	Immunomodulator
Risperidone	9/1093	Antipsychotic
Etanercept	10/1034	DMARD
Paclitaxel	11/1033	Antineoplastic
Acetaminophen-hydrocodone	12/1032	Combination analgesic
Olanzapine	13/1005	Antipsychotic
Rofecoxib	14/932	NSAID
Paroxetine	15/850	Antidepressant

Moore, et al. Serious Adverse Drug Events Reported to the Food and Drug Administration, 1998-2005 - Arch Intern Med. 2007;167(16):1752-1759

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What's Causing the Deaths?

Gary Franklin MD's Opinion:

- ✧Dramatically increasing avg daily doses not proven to be associated with improved outcomes, and are most likely related to increased tolerance.
- ✧Tolerance for euphoric effects likely precedes tolerance for respiratory depression.

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What does the research say?

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Narcotics – NCCI Study

- **Narcotics' share of medication expenses increases as claims age – from 15% in year 1 to as much as 35% in year 5**
- **The longer the injured worker is on narcotics, the longer they are off WORK**
- **Increased likelihood of ADDICTION rehabilitation**

Source: "Narcotics in Workers Compensation," NCCI Research Brief, December 2009

Opioids and Claim Outcomes

"Those who received more than 450 mg MEA were, on average, disabled 69 days longer than those who received no early opioids…" (Webster et al, *Spine* 2007)

"For the small group of workers with compensable back injuries who receive opioids longer-term (111/1843, 6%), opioid doses increase substantially and only a minority shows clinically important improvement in pain and function. The amount of prescribed opioid received early after injury strongly predicts long-term use." (Franklin et al, *Clin J Pain* 2009)

"Average claim costs of workers receiving seven or more opioid prescriptions were three times more expensive than those of workers who receive zero or one opioid prescription, and these workers were 2.7 times more likely to be off work and had 4.7 times as many days off work. These findings suggest that greater use of opioid pain medication is associated with adverse outcomes among workers with occupational back conditions that do not involve the spinal cord." (Swedlow et al *CWCI Special Report* 2008)

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Factors associated with early opioid Rx after low back injury

- Stover et al J Pain 2006; 7: 718-725

- ✧ Prospective cohort study; N=1067
- ✧ WA WC Compensable low back injuries
- ✧ Administrative, worker (survey), and pharmacy data
- ✧ 35% received opioids within 6 weeks, more than half at the first visit

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Factors associated with early opioid Rx after low back injury

After adjustment for age, gender, race, education, pain and physical function, Opioid Rx within 6 weeks sign assoc with **daily tobacco use** (OR-1.8; 95% CI 1.3-2.5); **pain radiating** below knee (OR-1.8; 95% CI 1.3-2.4), and **injury severity** (Major sprain with immobility OR-1.8; 95% CI 1.2-2.6; Radiculopathy OR- 2.5; 95% CI 1.7-3.5)

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Early opioids and disability in WA WC. Spine 2008; 33: 199-204

- ✧ Population-based, prospective cohort
- ✧ N=1843 workers with acute low back injury and at least 4 days lost time
- ✧ Baseline interview within 18 days(median)
- ✧ 14% on disability at one year
- ✧ Receipt of opioids for > 7 days, at least 2 Rxs, or > 150 mg MED doubled risk of 1 year disability, after adjustment for pain, function, injury severity

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Addiction and liability:

Aka “I don’t want to ‘own’ the addiction…”

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Addiction Liability Reality

- ✧ You already own it
- ✧ The decision is what to do about it
- ✧ “Treat” with the cause, or
- ✧ Attempt to resolve

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Cost of Addiction

- Drug cost - $1000 - $12,000/month
- Associated drug costs
- Associated medical costs
- Extended disability duration
- Settlement expense…

- How long do you want to own the addiction?

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Solutions

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Washington Agency Medical Directors' Opioid Dosing Guidelines

Part I – If patient has not had clear improvement in pain AND function at 120 mg MED (morphine equivalent dose), "take a deep breath"

If needed, get one-time pain management consultation (certified in pain, neurology, or psychiatry)

Part II – Guidance for patients already on very high doses >120 mg MED

AMDG agency medical directors' group

www.agencymeddirectors.wa.gov

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Guidance for Primary Care Providers on Safe and Effective Use of Opioids for Chronic Non-cancer Pain

- **Establish an opioid treatment agreement**
- **Screen for**
  - Prior or current substance abuse
  - Depression
- **Use random urine drug screening judiciously**
  - Shows patient is taking prescribed drugs
  - Identifies non-prescribed drugs
- **Do not use concomitant sedative-hypnotics**
- **Track pain and function to recognize tolerance**
- **Seek help if dose reaches 120 mg MED, and pain and function have not substantially improved**

http://www.agencymeddirectors.wa.gov/opioiddosing.asp
MED, Morphine equivalent dosec

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SCIF's Solution

- Assess the problem
- Identify causes
- Evaluate options
  - Evaluate regulatory limits and strengths
- Require contractual compliance with regulatory requirements
- Progress to date

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Treating addiction

- Inpatient - 30-90 days
- Outpatient - detox/counseling
- Suboxone
- No silver bullets
- Support, cognitive behavioral therapy

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Thank You!