Long-Term Opioid Use in Workers’ Compensation

What to Look for & How to Manage

Kelly Zuppke, RN, CDMS
April 21, 2016
Training Objectives

› History of opioids and how opioids work
› Identify Red Flags in claims that would benefit from multi-disciplinary interventions
› Identify tools used in management of claims with long-term opioid use
The Pharmacy Problem

› Pharmacy spend problem is growing: 55 – 85% of injured workers receive narcotics for chronic pain relief (CDC).

› Average total claims costs are 4-8 times greater in claims with one opioid prescribed than those similar claims who didn’t receive opioids (Johns Hopkins/Accident Fund)

› 66% of patients receiving Hydrocodone for 90 days will be taking the drug daily for 5 years later (Journal of General Internal Medicine 12/2011)
The Pharmacy Problem

› According to the CDC, everyday 44 people in the United States die from overdose of prescription painkillers

› The cost of narcotics alone for workers’ compensation claims in 2012 will cost employers and insurers over $1 billion, the bulk of which is spent on opioids
Top 5 prescribed opioids in workers compensation

› hydrocodone/acetaminophen
› tramadol
› oxycodone/acetaminophen
› oxycodone
› OxyContin® (oxycodone extended release)
How do opioids work?

- Opioids bind to opioid receptors in the central nervous system and periphery.
- When these receptors bind with opioids they produce: pain relief, euphoria, sedation, GI motility, physical dependence, and respiratory depression.

Physical Dependence

Psychological Dependence
How do opioids effect the body?

- The discovery of opioid receptors and how opioids act on the central nervous system and periphery was made only 25 years ago.
- Opioids affect every system in the body.
Red Flags

- Multiple surgeries on the same body part
- Person tries to get medication early
- Inconsistent urine drug screen.
- The person is on a MED greater than 100mg
- The person is on more than one long term opioid
- Prescription cost increases without increase in person’s function
MED Calculation

- Morphine Equivalent Daily Dose
- Codeine
  - Fentanyl transdermal (in mcg/hr)
  - Hydrocodone
  - Hydromorphone
  - Methadone
  - Morphine
  - Oxycodone
  - Oxymorphone
  - Tapentadol
  - Tramadol
Patient/Family Education

› How to take the medication
› Side effects
› Addiction potential
› Potential drug interactions
ODG Recommendations for Opioid Use

› Opioid Risk Tool for the person to complete
› Opioid drug agreement/contract
› Urine drug screen/testing
› Checking of state narcotic registry
Strategies to Reduce Pharmacy Costs

› Have pain management plan in writing
› Generic medications
› Utilize lowest opioid dose possible
› Adjunct therapies
› Pharmacy Review/Peer Review
› IME and/or second opinion
› Drug utilization review
› PBM/drug formulary
Case Study

- Mr. Smith was 28yrs old at the time of his injury, he is now 53 yrs old
- Mr. Smith had a significant amount of treatment and back surgeries and still had severe pain
- Mr. Smith had a pre-existing history of alcohol abuse and he went through a rehabilitation facility prior to the claim, which he completed and was able to lead a productive life and work full time. He was doing well until he had the industrial accident. The doctor put him on opioids and he was hooked
- The file was referred to Genex NCM who arranged to have the IW admitted to an inpatient detox program.
- Prior to going into the program pain levels were very high and he was concerned about having too much pain. Mr. Smith did complete the program and stated that detoxing off of the opioids was the hardest thing he had ever done to date. He could not believe how he only had pain in his hip and low back and not all over. He was very happy with the outcome of detox and weaning. He was able to start hunting and fishing again, as well as spending quality time with his family
Questions / Discussion