Managing Narcotics on Workers' Comp Claims

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Outline

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- Recommended uses
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- Monitoring for Problematic therapy
  - Sentinel flags
  - High risk situations
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Rationale – Trends

- Trends show that over the past decade, narcotics misuse and abuse has increased
- SAMHSA data shows that there was a significant increase from 2000 to 2006 in the treatment of substance abuse cases related to abuse of opioid analgesics.
- CDC and SAMHSA found that emergency room visits linked to nonmedical use of narcotics rose 111 percent between 2004 and 2008

Ref: Centers for Disease Control (CDC) and the Substance Abuse and Mental Health Services Administration (SAMHSA)

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Rationale – Official Statements

- American College of Occupational and Environmental Medicine:
  - There is a correlation between drug abuse treatments and heavy narcotic use
  - There has been an increase in early narcotic use
  - The use of narcotics can continue for many years
- National Council on Compensation Insurance (NCCI)
  - Per-claim narcotic costs have increased
  - There have been changes in which narcotics are most commonly used
  - Narcotic use is concentrated among a small percentage of claimants
  - Initial narcotic use is indicative of future use

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Target Drug List

- Opiates
  - Hydrocodone (e.g., Vicodin™)
  - Oxycodone (e.g., OxyContin™, Percocet™)
  - Fentanyl (e.g., Duragesic™, Fentora™)
  - Methadone
  - Codeine
- Benzodiazepines
  - Alprazolam (Xanax™)
  - Diazepam (Valium™)
  - Lorazepam (Ativan™)
- Amphetamines/Amphetamine-like
  - Dextroamphetamine/Amphetamine (Adderal™)
  - Methylphenidate (Ritalin™, Concerta™)

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Recommended Uses

- Severe pain (>=7) from acute or catastrophic injury
- Treat pain post-surgery
- Treatment of chronic malignant pain

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Recommended Uses – Rules for Use In Workers Comp

1. Use must result in clinically meaningful improvement in function (30%)
2. Don't use in patient with substance abuse disorder
3. Limit duration of treatment for acute injury (e.g., 6 weeks)
4. Treatment for chronic non-malignant pain requires monitoring and documentation including
    a) Patient contract including random urine drug testing
    b) Screening for high risk co-morbid conditions
    c) Screening for high risk dosing, frequency of usage and duration
    d) Screening for coordination of care and polypharmacy
    e) Assess clinically meaningful improvement in function

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Recommended Uses – Rules for Use In Workers Comp

5. Workers on chronic opioid therapy undergoing surgery are more likely to encounter difficulty w/post-op pain control
   a) Early anesthesiology consult
   b) Avoid escalating opioid dose or add of new benzo/sedative-hypnotic before surgery
   c) No long-acting or extended release opioids for post-op pain
   d) Return to pre-operative dose or lower by 6 weeks after surgery

References:

1. AMDG Guideline – Interagency Guideline on Opioid Dosing for Chronic Non-Cancer Pain 2010

2. Department of Health (DOH) Pain Management Rules

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Non- Recommended Uses

- Parenteral opioids in an outpatient setting
- Meperidine for chronic pain
- Methadone for acute or break-through pain
- Long-acting or extended-release opioids (e.g. Oxycontin®) for acute pain or post-operative pain in an opioid-naive worker
- Continuing to prescribe opioids in the absence of clinically meaningful improvement in function or after the development of a severe adverse outcome
- Use of escalating doses to the point of developing opioid use disorder is not proper and necessary care

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Prescription For Change – PBM Approach

- Formularies
- Authorization Alerts
- Case History Reviews
- Close Narcotic Monitoring
- Follow-Up Appointments
- Employee Education
- Pharmacy Clinical Review
- Network of Pharmacies and Prescribers
- Technology

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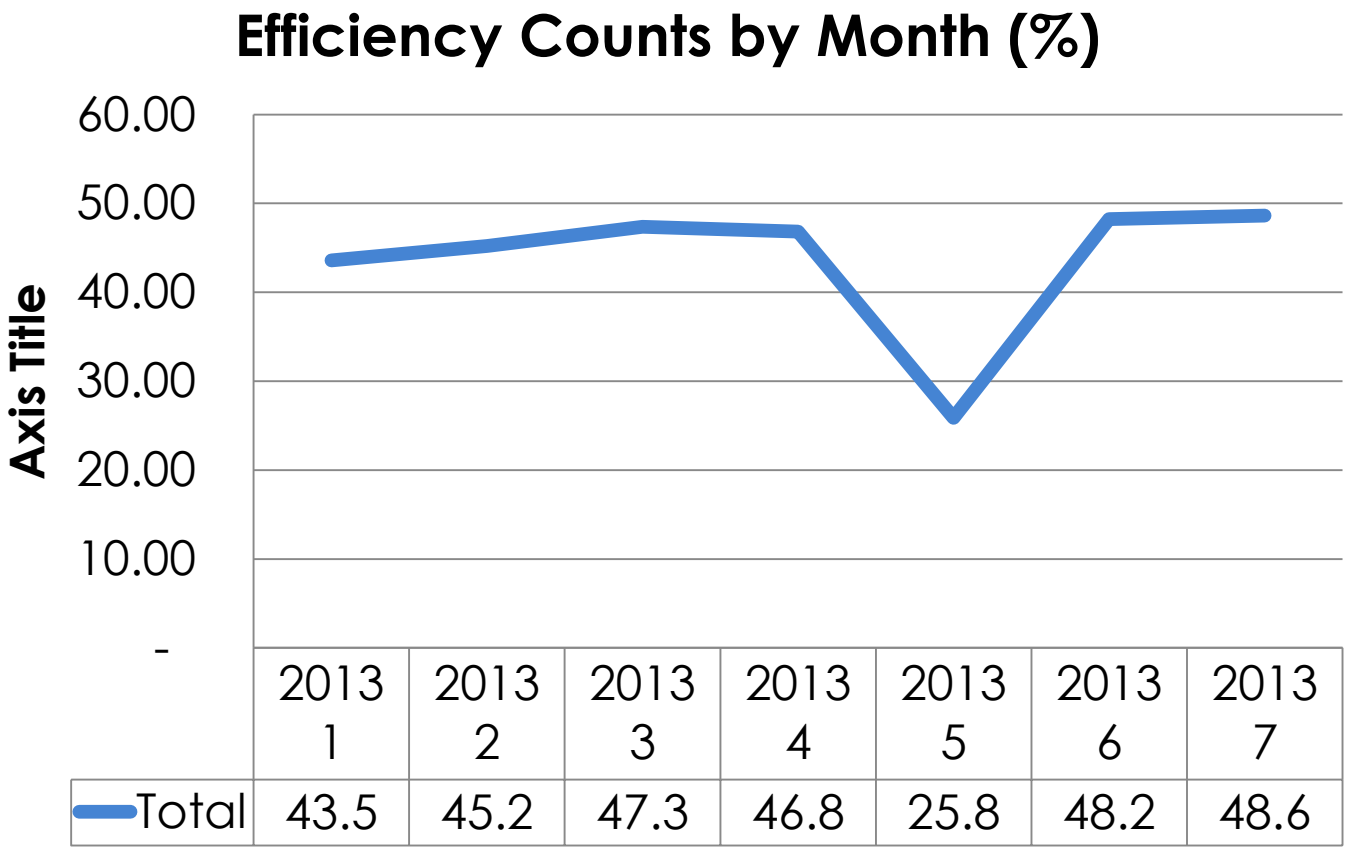
Trending – Efficiency of Narcotic Edits



	2013 1	2013 2	2013 3	2013 4	2013 5	2013 6	2013 7
Total	43.5	45.2	47.3	46.8	25.8	48.2	48.6

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Trend Narcotic Edits

Graph	Repor	Report Name	2013 5	2013 6	2013 7	Grand Total
	**3022D**	Rx Induced Dx -- Morphine	60.25%	58.24%	83.33%	67.27%
	**3024N**	Days' Supply Limit Variance -- Opiates		61.88%	56.24%	59.06%
	**4493B**	Polypharmacy - Benzodiazepines	78.94%	75.24%	76.53%	76.90%
	**5535N**	Concurrent Therapies - Narcotics	97.30%	97.56%	100.00%	98.29%
	3124B	Addiction History on Controlled Substances		100.00%		100.00%

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Prescription for Change – Sentinels & Triggers

- Sentinels
  - Chronic use of short acting opiates
  - Coordination of care
  - Pharmacy and/or Doctor shopping
  - Polypharmacy
  - Opiates + Benzodiazepines
- Triggers
  - Dosage problems: Salicylates, APAP
  - Morphine Equivalents (MEQ, MED)
  - FDA Alerts
  - CURES look up

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Take Away Messages

- Clinically meaningful improvement in function (>=30%) – if not, then D/C or taper off
- Follow and monitor for compliance with the rules for recommended use
- Re-evaluate after 6 weeks of therapy
- Trend and monitor for sub-optimal care and adverse events
- Educate prescribers in rules of treatment
- Educate patients in use and expectations

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