



## Combating Opioid Abuse in Workers' Compensation Plans with Advances in Bio Analytics

Opioid abuse is a growing epidemic impacting individuals across the nation. According to the U.S. Centers for Disease Control (CDC), 44 people die every day due to opioid overdose. Patients are commonly prescribed these strong and often addictive painkillers to alleviate pain after an accident, injury, or illness and too many are not able to properly wean themselves off of the need for their pain reducing effects. The opioid crisis in our nation has become particularly concerning for employers, as the ongoing utilization of these drugs by injured workers is driving workers' compensation plan costs.

New advances in bio analytics are providing workers' compensation plan administrators with new insight into ways to identify if a patient may be more likely than the average individual to experience opioid overuse. By implementing such advanced bio analytics, workers' compensation plans are better equipped to both help patients fully recover without ongoing prescription medication use and control workers' compensation plan costs.

Opioids come in several forms and may include such familiar drugs as: fentanyl, morphine, codeine, hydrocodone (Vicodin, Lortab), methadone, oxycodone, (Percocet, OxyContin), hydromorphone (Dilaudid) and meperidine (Demerol). Recent data indicates that prescription opioids are being prescribed too often to treat the wrong kinds of pain, without eliminating the source of the pain, creating an unnecessary long-

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term dependency on the drug for the patient. Such long-term dependency on drugs that merely mask pain symptoms can result in a return-to-work delay or extended disability for patients who are not moving toward full recovery by using more effective treatment-based clinical methods.

For example, many work-related injuries involve back pain and an increasing number of health care providers are prescribing opioids both short-and long-term to help patients manage their back pain symptoms. This comes despite clinical data that suggests that opioid use is not the most effective strategy for treating back-pain. Rather, it often results in prolonged feelings of opioid dependence to mask symptoms when the source of the pain is not being properly treated. Opioid effectiveness typically plateaus after 60 days of treatment; however the drugs are often prescribed to patients for longer periods of time.

According to guidelines from the American College of Occupational and Environmental Medicine and Washington's Department of Labor & Industries, in the past, 42% of workers with back injuries were prescribed an opioid treatment in the first year after their injury – most of the time after the first medical visit. One year later however, 16% of those workers were still utilizing opioid medications. In addition to back pain, opioids are generally prescribed for three reasons in workers' compensation claims: catastrophic injury with chronic pain, an injury involving surgical treatment which requires immediate pain control and general pain control.

According to research conducted by The Workers' Compensation Research Institute (WCRI), which looked at data from 21 states, longer-term opioid use is most prevalent in New York State and Louisiana, however California and Texas were also noted as

having significant long-term opioid usage. The study found that in New York State specifically, 14% of non-surgical workers' compensation claimants prescribed narcotics were identified as longer-term users of the drugs.

In California, according to its Workers' Compensation Institute, only 3% of the state's doctors prescribe 55% of dispensed opioids. Over the last decade, the state has seen a significant increase in opioid prescriptions. Between 2002 and 2011 California's Workers' Compensation Institute (CWCI) identified a 300% increase in opioids. In 2002 approximately 1% of all injured worker outpatients were prescribed opioids, but by 2011 that percentage had increased to 5% and payments for opioid prescriptions had risen from 4% to 18% in that time period, representing a 321% increase in payments in only nine years.

This trend of long-term opioid use is particularly concerning for workers' compensation plans, since the medical benefits portion of a workers' compensation claim may be open for a number of years and may be open for the lifetime of the injured worker, resulting in significant annual plan costs. According to WCRI opioids account for up to 3% of costs in shorter-term claims and between 15 and 20% of all medical costs on longer term workers' compensation claims.

Fortunately, recent advances in bio analytics are making it possible for workers' compensation plan administrators to predict potential high-cost, high-risk claimants and intervene before long-term addiction occurs.

A personal metabolic evaluation (PME) is a biometric test intended to measure drug sensitivity for an individual patient for current and future care. The PME is an easy to administer test that will discern how an individual will metabolize commonly prescribed workers' compensation medications.

Employers who require the test for employees identified as at risk, are armed with data and knowledge about an employee's potential for opioid abuse. Such knowledge allows for a more discerning review of the individual's claims and treatment plan and allows a nurse case manager to more greatly emphasize a return-to-work strategy that focuses on weaning the patient off of the prescribed medication before use becomes long term.

After testing is completed, the facilitating laboratory delivers an interpretive report to an employer and its workers' compensation plan administrator that enables a treating physician to lead injured workers to their best possible outcome by prescribing the most effective medications at optimal dosages, minimizing any trial and error. The interpretive report is designed to give physicians the information they need to make more informed treatment decisions. Every report is unique, based on the genetic attributes of the individual patient and focuses on three key elements:

1. Explaining the metabolic behavior of an individual
2. Identifying what medications to rule out and avoid immediately
3. Providing direction to the physician on the optimal prescription treatment plan

Ideally, an employer's pharmacy benefit manager (PBM) and/or medical management program partner are engaged in the discussion and work to aid in the identification of injured workers that would benefit from a PME referral.

Almost every claim can benefit from the PME test, however, ideal candidates can be identified using the following list of clinical triggers:

- Patients currently using opioids or anti-depressants
- Patients prescribed 3 or more medications

- Patients whose physician has prescribed an increase in strength or dosage
- Patients in pre- or post-surgery
- Post-surgical patients specifically who after 30 days post-surgery are still receiving pain management prescriptions
- Patients prescribed escalating dosages of narcotics
- Patients who have been prescribed morphine equivalent dosages (MED) of medications exceeding 100 mg
- Patients whose prescription patterns include frequent switching of medications
- Patients with high dollar monthly prescription costs
- Patients who often attempt to re-fill too early, resulting in frequent rejections at the point of sale
- Patients who have been prescribed narcotics for 3 months or more

Other strategies employed by strategic workers' compensation plan administrators to effectively mitigate the risk of prolonged opioid use and manage plan costs include:

- Medical bill audits
- Network, pharmacy and fraud and abuse protections
- Nurse case management of patients that emphasizes return-to-work strategies
- Retrospective drug utilization reviews
- General employee education regarding opioid misuse
- Injured worker narcotic education initiatives
- Physician dispensing education
- Pre-hire drug testing ■

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