Chronic Pain Management Guidelines, the Opioid Epidemic, and Worker's Compensation

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Overview

- Scope of the prescription opioid epidemic
- Implications for workers and employers
- Overview of latest practice guidelines for managing patients with chronic, non-cancer pain
- Sources for additional information and continuing education

Our Presenter

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**Learning Objectives**
1) Discuss the magnitude, extent, and causes of the prescription opioid epidemic
2) Distinguish changes in the FDA guidance regarding prescription of long-acting opioids
3) Recognize the most significant changes in clinical guidelines for the management of chronic, non-cancer pain
4) Identify how prescription of opioids impact workers’ compensation claim costs and disability

**Let’s Start With a Case**
- A 56 year-old pavement worker underwent surgical repair after rotator cuff injury 4 months ago and has been discharged back to your care by the orthopedic surgeon.
- He is unable to lift his arm over his head without experiencing severe pain.
- He says that the surgeon has been prescribed a long-acting opioid analgesic that is no longer controlling his pain.
- He wants to get back to work, but needs more of the “painkiller” before he can return to work.
- On exam, he has a significant reduction in range of motion in the affected shoulder with both passive and active maneuvers.

**What should be done next?**
1. Ask the patient how the pain is affecting function: his ability to do specific tasks
2. Document range of motion of the shoulder
3. Calculate the morphine equivalent dose for his opioid prescription
4. Execute a Prescriber-Patient Agreement before prescribing any more opioid analgesics
5. Counsel the patient on the relative efficacy and risks of long-acting opioids
6. All of the above

**Chronic Non-Cancer Pain**
- Any Painful Condition that lasts for 3 or more months (90 days) and is not associated with cancer.
  - 116 million Americans have pain persisting from weeks to years (IOM 2011)
  - $560 to $635 billion per year (IOM 2011)

**Opioid**
- Medline.net:
  1. A synthetic narcotic that resembles the naturally occurring opiates
  2. Any substance that binds to or otherwise affects the opiate receptors on the surface of the cell
- Extended Release (ER) or Long Acting (LA)
- Immediate Release (IR) or Short Acting (SA)
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**Most Frequently Used Opioids**

<table>
<thead>
<tr>
<th>Opioid</th>
<th>Opioid Prescription Episodes</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Oxycodone CR (OxyContin)</td>
<td>53,918</td>
<td>59.6</td>
</tr>
<tr>
<td>Fentanyl</td>
<td>27,452</td>
<td>30.3</td>
</tr>
<tr>
<td>Methadone 24 h</td>
<td>4084</td>
<td>4.5</td>
</tr>
<tr>
<td>Methadone CR (Dilaudid)</td>
<td>3137</td>
<td>3.5</td>
</tr>
<tr>
<td>Methadone CR (Rohypnol)</td>
<td>1056</td>
<td>1.2</td>
</tr>
<tr>
<td>Methadone SR (Kadian)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Methadone CR (MS Contin)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Methadone SR (Oramorph SR)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Other opioids</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Total CR opioid prescription episodes</td>
<td>95,634</td>
<td>100</td>
</tr>
</tbody>
</table>

**Intermediate Release Formulations**

<table>
<thead>
<tr>
<th>Opioid</th>
<th>Opioid Prescription Episodes</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hydrocodone + acetaminophen</td>
<td>1,967,737</td>
<td>50.4</td>
</tr>
<tr>
<td>Propoxyphene + acetaminophen</td>
<td>846,872</td>
<td>22.9</td>
</tr>
<tr>
<td>Oxycodone + acetaminophen</td>
<td>766,835</td>
<td>18.6</td>
</tr>
<tr>
<td>Codeine + acetaminophen</td>
<td>264,477</td>
<td>6.5</td>
</tr>
<tr>
<td>Tramadol</td>
<td>238,050</td>
<td>5.9</td>
</tr>
<tr>
<td>Tramadol + acetaminophen</td>
<td>15,294</td>
<td>3.7</td>
</tr>
<tr>
<td>Other combination opioids</td>
<td>90,330</td>
<td>2.3</td>
</tr>
<tr>
<td>Other single drug opioids</td>
<td>90,363</td>
<td>2.3</td>
</tr>
<tr>
<td>Total IR opioid prescription episodes</td>
<td>3,902,486</td>
<td>100</td>
</tr>
</tbody>
</table>


**Unintentional Drug Overdose Deaths**

**Opioid Prescription Deaths Correlate With Sales**


*For 18,600 population.


Opioid Prescribing Practices Vary By State


The amount of prescription painkillers said in states varies.

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Opioid Overdose Rates Vary By State

Impact Goes Beyond the Mortality Figures

Multiple Sources of the Problem

Multiple Sources of the Problem
- Practitioners have been trained to ask about pain and treat non-cancer chronic pain with opioids
- Long-acting opioids entered the market, even though they are not proven to be more effective
- There are better, alternative treatment options, and new guidelines, but we have been slow to change our management
- Unrealistic expectations have been set for patients, with a focus on pain and an expectation that opioid analgesics should eliminate pain

Generations of Clinicians Were Educated to Treat Chronic, Non-Cancer Pain Patients With Opioids

"No disciplinary action will be taken against a practitioner based solely on the quantity and/or frequency of opioids prescribed."

Implications in the Workplace
- Musculoskeletal injuries among most frequently reported type of Worker’s Compensation claims (Dembe 2012)
- Proportion of claimants prescribed opioids for pain within 12 months of injury increased by 75% between 1999 and 2004 (Lipton 2011)
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Number of Opioid Prescriptions


Average Dosing ("Morphine -Equivalent Dose – MED")


Proportion of Time-Loss Claimants Receiving Opioids


Implications in the Workplace

- Implications for:
  - Delayed recovery/duration of disability
  - Worker’s compensation and opioid related deaths
  - Worker’s compensation claims costs

Delayed Recovery, Duration of Disability

- Webster et al (Spine, 2007)
  - Retrospective cohort study of work comp claims with acute disabling low back pain
  - 8443 claimants with new-onset Low Back Pain
  - Results:
    - 21% received at least 1 early opioid prescription
    - After controlling for other factors, those who received more than 400 mg MED for acute pain were disabled 69 days longer than those who received no opioids
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Implications in the Workplace

- Implications for
  - Delayed recovery
  - Worker’s compensation and opioid related deaths
  - Worker’s compensation claims costs

Worker’s Compensation Opioid-Related Deaths


Average Cost of Opioid Medication per Claim per Year by Claim Age


Average Claim Cost by Prescription Involvement Adjusted for Case Mix Complexity


Opioid Medication Cost per Claim per Year Are Higher When Long Acting Opioids Are Used

**Do opioids work for treatment of chronic non-cancer pain?**

**Risk**
- 90% of studies were funded by pharmaceutical industry
- Average duration of treatment was five weeks range 1-16 weeks.
- Trials did not look at long term effects, such as addiction, hyperalgesia, misuse, or overdose.
- More than one third of subjects abandoned treatment in both placebo and treatment groups (inadequate pain relief, side effects).

**Benefit**
- Opioids are more effective than placebo in reducing pain and improving function.
- Only strong opioids (oxycodone, morphine) are more effective than other analgesics (naproxen, nortriptyline) in reducing pain.
- Other analgesics are more effective in improving function.
- Constipation, nausea, drowsiness common.

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Odds Ratios for Opioid Prescriptions Associated With Final Cost of $100,000 or More

Surgery + Opioids Increase the Odds of a Catastrophic Claim for Workplace Injury
- Tao et al (JOEM 2012)
- Impact of combined use of opioids and surgical procedures on workers’ comp cost in cohort of injured workers in Louisiana.
- 11,294 lost time claims
- After controlling for gender, attorney involvement, claim duration, the odds ratio for a catastrophic claim (> $100K)
  - If Short Acting Opioids: 4.28x
  - If Long Acting Opioids: 12.19x
- Combination of surgery + opioids significantly increase odds of a catastrophic claim.

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- Review of 41 randomized controlled trials involving 6019 patients.
- 90% of studies were funded by pharmaceutical industry.
- Average duration of treatment was five weeks range 1-16 weeks.
- Trials did not look at long term effects, such as addiction, hyperalgesia, misuse, or overdose.
- More than one third of subjects abandoned treatment in both placebo and treatment groups (inadequate pain relief, side effects).
Institute of Medicine Committee on Relieving Pain in America 2011

“The committee (IOM) recognizes the serious problem of diversion and abuse of opioid drugs and questions their long-term usefulness; it believes, however, that when opioids are used as prescribed and are appropriately monitored, they can be safe and effective, especially for acute, postoperative pain, procedural pain, and patients near the end of life who desire more pain relief.”

Changing our Approach

- New FDA Guidelines include voluntary education for physicians regarding long acting opioids

FDA Guidance – July 2012

Recommendations:

- Most independent state and professional organization guidelines agree:
  - Give careful consideration before prescribing long-acting opioids for chronic, non-cancer pain
  - Emphasis on return of function, not only pain relief
  - Use other proven treatments first
  - Patient-provider agreements
  - PDMP (Prescription Drug Monitoring Programs)
  - Counsel patients on side effects (and document)

Recommendations If Thinking About Starting Opioids for Chronic Non-Cancer Pain:

1. Baseline history and physical including pain history and impact of pain on function
2. Baseline clinical/lab studies, urine drug screen
3. Pain diagnosis
4. Document baseline pain and functional assessment
5. Assess worker’s ability to participate in return to work program (work hardening etc.)
6. Assess likelihood patient can be weaned off opioids if there is no improvement – plan ahead, have contingency plan
7. Decide if you have the expertise to conduct trial, or else refer
8. Consider second opinion
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Key Principles for Management If Prescribing Opioids for Chronic Non-Cancer Pain
- One prescribing physician
- One pharmacy
- Lowest possible dose
- Watch for and document appearance of misuse of medication
- Drug screens, liver, renal function tests
- Visits at least every 2 weeks for first 2-4 months and then every 6-8 weeks is customary
- Obtain consultation if dose too high, not improving after three months, history of chemical dependency, significant mental health issues
- Help patient return to work ASAP

Recommendations: Be Proactive in case management
- Counsel injured employees who have chronic non-cancer pain
- Engage in discussion with practitioners who provide care for worker’s comp cases about their approach to chronic, non-cancer pain management
- Encourage clinicians to become educated on latest recommendations for chronic pain, non-cancer management

Thank you!
For additional training on this subject, created by independent experts, a service of the Colorado School of Public Health
Google: PainManagementCME.org
Site has free tool kit

Quick Links:
- CDC Smart Rounds: Prescription Drug Overdose and U.S. Epidemic
- FDA Blueprint for Prescriber Education
- Colorado Guidelines for Chronic Pain Treatment
- Interagency Guidelines on Opioid Use for Chronic Non-Cancer Pain
- State RMP Websites
- Opioid Risk Tool
- Opioid Dose Calculator

For More Information
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The survey is available here:
https://www.surveymonkey.com/s/101613webinar

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www.coverysis.com

Questions and Comments?
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