Opioids

RELEVANCE IN WORKERS’ COMP

Opioids are a diverse group of drugs that represent the strongest pain medications available. They are frequently prescribed for pain management in injured worker populations, but opioids come with inherent risks. Opioids can cause multiple side effects and can lead to addiction, misuse, and even death.

AT A GLANCE

- Considerations for using opioid drug therapy in workers’ compensation include patient safety, drug effectiveness and financial impacts
- Long-term use of opioids generally brings with it additional costs in terms of increased risks, financial impacts, loss of work and less-than-optimum treatment outcomes
- Because opioid use carries a high risk for addiction and misuse, careful planning and supervision are needed when prescribed

Noteworthy

The contents of this document are for informational purposes only. Every effort has been made to provide accurate and up-to-date information, but no warranty or guarantee is made to that effect. Health E Systems, LLC is not liable for any direct, indirect, consequential, special, exemplary, or other damages arising from the use or misuse of this information. Such proprietary and confidential information of Health E Systems, LLC may not be used, reproduced, or disclosed to any other parties for any other purpose without the express written permission of Health E Systems, LLC.
**The Basics**

**USE**

Opioids were originally approved by the FDA to manage acute and severe pain in cancer patients. Over time, they were widely prescribed in the workers’ compensation population where musculoskeletal injuries are prevalent. Opioids quickly became physicians’ drug of choice for relieving the pain associated with fractures, sprains and strains.

Opioids have been proven to be highly effective in relieving acute pain, but they are not recommended for chronic pain, and their effectiveness may diminish over time. Evidence-based medicine guidelines restrict opioid use for short-term relief of severe and acute pain. Even then, opioids can be addictive and come with a high risk for abuse or misuse.

**MORPHINE EQUIVALENT DOSE (MED)**

Opioid dose levels are typically referred to by Morphine Equivalent Dose (MED). MED refers to the practice of using morphine as a base standard for calculating opioid potency. Due to morphine’s long history as a pain reliever, physicians calculate how much morphine a given opioid dose is equal to, and then alter that opioid dose appropriately by following guidelines for safe MED levels.

However, different guidelines hold different maximum recommended daily MED levels. The American College of Occupational and Environmental Medicine (ACOEM) guidelines are the most conservative, recommending a maximum daily MED of 50mg. The Centers for Disease Control and Prevention also state that Morphine Milligram Equivalents (MME) – a term interchangeable with MED – should be monitored closely when over 50 MME/day.¹

### Opioids Prescribed in Workers’ Compensation

- Oxycodone (OxyContin®, Roxicodone®)
- Oxycodone/acetaminophen (Percocet®, Endocet®)
- Oxymorphone (Opana®, Opana® ER)
- Hydrocodone/acetaminophen (Lorcet®, Lortab®, Norco®, Vicodin®, Zydone®)
- Hydrocodone extended-release products (Hysingla®, Zohydro®)
- Fentanyl (Duragesic®)
- Methadone (Methadose™)
- Hydromorphone (Exalgo®)
- Tapentadol (Nucynta®, Nucynta® ER)
- Tramadol (Ultram®, Ultracet®, Conzip®)


Resources


Noteworthy

- 249 MILLION prescriptions for opioids were written by healthcare providers in 2013, enough for every American adult to have a bottle of pills.
- 1 IN 4 PEOPLE receiving prescription opioids long-term in a primary care setting struggle with ADDICTION.
- 1999 -2014 more than 165,000 deaths related to prescription opioids.
- 44 people die every day from prescription opioid overdoses.
- Prescription opioid overdoses killed 14,000+ people in 2014 alone.

SOURCE: Centers for Disease Control and Prevention
Implications in Workers’ Compensation

SAFETY
Along with the risk of addiction, the adverse effects of short-term opioid use can include drowsiness, constipation, nausea, vomiting, dry mouth, depression, confusion, physical dependence which can lead to withdrawal when the medication is stopped, itching, sweating, psychological dependence, fatigue, interrupted breathing during the night (sleep apnea) and erectile dysfunction. High doses can also lead to unintentional overdose and death.

Long-term opioid use often requires additional medications to treat and control the side effects. Concurrent use of three or more drugs — called polypharmacy — can have serious consequences that can threaten a patient’s health, lengthen the duration of disability and significantly drive up the total cost of a claim.

COSTS
The use of opioids in workers’ comp coincides with a rise in claims costs.

- Opioid-related drug interactions can incur an additional $600 per month, per patient²
- Claims with long-acting opioids are over eight times as likely to cost more than $100,000 than claims without opioids present³
- Average claim cost:⁴
  - without use of opioids: $13,000
  - with short-acting opioids like Percocet: $39,000
  - with long-acting opioids like OxyContin: $117,000
- Claims for long-term opioid users cost an average of approximately $28,000 more than those not using opioids long term⁵

MANAGEMENT
Opioid use during the early stages of therapy (60-90 days after the date of injury) can be predicated of long-term, chronic use throughout the course of treatment. That makes it particularly important to manage the use of opioids from the very beginning. An initial screening process and ongoing management are key to ensuring the proper use of these powerful drugs.

Treatment options for opioid overdoses are available. Naloxone is indicated to reverse opioid overdoses and exists in forms such as the Evzio® auto-injector and Narcan® nasal spray. Physicians may prescribe naloxone concurrently with opioids as a precaution. The CDC suggests including naloxone with opioid prescriptions greater than or equal to 50 MME/day. However, the presence of naloxone warrants a closer look into the patient’s treatment plan to determine whether opioid therapy is appropriate.
## Recommendations for Opioid Use

### Establish a treatment plan
- Have the alternatives been tried?
- Is the patient likely to improve with opioid therapy?
- Has the patient been screened for addiction risks?
- Are red flags present?

### Steps to take before initiating opioids
- Determine if pain is neuropathic
- Initiate a trial of non-opioid analgesics
- Set goals with the patient
- Determine a baseline pain and functional assessment
- Establish informed consent and pain management agreement (optional)

### Initiating opioids
- Intermittent pain: short-acting opioid
- Continuous pain: long-acting opioid
- Change one drug at a time
- Initiate prophylaxis treatment

### Ongoing management
- Monitor adherence (urinalysis, pill count)
- Document improvement in pain and functional assessment
- “4 A’s” (Analgesia, Activities of daily living, Adverse effects, Aberrant behavior)

### When to discontinue opioids
- Hyperalgesia
- No overall improvement
- Decrease in function
- Resolution of pain
- Illegal activity

### When to continue opioids
- Patient has improved pain and function
- Patient returns to work

Source: Official Disability Guidelines (ODG)
Opioids | Effective Case Management

RxCentral ©2016 Healthesystems. All rights reserved.03-1590

Three ways to contact a Healthesystems pharmacist for more information:

healthesystems.com/AskAPharmacist
DrugInfo@healthesystems.com
866.646.2838

The contents of this document are for informational purposes only. Every effort has been made to provide accurate and up-to-date information, but no warranty or guarantee is made to that effect. Health E Systems, LLC is not liable for any direct, indirect, consequential, special, exemplary, or other damages arising from the use or misuse of this information. This document contains proprietary and confidential information of Health E Systems, LLC. Such proprietary information may not be used, reproduced, or disclosed to any other parties for any other purpose without the express written permission of Health E Systems, LLC.