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Keys to Addressing Chronic Pain

Part Two: Emerging strategies can mean the difference between drug dependency and health and recovery for injured workers.

Executive Briefing

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PMA Executive Briefings *explore workers' compensation challenges and solutions.*

In this ***PMA Executive Briefings*** series, we're examining the challenge of managing chronic pain in injured workers. We began by exploring trends, common treatment patterns and opioid usage. In this issue, we'll focus on addressing chronic pain with treatments based on evidence-based protocols that avoid opioid dependency.

There is a fundamental change underway in how chronic pain is treated, both in workers' compensation and healthcare in general. In 2016, these trends coalesced in a notice from the U.S. Surgeon General to medical providers, in which providers were asked to stem the tide of the opioid epidemic. According to the notice, opioid overdose deaths have quadrupled since 1999 and opioid prescriptions have increased markedly. Today, nearly two million Americans have a prescription opioid-use disorder, contributing to increased heroin use and its related problems.[1]

In 2016, the Centers for Disease Control (CDC) published new guidelines for treating chronic pain, specifically stating the risks associated with prescribing opioids and the benefits of other therapeutic treatments (see p. 2). Increasingly, scientific research is questioning whether opioids are effective for those with chronic pain.

In the workers' compensation environment, best-practice insurance companies/Third Party Administrators (TPAs) are making progress in helping injured workers manage chronic pain and avoid opioid dependency. This ***Executive Briefing*** will explore those strategies, focusing on physician selection and use of evidence-based medicine, analytics and intervention, pharmacy management strategies, and clinical management/expertise.

Physician Selection/Evidence-based Medicine

Simply put, evidence-based medicine is treating patients according to clinical guidelines that have proven to achieve optimal results. Using evidence-

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based medicine can enhance a physician's ability to make better care decisions.

When managing chronic pain, it's important to identify and select physicians who base treatment and prescribing patterns on evidence-based guidelines and have experience and skills in treating chronic pain patients. Treatment according to these guidelines is more likely to consider the specific needs and preferences of each patient and therapeutic alternatives to opioids, thus improving pain relief and avoiding drug dependency.

Treatment plans for injured workers should recognize the differences between acute pain and chronic pain and its treatment:

- **Acute pain** is a protective response to tissue injury. Opioid drugs, which were originally developed for late-stage cancer patients, have been prescribed to address acute pain. However, it has been found that Tylenol, Advil, and other non-opioid alternatives are just as effective in treating pain related to most common workplace injuries.
- **Chronic pain** is unique to each individual and requires a broader, multipronged treatment approach. Injured workers with chronic pain get the best results with a combination of therapies that address the physical, functional, emotional, and spiritual aspects of pain.

Complimentary therapies for chronic pain that help avoid the use of opioids, including cognitive therapy, yoga, mindfulness-based stress reduction, biofeedback, and acupuncture, have all shown promise. In addition, psychological treatments for anxiety may help injured workers reduce chronic pain.

New CDC Guidelines for Chronic Pain

Released by the Centers for Disease Control in 2016, these are the current opioid prescribing guidelines for patients with chronic pain:

- Opioids are not first-line or routine therapy for chronic pain
- Non-pharmacologic and non-opioid pharmacological therapy is suggested as preferred treatment for chronic non-cancer pain
- If opioids are used, the lowest possible effective dosage of an immediate-release opioid should be prescribed for the shortest period of time (3-7 days) to reduce risks of overuse and/or overdose
- Providers should monitor patients closely to evaluate risk factors for opioid-related harms
- Aggressive morphine equivalent dose (MED) limits are suggested. Additional precautions should be exercised when prescribing doses over 50 MED per day, with a recommended upper limit of 90 MED
- Use urine drug testing to identify prescribed substances and undisclosed use
- Avoid concurrent benzodiazepine (tranquilizers taken for anxiety, insomnia, etc.) and opioid prescribing
- Arrange treatment for opioid use disorder if needed

Outreach to physicians by insurance companies/TPAs can help raise awareness of opioid abuse and encourage:

- treatment options outside of opioids
- the use of new tools and technology for smarter prescribing patterns
- consultations with pain management specialists

Analytics and Intervention

An insurance company/TPA's managed care department is invaluable in achieving the best possible outcomes for injured workers.

Optimally, an opioid management process identifies injured workers who are at risk for chronic pain at the early stages of their injury. For example, an injury affecting multiple body parts, such as neck pain radiating down to the shoulder and arm, may signal chronic pain risk. When this risk is identified, quick intervention is needed. In this example, the injured worker's care may be directed to an orthopedic specialist to improve the initial diagnosis and create a treatment plan.

Before starting opioid therapy, a thorough patient assessment addressing a wide range of factors (injury type, complicating health and psychosocial issues) should be conducted.

If an injured worker is prescribed opioids, proactive management of their usage is vital. Goals and benchmarks need to be set, including an exit strategy. This will help prevent relying on dosage increases of opioids to address pain, potentially leading to opioid dependency.

Using advanced data analytics and a system of intervention alerts, an insurance company/TPA can play a key role in monitoring opioid usage and triage a case throughout the injured worker's recovery. Alerts that trigger intervention can begin as soon as an opioid is prescribed. Once alerted, the insurance company/TPA's managed care staff can take action. That may mean a point-of-sale (at the pharmacy) intervention to determine if the prescription is appropriate and if intervention with the physician, pharmacy or worker is needed. Intervention may occur at the pharmacy before a prescription is filled, or to prevent a second prescription from being filled.

When opioids are prescribed, pharmacy nurse specialists (who have specialized clinical skills and expertise) focus on the following:

- conducting drugs reviews
- identifying and addressing over-utilization and inappropriate use
- initiating intervention strategies to prevent or remedy drug dependency problems
- drug counter-indications and side effects

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Pharmacy Management Strategies

An insurance company/TPA, working with a pharmacy benefit manager (PBM), can maximize the following strategies to manage opioid usage (and other drugs related to chronic pain):

Custom Designed Formularies (approved list of medications developed by insurance companies/ TPAs). The use—and effectiveness—of formularies varies widely among insurance companies/TPAs. The best strategy is to develop formularies for specific injuries, and other conditions. A chronic pain formulary is imperative and should be based on CDC guidelines for opioids, and address muscle relaxers, tranquilizers, compounds, and other drugs often prescribed with opioids. (Such drug combinations can heighten the addictive and debilitating effects of opioids.) Formulary usage must be in compliance with jurisdictional regulations.

Morphine Equivalent Dosage (MED) point-of-sale programs. An MED point-of-sale program uses a real-time comparison tool to assess the clinical appropriateness and safety of an injured worker's opioid usage. At the point of sale, the MED tool calculates the amount of opioids (cumulative MED) the injured worker has been prescribed from all their treating physicians. This is especially important, as injured workers may be treated by multiple physicians, who have an incomplete picture of an injured worker's care and prescriptions. An MED above a recommended threshold indicates the injured worker is at risk, and they may be prevented from obtaining prescriptions that could be unsafe and harmful.

Fraud, Waste, and Abuse Oversight. Monitoring fraud, waste, and abuse should be a crucial part of any pharmacy management program. Opioids are extremely addictive and have a high resale value on the street. Injured workers may use multiple physicians and hospitals to attain multiple prescriptions to resell, or combine with other medications for "feeling good" rather than pain relief. An insurance company/TPA's managed care team, in conjunction with the PBM, should monitor not only opioids but all medications the injured worker is prescribed for safety and clinical appropriateness.

In addition, an insurance company/TPA's drug monitoring strategy needs to have a comprehensive view of all prescription drug distribution channels for injured workers. These can include physician-dispensed, retail pharmacies, mail order, third-party dispensing, and self-pay. All panel physicians should be required to utilize Prescription Drug Monitoring Program (PDMP) databases, where available. Evaluating the total scope of drugs from all sources results in more effective intervention strategies.

Impact of Opioid and Controlled Substance Usage

- In 2015, opioids killed more than 33,000 people and nearly half of all opioid overdose deaths involve a prescription opioid.[2]
- Up to 30 percent of opioids prescribed for pain are misused.[3]
- 29% of workers' compensation prescription drug costs were attributable to controlled substances.[4]
- Length of disability was found to be 69 days longer with early high-dose opioid usage.[5]

Clinical Management/Expertise. Treating chronic pain using prescription drugs and other strategies is very complex. Best-practice insurance companies/TPAs capitalize on an array of intervention strategies, including physician outreach, drug testing, pain score assessments, and peer-to-peer review, all of which should be incorporated into the claims process. Pharmacy nurses help injured workers utilize appropriate prescription drug regimens and avoid drug dependency.

Ongoing Oversight

The treatment plans and opioid interventions described above are not one-size-fits-all approaches. Insurance companies/TPAs should develop strategies based on factors including injury type as well as comorbidities and psychosocial factors affecting recovery or opioid use. A managed care team can develop indicators to signal when treatment is not working and alternative therapies are required.

Best-practice insurance companies/TPAs expertly manage chronic pain throughout the life of the claim, ensuring treatment is appropriate, focused on recovery/return to work, and avoids opioid dependency. For employers, this adds up to quality care for injured workers, faster recovery and return to work, and lower claims costs.

When injured workers are relying on opioids for chronic pain relief, insurance companies/TPAs and the medical community need to team up and intervene. In the next ***PMA Executive Briefing***, we'll focus on strategies to help wean injured workers off opioids and find therapeutic alternatives, including inpatient versus outpatient alternatives, weaning support, work conditioning, and the impact of comorbidity factors.

About the Author

Patricia Brookey is Senior Vice President of Managed Care Services of PMA Companies. In this role, Ms. Brookey is responsible for leading PMA's corporate-wide managed care operations. In addition to providing strategic leadership, Ms. Brookey is responsible for overseeing medical networks and vendor management, bill review, product quality, and case management functions.

Previously, Ms. Brookey was PMA's Vice President of Managed Care Services. She joined PMA in 2009, and has nearly three decades of experience in the development and implementation of medical cost containment programs. Ms. Brookey is a Certified Rehabilitation Counselor (CRC), Certified Case Manager (CCM), and Licensed Rehabilitation Counselor (LRC). She earned a Master of Science degree from Loyola University and a Bachelor of Science degree from Louisiana State University.

Footnotes

1. The Surgeon General's Call to End the Opioid Crisis http://turnthetiderx.org/#,
2. Centers for Disease Control and Prevention, https://www.cdc.gov/drugoverdose/index.html
3. Pain News Network, https://www.painnewsnetwork.org/stories/2015/3/31/study-claims-10-of-pain-patients-addicted-to-opioids
4. NCCI Workers' Compensation Prescription Drug Study, 2016 update.
5. https://www.ncbi.nlm.nih.gov/pubmed/17762815