Drug Management and Narcotics Abuse in Workers’ Compensation

Today’s Speakers

• Mary Baranowski, Senior Vice President, Paradigm Management Services
• Dr. Stephen Colameco, MD, University of Medicine & Dentistry of NJ, School of Osteopathic Medicine
• Dr. Adam Seidner, MD, MPH, National Medical Director, Travelers Insurance
Welcome

Thank you for joining us for our 2010 webinar series. Replays of past webinars are available for viewing at www.paradigmcorp.com/webinars.

Volutility and Complexity in Burn Injury Claims

Drug Management and Narcotics Abuse in Workers Compensation

Multiple Issues with Multiple Traumas

What Employers Should Know About Complex Cases
First a few housekeeping points....

- Slides will advance automatically
- Question & Answer period at end
- You may submit questions at any time
  - Click the “Q&A” button in the upper right
  - Type a question into the lower section of the Q&A panel that appears
  - Ask All Panelists and be sure to click “Send”
  - If we cannot answer during the session, we will e-mail you
- Replay will be available – look for our e-mail
- When the webinar ends, a short survey will pop up
  - There will be a CCMC section which must be completed to receive continuing education credits
- If you experience computer broadcast audio problems, please use the dial in number posted in the Chat panel on the right
We are all painfully aware of the issues associated with narcotics in the workers compensation marketplace.

NCCI Reports

- 20% of workers compensation medical costs of fully developed claims are spent on prescription drugs
  - Narcotics account for 34% of this spend
  - Narcotic use early in the claim has increased
  - Only 20% of drug costs occur within the first six years

You Asked

- #1 Topic you wanted as a Webinar topic!

Source: NCCI Workers’ Compensation Prescription Drug Study, 2008 Update
The top five drug classes account for 70% of the total spend.

<table>
<thead>
<tr>
<th>Drug Class</th>
<th>Typical Drugs</th>
<th>% of Total Spend</th>
</tr>
</thead>
<tbody>
<tr>
<td>Narcotic Analgesic</td>
<td>Oxycontin, Vicodin, Percocet</td>
<td>34%</td>
</tr>
<tr>
<td>Anticonvulsants</td>
<td>Lyrica, Neurontin</td>
<td>12%</td>
</tr>
<tr>
<td>Anti inflammatory (NSAIDS)</td>
<td>Celebrex, Ibuprofen, Mobic</td>
<td>8%</td>
</tr>
<tr>
<td>Skeletal Muscle Relaxants</td>
<td>Flexeril, Skelaxin, Soma</td>
<td>8%</td>
</tr>
<tr>
<td>Antidepressants</td>
<td>Cymbalta, Zoloft, Effexor</td>
<td>8%</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td></td>
<td><strong>70%</strong></td>
</tr>
</tbody>
</table>

Source: NCCI Workers’ Compensation Prescription Drug Study, 2008 Update
The prescription price and utilization by age of injury continues to increase.

Source: PMSI 2009 Drug Trends Report

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Guest Speakers

With us today are Dr. Stephen Colameco and Dr. Adam Seidner.

Dr. Stephen Colameco

Stephen Colameco, MD, M.Ed. is a board certified addiction specialist and a fellow of the American Society of Addiction Medicine. He has served as an addiction treatment program medical director, family medicine residency program director, health system medical director, and as an addiction specialist for psychiatric inpatient and partial hospitalization treatment programs.

Dr. Colameco has held academic appointments at a number of medical schools and is currently an Assistant Clinical Professor at the University of Medicine and Dentistry of New Jersey, School of Osteopathic Medicine.

Dr. Adam Seidner

Adam L. Seidner, MD, MPH is National Medical Director at Travelers Insurance Company in Hartford, Connecticut. Since 1997 he has been responsible for technology assessment, pharmacy benefit development, quality assurance and improvement as well as medical policy development.

Dr. Seidner has earned numerous honors and awards throughout his career such as the Delta Omega National Honor Society, Secretary of State’s Public Service Award, ACOEM Research Award, AMA Physician Recognition Award and AAFP Family Practice Teaching Appreciation Certificate, to name a few.
How common is substance abuse among patients with chronic pain?

Depends on the study!

- Lack of long term studies--addiction may develop slowly
- Some studies show very low levels of abuse in pain patients but most exclude “high risk” patients and did not use Urine Toxicology testing
- Five (5) studies (1,965 subjects) that used urine testing reported illicit drugs in 14.5% of patients*

Substance Abuse

In the Urban Teaching Hospital Pain Clinic study (n = 470), a study that used urine drug testing, the results were quite high.

- 45% abnormal urine screens
- 20% positive for illegal drugs
- 14% positive for additional prescription drugs
- 10.2% absence of prescribed medication
- 2.3% evidence of tampering with their urine

Quiz #1: Relationship Between Pain and Addiction

What percentage of methadone clinic patients have severe chronic pain?

A. 24 %
B. 37 %
C. 61 %

Use the Polling Panel on the right to enter your answer now.

Be sure to click “Submit.”
Quiz #1: Relationship Between Pain and Addiction

The answer depends on the study... but all of the answers are in the correct range.

Rosenblum (2003) reported that 37% of methadone patients and 24% of inpatient rehab patients reported untreated chronic severe pain of over six months duration.

Jamison (2000) Among methadone patients, 61.3% reported chronic pain and 44% believed that pain had led to addiction. Pain correlated with psychological problems.

Addicts experience more pain ... and their pain is very complex.

**Two Sides of the Same Coin**

- Addiction is increasingly being viewed as a chronic “brain disorder”
- Chronic pain is increasingly being viewed as a chronic “brain disorder”
- Chronic pain in the context of addiction – very complex bio-psycho-social disorder
Normal Brain Function

To understand the dynamics of how the brain experiences pain, drugs, and addiction, it is first helpful to review how the brain operates.
Normal Brain Function

In addition rewards such as food, comfort and pleasure, the reward pathways can also be activated by addictive drugs.
Quiz #2: Conditions Reinforcing Addiction

Who is more likely to become addicted to nicotine?

A: Nicotine naïve individual who applies a 14 mg nicotine patch daily for 60 days?

B: Nicotine naïve individual who smokes ½ pack per day (equivalent to 14mg/d) for 60 days?

Use the Polling Panel on the right to enter your answer now.

Be sure to click “Submit.”
Reinforcing Mechanisms

Negative reinforcers and contextual associations play a role in addiction. This role takes place with drugs as it does with foods.
Addiction and Chronic Pain involve numerous areas of the brain. 

- Emotional Stimuli
- Nociceptive Stimuli
- Associative stimuli

- Memory
- Emotions

- Reward Center
- Reinforcement
- Cravings
- Prioritization

- Cognitions
- Beliefs
- Associations
- Sensation
Multiple biological, psychological and social factors contribute to the subjective experience of pain.

“Your Pain is Caused by...... these Bulging Discs”

- Disability claim?
- Compensable event?
- Hate your job?
- Depressed?
- Angry?
- Hopeless?
- Abusive relationship?
Interrelated Pain Components

There is considerable overlap between chronic pain, addiction and psychiatric disorders.
Axis I disorders were present among pain study participants than in the general population.

Prevalence (%) of Current (Past Month) DSM Axis I Mental Disorders: A Comparison of Study Patients (n = 1595) and General Population Estimates* (Epidemiological Catchment Area (n = 18,571)

<table>
<thead>
<tr>
<th>DSM Axis I Disorder</th>
<th>Study Patients %</th>
<th>ECA %</th>
</tr>
</thead>
<tbody>
<tr>
<td>Any disorder (excluding pain disorder)</td>
<td>62</td>
<td>16.0</td>
</tr>
<tr>
<td>Major depression</td>
<td>53</td>
<td>2.0</td>
</tr>
<tr>
<td>Any anxiety disorder</td>
<td>10</td>
<td>7.3</td>
</tr>
<tr>
<td>Panic disorder</td>
<td>3</td>
<td>0.5</td>
</tr>
<tr>
<td>Any substance disorder</td>
<td>12</td>
<td>7.0</td>
</tr>
<tr>
<td>Any PD</td>
<td>68</td>
<td>5.9</td>
</tr>
<tr>
<td>Paranoid</td>
<td>29</td>
<td>0.0</td>
</tr>
<tr>
<td>Borderline</td>
<td>26</td>
<td>0.4</td>
</tr>
<tr>
<td>Histrionic</td>
<td>17</td>
<td>1.3</td>
</tr>
<tr>
<td>Narcissistic</td>
<td>13</td>
<td>0.0</td>
</tr>
<tr>
<td>Avoidant</td>
<td>12</td>
<td>0.0</td>
</tr>
<tr>
<td>Dependent</td>
<td>7</td>
<td>0.1</td>
</tr>
<tr>
<td>Obsessive-compulsive</td>
<td>15</td>
<td>1.7</td>
</tr>
</tbody>
</table>

Premorbid psychiatric disorders can be important predictors of successful outcomes in pain management programs.

<table>
<thead>
<tr>
<th>Diagnosis</th>
<th>% Improved</th>
</tr>
</thead>
<tbody>
<tr>
<td>No Axis I Disorder</td>
<td>67%</td>
</tr>
<tr>
<td>No Substance use disorder</td>
<td>52%</td>
</tr>
<tr>
<td>Any Axis I Disorder</td>
<td>32%</td>
</tr>
<tr>
<td>Major Depression</td>
<td>31%</td>
</tr>
<tr>
<td>Substance use disorder</td>
<td>27%</td>
</tr>
<tr>
<td>Pain Disorder</td>
<td>25%</td>
</tr>
<tr>
<td>PTSD (4 patients)</td>
<td>0%</td>
</tr>
</tbody>
</table>

Improvement in Pain Management Programs

Premorbid psychiatric disorders can be important predictors of successful outcomes in pain management programs.

- Identify those at risk for loss of control over opioids
- Screen for PTSD and other comorbid psychiatric conditions
- The longer addiction is present, the harder it is to treat
- Addiction multiplies pain-related disability
- Early recognition improves outcomes
Which Patients are at Risk for Substance Abuse?

Employment Status and High Education Level Are **No Guarantee** that a Patient is not at Risk for Addiction.

According to some, predicting misuse, abuse, or addiction is easy.*

- Men under 30 who...
- Smoke cigarettes...
- And can’t hold a job...

*Commentary: Dr. Forest Tennant Speaks Out/Practical Pain Management/ January-February 2009

In fact there are many misconceptions about which risk factors are predictive.

- High analog scale rating (e.g. 10/10)
- Poor perceived social support
- Treatment by many providers
- Current use of benzodiazepines
- Unwillingness to cooperate with work-up
- Multiple pain sites
- Poor perceived coping skills
Risk Factor Supported in the Literature

Fortunately, there are a number of risk factors supported in the literature.

- Major Depression
- Panic Disorder
- PTSD
- DSM Pain Disorder
- Eating Disorders
- Personality Disorders
- Substance Use Disorder History
- Alcohol Dependence History
- Current Alcohol Abuse
- Poor Employment History
- Arrests - Incarceration
Formal Risk Assessment

Therefore it is important to conduct a meaningful risk assessment up front. But what tool should you use?

**Screener and Opiate Assessments for Patients in Pain (SOAPP)**

*5-item version: Asks, “How often:”*

1) Do you have mood swings? 2) Do you smoke a cigarette within an hour of awakening?, 3) Have you taken medications other than as prescribed? 4) Have you used illicit drugs in the past five years? 5) Have you had legal problems or been arrested?

**Opioid Risk Tool (ORT)**

*Weight Scoring based on:*

1) Family history substance problems, 2) Personal history substance problems, 3) Age 16-45, 4) Pre-adolescent sexual abuse, 5) Psychological disorders (specified: ADD, OCD, bipolar, schizophrenia, depression)

**Pain Medication Questionnaire (PMQ)**

*A 26-question instrument evaluating prior use of and experience with medication*

High scores: 2.6 times more likely to demonstrate substance abuse, 3.2 times more likely to request early renewal

Following an assessment, the best studied evidence-based treatment for chronic pain is multidisciplinary.

**Best Recovery Model**

- **Bio**
- **Social**
- **Psych**

**Key Components**

- **Steps:**
  - Clarification of Diagnosis
  - Coordination of Care
  - Pain Behavior Intervention

- **Evidence-Based Medicine**
- **Functional Restoration Approach**
- **Cognitive-Behavioral Techniques**

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The problems with the rising costs of prescription drugs were mounting, especially drugs such as Actiq, Oxycontin, Fentora, and Opana (oxymorphone).

<table>
<thead>
<tr>
<th>Drug Name</th>
<th>Highest</th>
<th>Price</th>
</tr>
</thead>
<tbody>
<tr>
<td>Actiq</td>
<td>1600 mcg</td>
<td>$77.08</td>
</tr>
<tr>
<td>Fentora</td>
<td>800 mcg</td>
<td>$38.53</td>
</tr>
<tr>
<td>Duragesic</td>
<td>100 mcg</td>
<td>$68.64</td>
</tr>
<tr>
<td>Oxycontin</td>
<td>80 mg</td>
<td>$11.32</td>
</tr>
<tr>
<td>Darvocet</td>
<td>TAB 100</td>
<td>$1.18</td>
</tr>
<tr>
<td>Dilaudid</td>
<td>Tab 8mg</td>
<td>$2.01</td>
</tr>
<tr>
<td>Demerol</td>
<td>100 mg</td>
<td>$1.36</td>
</tr>
<tr>
<td>Percocet</td>
<td>650 mg</td>
<td>$3.98</td>
</tr>
</tbody>
</table>
Travelers Case Study

We were experiencing the same factors that we all have heard so much about in the journals.

- Higher medical costs associated with those on opioids
- Higher indemnity costs associated with those on opioids
- More total disability days associated with those on opioids
Our Problem = Industry Problem

Looked at by the California Workers’ Compensation Institute in 2008...

Study Sample

Number of Milligrams of Morphine Equivalents in Filled Prescriptions by Claim Type and Morphine Equivalent Category

<table>
<thead>
<tr>
<th>Claim Category</th>
<th>Med Only Claims</th>
<th>Indemnity Claims</th>
<th>Total Claims</th>
<th>Percent of Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>No MEs</td>
<td>82,530</td>
<td>42,853</td>
<td>125,383</td>
<td>85.6%</td>
</tr>
<tr>
<td>Level 1 (&gt;0 and &lt;=240 MEs)</td>
<td>5,405</td>
<td>5,795</td>
<td>11,200</td>
<td>7.6%</td>
</tr>
<tr>
<td>Level 2 (&gt;240 and &lt;=650 MEs)</td>
<td>1,025</td>
<td>3,280</td>
<td>4,305</td>
<td>2.9%</td>
</tr>
<tr>
<td>Level 3 (&gt;650 and &lt;=2,100 MEs)</td>
<td>380</td>
<td>2,542</td>
<td>2,922</td>
<td>2.0%</td>
</tr>
<tr>
<td>Level 4 (&gt;2,100 MEs)</td>
<td>174</td>
<td>2,657</td>
<td>2,831</td>
<td>1.9%</td>
</tr>
<tr>
<td>Total (Claims w/MEs)</td>
<td>6,984</td>
<td>14,274</td>
<td>21,258</td>
<td>14.4%</td>
</tr>
<tr>
<td>Total (All Claims)</td>
<td>89,514</td>
<td>57,127</td>
<td>146,641</td>
<td>100.0%</td>
</tr>
</tbody>
</table>

Source: California Workers’ Compensation Institute June 2008 Pain Management and the Use of Opioids in the Treatment of Back Conditions in the California Workers’ Compensation System Alex Swedlow, MHSA, Laura B. Gardner, MD, MPH, PhD, John Ireland, MHSA, and Elizabeth Genovese, MD, MBA, FACOEM, FAADEP
Our Problem = Industry Problem

... the study found an increased number of claims associated with opioid use...

**Study Findings**

**TD Days by Morphine Equivalent Level**
**Medical Backs with No Spinal Cord Involvement**

<table>
<thead>
<tr>
<th>Morphine Equivalent Level</th>
<th>Average TD Days Paid</th>
<th>Percentage Payment Increases by Morphine Equivalent Level</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>All Claims</td>
<td>Indemnity Claims</td>
</tr>
<tr>
<td>No Opiates</td>
<td>21.3</td>
<td>62.9</td>
</tr>
<tr>
<td>1 Prescription</td>
<td>21.3*</td>
<td>66.9</td>
</tr>
<tr>
<td>2 – 3 Prescriptions</td>
<td>38.8</td>
<td>84.2</td>
</tr>
<tr>
<td>4 – 7 Prescriptions</td>
<td>60.6</td>
<td>102.3</td>
</tr>
<tr>
<td>&gt; 7 Prescriptions</td>
<td>88.0</td>
<td>127.9</td>
</tr>
</tbody>
</table>

* Not a statistically significant difference from the baseline.

Source: California Workers’ Compensation Institute June 2008 Pain Management and the Use of Opioids in the Treatment of Back Conditions in the California Workers’ Compensation System Alex Swedlow, MHSA, Laura B. Gardner, MD, MPH, PhD, John Ireland, MHSA, and Elizabeth Genovese, MD, MBA, FACOEM, FAADEP
Our Problem = Industry Problem

... and increased benefit payouts associated with opioids.

Study Findings

Average Benefit Payments by Opiate Agonist Level
Medical Backs With No Spinal Cord Involvement Injuries

<table>
<thead>
<tr>
<th># of Opiate Agonist Prescriptions</th>
<th>Average Paid Benefits</th>
<th>Percentage Payment Increases by Level of Opiate Agonist Prescriptions</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Total Benefits</td>
<td>Medical</td>
</tr>
<tr>
<td>No Opiates</td>
<td>$6,598</td>
<td>$3,169</td>
</tr>
<tr>
<td>1 Prescription</td>
<td>$6,658*</td>
<td>$3,049*</td>
</tr>
<tr>
<td>2 – 3 Prescriptions</td>
<td>$9,932</td>
<td>$4,151</td>
</tr>
<tr>
<td>4 – 7 Prescriptions</td>
<td>$14,669</td>
<td>$5,960</td>
</tr>
<tr>
<td>&gt; 7 Prescriptions</td>
<td>$20,945</td>
<td>$9,132</td>
</tr>
</tbody>
</table>

* p > .05, not a statistically significant difference from the baseline.

Source: California Workers’ Compensation Institute June 2008 Pain Management and the Use of Opioids in the Treatment of Back Conditions in the California Workers’ Compensation System Alex Swedlow, MHSA, Laura B. Gardner, MD, MPH, PhD, John Ireland, MHSA, and Elizabeth Genovese, MD, MBA, FACOEM, FAADEP
Our approach to address the mounting drug costs associated with chronic pain was multi-faceted.

- Pharmacy Letters
- Urine Drug Testing
- Early Intervention Pain Management
We mounted a pharmacy centered campaign.

- FDA/manufacturer’s warning
- “Off-label”
- Morphine Equivalence
- Acetaminophen (APAP) toxicity
- Generic awareness
Urine Drug Testing

With urine testing we launched a medication compliance program.

- Provides the prescribing physician with an objective measure of drug adherence
- Reduces the likelihood of injured worker diverted the narcotics
- Provides evidence of illicit substances such as amphetamines, marijuana, cocaine, opiates, and phencyclidine that will delay recovery from the work related injury
Early Intervention Chronic Pain Management

With Paradigm we launched an early intervention pain program.

- Clarification of Diagnosis
- Coordination of Care
- Pain Behavior Intervention

Evidence-Based Medicine
- Functional Restoration Approach
- Cognitive-Behavioral Techniques

Bio
Social
Psych
Successful Medical and Cost Outcomes

Our results have been very positive.

Early Intervention
(Less than one year from date of injury)

Later Interventions
(Average case age six years from injury date)

Return to Work
Off Narcotics

84%
48%

Return to Work
Off Narcotics
First Year ROI

34%
53%
184%

Source: Paradigm Management Services
We hope you will join us for future webinars, and leave knowing the following.

- Narcotic use is a large and growing problem in workers’ compensation
- Addiction is common and complicated by a host of social and psychological factors
- Addressing the narcotics issue requires a holistic biopsychosocial treatment approach
- Paradigm has successfully proven the value of our model during the past 20 years
Question and Answer Session

Please submit your questions for our panelists in the Q&A window on the right.

Today’s speakers:

Mary Baranowski  
Senior Vice President  
Paradigm

Dr. Stephen Colameco, MD  
University of Medicine and Dentistry of NJ, SOM

Dr. Adam Seidner, MD, MPH  
National Medical Director  
Travelers Insurance Company

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