In recent years, there has been a disturbing rise in the use of narcotics to treat pain, including pain from work-related injuries. While narcotics can provide pain relief for certain types of occupational injuries, the rate at which they’re being prescribed is indicative of a much more casual approach to their use than the Food and Drug Administration considers safe.\(^1\)

Originally intended for the treatment of severe and chronic pain or cancer-related pain, narcotics such as Percocet, OxyContin, and Vicodin are now routinely prescribed to treat injuries such as low back pain. Use of these painkillers can have potentially dangerous impacts. According to the Centers for Disease Control, painkiller overdoses in men and women caused more deaths than heroin and cocaine combined in 2008.\(^2\)

According to Dr. David Deitz, vice president and national medical director for Helmsman Management Services, treating providers and others involved in workers compensation claims should be cognizant of the ramifications of narcotic use and consider more carefully whether risks and unintended consequences outweigh the need for these medications. He notes that the inappropriate use of narcotics can lead to problems more serious than the injuries themselves. “Due to the harmful and sometimes dangerous side effects associated with these narcotics,” Dr. Deitz says, “injured workers often need to spend time away from work beyond the time required for the injury to heal. This results in the employer having to bear additional medical and leave costs and lost productivity.”

Laura MacArthur, registered nurse and product manager of pharmacy management for Helmsman, describes several issues that should be considered as part of any treatment plan for occupational injuries. “It’s important for the claims management process to have procedures in place to identify high-risk situations – those cases in which there may be a likelihood of dependence on the narcotics – and to take action if intervention is necessary.” MacArthur adds that strategies such as lowering an injured worker’s dosage, transitioning to less dangerous medications, and using non-drug therapies should be considered as alternatives. Additionally, she says, “Organizations should have policies about what to do when narcotics are used, and maybe help employees recognize that return to work can be affected by use of these drugs.”

Deitz and MacArthur suggest that employers discuss with their workers compensation carrier, third party administrator, and agent or broker ways to better manage return to work and other issues for employees who may be prescribed narcotics.
We recommend four strategies for curbing narcotics abuse in workers compensation case management:

1) Appropriate Treatment

Having the injured worker treated by a provider experienced in occupational injuries early on will help the worker recover sooner, making the use of narcotics for pain relief much less likely.

2) Proactive Claims Management

Closely monitoring claims can help to identify the inappropriate use of narcotics early on. For example, predictive modeling helps flag cases that have the potential to escalate. Claims managers can also look for early warning signs, such as multiple pharmacy or physician use (“doctor shopping”), depression, or addictive behaviors (e.g., smoking or alcohol abuse).

3) Pharmacy Benefit Manager

Your pharmacy benefit manager should be flagging “outlier” prescriptions for claims managers to investigate. Questions to ask:

- Is the prescription appropriate given the worker’s type of injury or course of treatment?
- Does the number of recommended refills align with standard protocols?

4) Treating Physician Consults

If the primary treating physician lacks experience in treating occupational injuries or safely prescribing narcotics, Deitz and MacArthur recommend opening a dialogue with the physician about the treatment plan and the appropriate use of narcotics. Methods of opening such a dialogue include:

- Using a peer-to-peer physician review, initiated either by a pharmacy benefit manager or third party administrator employed physician, such as a regional medical director
- Having a nurse case manager attend the injured worker’s next visit to the treating physician
- Conducting an independent medical exam of the injured worker

Narcotics abuse can translate into extended employee absence, lost productivity, and higher claims costs. Is your organization doing all it can to prevent the overuse of narcotics in the treatment of on-the-job injuries?

Did you know?

In 2012, employers and insurers spent $1.4 billion on narcotics for workers compensation claims.4 The average claim cost without use of an opioid is $13,000 while the cost with a short-acting opioid such as Percocet is $39,000.5

To learn more about how we manage claims to the best possible outcomes, visit www.helmsmanpa.com or email info@helmsmanpa.com.

Helmsman Management Services is a wholly owned subsidiary of Liberty Mutual Insurance and provides the flexibility of a third-party administrator and the strength of a carrier. Claims resources such as predictive modeling, nurse case managers, and regional medical directors are shared across both organizations.