

# Pain Management & Opioid Use in the California Workers' Compensation System

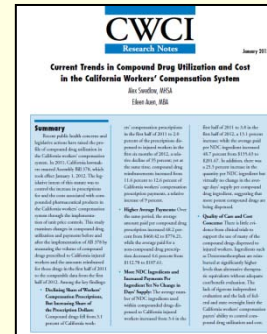
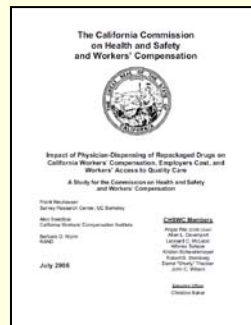
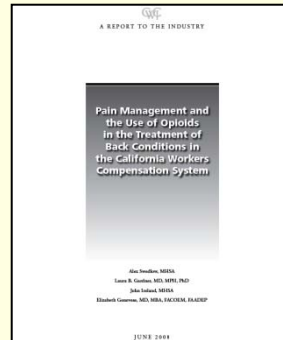
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National Press Club

Alex Swedlow  
EVP, Research  
California Workers' Compensation Institute  
[www.cwci.org](http://www.cwci.org)

# Areas of CWCI Rx Research

## Changing Role of Rx in Workers' Compensation

- Repackaged Drugs
- Sole Source (Brand) v. Multi-source (Generic)
- Compounded Drugs
- Opioids & Schedule-II Drugs
- Drug Testing



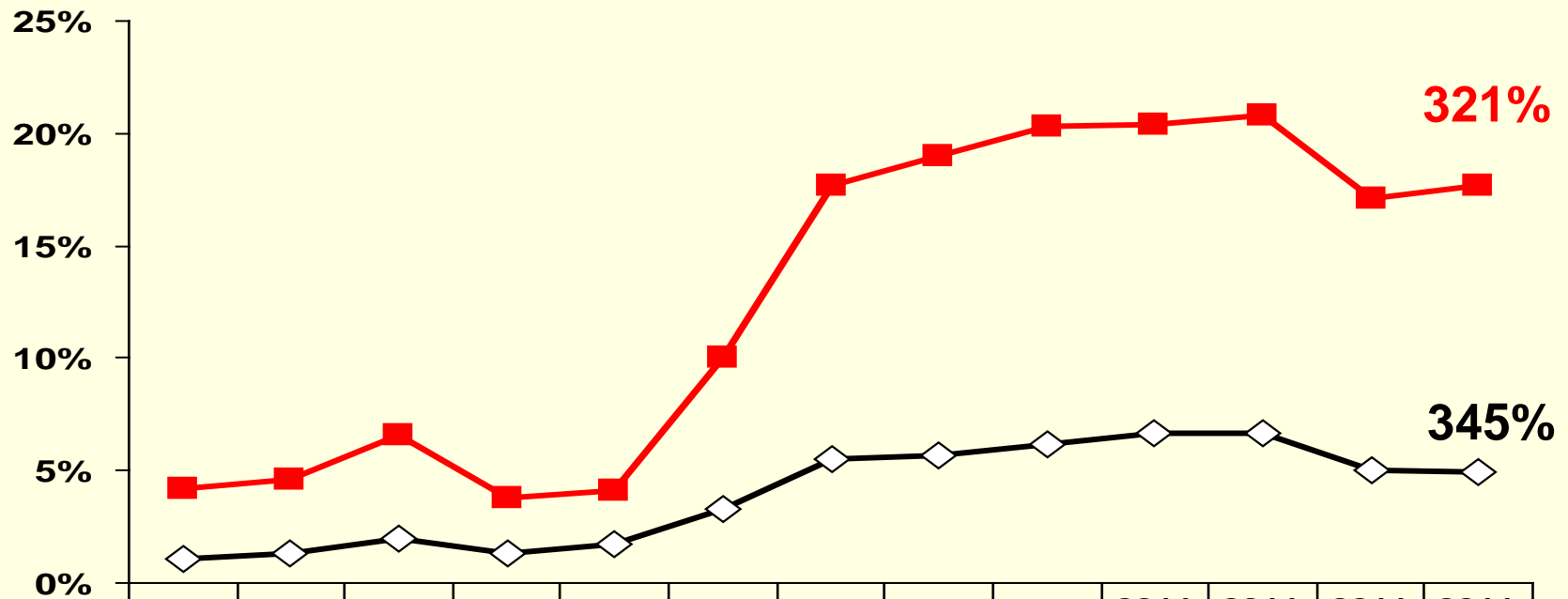
# CWCI Rx Research

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## Changing Role of Rx in Workers' Compensation

1. Growing use of pharmaceuticals
  - 2002: 5% of medical benefits
  - 2010: 12% of medical benefits
2. Reforms in pricing and fee schedules
3. Growing influence of pain management practices

# Pharmaceutical Utilization & Cost Schedule-II Opioid Drugs<sup>1</sup>



◆ Pcnt Scripts	1.1%	1.3%	2.0%	1.3%	1.7%	3.3%	5.5%	5.7%	6.2%	6.7%	6.7%	5.0%	4.9%
■ Pcnt Pymts	4.2%	4.6%	6.6%	3.8%	4.1%	10.0%	17.7%	19.0%	20.3%	20.4%	20.8%	17.1%	17.7%

<sup>1</sup> CWCI 2012. Calculations are on a calendar year basis

## Managing Pain Management

### CA Rules and Regulations and Medical Mgt.

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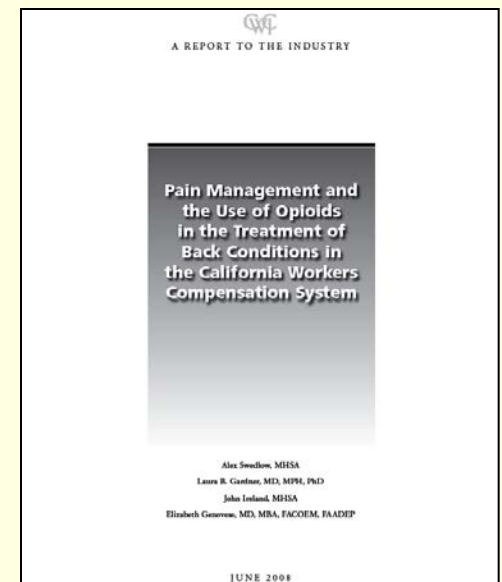
- Pain Mgt Guidelines Implemented July 2009
  - Competing MTUS definitions and triggers
  - Hierarchy of medical evidence
  - Different levels of specificity
- Limits to Workers Comp Medical Management
  - Few supply- and demand-side controls
  - Liens
  - No 3<sup>rd</sup> party payer access to PDMP/CURES

## Pain Management & Opioids

### Report to the Industry

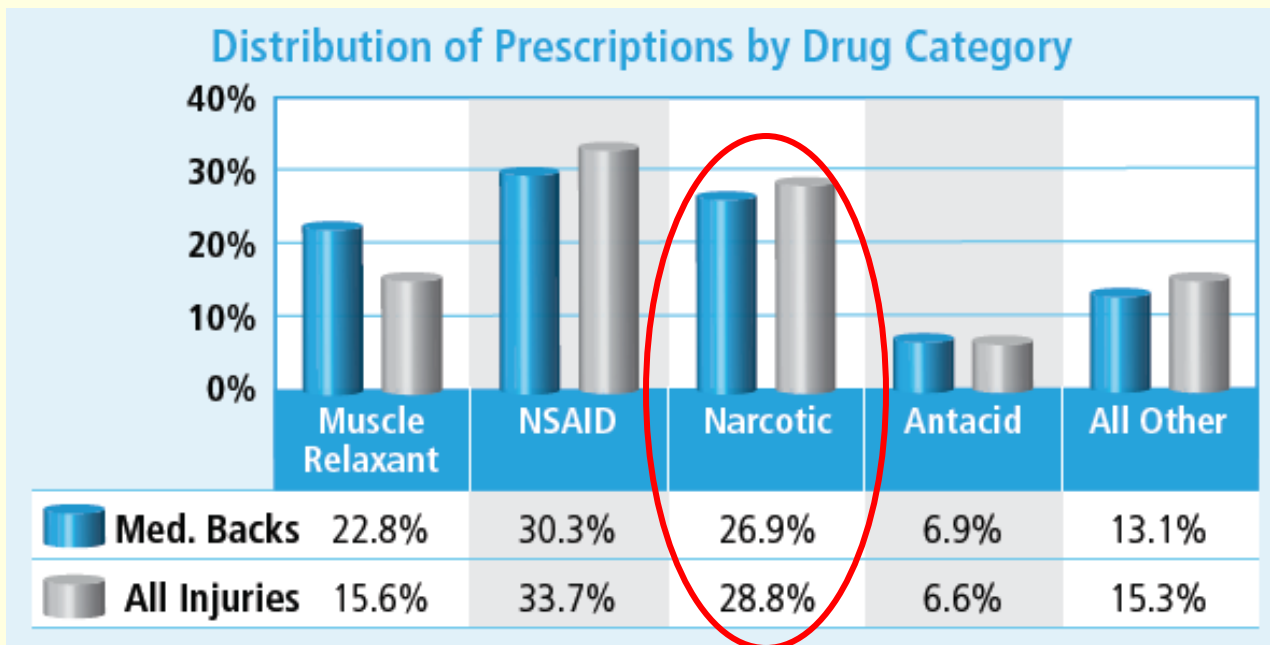
What is the association between the use of opioids on low back pain on:

- Average Benefit Costs
  - Medical
  - Indemnity
- Return-to-work
- Other cost drivers



## Pain Management & Opioids

Opioids are often used to treat pain



## Evidence-based Medicine & Comparative Effectiveness Research on Opioids

### ACOEM Insights on Opioids

- Opioid use is the most important factor impeding recovery of function in patients referred to pain clinics
- Opioids do not consistently and reliably relieve pain and can decrease quality of life and functional status
- The use of opioids during the sub-acute and chronic phases of an injury, especially in the absence of an objectively identifiable pain generator, cannot be recommended.

Genovese, Harris, Korevaar 2007



# Pain Management & Opioids

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## Data and Methods

- 166,336 California injured workers
- Medical back conditions without spinal cord involvement
- Dates of Injury: 2002 through 2005
- A total of 854,244 opioid prescriptions were dispensed
- Controls (morphine equivalents) for different types of opioids
- Case-mix adjusted outcomes

# Pain Management & Opioids

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## Case-Mix Adjustment Variables

- A. Employee pre-injury characteristics  
(occupation, age, sex, tenure, etc.)
- B. Injury characteristics (co-morbidities)  
(primary, secondary and tertiary diagnosis)
- C. Employer characteristics  
(industry, region, premium, payroll)
- D. Schedule-II dose level  
5 levels of morphine equivalent doses

## Pain Management & Opioids

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### 1. Claim Outcomes:

Average medical and indemnity cost

### 2. Recovery Time

Paid time off work (temporary disability days)

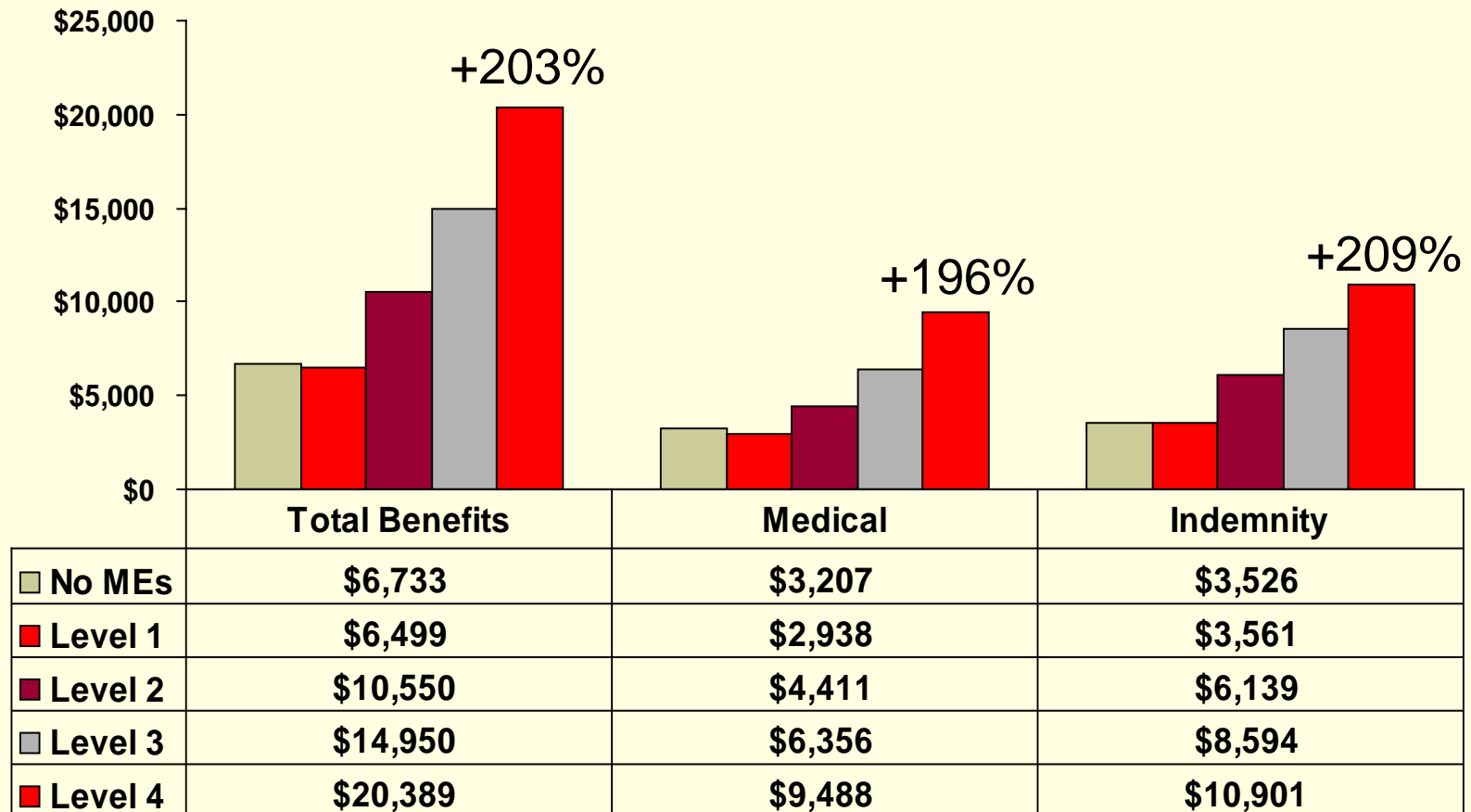
Claim closure

### 3. Other Cost Drivers

Attorney Involvement (Litigation)

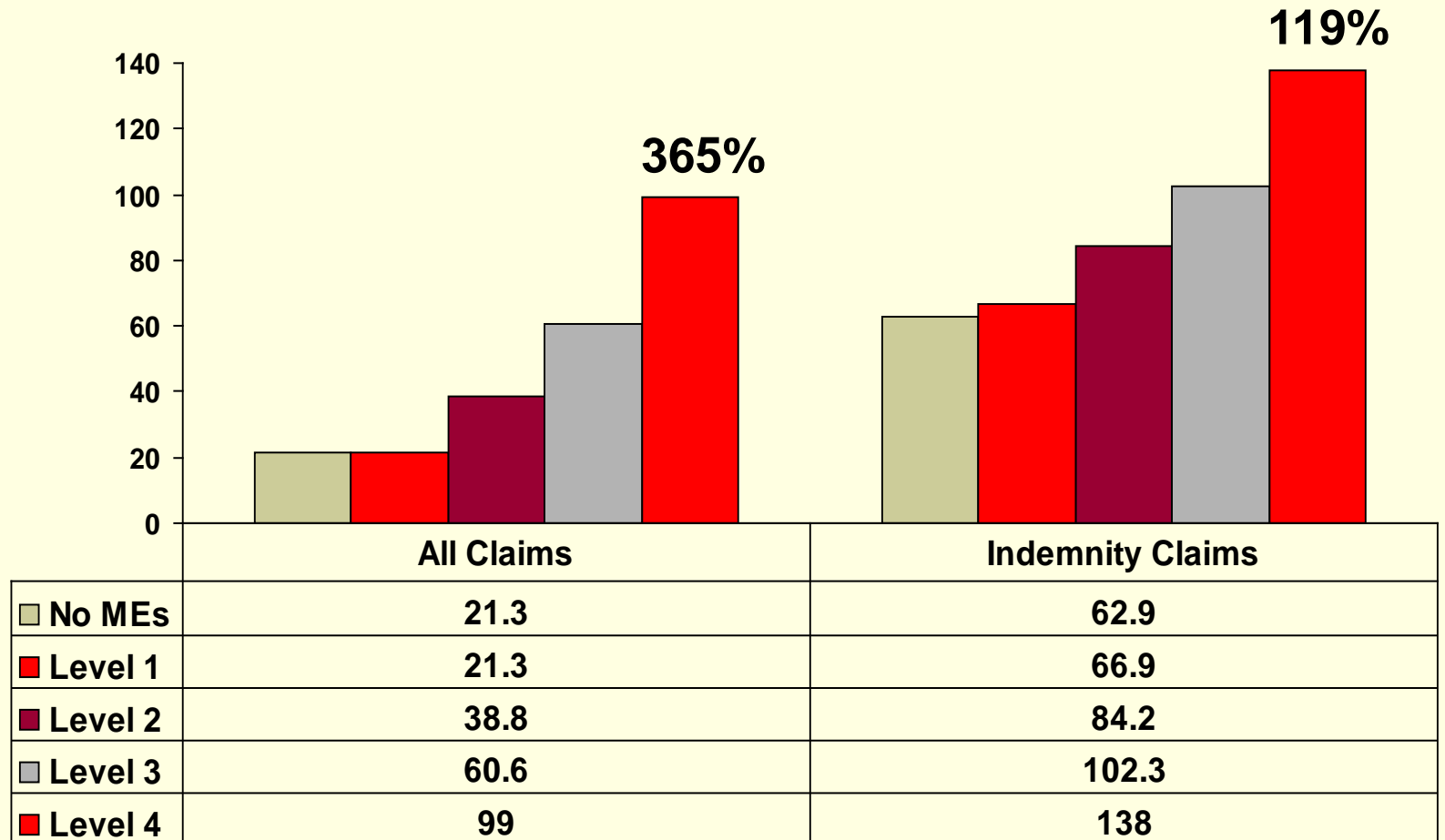
## Pain Management & Opioids

# Average Benefit Cost Outcomes



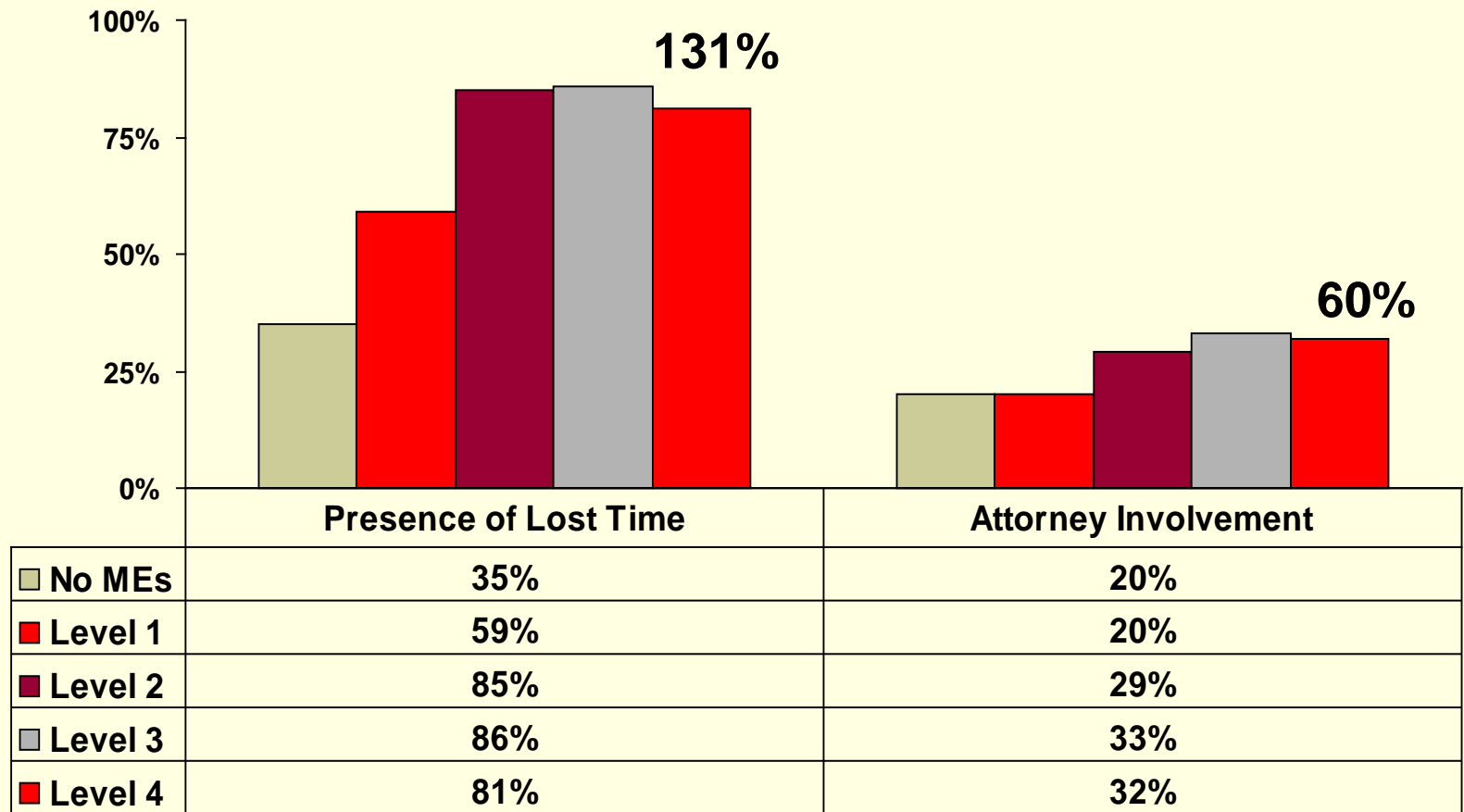
## Pain Management & Opioids

# Return to Work: Paid Temp Disability Days



## Pain Management & Opioids

# Presence of Lost Time & Attorney Involvement



# Pain Management & Opioids

## Prescribing Patterns of Schedule II Opioids



CWCI March 2011

### Analysis of:

1. Injury Characteristics
2. Physician Prescribing Patterns
3. Injured Worker Characteristics



### Data:

- 16,890 Claims
- 9,174 Prescribing physician DEA code
- 233,276 Prescriptions
- Script, dosage and days
- Pharmaceutical characteristics
- DOS, billed and paid amount
- ER and EE characteristics

## Prescribing Patterns of Schedule II Opioids

### Top Injury Categories w/ Schedule II Opioids

Diagnostic Category	Pcnt of S-II Opioid Claims	Pcnt of S-II Opioid Scripts	Pcnt of S-II Opioid Pymnts
Medical Back w/o Spinal Cord Invlvmnt	35.7%	47.1%	50.2%
Spine Disorders w/ Spinal Cord or Root Invlvmnt	11.3%	15.1%	16.1%
Cranial & Peripheral Nerve Dis	5.0%	6.8%	6.5%
Degen, Infect & Metabol Joint Dis	9.3%	6.1%	5.4%
Other Injuries, Poisonings & Toxic Effects	5.5%	5.9%	6.8%
Ruptured Tendon, Tendonitis, Myositis & Bursitis	6.0%	3.6%	2.7%
Sprain of Shoulder, Arm, Knee or Lower Leg	6.8%	3.2%	2.8%
Wound, FX of Shoulder, Arm, Knee or Lower Leg	6.3%	2.7%	1.6%
Other Mental Disturb	1.2%	1.7%	1.5%
Other Diagnoses of Musculoskeletal Sys	1.5%	1.4%	1.1%

CWCI March 2011



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CWCI March 2011

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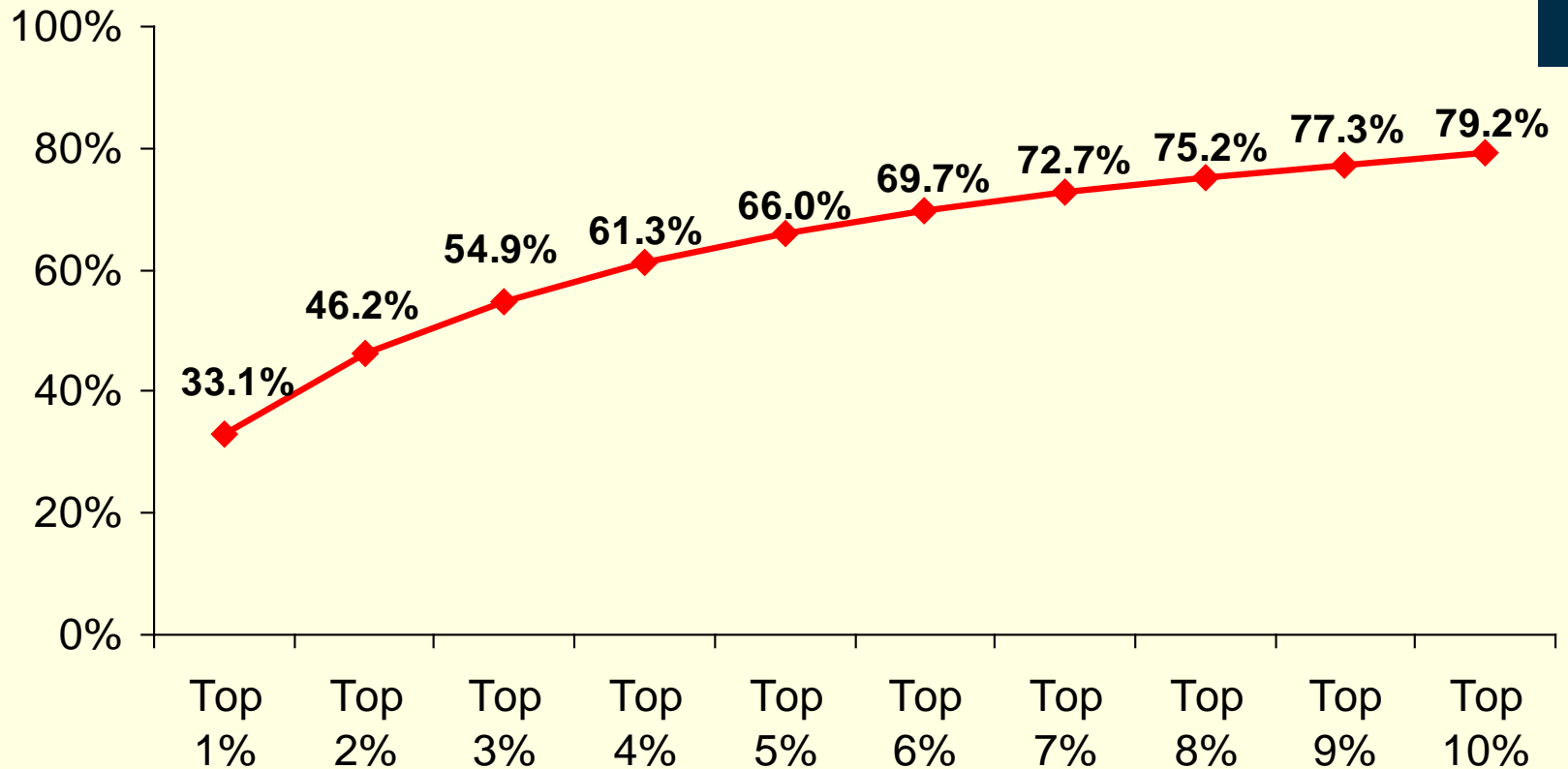
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### S-II Use Outside of Guidelines:

- 51% of Claims
- 60% of S-II Prescriptions
- 62% of Payments

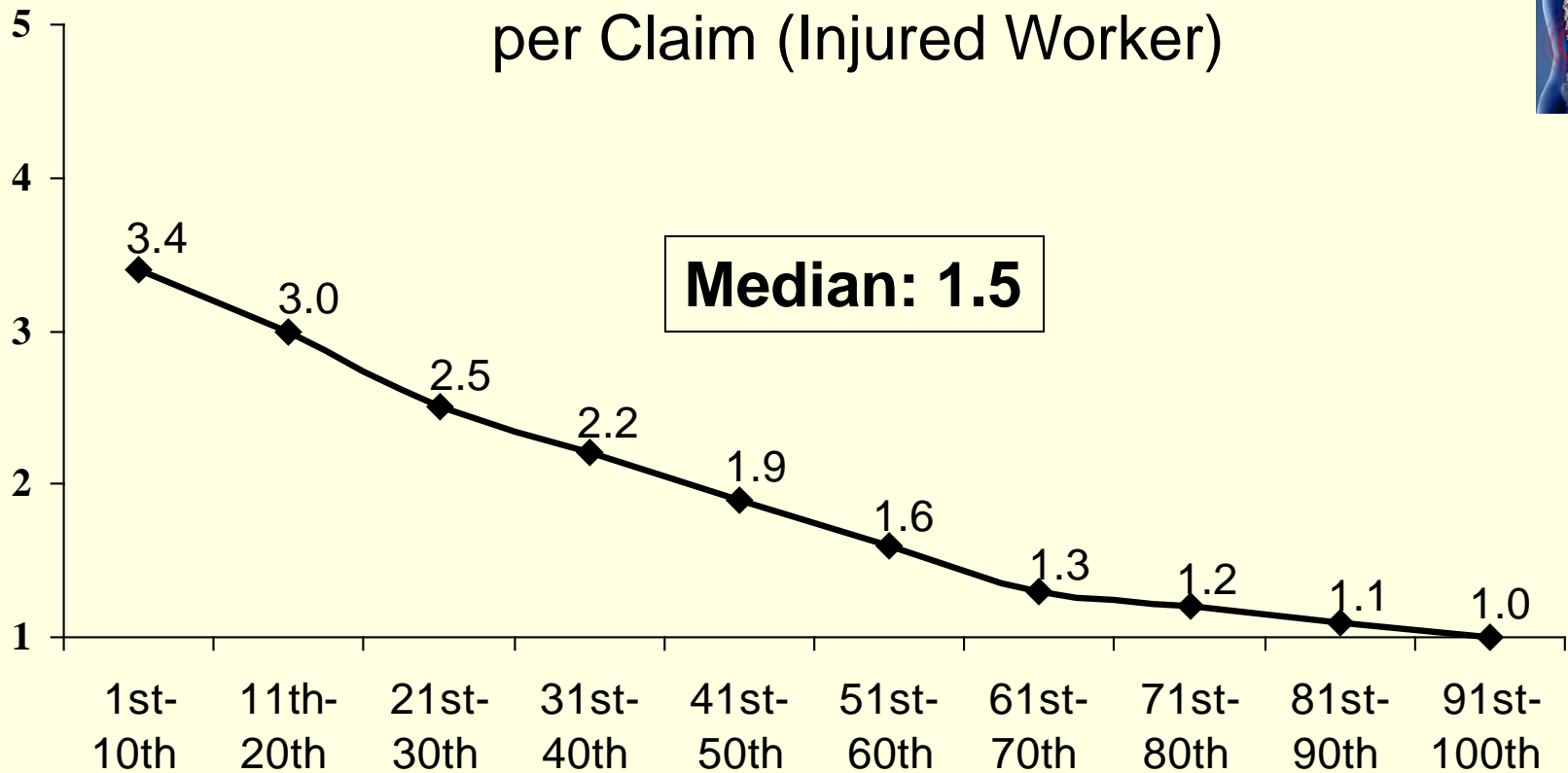
# Prescribing Patterns of Schedule II Opioids

## Cumulative Percentage of Schedule II Prescriptions (Top 10% of S-II Prescribing Physicians)



# Prescribing Patterns of Schedule II Opioids

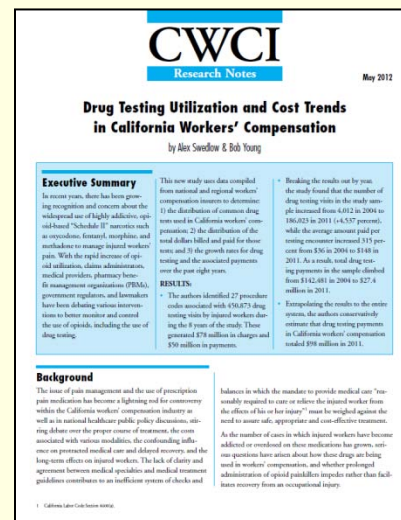
## Average S-II Opioid Prescribing Physicians per Claim (Injured Worker)



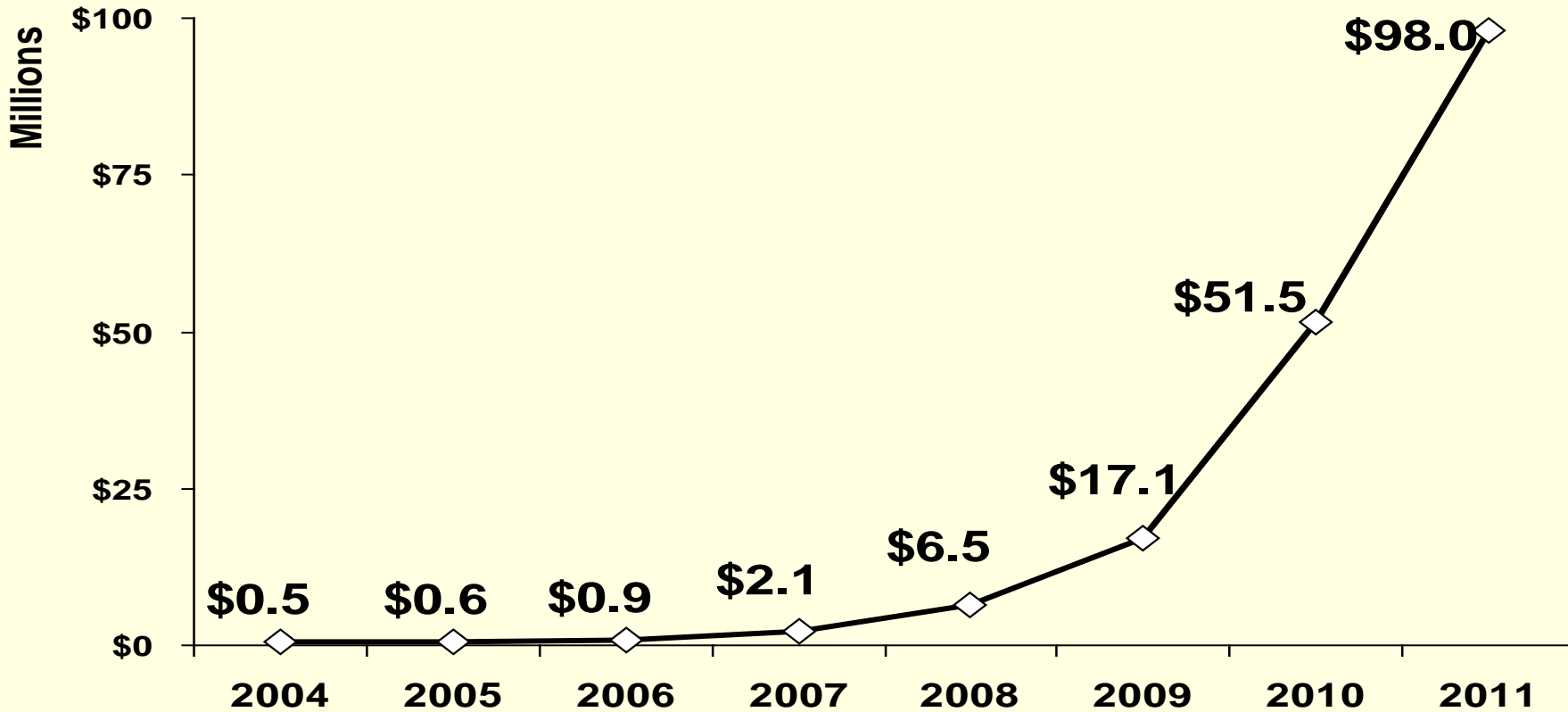
# Pain Management & Opioids

## Drug Testing

- High levels of testing associated with increasing opioid and S-II utilization
- Rationale for drug testing:
  - Protocols?
  - Type of test?
  - Timing and frequency?
  - Medical necessity?
- Consequences:
  - Injured worker
  - Physician
  - Employer
  - Claims administrator



# Drug Testing Calendar Year Payments (\$M)



CWCI 2012

# Pain Management & Opioids in the California Workers' Comp System

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## Summary

- High rate of inappropriate opioid use;
- Difficult to manage within CA WC rules/regs/cost controls
- Graduated use associated with adverse injured worker outcomes
- Small number of physicians associated with high prescribing patterns
- Rapid increase in drug testing