

The Negative Impact of Opioid Use Among Injured Workers

Injured workers are no strangers to painkillers. In many instances, prescription drugs are the only way they can experience relief from chronic pain, especially if their suffering is hard for physicians to diagnose. Many of these painkillers are opioids, which the National Institute on Drug Abuse (NIH) defines as “medications that relieve pain” by reducing “the intensity of pain signals reaching the brain” [1].

Workers Put in Hazardous Positions

Pain often is a subjective measure, making it difficult for physicians to diagnose and treat effectively. Opioids can alleviate discomfort an injured worker may experience, but these drugs don’t necessarily cure the symptom, lead to increased functionality or even provide long-term pain relief. Many times, the risks these prescription drugs pose to the users’ health far outweigh the benefits. According to the National Council on Compensation Insurance (NCCI), the longer injured workers use opioids the greater the chance is they could become addicted and the longer they may be away from work [2].

The dangers opioids pose may only increase as more narcotics – and more powerful ones – hit the market. A new painkiller called Zohydro ER – which just received approval from the U.S. Food and Drug Administration despite being five to 10 times more powerful than Vicodin – has sparked controversy regarding whether it increases injured workers’ risk of dependence and overdose or if its benefits outweigh these risks. In fact, Forbes reported two pills of Zohydro can cause an overdose [3].

The U.S. Drug Enforcement Administration classifies opioids depending on their potential for misuse [4]. However, if a certain specific prescription opioid isn’t relieving an injured worker’s pain, the individual’s physician or prescribing doctor may increase the dosage or even switch the injured employee to a stronger medication, which may put the person at greater risk of becoming addicted to the drug or overdosing.

In fact, opioid narcotic prescriptions have been linked directly to some injured workers’ deaths. According to the Centers for Disease Control and Prevention (CDC) overdose deaths from prescription opioids has become a national epidemic. The latest figures from the CDC indicate that 16,500 people died from a narcotic painkiller overdose in 2010. This has more than tripled since 1990.

Most of these fatalities can be traced to prescription drugs [5]. In Arizona, the CDC noted the overdose fatality rate in 2008 was 13.1 per 100,000 people.

Despite these dangers, opioids continue to be prescribed to injured workers, which is why the insurance industry is responding with such efforts as CopperPoint Mutual Insurance Company’s support of Arizona Legislature’s HB 2221 [6], which passed both houses unanimously and was signed into law by Governor Jan Brewer.

The new law adds enhanced reporting requirements by physicians when prescribing opioids, including the responsibility that obligates them to check the Board of Pharmacy Controlled Substances Database before prescribing opioid medications for a duration of 30 or more days.

It also mandates random drug testing, requires out-of-state physicians treating Arizona workers compensation patients to comply with the Arizona requirements and clarifies procedures for removing a physician as attending physician when he or she refuses or fails to comply with reporting requirements of the statute.

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Injured Workers With Chronic Pain Often the Biggest Users

These Arizona efforts were added to the state statute because many times, narcotics are prescribed in the short and long term to workers with back injuries or hard-to-diagnose pain to provide them with relief. However, Dr. Leonard J. Paulozzi, a medical epidemiologist at the CDC's National Center for Injury Prevention and Control, told the Insurance Journal this practice can condition injured workers with chronic pain to use narcotics for a long period of time, which could raise workers compensation costs and put the user in danger of becoming addicted.

"[Opioid abuse is] a big problem, and it's a growing problem," Paulozzi said. "[The American College of Occupational and Environmental Medicine and Washington's Department of Labor and Industries] notice in their past histories that 42% of workers with back injuries got an opioid prescription in the first year after injury – most of the time after the first medical visit. But one year after the injury, 16% of those workers were still getting opioids."

Research into whether opioids work on back pain found only small improvements in functionality, while several studies found narcotics have a negative impact on the duration of injured workers' disability. Because injured workers with back problems may seem to be in near constant pain, physicians may feel pressured to give them prescriptions for relief right after they become injured, which can lead to injured workers becoming tolerant of the prescriptions and taking doses that put them in danger of death.

Stopping Opioid Overuse

There are many red flags of high opioid use among injured workers. One is their medical costs, which tend to skyrocket when employees are prescribed narcotics. Consider this: The NCCI estimates employers and insurers spent \$1.4 billion in 2012 on opioids for workers compensation claimants [7]. NCCI said in 2012 that 19% of workers comp medical costs were related to prescription drugs, with the opioid OxyContin® being the most prescribed drug in workers compensation in 2009 [8]. Narcotics use among injured workers continues to increase steadily, according to the NCCI, which reports in its Workers Compensation Drug Study 2013 update that opioids account for one-quarter of all drug costs [9].

Many workers compensation payers have begun drug testing to stay informed about injured workers' use of opioids.

The NCCI suggests only 1 in 20 narcotics-prescribing physicians comply with best practices around opioid prescriptions. These best practices often include drug testing and assessing patients' pain levels and functionality.

In addition, the CDC notes the practice of "doctor shopping" (which is when patients move from physician to another), can be a sign an injured worker may be taking a hazardous amount of opioids.

When it comes to opioid use among workers' compensation claimants, the consequences of misuse can be high. However, awareness, legal requirements and the use of medical prescription reviews may help change this culture and reduce the pressure on physicians to prescribe opioids to injured workers with chronic pain.

Sources:

- [1] <http://www.drugabuse.gov/publications/research-reports/prescription-drugs/opioids/what-are-opioids>
- [2] http://www.ncci.com/documents/Narcotics_in_WC_1209.pdf
- [3] <http://www.forbes.com/sites/melaniehaiken/2014/02/28/is-zohydro-the-super-potent-new-opiate-painkiller-just-too-dangerous/>
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A.M. Best assigned CopperPoint Mutual and its subsidiaries an A- Excellent XII with a "stable outlook"

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