Opioids

RELEVANCE IN WORKERS' COMP

Opioids are a diverse group of drugs that represent the strongest pain medications available. They are frequently prescribed for pain management in injured worker populations, but opioids come with inherent risks. Opioids can cause multiple side effects and can lead to addiction, misuse, and even death.

AT A GLANCE

- Considerations for using opioid drug therapy in workers' compensation include patient safety, drug effectiveness and financial impacts
- Long-term use of opioids generally brings with it additional costs in terms of increased risks, financial impacts, loss of work and less-than-optimum treatment outcomes
- Because opioid use carries a high risk for addiction and misuse, careful planning and supervision are needed when prescribed

The Basics

USE

Opioids were originally approved by the FDA to manage acute and severe pain in cancer patients. Over time, they were widely prescribed in the workers' compensation population where musculoskeletal injuries are prevalent. Opioids quickly became physicians' drug of choice for relieving the pain associated with fractures, sprains and strains.

Opioids have been proven to be highly effective in relieving acute pain, but they are not recommended for chronic pain, and their effectiveness may diminish over time. Evidence-based medicine guidelines restrict opioid use for short-term relief of severe and acute pain. Even then, opioids can be addictive and come with a high risk for abuse or misuse.

MORPHINE EQUIVALENT DOSE (MED)

Opioid dose levels are typically referred to by Morphine Equivalent Dose (MED). MED refers to the practice of using morphine as a base standard for calculating opioid potency. Due to morphine's long history as a pain reliever, physicians calculate how much morphine a given opioid dose is equal to, and then alter that opioid dose appropriately by following guidelines for safe MED levels.

However, different guidelines hold different maximum recommended daily MED levels. The American College of Occupational and Environmental Medicine (ACOEM) guidelines are the most conservative, recommending a maximum daily MED of 50mg. The Centers for Disease Control and Prevention also state that Morphine Milligram Equivalents (MME) – a term interchangeable with MED – should be monitored closely when over 50 MME/day.[1]

Opioids Prescribed in Workers' Compensation

- Oxycodone (OxyContin®, Roxicodone®)
- Oxycodone/acetaminophen (Percocet®, Endocet®)
- Oxymorphone (Opana®, Opana® ER)
- Hydrocodone/acetaminophen (Lorcet®, Lortab®, Norco®, Vicodin®, Zydone®)
- Hydrocodone extended-release products (Hysingla®, Zohydro®)
- Fentanyl (Duragesic®)
- Methadone (Methadose™)
- Hydromorphone (Exalgo®)
- Tapentadol (Nucynta®, Nucynta® ER)
- Tramadol (Ultram®, Ultracet®, Conzip®)

Implications in Workers' Compensation

SAFETY

Along with the risk of addiction, the adverse effects of short-term opioid use can include drowsiness, constipation, nausea, vomiting, dry mouth, depression, confusion, physical dependence which can lead to withdrawal when the medication is stopped, itching, sweating, psychological dependence, fatigue, interrupted breathing during the night (sleep apnea) and erectile dysfunction. High doses can also lead to unintentional overdose and death.

Long-term opioid use often requires additional medications to treat and control the side effects. Concurrent use of three or more drugs — called polypharmacy — can have serious consequences that can threaten a patient's health, lengthen the duration of disability and significantly drive up the total cost of a claim.

COSTS

The use of opioids in workers' comp coincides with a rise in claims costs.

Opioid-related drug interactions can incur an additional

$600

PER MONTH, per patient[2]

Claims for **long-term** opioid users cost an average of approximately

$28,000

more than those not using opioids long term[3]

MANAGEMENT

Opioid use during the early stages of therapy (60-90 days after the date of injury) can be predicative of long-term, chronic use throughout the course of treatment. That makes it particularly important to manage the use of opioids from the very beginning. An initial screening process and ongoing management are key to ensuring the proper use of these powerful drugs.

Treatment options for opioid overdoses are available. Naloxone is indicated to reverse opioid overdoses and exists in forms such as the Evzio® auto-injector and Narcan® nasal spray. Physicians may prescribe naloxone concurrently with opioids as a precaution. The CDC suggests including naloxone with opioid prescriptions greater than or equal to 50 MME/day. However, naloxone is not a replacement for emergency care, and the presence of naloxone warrants a closer look into the patient's treatment plan to determine whether opioid therapy is appropriate.

Recommendations for Opioid Use

Establish a treatment plan	☐ Have the alternatives been tried? ☐ Is the patient likely to improve with opioid therapy? ☐ Has the patient been screened for addiction risks? ☐ Are red flags present?
Steps to take before initiating opioids	☐ Determine if pain is neuropathic ☐ Initiate a trial of non-opioid analgesics ☐ Set goals with the patient, including an end date for opioid therapy ☐ Determine a baseline pain and functional assessment ☐ Establish informed consent and pain management agreement (optional)
Initiating opioids	☐ Intermittent pain: short-acting opioid ☐ Continuous pain: long-acting opioid ☐ Change one drug at a time ☐ Initiate prophylaxis treatment
Ongoing management	☐ Monitor adherence (urinalysis, pill count) ☐ Document improvement in pain and functional assessment ☐ "4 A's" (Analgesia, Activities of daily living, Adverse effects, Aberrant behavior)
When to discontinue opioids	☐ Hyperalgesia ☐ No overall improvement ☐ Decrease in function ☐ Resolution of pain ☐ Illegal activity
When to continue opioids	☐ Patient has improved pain and function ☐ Patient returns to work

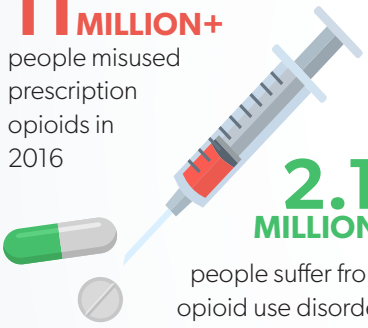
Source: Official Disability Guidelines (ODG)

Noteworthy

215 MILLION opioid prescriptions were dispensed by retail pharmacies in 2016

Centers for Disease Control and Prevention

11 MILLION+ people misused prescription opioids in 2016

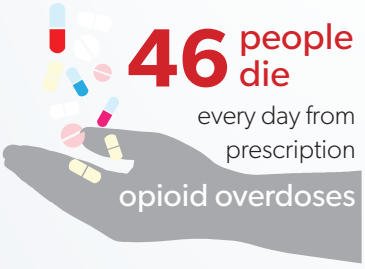


2.1 MILLION people suffer from opioid use disorder

Substance Abuse and Mental Health Services Administration

1999-2016 more than **200,000 deaths** related to **prescription opioids**

Centers for Disease Control and Prevention



46 people die every day from prescription opioid overdoses

Centers for Disease Control and Prevention

Prescription opioid OVERDOSES KILLED **17,000 people** IN 2016 ALONE

Centers for Disease Control and Prevention

References

1. CDC Guideline for Prescribing Opioids for Chronic Pain. (2016). http://www.cdc.gov/mmwr/volumes/65/rr/rr6501e1.htm
2. Pergolizzi JV Jr, Ma L, Foster DR, et al. The prevalence of opioid-related major potential drug-drug interactions and their impact on health care costs in chronic pain patients. J Manag Care Spec Pharm. 2014;20:467-76.
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Resources

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Healthesystems. Raising the Bar to Lower Opioid Risk. *RxInformer* journal. Fall 2015. https://rxinformer.healthesystems.com/article.php?id=81

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Three ways to contact a Healthesystems pharmacist for more information:

healthesystems.com/AskAPharmacist

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