

## Clearing the Air: Marijuana Considerations for Workers' Comp

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*Public support for marijuana is at an all-time high.  
What does this mean for workers' comp?*



Medically legal in 33 states and recreationally legal in 11 states, there is no shortage of proposed legislation looking to further expand access to marijuana, both at state and federal levels. And as clinical evidence continues to demonstrate marijuana's potential to treat pain and other conditions, public opinion continues to fall in favor of broader legalization.

## Public Support for Marijuana

### GENERAL POPULATION



Registered users in state medical marijuana programs:

296,000+ | Michigan<sup>3</sup>

261,000+ | Florida<sup>4</sup>

151,000+ | Arizona<sup>5</sup>

98,000+ voluntarily reported themselves | California<sup>6</sup>

### MILLENNIALS



### OLDER ADULTS



From 2006-2013, cannabis use increased:<sup>11</sup>



### WORKERS' COMPENSATION

Six states require workers' comp claims to reimburse patients for medical marijuana costs | Connecticut, Maine, Massachusetts, Mississippi, New Jersey and New Mexico

It is becoming less a matter of *if* marijuana legislation will seriously impact workers' compensation, but *when*. This begs the question: *what do workers' comp professionals need to know about marijuana?*

\*This paper was published 9/20/2019. With marijuana legislation constantly changing, information listed throughout this paper could change rapidly.

## When Could Marijuana Appear in a Workers' Comp Claim?

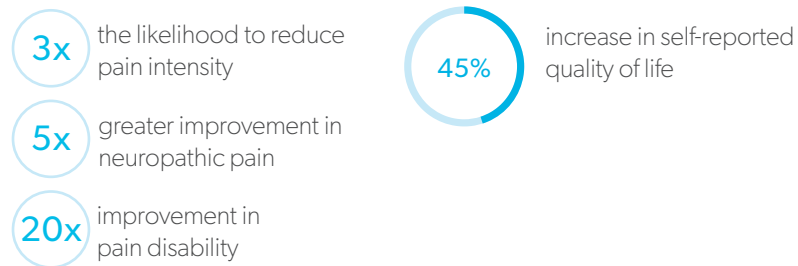
Over the last decade, research has begun to reveal what clinical benefits marijuana may offer, and major medical institutions have systematically reviewed the data – looking at thousands of studies and clinical trials involving countless patients – to develop a big-picture understanding of what conditions marijuana could potentially treat.

There is substantial clinical evidence that marijuana can benefit patients experiencing:<sup>12-13</sup>

- ▶ Chronic pain
- ▶ Neuropathic pain
- ▶ Spasticity
- ▶ Nausea and vomiting related to chemotherapy
- ▶ Appetite stimulation for HIV/AIDS
- ▶ Depression and anxiety

### Marijuana as a Pain Reliever

Systematic reviews of clinical research found that cannabinoid use resulted in an average 37% reduction in pain, and when compared to placebo marijuana yielded:<sup>13</sup>



And while more research is needed to understand marijuana therapy, various states have passed compassionate use laws, allowing patients to use medical marijuana for a variety of qualifying conditions. Depending on state law, injured workers could be entitled to use medical marijuana for the treatment of:

- ▶ Post-traumatic stress disorder (PTSD)
- ▶ Arthritis
- ▶ Migraines
- ▶ Hepatitis C
- ▶ Epilepsy/Seizures
- ▶ Ulcerative colitis
- ▶ Any other condition a doctor sees fit, or approved by state-specific governing boards

## Clinical Concerns

According to evidence-based medicine, marijuana should not be used as a first-line treatment for any condition, but rather as a possible alternative therapy when other, more traditional therapies fail. More research is still needed to understand the clinical impacts of marijuana therapy, and there are of course risks and other concerns to consider:

- ▶ Side effects such as drowsiness, dizziness, confusion, sedation, and disorientation
- ▶ Impairment which can lead to broader safety risks, including workplace accidents and motor vehicle accidents
- ▶ The worsening of respiratory illnesses if smoked
- ▶ Potential for physical dependence or addiction
- ▶ Mental health concerns such as anxiety, short-term memory loss, psychosis, and hallucinations

Furthermore, the lack of clinical guidelines for marijuana therapy create their own set of problems, including:

- ▶ A lack of dosing guidelines, toxicity information, and standardized drug products with consistent ingredient levels
- ▶ Guidance on when certain formulations or routes of administration are effective
- ▶ Limited understanding of the long-term use of marijuana
- ▶ The potential for drug-drug or drug-disease reactions

And finally, there is the matter of discerning what cannabinoids are utilized. There are at least 113 known cannabinoids that can be found in *cannabis sativa*.<sup>14</sup> While it is known that tetrahydrocannabinol (THC) causes the euphoric high commonly associated with marijuana, and that cannabidiol (CBD) is the cannabinoid frequently credited with therapeutic effects, understanding which cannabinoids elicit a particular response, much less what cannabinoids are present in a given marijuana product, is still a developing science.

## Caution with CBD Products

While there are certain FDA-approved drugs containing CBD, such as Epidiolex®, there has been an explosion of CBD-containing products that have not undergone any clinical trials, yet which are still marketed for various indications, including:

- ▶ Pain
- ▶ PTSD
- ▶ Muscle spasms
- ▶ Brain injury
- ▶ Opioid dependency

These products come in various formulations, including oils, capsules and pills, vape pens, bath bombs, pet treats, coffee, ice cream, energy drinks, beers and protein bars, vaginal suppositories, and much more.<sup>15</sup> And they are not just available in smoke shops or specialty stores; they can be found in health food stores, corner markets, and now even CVS and Walgreens.<sup>16-17</sup>

While CBD can potentially offer therapeutic benefits, it is important to note that CBD can cause adverse effects and

potential drug-drug interactions in FDA-approved products, which says little about the additional risks of using untested CBD products. If a patient buys a CBD product from a local store, there is no visibility into that in a claim, which could cause concern down the line.

Furthermore, depending on the source and quality of a CBD product, the product could still contain THC or other cannabinoids that can impact users. Currently, the FDA is working to obtain more information about the manufacturing, product quality, marketing, labeling, and sale of CBD products.<sup>18</sup>

### Rescheduling Marijuana to Allow for More Research?

Marijuana research is limited due to federal regulations which dictate the use of government-issued marijuana. According to interviews with researchers, government-issued marijuana may contain stems and leaves, parts of the plant that are not regularly consumed, and can carry levels of mold and yeast far exceeding standards for states such as Colorado and Washington.<sup>19</sup>

Calls for the DEA to reschedule marijuana as a Schedule II substance have grown louder. *The American Medical Association*

and the *National Academy of Sciences* have voiced the opinions of clinicians nationwide, asking for the freedom to research the drug more effectively.

If the DEA allows for more comprehensive research, the scientific community could soon form well-defined guidelines, leading to FDA-approved products, dosing schedules, and more.

### Marijuana Vs Opioids

The big question on everyone's mind is *can marijuana replace opioids for the treatment of pain?*

First and foremost, opioids are not meant to treat chronic pain, and systematic reviews of clinical evidence have concluded that, over the long term, opioids do not significantly impact pain relief or physical function.<sup>20</sup> But while clinical evidence appears to indicate that marijuana may help treat pain, more research is necessary to determine how effective marijuana may be.

#### Marijuana or Opioids: Understanding Necessity

Too often, workers' comp claims that involve opioids may only require simple, less powerful pain medications like NSAIDs. Before considering marijuana as an alternative to opioids, **it is important to understand just how much pain relief is necessary for functional recovery.**

It is therefore debatable whether marijuana or opioids are significantly effective in treating chronic pain, but many believe that, in the face of the opioid epidemic, marijuana is less harmful. In fact, states like New York, Illinois, and Colorado are confident enough in this belief that they have enacted regulations to allow patients to swap out opioid prescriptions for medical marijuana.<sup>21-23</sup>

If more states follow suit, it will become even more important to understand what the research says about replacing opioid therapy with marijuana.

#### COMPARING HARM

The opioid epidemic has taken countless lives over the last decade. In 2017 alone, 48,000 people died from opioid overdose, while zero deaths have been associated with marijuana overdose.<sup>24</sup> And while marijuana has historically carried a stigma of dependence, addiction and behavior changes, it's undeniable

that patients undergoing opioid therapy are vulnerable to dependence, addiction, respiratory depression, opioid-induced constipation, impairment, and psychosocial complications, even when taking opioids as directed.

**Overdose Deaths in 2017<sup>24</sup>**

**48,000** | Opioids      **0** | Marijuana

While marijuana is well known for the euphoric high and impairment it produces, psychoactive effects can be mitigated with marijuana products containing low traces of THC, as CBD is the substance frequently associated with clinical benefit. Although pharmaceutical companies have developed abuse-deterrent opioid products to prevent snorting or injecting pills and tablets, patients can easily swallow more tablets than necessary.

On the subject of comparing problematic drug use, a study of 888 patients undergoing treatment for chronic pain with either opioids or marijuana found that 52.6% of opioid users displayed problematic use of opioids, while marijuana patients only reported a problematic usage rate of 21.2%.<sup>25</sup>

But as for marijuana, once more a lack of clinical research casts a shadow on marijuana therapy, leaving many to embrace a “better the devil you know” mentality, out of caution that embracing marijuana therapy could lead to more unknown dangers. Among those concerns is how marijuana impairment can impact patient safety.

**COMPARING IMPAIRMENT**

While the stereotypical image of a marijuana “stoner” brings to mind many negative impairments that can lead to safety risks – in the workplace, behind the wheel, and during other delicate tasks – opioids come with many similar impairment risks.

**Opioid and Marijuana Impairment**

Impairment	Opioids	Marijuana
Euphoria	✓	✓
Drowsiness & Sedation	✓	✓
Disorientation	✓	✓
Confusion	✓	✓
Short-term Memory Loss	Associated with long-term use	Associated with short-term and long-term use
Shorter Attention Span	✓	✓
Decreased Psychomotor Function	✓	✓
Risk of Psychosis	✓	✓

With either opioid or marijuana use, patients should not perform safety-sensitive tasks, nor should these patients drive or operate heavy machinery.

The statistics for marijuana's impact on automobile accidents are mixed; some studies indicate that enacting recreational marijuana laws lead to a temporary increase in fatal automobile accidents,<sup>26</sup> while other studies reported an 8-11% drop in traffic fatalities upon enacting medical marijuana legalization.<sup>27</sup> Meanwhile, the *American Medical Association* reports that prescription opioid use more than doubles the risk of initiating a fatal two-vehicle collision.<sup>28</sup>

But regardless of what medication a patient is taking, there must be standards of impairment for a given job or plan of recovery. Considering marijuana's legal status in our country's history, there has been virtually no precedent for legal employee use in the workforce, resulting in little data to understand employer concern or impact.

However, when it comes to the impact of opioid impairment in the workplace, a National Safety Council survey of employers found that:<sup>29</sup>

- ▶ 86% of employers felt that opioids taken as prescribed impaired job performance
- ▶ 75% of employers have been impacted by employee opioid use
- ▶ 38% of employers experienced absenteeism or impacted worker performance

### Workplace Safety Considerations

With medical marijuana use comes the risk of impairment; depending on patient occupation this can lead to serious safety risks in the workplace. It is therefore important that employers:



- ▶ Understand local legislation regarding drugfree workplaces, as some states protect medical marijuana users from termination for marijuana use
- ▶ Recognize signs of marijuana impairment, which can include slowed reaction times, reduced coordination, confusion, and red eyes
- ▶ Encourage the use of low-THC marijuana products via educational programs, as these products result in less impairment, potentially allowing an employee to return to work
- ▶ Ensure that patients undergoing marijuana therapy do not operate heavy machinery or engage in safety-sensitive tasks
- ▶ Create and/or promote modified duty programs so that patients undergoing marijuana therapy perform tasks that do not create risks

## HOW MARIJUANA IMPACTS OPIOID UTILIZATION

It's no secret that the public seems to prefer marijuana as an alternative to opioids. For many years, various studies using Medicare data found that when states established medical marijuana programs that allowed for easy access to marijuana, opioid utilization and opioid overdoses dropped significantly.

However, much of this data was based on a prominent study from the *Journal of the American Medical Association* that used data from 1999-2010.<sup>30</sup> While this study demonstrated a strong correlation between implementing medical marijuana laws and reducing opioid mortality, a follow-up study was recently published, utilizing the same methodology but with an expanded dataset from 1999-2017.

This updated study found that opioid overdose mortality increased 22.7% as medical cannabis laws increased, though there was no evidence that cannabis laws were associated with opioid overdose mortality.<sup>31</sup> Other studies have since found little evidence linking state-level medical marijuana law enactment with prescription opioid use disorder.<sup>32</sup>

But when looking beyond opioid mortality, medical marijuana may impact opioid utilization. Medicare data from 2010-2015 found that prescriptions filled for all opioids decreased by 2.11 million daily doses per year when a state instituted any medical cannabis law, and prescriptions for all opioids decreased by 3.742 million daily doses per year when medical cannabis dispensaries opened.<sup>33</sup>

## PATIENT STUDIES

Clinical research focused on patient feedback seems to favor medical marijuana use, as various studies found that patients undergoing opioid therapy were very likely to reduce opioid use upon entering a medical marijuana program. While this information could be interpreted as simply switching one problematic drug for another, it appears that when given the choice, patients seem to prefer using medical marijuana, reporting an improved quality of life when compared to opioids.

A University of New Mexico study found that patients in medical marijuana programs were 83.8% likely to reduce opioid usage, and 40.5% of patients were likely to cease filling opioid prescriptions entirely, all while reporting improvements in pain reduction and quality of life.<sup>34</sup>

Meanwhile, the Minnesota Department of Health looked at 2,245 patients enrolled in the state medical marijuana program for intractable pain, finding that 42% of those patients reported a pain reduction of 30% or more, with half of those patients maintaining such a reduction for over four months. Furthermore, among such patients who took opioids, 63% reduced or eliminated opioid use after six months.<sup>35</sup>



And among studies that examined patient surveys of medical cannabis use, it was found that among patients using opioids, 76.7% reduced their opioid use after using medical cannabis,<sup>36</sup> and that such patients can experience a 64% reduction in opioid use while also reporting an improved quality of life.<sup>37</sup>

However, not all patient surveys ring positive; one study from the *Journal of Bone and Joint Surgery* found that self-reported marijuana use during injury recovery was associated with an increased amount and duration of opioid use.<sup>38</sup> While it is difficult to make any conclusions from this data, at the very least it is safe to say that medical marijuana use is not for every patient nor every condition, but rather for a case-by-case basis.

### The Role of PBMs



As marijuana makes its way into workers' comp claims, payers must learn how to navigate these waters in order to best benefit patients and control medical costs. An effective PBM can help payers stay up to date on the latest scientific discoveries to provide clinical recommendations, while also keeping track of legislative developments that will dictate marijuana policy among different populations.

PBMs can facilitate concerns such as:

- ✔ Sharing the latest information on clinical research to inform program policy
- ✔ Analyzing claims to verify if more traditional therapies have been attempted prior to marijuana utilization
- ✔ Ensuring that medical marijuana is used for clinically appropriate conditions and that regular patient evaluations signify positive results
- ✔ Encouraging the use of low-THC products to reduce impairment risks
- ✔ Helping create program workflows that consider medical marijuana use, along with systems to inform patients in recreational states of potential drug concerns
- ✔ Ensuring compliant reimbursement frameworks
- ✔ Making sure payers adhere to state and federal policies regarding:
  - Qualifying conditions
  - Dosing and days' supply
  - Formulation and route of administration
  - Drug sourcing
  - Reimbursement practices
  - Patients' right to substitute marijuana for opioid
  - Drug free workplace rules and workplace safety concerns
- ✔ Working with distributors or other sourcing channels to establish reputable vendor networks to optimize program results and cost
- ✔ Offering clinical consultations for more complex claims

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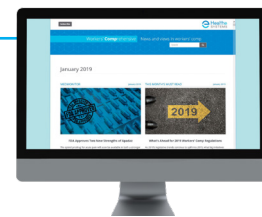
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