A combination of rising drug costs and overprescribing has put a target on prescription costs as a fast-growing component of total workers compensation costs. Further, and more importantly, overprescribing narcotics has created an epidemic of abuse and addiction that destroys lives. By pairing traditional techniques with some more progressive tools that have been more recently developed, some employers are seeing a noticeable impact in cost savings and more responsible use of prescription narcotics. Learn how modern tools—such as patient contracts when narcotics are prescribed, risk assessments that provide early indicators of potential addiction, drug screenings, and morphine calculators to avoid overprescribing—can help contractors and their employees feel better and return to leading productive lives following an injury.

To print on both sides of the page, set your printer for duplex printing.
Teresa Bartlett  
**Senior Vice President, Medical Quality**  
Sedgwick

Dr. Bartlett is senior vice president and medical director at Sedgwick CMS, where she is the senior adviser in matters affecting the design and delivery of medical management services, provides strategic counsel and operational support in all areas of medical management, and advises on the methods to integrate the delivery of occupational and nonoccupational medical services and the matters affecting health care as part of the claims services process.

Dr. Bartlett spent 20 years managing large self-insured, multistate workers compensation programs and the Canadian workers compensation program. Her team won the Corporate Health Achievement Award from the American College of Occupational Environmental Medicine in 2005 for the development and implementation of a best practice clinical model.

She was the recipient of the Crain's Detroit Business 2008 Health Care Hero Award, a *Business Insurance* recipient of Women to Watch in 2012, and the recipient of the President's Honor Roll of the Comp Laude Award for Work Comp Central in 2015.

Karen Rice  
**Head of Construction Claims, Americas**  
XL Catlin, Los Angeles, CA

Ms. Rice is the head of construction claims in the Americas for XL Catlin. Prior to joining XL, she was the national construction defect claim manager for OneBeacon Insurance (OBI), and the AVP of national construction defect claims and western states ACE risk management claims with ACE USA.

Ms. Rice is past president of the Construction Defect Claim Manager Association and the past chair of the Speakers and Topics Committee for the Annual West Coast Casualty Construction Defect Seminar. She is on the DRI Construction Law Steering Committee and on the Construction Defect Advisory Board for CLM. Ms. Rice is also on the advisory board for ALFA International Construction Committee and has been a frequent lecturer at various construction and insurance law seminars throughout the country. She earned her bachelor’s degree from the University of California, Santa Barbara, and her master’s in business administration from the University of LaVerne.
Notes
Reducing the Impact of Prescription Drug Abuse in the Workplace

Teresa Bartlett, MD, Senior Vice President Medical Director Sedgwick
Karen Rice, Vice President Head of Construction Claims Operations XL Catlin

Agenda

- Opioid effect on the brain
- Potential Causes
- Trends and Statistics
- Strategies for preventing and controlling abuse
  - Side effects and consequences
  - Best practice prescribing
  - Impact on aging population
  - Dangerous Combinations
  - New CDC Guidelines
- Recent Headlines
- Employer case study
Biochemical Physiology of Opioids

- Opioids attach to the Mu receptors in the brain
- The Mu receptors release endorphins
- Opioids stimulate these receptors and initially increase pleasure and relieve pain
- Repeated stimulation of these receptors creates a tolerance which requires more drug for the same effect
- Over a relatively short period of time the receptors become blocked/desensitized to the opioids
- This impacts mood, behavior, breathing, gastro-intestinal motion and perception of pain

Possible explanations

- 1 of every 3 Americans have chronic pain
- Congress passed a law in late 2000 declaring a Decade of Pain Control and Research which was signed by the president
- Manufacturers misled physicians about indications and implications
- Addictive properties not well understood or communicated
- Doctors allow dosages to escalate in response to complaints of pain
  - No objective measure for pain
- Once addicted difficult to address (low success rate)
  - Time factor
  - Inpatient detoxification
  - Huge expense
The Statistics

- 80% of all the opioids dispensed in the world are dispensed in the U.S. (4.6% of population)
- 99% of all the hydrocodone dispensed in the world is dispensed in the U.S.

16,000 estimated annual opioid fatalities in the U.S.
(up from 4,000 in 1999)

Twice the number of heroin fatalities and four times the number of cocaine fatalities

Overall Cost of Opioids in USA

Total costs to US society $55.7 billion (2011)

- Workplace Costs (46%)
- Health Care Costs (45%)
- Criminal Justice Costs (9%)

- Opioid abusers have a 8.7 times greater health care cost
- $72.5B/year is the estimated cost of drug diversion to health insurers

Opioid Use in Workers’ Compensation

- 3% of group health drug spend is on prescription opioids
- 25% to 40% of drug spend for workers’ compensation is on opioids
- Studies show that overall the effectiveness of chronic opioid therapy on addressing pain is modest and effect on function is minimal.¹,²


Louisiana Study of > 11,000 claims

<table>
<thead>
<tr>
<th>Duration of Claim</th>
<th>Sedgwick Book of Business</th>
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<tbody>
<tr>
<td>785 days</td>
<td>56% of injured workers take opioids</td>
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<tr>
<td>1,721 days</td>
<td>29% of drug spend is on opioids</td>
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<tr>
<td>1,600 days</td>
<td>53% week increase in duration caused by opioids</td>
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Cost of Claim (Medical + Indemnity)

<table>
<thead>
<tr>
<th>Short-acting Opioid</th>
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<td>$123,311</td>
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</table>

IRMI Construction Risk Conference
Orlando, Florida • 2016 • #IRMI2016
Illicit Drug use among adults aged 18 to 64 employed full time, by industry 2008-2012

Construction worker statistics

- 15.1% of construction workers across various specializations have engaged in illicit drug use, including both illegal and legal prescription drugs\(^1\)
- From 2009 to 2013, the % of opioid spend of the total prescription drug spend in construction remained relatively stable at about 20 percent
- In addition, compared to other industries recognized, the opioid spending in construction is consistently 5 to 10 percent higher\(^2\)

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The Medical Perspective

- Pain relief
- Drowsiness
- Mental confusion
- Nausea
- Constipation
- Respiratory depression
- Hyperalgesia
- Addiction
- Dependence and tolerance

Opioid Induced Constipation (OIC)

- Common phrase
- Large football game advertising for Movantic
- $5 Million dollars for 30 second Commercial
- They were asked to instead spend some of that money on prevention of opioid addiction and refused

OPIOIDS CAUSE THE WORST CONSTIPATION OF YOUR LIFE
Best Practice Prescribing

**SERIOUS CONSEQUENCES INCLUDE**

- overdose
- Emergency Department visits
- immunosuppression
- decreased testosterone
- medication abuse
- diversion
- behavioral and social issues

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Opioid Contract

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Prescription Drug Monitoring Programs (PDMP)

Urine Drug Screen

**Purpose**
- Identify aberrant behavior
- Undisclosed drug use and/or abuse
- Verify compliance with treatment

**Frequency**
- Based on risk assessment overdose or abuse
  - Low risk once/year
  - Moderate risk twice/year
  - High risk three to four times/year
- Unusual or suspicious behavior  any time
  - Losing prescription
  - Requesting early refills
  - Multiple prescribers
  - Demonstrating intoxication
  - Slurred, slow speech
BEERS Criteria
- Medications to be avoided with older adults
  - Drug to drug interactions
  - Drugs that impact kidney function
  - Medications can cause dementia and memory loss
  - Highly likelihood of falls and dizziness

Dangerous Combinations
Examples of Dangerous Combinations:
- 1 opioid (Vicodin), 1 benzodiazepine BZD (Xanax) and Carisoprodol (SOMA) = The Holy Trinity Houston Cocktail
- Methadone and medication used for cardiovascular/respiratory health
- Tramadol and SSRI medications such as Lexapro, Zoloft, Paxil or Celexa can cause Serotonin syndrome (sweating, high body temperature, muscle rigidity and high blood pressure)

THERE IS NO MEDICAL REASON FOR THESE COMBINATIONs
Public Service Announcement

- Lock up ALL medications
- Pill Parties
- Safe disposal of medications

For more information on Pharmaceuticals and Personal Care Products and a link to the Federal prescription drug disposal guidelines, go to: [www.epa.gov/waterscience/jpcp/](http://www.epa.gov/waterscience/jpcp/)

New CDC Guidelines

- Provides clear guidance and warnings for opioid prescribing
  - MED ceiling threshold moved from 120 to 50
  - Try everything else first
  - Create an exit strategy
  - Opioid agreement
  - PDMP website checks
  - Urine Drug Screen
  - Risk assessment
New CDC Guidelines

- The “90 day cliff”
  - 60% of patients taking an opioid at 90 days are still taking an opioid 5 years later
- Patients at greatest risk for harm from opioids
  - Sleep apnea
  - Older adults
  - Those with Mental health disorders
  - Alcohol or other substance abuse disorders
  - Liver or kidney disorders
  - Pregnant women

New CDC Data

- 1.9 million people/year abuse or become dependent on opioids
- $20.4 Billion is the yearly cost for opioid related overdoses
- $53.4 Billion for nonmedical use of prescription opioids
- One of every 550 patients will die from opioids if on doses greater than 200 MED
- Methadone represents <2% of opioid prescriptions yet has been found to account for 30% of opioid related deaths
In the Headlines

Meet the New Drug

**Carfentanil** *(Wildnil)*
Has recently been found on the streets of Kentucky, Ohio and Florida

Fentanyl is **50** times stronger than Morphine

**Carfentanil** is a drug so strong that it's used to sedate elephants.

It is **100** times stronger than fentanyl and **10,000** times stronger than morphine.
Opioids are “Gateway” Drugs

- Opioid addictions lead to increased heroin use
- Overdoses have tripled in past 4 years
- Readily available
- Inexpensive
- Good replacement for prescription opioids
- Very addictive
- Physical dependence
- Withdrawal
- Associated with infectious diseases such as HIV and Hepatitis

- 120 confirmed cases of HIV April 2015 in a small town of 25,000 people in Indiana related to the opioid Opana which can be altered and injected
- Typically there are 500 total HIV diagnosis for the entire state in a year

California Supreme Court Case

South Coast Framing
Elavil and Vicodin prescribed by workers’ Compensation Doctor
Xanax and Ambien Prescribed by his personal Doctor
Court awarded death Benefits
Appeals court overturned decision
Supreme court found the WC drugs significantly contributed to the death and awarded benefits
Surgeon General Letter to all Physicians

Vivek H. Murthy, MD, MBA  August 2016
Asks 3 things
• Take a pledge at www.TurnTheTideRx.org
• Treat pain safely and effectively use CDC guidelines
• Screen patients for opioid use disorder and use evidence based medicine
• Treat addiction as a chronic illness not a moral failing

What are State Agencies Doing?

**Massachusetts 3-14-16**
Initial limit on opioid prescriptions to 7 days
Doctor may prescribe longer with rationale documented
No limitations on subsequent opioid prescriptions

**Maine passed 4-19-16 effective 1-1-17**
7 day limit on initial opioid prescription
Limits subsequent prescriptions to 7 days
Only applies to acute pain
Sets upper MED threshold of 100
For those already exceeding 100 MED they must be tapered by July 1, 2017
Mandatory PDMP monitoring for Benzodiazepines and Opioids
Requires Prescribers and Dispensers to consult with the PDMP prior to filling the RX and every 90 days as long as the prescription is renewed
What is the Federal Government Doing?

- Comprehensive Opioid Reduction Act (CORA)
- The House and Senate passed this bill (not funded)
- Signed by the President July 25, 2016 requested $1.1B in funding for addiction
- create agency task forces and provide federal grants for treatment and prevention
- expand the availability of naloxone and other emergency treatments to reverse overdoses
- provide help for pregnant women
- provide training and resources for first responders and law enforcement
- expand drug courts

What are Medical Agencies Doing?

**The American Medical Association**
- Enhance physician education about appropriate prescribing practices
- Increase access to treatment programs
- Ensure patients in pain receive the treatment they need
- Reducing the stigma associated with addiction
- Increase access to naloxone
- Increase funding to PDMPs

**Ontario, Canada Ministry of Health**
- Announced in June 2016
- Effective January 2017
- No long pay for:
  - Morphine, 200 mg tablets
  - Hydromorphone, 24 mg and 30 mg capsules
  - Fentanyl, 75 mcg/hr and 100 mcg/hr patches
- The province will also delist 50 mg tablets of Meperidine (Demerol)
Case Example

Date of Injury 4/27/90 California case

- This gentleman is now 74 years old; He sustained a lifting injury to lower back with subsequent lumbar surgeries and post laminectomy syndrome
- MED when we opened the file was 2724 mg — Methadone, Fentanyl lollipops, Soma, Trazodone and Nuvigil

Problem: Huge doses of opioids, more than 30 times greater than the maximum recommended by the CDC. Also prescribed a stimulant due to daytime sleepiness.
- The prescribing physician was not willing to consider changes
- As luck would have it the injured worker moved and we referred him to a new physician
- The new provider was successful in discontinuing dangerous combination medications — Soma and Trazodone
- Fentanyl and Nuvigil medications were denied in the UR process by peer review because the injured employee did not want to wean according to the doctor
- With the assistance of a PharmD we were able to taper the medications and block them after conducting a Utilization Review

Case Example

- 61 year injured herself when she tripped over a telephone cord hurting her back and arm in 1994.
- WC medications include: Famotidine, Fioricet, Zolpidem, Diazepam, Gabapentin, Topiramate, Baclofen, Trazodone, Venlafaxine, Dilaudid, Fentanyl Transdermal, OxyContin, Duloxetine, Lidoderm, Bupropion, Volteran Gel
- Morphine Equivalency Dose (MED) 332mg
- CPM Triggered for:
  - >120mg MED, Opioids greater than 90 days, Dangerous Medication Combination use of Brand Name Medications
- Nurse requested best practice tools
- Provider made injured worker sign an opioid agreement
- 5 inconsistent Urine Drug Screens - All positive for ETOH, drugs were not found, and un-prescribed drugs were found
- Nurse was able to get provider to changed name brand medications to generic and stop prescribing opioids due to the dangerous behaviors of the injured worker
Thank You

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Questions and Comments?
Notes