CORVEL

Focus on Pharmacy Management

NEW INSIGHTS FOR PAIN MANAGEMENT

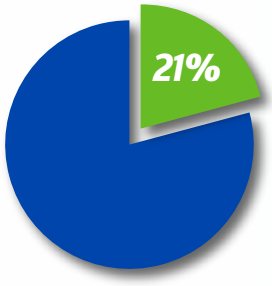
I. Introduction

CorVel's Focus on Pharmacy Management series illuminates the many facets of challenges faced in our industry. Each article shares best practices, tools and approaches payors may use to mitigate exposure in their risk program. This article aims to inform readers about the issues with using opioids prescribed for chronic pain as well as provide new insight into pain management and patient advocacy for care.

Effective pharmacy management delivers economic payoffs by reducing overpayment of medical expenses. However, the benefits of optimizing pharmacy management go beyond financial – there are unfortunate human costs that can result from lack of close oversight of patients taking pain medications. Many work-related injuries involve managing chronic pain through the use of powerful narcotics. Without careful and thorough utilization management and a treatment approach that focuses on patient education and engagement, opioid abuse can negatively impact an employee's ability to return to work.

Narcotics Impact on Workers' Compensation

Prescription narcotics caused nearly 15,000 deaths in 2009, according to the Centers for Disease Control and Prevention (CDC). Furthermore, workers' compensation payors will spend an estimated $1.4 billion this year on narcotics, with OxyContin being the most frequently prescribed drug according to the National Council on Compensation Insurance (NCCI). These statistics are only getting worse and as a result, employers are facing increased medical and indemnity costs, death benefit exposure, and unlimited liability and reputational risk.



Narcotics account for over one-fifth of workers' compensation total pharmacy costs.

NCCI Research Brief, June 2012

Exposure goes far beyond the cost per pill. In fact, a single claim can cost millions of dollars. According to a 2008 study of claims by the California Workers Compensation Institute, workers who received high doses of opioid painkillers to treat injuries stayed out of work three times longer than those with similar injuries who took lower doses. In addition, the cost of a workplace injury is nine times higher when a strong narcotic such as OxyContin is involved, according to a 2010 analysis by Insurer Accident Fund Holdings referenced in the same article. ("Pain Pills Add Cost and Delays to Job Injuries," New York Times, June 2, 2012)

Care for Injured Workers

Approximately 90% of workers' compensation prescriptions are in relation to a patient's chronic pain (Source: CorVel Pharmacy Analytics). Chronic opioid therapy has created a financial burden for providers and payors, but there are other problems that include lack of evidence-based effectiveness, heightened pain sensitivity due to increased tolerances, psychological side effects including depression and anxiety, risk of addiction and overdose.

The tendency to prescribe opioids has been growing despite increased awareness of the negative consequences. Narcotics prescriptions as a share of all drugs used to treat work-related injuries rose 63 percent between 2001 and 2008, according to insurance industry data. ("Pain Pills Add Cost and Delays to Job Injuries," New York Times, June 2, 2012) This trend has been driven, in part, by pharmaceutical advancements and efforts to better address patient pain, but has been left unchecked due to inadequate understanding of the risks, insufficient regulation, and failure to screen patients for high propensity for substance abuse.

Early narcotic use is indicative of prolonged use, and the higher the initial dosage, the higher the ongoing use.

"Narcotics in Workers Compensation," NCCI Research Brief, May 2012

Opioids for Treating Pain

There is no doubt that strong pain medications can help some patients return to work. However, oftentimes the underlying injuries are not being addressed when high doses of opioids are prescribed during initial treatment periods. In many cases opioids only lessen the perception of pain and really do nothing to resolve the causes of the pain, which can have a devastating long-term impact on patient health and the overall cost of workers' compensation claims.

There are two types of opioids. Short-acting agents are typically seen earlier in an injury. They work quickly and are often taken at the onset of an episode of pain, but their effects do not last long. Examples include Vicodin, Percocet and OpanaER. In contrast, long-acting agents are used to control around-the-clock pain. They are taken on a regular schedule rather than as needed like short acting agents. Some examples of long-acting agents include OxyContin, Avinza and Opana ER.

There is mixed research-based evidence and varying support for the effectiveness of opioids as a treatment for chronic pain. If you were to ask ten pain management physicians about the efficacy of opiates, you would elicit ten different answers. This discrepancy can be explained in part by differing definitions of the functional benefits these drugs offer.

Short-acting agents are believed to have higher abuse potential because of their reinforcing behavior. While long-acting opioids are taken on a regular schedule and not as needed when pain is first felt.

Short-acting	Long-acting
Work more quickly	Released over a long period of time
Treat pain for a short period	Treat persistent pain
Taken as needed when feel pain	Taken on a regular schedule

Understanding Types of Pain and Treatments

To begin a new approach to pain management, it is important to first understand the three different types of pain typically seen in workers' compensation incidents: nociceptive, neuropathic and chronic. Nociceptive pain can be the result of, for instance, bumping an elbow. In these instances, a pain receptor senses that an injury has occurred and signals the brain, which translates the event into the perception of pain. Neuropathic pain is the result of nerve damage, while chronic pain does not have as clear an etiology. It is vaguely defined as pain that lasts for more than three months, or beyond the expected healing phase of an injury. (WorkComp Wire, November 4, 2010) Chronic pain is also considered a disease state similar to diabetes or coronary artery disease.

Psychosocial factors, poor coping skills, past abuse, patient age and general health can all contribute to pain, making it difficult to pinpoint causation. Patient risk assessments need to strongly consider degenerative conditions, poor conditioning and overall health, because lifestyle choices such as diet, exercise and smoking can compound pain issues.

Medication rarely results in complete relief of chronic pain. Opioid therapies are even less likely to result in full recoveries because they become less effective as tolerances to the drug build. Chronic pain requires disease management rather than symptom management used to treat acute pain. Disease management considers multiple therapy options, including medication, to afford the patient a chance at a better life through medical interventions, psychological support, and different treatment and functional modalities. This path requires active involvement from patients. They must understand what needs to be done, recognize its purpose for pain management, and physically demonstrate their commitment.

Dealing with chronic pain requires specific rather than subjective management. It should focus on setting measurable goals a patient wants to achieve and mapping a plan to meet those goals, despite the pain. This approach considers both physical and psychological outcomes. For example, if a patient is consumed by the pain and it is all they can think about, complete recovery would not be an advisable goal to start. Instead, the patient could set a goal to put the pain behind them and think of things they are able to do with the pain. Changing a patient's way of thinking about pain starts a cognitive shift that enables overall management of pain. Pain patients should be encouraged to ask themselves, "What does the pain stop me from doing? What can I do to begin adding these activities back into my life?"

Assessing Patient Risk for Abuse

Assessing patient risk of addiction is a critical first step in any injury case, not just those categorized as high severity. It is important to understand the distinction between addiction and dependency. Not everyone using narcotics is an addict. A patient is dependent when he or she has built a physiologic reliance on a medicine and may experience withdrawal symptoms if treatment stops. In some instances, this is a manageable side effect of treatment if the patient is able to function and uses medicine as directed. On the other hand, addiction is marked by compulsive use of a drug, impaired control and continued use despite dysfunction.

Chronic opioid therapy is not a first-line treatment and should be used sparingly. If a provider believes their patient could benefit from opioid therapy, multiple checks should be done first.

Risk Assessment Factors

Abuse history	**Drug seeking behavior**
Age	**Drug screenings**
Pill counts	**State databases**

Opioid Risk Assessment

A variety of tools are available to help screen patients that are at risk for addiction and poor candidates for chronic opioid therapy. These should be conducted at the onset of treatment to ensure that the patient is a low-risk candidate.

Urine Drug Screen

This test should also be conducted at the onset of treatment to ensure the patient is not taking any illicit substances or receiving narcotics from any other providers. The frequency of urine testing will vary depending on patient behaviors and risks.

Patient Activity Report (PAR)

There are 36 states that currently maintain databases to track all prescribed scheduled substances. An additional 12 states have enacted legislation, but the program is not yet operational (Source: www.pmpalliance.org). When available, these databases should be queried prior to initiating opioid treatment to ensure that only one provider is prescribing.

Pain Contract

A pain contract should be initiated with patients to ensure that they are aware of their responsibilities when receiving narcotics and of the potential consequences for violating the contract.

Improving Pain Treatment through Education

To mitigate risk and prevent instances of workers' compensation claimants ending up on chronic opioid therapy without resolving their underlying injuries we can look to physician leaders who have effectively treated pain with narcotics while minimizing the potential for negative consequences. These physicians know the importance of identifying poor candidates for opioid therapy and limiting the treatment's duration.

One such interdisciplinary outpatient program helps patients improve function, optimize medication and achieve independence produces positive results through patient education in four key areas:

Manage Patient Expectations

It is important to have the patient understand that complete relieve from their pain is not necessarily achievable for chronic pain sufferers. While medications can be helpful, it is important to properly manage expectations, while promoting acceptance and active involvement.

Understand the Limits of Modern Therapy

This is important for both physicians and patients. Traditional treatments for acute pain affecting a particular body part include ice, heat, rest, stretching and analgesics. Unlike acute pain, chronic pain extends beyond a particular body part and can affect a patient's perception of him or herself. Simply providing focused medical treatments like those used for acute pain may not be able to change the course of a chronic condition. Helping patients understand this and other limitations will enable them to better manage their expectations.

Clarify Potential Risks

Each treatment option is a good way to begin showing patients their role in effective pain management. Many patients may ask their doctor about treating with medications or the need for surgery. Chronic pain patients need to realize their pain will likely not go away, there are no simple solutions, and their active involvement is essential to managing pain.

Encourage Behavioral Changes

This is a key component of functional restoration programs. Fear avoidance, poor coping skills, catastrophizing, learned behaviors and senses of entitlement are all psychological issues that require attention. Physicians should help patients change their perspective of pain and realize ways to improve overall life circumstances. Physicians cannot wave a magic wand and make pain disappear, but through education, they can help patients get to a better place in their lives.

There have been many success stories from interdisciplinary outpatient programs. The key is to have the right skills, support and direction. Unlike a typical healthcare environment, effective chronic pain management requires a team of specialists that collaborate and focus on the total patient, not just the pain. By following the simple steps of assessment, treatment, communication, education, and follow up, it is actually possible to increase level of functioning, improve quality of life and ultimately enable return to work.

Case Highlight

A thirty-five year old female patient had a six-year history of a chronic, debilitating neurological condition in her right arm. She had a spinal cord stimulator implanted that was subsequently removed, numerous pain blocks and was being considered for an intra-facet implant. By the time she entered the interdisciplinary pain program, she was on multiple medications that included opioids, Dilaudid, OxyContin, Norco, tramadol, muscle relaxers, anti-depressants, anti-anxiety and anti-nausea. Her pain scale was 7-8, and she suffered from depression and anxiety. Her pain was her life.

Under the program's care, goals for her functional restoration were established and included optimizing her medications, promoting a cognitive shift in her view of pain and achieving medical independence. The first few weeks were spent on medication detoxification. The patient was highly motivated and began active physical therapy with a therapist specializing in her injury. At the end of the eight weeks she was only taking anti-inflammatory medications and had restored her social and family activities.

This is truly a success story of practiced pain management rather than pain treatment.

III. Comprehensive Integrated Pharmacy Management

Just as chronic pain management requires much more than just narcotics, effective pharmacy management demands more than simply managing prescriptions. As the number of workers' compensation claims involving narcotics prescriptions continues to grow, the costs and risks are rising at a troubling pace. Contradicting information presented in the news and evolving regulatory frameworks only make matters worse.

Knowledge, expertise, collaboration and evidenced based approaches are needed to address these emerging industry issues.

CorVel takes a unique approach to pharmacy management utilizing a comprehensive service model that holds providers accountable, helps keep patients safe and reduces workers' compensation medical costs. Integrated PBM and bill review program capabilities enable payors to better ensure injured worker safety and control expenses. Without visibility into physician dispensed or alternate pharmacy transactions, it is almost impossible to proactively manage care and control costs. Comprehensive data is key for powering an effective utilization review program to mitigate risks and costs.

The robust CorVel analytics platform identifies clinical variances as they occur, allowing early and immediate intervention. With a complete view into patients' medication histories, CorVel works with locally-based clinicians who collaborate with treating physicians to ensure that patients at risk for abuse are not prescribed unnecessary opioid treatments. Instead, this peer-to-peer medication review program encourages a comprehensive pain management approach that adheres to best practices for appropriate pain management

With more than 30 years of workers' compensation experience and a full team of pharmacy management professionals, CorVel is proactively addressing the problem of chronic pain in workers' compensation to better manage medical claims and improve patient outcomes. By integrating state-of-the-art analytics, standards of care and peer-to-peer medication review, CorVel creates a complete view of the patient and treatment plan to optimize return to work outcomes.