

BOARD OF DIRECTORS (OPEN)

AGENDA ITEM 17b

ATTACHMENT 17b-I

PRESIDENT'S REPORT:
*CURRENT ISSUES in PAIN MANAGEMENT and OPIOID USE
in the WORKERS' COMPENSATION SYSTEM*

PRESENTED BY: Alex Swedlow, *California Workers' Compensation Institute*

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Current Issues in Pain Management and Opioid Use in the California Workers' Compensation System

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Exhibit 2

CWCI: Background

Established in 1964;

Private, nonprofit organization of insurers and self-insured
employers representing over 90% of premium dollars;

Dedicated to improving the California workers' compensation
system through four primary functions:

- Research
- Education
- Information
- Representation

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Current Issues in Pain Management

Agenda

- Background on Pain Management
- Current Issues in
 - Pain Mgt and Opioid Use Research
 - Lessons from Other Rx Cost Drivers
- Stakeholder Options and Choices

Background on Pain Management

Key Definitions:

Pain: an unpleasant sensory or emotional experience associated with actual or potential tissue damage, or described in terms of such damage. (Merskey and Bogduk 1994)

Chronic Pain: any pain that persists beyond the anticipated time of healing.

Background on Pain Management

Key Definitions:

Types of Pain:

- 1. Nociceptive pain:** caused by activation sensory neurons found throughout the body, sensitive to a noxious stimulus
- 2. Neuropathic Pain:** caused by a primary lesion or dysfunction of the nervous system

Background on Pain Management

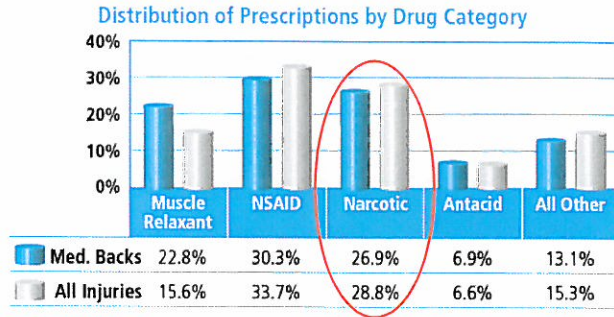
Key Definitions:

Pain Mechanisms:

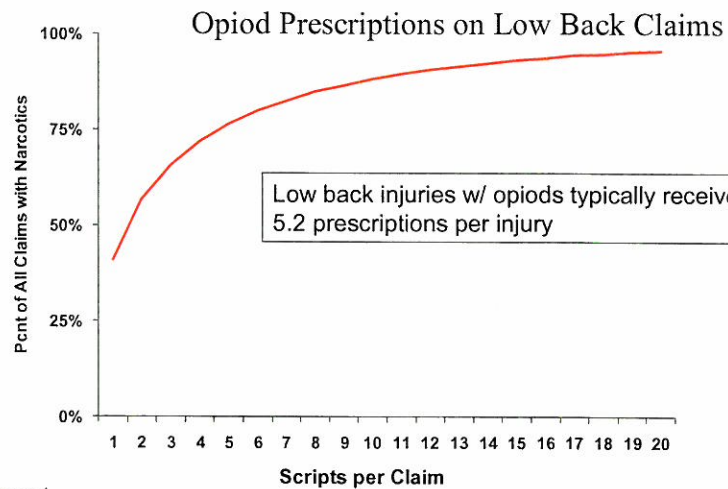
- 1. Biomedical model:** explains pain through injury and disease factors that results in pain.
- 2. Biopsychosocial model:** pain is combination of:
 - pathophysiology
 - + psychological state
 - + cultural background/belief systems
 - + relationship/interactions with the environment (workplace, home, disability system, and health care providers).

Background on Pain Management

- Opioids are often used to treat pain



Background on Pain Management



Rx & Pain Management

Report to the Industry

What is the association between the use of opioids on low back pain on:

- Average Benefit Costs
- RTW



Opioids – ACOEM 2nd edition

Opioid use is “the most important factor impeding recovery of function in patients referred to pain clinics”

“...may reflect failure of providers to set up the expectation of improved function as a [prerequisite] for prescribing them.”

Insights on Opioids

Opioids in the management of chronic pain do not consistently and reliably relieve pain.

It also overall demonstrates a decrease in quality of life and functional status

Insights on Opioids

The use of opioids during the sub-acute and chronic phases of an injury, especially in the absence of an objectively identifiable pain generator, cannot be recommended.

Genovese, Harris, Korevaar 2007

Pain Mgt and the Use of Opioids

Study Population (ICIS V8)

- 166,336 California injured workers
- Medical back conditions without spinal cord involvement
- Dates of Injury: 2002 through 2005
- A total of 854,244 opioid prescriptions were dispensed
- Controls (morphine equivalents) for different types of opioids
- Case-mix adjusted outcomes

Pain Mgt and the Use of Opioids

Distribution by Primary Diagnosis

ICD-9	Primary Diagnosis	Claims	Percent of Sample
847.2	Sprain Lumbar Region	59,738	35.90%
846	Sprain Lumbosacral	25,334	15.20%
847	Sprain of Neck	24,950	15.00%
847.1	Sprain Thoracic Region	15,681	9.40%
724.2	Lumbago	9,449	5.70%
847.9	Sprain of Back NOS	4,935	3.00%
724.5	Backache NOS	5,208	3.10%
722.52	Lumbar/Lumbosacral Disc Degeneration	3,542	2.10%
846	Sprain Lumbosacral	3,040	1.80%
723.1	Cervicalgia	2,963	1.80%
Sub-Total		154,840	93%

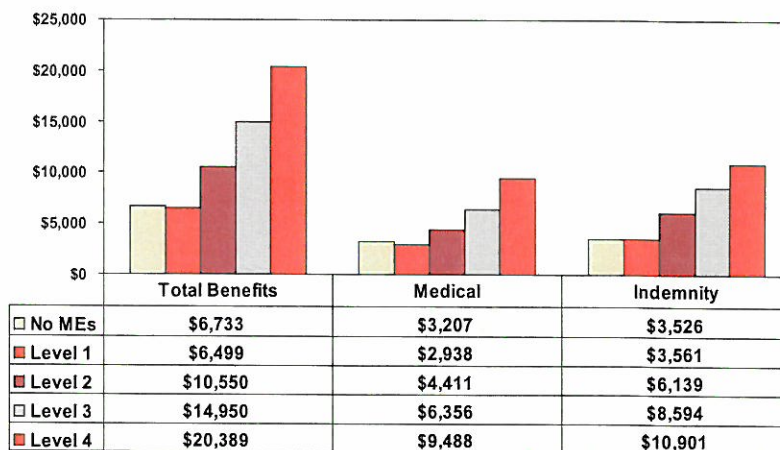
Pain Mgt and the Use of Opioids

Distribution by Category of Number of Morphine Equivalents

Category	Average Number of Morphine Equivalents in Category	Range of Number of Morphine Equivalents in Category
No MEs	0	0
Category 1	124	3-240
Category 2	406	241-650
Category 3	1,207	651-2100
Category 4	14,870	2,101 and up

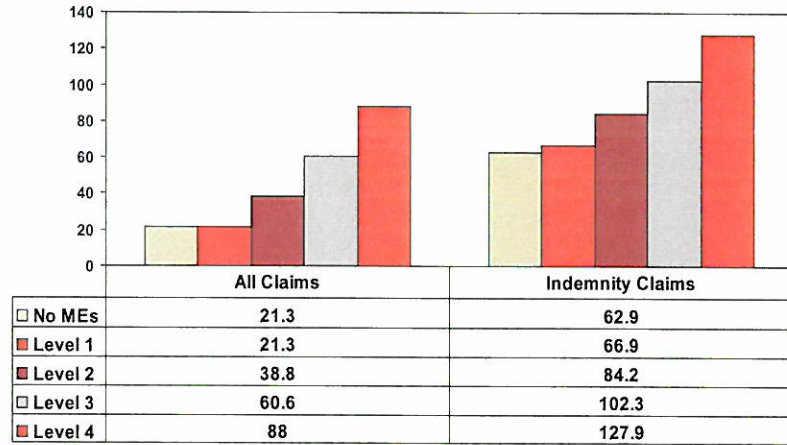
Pain Mgt and the Use of Opioids

Average Benefit Cost Outcomes



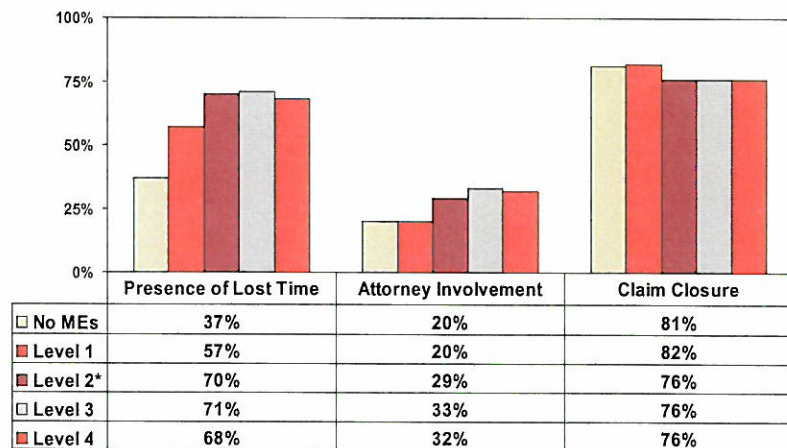
Pain Mgt and the Use of Opioids

Days of Lost Time Outcomes



Pain Mgt and the Use of Opioids

Presence of Lost Time, Attorney Involvement and Claim Closure



Pain Mgt and the Use of Opioids

Summary of Results

- Injured workers with modest levels of opioids had similar outcomes to those who received none.
- Increasing levels of opioids were associated with higher costs and a higher prevalence of other adverse outcomes such as lost time from work.
- Claims for injured workers with seven or more opioid prescriptions were:
 - Three times more expensive on average than those with zero or one opioid prescription
 - These workers were 2.7 times more likely to be off work and had 4.7 times as many days off work.

Pain Mgt and the Use of Opioids

Summary of Results

- Opioid use back injury frequently exceeded recommended guidelines
- High levels of opioids were associated with detrimental effects on injured workers with medical back conditions.
- The preponderance of evidence suggests that prolonged administration of opioids impedes, rather than facilitates, injured workers' recovery from disabling back conditions.

Changes in Pharmaceutical Utilization & Cost
Pain Management & Opioids

Schedule-II Prescriptions

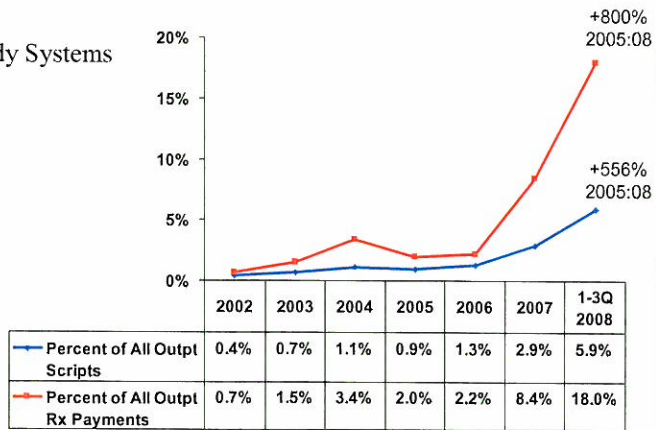
- High potential for abuse
- Strictly controlled
- May lead to severe psychological/physical dependence
- Pending FDA Program for Extended Release Opioids

Changes in Medical Payments & Utilization

Changes in Pharmacy Utilization Utilization of Class-II Opioids Drugs

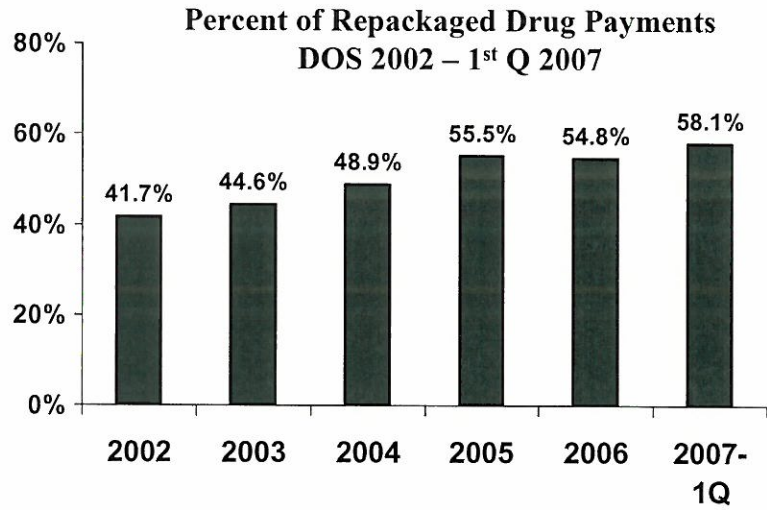
Significant Increases in Schedule-II for most injuries:

- Minor Wounds
- Backs
- Extremities
- Multiple Body Systems



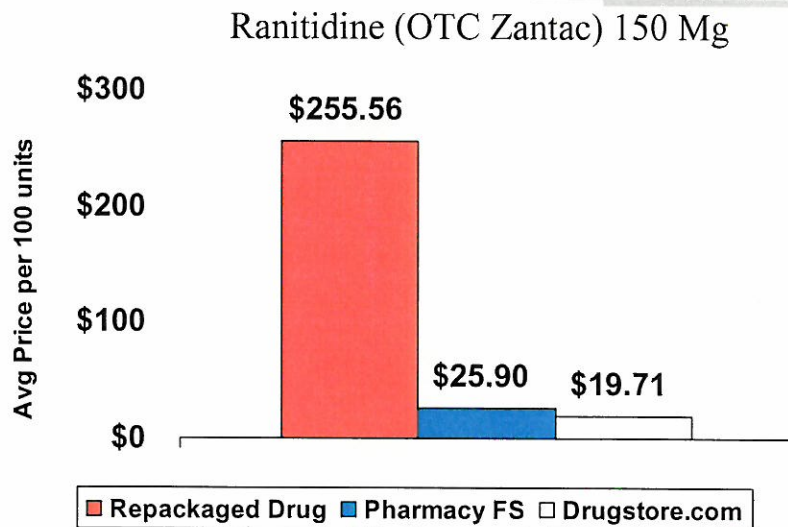
Lessons Learned From Prior Rx Cost Drivers

Pre Reform Cost of Repackaged Drugs



Repackaged Drugs (pre-reform)

Comparisons of Average Cost Against Alternative Vendors

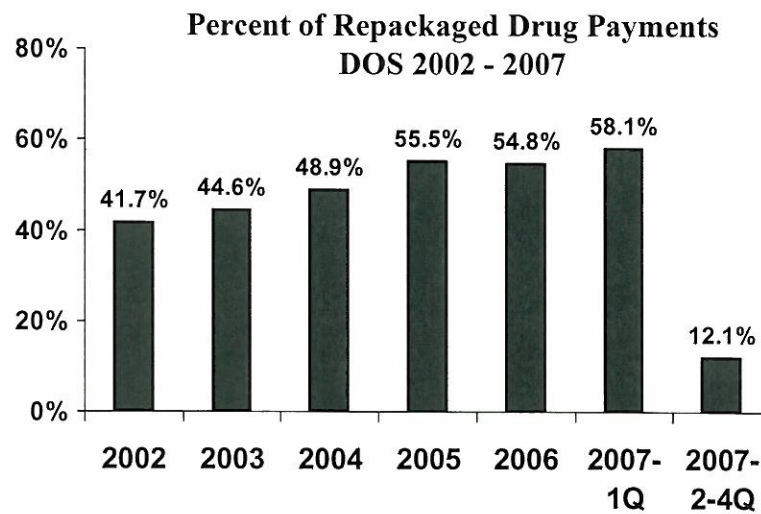


Reforming Repackaged Drug Utilization

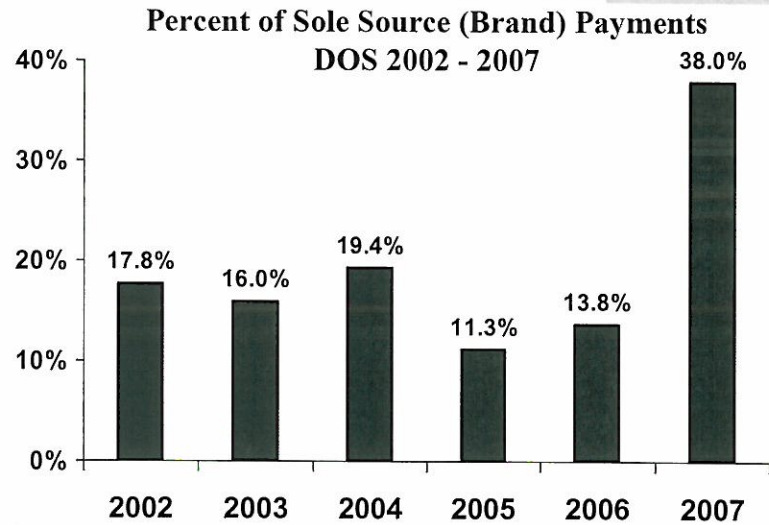
- Repackaged drugs pricing reform (3/07)
- Association between the repackaged drug reform and the proportion of drugs that are repackaged
- Unintended consequences

Lessons Learned From Prior Rx Cost Drivers

Post Reform Use and Cost of Repackaged Drugs



Utilization of Sole Source (Brand) Drugs



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Chronic Pain & Pain Mgt Guidelines 9792.21(a)(2)(A)(iii)

- Implemented into MTUS in July 2009
- Competing definitions and triggers
 - Hierarchy of medical evidence
 - Different levels of specificity

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Stakeholder Options and Choices

■ **Rules and Regs**

- Align MTUS guidelines
- Allow use of formularies
- Controlling off-label use

■ **Medical Management**

Pharmacy benefit managers
Optimize coordination between bill review, UR and networks

■ **Bandura's concept of "self-efficacy"**

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