



2019 CLM Workers' Compensation Conference

May 21-23, 2019

Chicago, Illinois

Medical Directors' Discussion of the Next Medication Crisis

Opioids

Two plus decades ago the United States was in crisis. Pain was seemingly going unaddressed in our healthcare system. Terminal patients and patients dealing with chronic, non-terminal pain were struggling to live with chronic, continual pain. The federal government and healthcare agencies began to deal with the situation by calling out pain as an important vital sign and delivering guidance and recommendations to the prescribing professionals to better manage this condition. In parallel, the pharmaceutical industry was in development of long-acting medications that may help to address the "around-the-clock" need for pain relief. And, at that point in our histories, the medical evidence was pointing to the safety and efficacy of opioid medications to manage a patient's unchecked pain. With this information, the use of opioid medications for the treatment of pain began to skyrocket. For years since that push to better manage pain, hundreds of millions of opioid prescriptions were written and dispensed in our county. Then the data demonstrated a disturbing fact. As the use of opioids for pain control began to increase at an alarming rate, so did the number of opioid-induced overdose deaths. These events caused the federal government to declare the opioid overdose crisis in the U.S. an epidemic that must be addressed.

Today, after many studies and more than twenty years of experience, we know that the overuse and misuse of opioid medications has caused this epidemic and that the use of opioids to control non-terminal, chronic pain is not as safe and effective as previously thought and the use of these medications, in many individuals, has the potential to cause dependence and addiction. What we've also learned is that while opioids are very

effective in treating certain types of pain, there are alternatives that can be utilized for pain and corresponding symptoms, like anxiety and depression.

Although the opioid epidemic continues, headway is being made. Opioid prescribing is down and prescription-related overdose deaths have stabilized and have even begun to fall. But there is still work to do and those with chronic pain must still be treated. Beyond opioids, we are seeing other medications that are being prescribed at an increasing rate that may add to patient risks and claim costs. Before we find ourselves in another opioid-like epidemic, this panel is stopping now to ask, what's next?

The Next to Watch In Workers' Compensation

Buprenorphine

What are the trends being seen in healthcare for Buprenorphine? How does its pharmacology determine its indications and side effects? The opioid receptors in the body that help regulate pain control are affected by buprenorphine and thus may be something to watch closely in utilization for workers' compensation. While typically seen as less addictive than other opioids, the panel will review the benefits and risks to using Buprenorphine.

Fentanyl

Controlled by many formularies in workers' compensation, there is increasing illicit use of fentanyl across the country. It is critical to monitor its utilization closely in traditional medication trends in workers' compensation in order to control the inappropriate use for long-term chronic pain. We also need to understand its illicit use trends as they may be beneficial to curbing its social impact.

Opioid and pain pipeline medication

Due to the challenges with the opioid epidemic, the pharmaceutical industry has been researching new ways to treat pain without the same opioid-induced addictive and central-nervous depression. We will review a few of these medications to illustrate some of the treatment possibilities that may effect utilization trends in the future.

Marijuana

The legalized use of marijuana for both recreational and medicinal reasons has far-reaching social, economic, and health-related issues. Today, the misconceptions, misunderstandings, and misuse of marijuana are prevalent and should be discussed. This includes the increased use of CBD compounds in main-stream America. The panel will review the use of marijuana, its controlled dispensing, federal legality and need for medical efficacy studies to better determine this substances' role in workers' compensation therapy.

Other Medications

Ketamine, insulin, benzodiazepines and specialty medications often find themselves in the media surrounding their utilization to treat conditions allowed in workers' compensation claims. Some of these medications have appropriate indications for use, or labeling, in workers' compensation claims and others do not. With the aging of Americans, some of these medications and others are not indicated and often, the cost of these medications can increase a settlement out of reach for some payers. A review of utilization trends and a touch on the pharmacology of certain ones should shed light on the appropriate coverage for allowed conditions.