



2017 CLM & Business Insurance Workers' Compensation Workers' Compensation Conference

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Pain, Pot, and the Consequences of Powerful Prescription Drugs

Session Narrative

Opioids and chronic pain

Opioids and chronic pain are intertwined. One out of every three Americans has chronic pain of some sort. The manufacturers of the medications have misled doctors for years on the safety and efficacy of opioids to treat pain. When we consider how we got to this place as a country and the current crisis we are having, it all relates back to physicians using end of life cancer medications to treat pain. Big Pharma since 1996 has had a huge sales workforce in place to target physicians who prescribe pain medications.

The cost to the US Economy for opioids is over 60 Billion dollars per year when you consider workplace, health care and the criminal justice system. That does not even account for the fact that people addicted to opioids have a 9 times higher health care spend. Another consideration is the cost of drug diversion when those opioids end up being sold or given away.

The risks and complications of taking opioids

Opioids pose many risks to the body including slowed respiration, severe constipation, drowsiness, nausea, mental confusion, addiction and dependence. There is actually very little evidence to demonstrate that they help with pain. In fact a more effective way to manage pain is with ibuprofen and Tylenol taken in combination. What treating providers often miss the dangerous combinations of medications prescribed. When considering co-morbid conditions of sleep apnea, asthma, cardiac disease and an aging population, opioids can lead to bad outcomes of even death.

Recent Opioid legislation and trends

There are eight states that have passed recent legislation to limit the first opioid prescription to a maximum seven day supply (CT, ME, NY, RI, VT, MA, CA & HI). Maine has set a prescribing threshold of 100 morphine equivalency daily dose. Still other states

such as Texas and soon to be California have adopted a formulary to help manage medications. New York has established a guideline for the management of chronic pain and mandated all providers participate in a training course.

There are pockets of disturbing trends that we see throughout the country when providers are not following prescribing best practices. Best practices include: Conducting risk assessments, urine drug screens, maintaining opioid agreements, conducting pill and patch counts, creating an exit strategy with the first prescription to set expectations around duration of opioid care, checking the prescription drug monitoring program websites and focusing on improved function. Some of the trends include violating the criteria called BEERS which gives guidance on prescribing medications that effect the

central nervous system in older adults, using medications in dangerous combinations such as a benzodiazepine, muscle relaxer and opioid in combination. Also using promethazine with codeine to treat nausea as a side effect of opioids rather than lowering the dose. Some of these medications are very valuable and can easily be sold on the street.

Medical Marijuana updates

25 states plus the District of Columbia have medical Marijuana laws. The Federal Drug Administration has not been willing to change marijuana from a Schedule I medication to a schedule II. Schedule I medications are those that cannot be prescribed by a physician. If the Federal Drug Administration were to make marijuana a schedule II it could be more widely studied in clinical trials.

Recreational Marijuana updates

Marijuana is legal for recreation use in eight states including: California, Colorado, Nevada, Alaska, Maine, Massachusetts, Oregon and Washington. The amount varies by state jurisdiction.

The legal ramifications of marijuana in the workplace

Legalization of marijuana in states where it is approved for recreational use is causing issues in the workplace. Our panel will discuss the various challenges for employers and how their policies have perhaps not kept up with the laws. We will discuss New Mexico and the fee schedule for marijuana payment and the cases that have led to case law.

The concepts of:

- Marijuana in a drug free work place
- Safety implication of marijuana
- Driving while under the influence
- Definition of impairment
- Marijuana as an accommodation issues under ADA

Marijuana's impact on the opioid crisis

There is some thought that marijuana can help reduce the need for or the dosage of opioids for chronic pain. There is lack of evidence to support this thought. In workers' compensation most medical treatment must be supported by clinical evidence and at

this point marijuana would not be supported by the Official Disability Guidelines or The American College of Occupational and Environmental Medicine guidelines.

Other areas of concern include: the lack of standard potency, the numerous other active ingredients, the lack of quality controls and the originating source.