



The Opioid Epidemic's Impact on Workers' Compensation Costs

Workers' compensation claims consistently cost IRMA members more than any other type of claim, accounting for approximately 70% of all claim costs. For this reason, we work closely with our members to try to reduce these costs by getting injured workers back to work as soon as possible. We also closely watch opioid prescriptions, which should be given for short periods of time. We have seen improvement among doctors with respect to opioids in the past year. Just recently, IRMA joined with a health insurance pool and filed a lawsuit against opioid manufacturers and distributors for costs that we have incurred as a result of opioid abuse and addiction ([Click here for article on the lawsuit](#)). In addition, IRMA has implemented other preventative measures, such as limits on the number of pills that can be filled at one time and we also send a letter to injured workers warning of the addictive nature of opioids. ([Click here for letter](#)).

Below is a list of items you, and your employees, should be aware of at the start of an on-the-job injury when it comes to prescription drugs:

- **Physician Dispensing:** Physician offices may provide the option of obtaining prescriptions directly from the office. Although this is convenient, the prescriptions are less-economical than obtaining the prescription from a pharmacy. According to the Workers Compensation Research Institute July 2017 study, physician dispensing accounted for 54% to 64% of all pharmaceutical workers compensation costs. Physician dispensing can result in unnecessary prescriptions due to the profit margins seen at the doctor's office.
- **Compound Creams:** Compound creams are topical ointments designed to target and treat pain through the skin. The creams are customizable, containing multiple medications and are typically developed within the physician's office. These drugs are not federally regulated and can lead to drug-drug interactions which has led to denial of the medication under workers' compensation benefits due to concerns over the therapeutic value out of concern for the safety of the injured worker. Moreover, the costs of these medications are unregulated which results in extreme price mark-ups resulting in large profits for physicians which can result in unnecessary dispensing to the injured worker.

- **Opioids:** Opioid painkillers are powerful medications that are prescribed for many types of pain. While opioids can be effective medications, patients can have severe and drastic reactions to taking them. Studies have shown that opioid pain killers are no more effective than many of the non-addicting alternatives. In January 2018, the Journal of the American Medical Association published findings that opioids worked no better than over-the-counter drugs or non-opioid medications and confirmed that other modalities, such as physical therapy, exercise or rehabilitation therapy, work best for the treatment of chronic pain. Too often, opioids are prescribed when safer medications would suffice, and they are prescribed in larger amounts than needed. Opioids have many complications, not only addiction and death, but also increased tolerance, counter-acting agents which affect personal health conditions, and can cause serious medical reactions. Additionally, studies have shown that opioid painkillers may delay recovery and increase risk of permanent disability.

EXAMPLES OF OPIOID CONTAINING MEDICINES		
	Generic	Brand Name
SHORT-ACTING	morphine	MSIR, Roxanol
	oxycodone	OxylR, Oxyfast, Endocodone
	oxycodone <i>(with acetaminophen)</i>	Roxilox, Roxicet, Percocet, Tylox, Endocet
	hydrocodone <i>(with acetaminophen)</i>	Vicodin, Lorcet, Lortab, Zydone, Hydrocet, Norco
	hydromorphone	Dilaudid, Hydrostat
LONG-ACTING	morphine	MSContin, Oramorph SR, Kadian, Avinza
	oxycodone	Oxycontin
	fentanyl	Duragesic patch

Injured workers need to take an active role in their treatment to ensure prescribed medications are medical appropriate for their condition. Below are steps the injured worker can do to ensure that the treatment s/he is receiving is medically necessary, without the risk of falling prey to the above-mentioned prescription pit-falls:

- Ask for a non-addictive alternative
- If opioids are necessary, request a short-term prescription. Most often, a 3-day prescription is appropriate
- Inform your provider of personal health conditions to avoid increased risks or potential complications associated with taking the prescribed medications
- Discuss family history of addiction or alcoholism
- Obtain specifics on side effects and how that would affect driving and work initially, as well as on an ongoing basis
- Question if the medication could delay your recovery, affect surgical outcomes or cause long-term health effects