

How an Increase in Opioid Prescriptions is Affecting Workers and Employers



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While opioids can be very effective in managing pain, an epidemic of over-prescription and over-use has had a negative impact on injured workers and their employers. This is especially true as it pertains to alleviating lower back pain (LBP), which is the most common reason for a worker to go on disability.

The Epidemic Among Us

Research has shown that prescribing opioids excessively and too early after an injury can lead to additional risks for both the worker and employer, such as increasing the risk of dependence, and prolonging the time it takes for the worker to return to work.

The challenge today is: How can we do a better job of controlling the over prescription of opioids? In some situations, standard management practices have not been effective. The problem requires a fresh perspective — to go beyond the basic management of opioid prescriptions to a solution of more engaged, effective monitoring.

Excessive and Early Opioid Use: Research and Findings

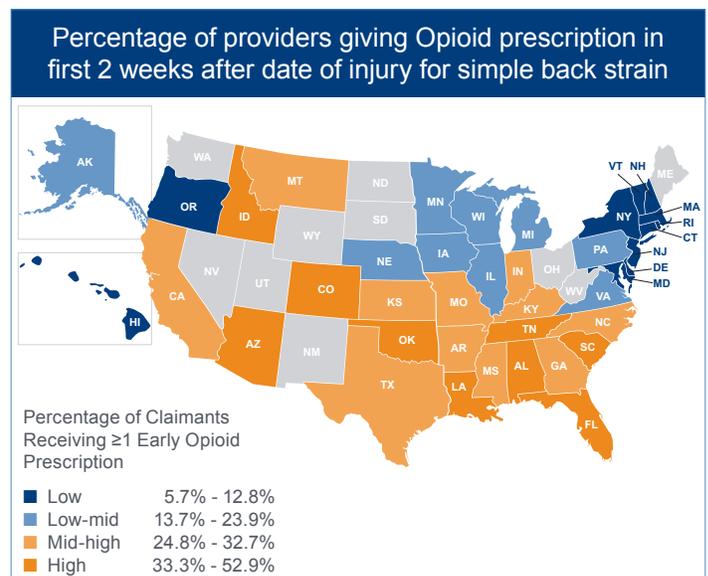
The Center for Disability Research at the Liberty Mutual Research Institute for Safety (LMRIS) conducted a medical study in 2007 that studied 8,443 patients who were prescribed opioids within the first 15 days after lower back injury. The study measured their long-term outcomes, including duration of the disability, associated medical costs, and later opioid use.

Data showed that if patients received opioids shortly after injury, they were disabled an average of 69 days longer than patients who had received no early opioids, and that this longer use of opioids led to:		
Prolonged disability	3x Increased risk of surgery	6x Increased risk of dependence

One subsequent research study followed a group of 2,868 new cases of work-related LBP with at least one opioid prescription for 2 years. This study showed that opioid prescriptions typically started early, within 8 days on average,

and was often extended for an average of 46 days. It was determined that the number of days between the initial report of LBP and the first opioid prescription had the greatest association with increasing dosage over time.

Additional research of injured workers with acute low back pain has identified a significant geographic variation in early opioid prescribing, strongly related to state-level contextual factors. The highest proportion of early opioid prescribing was found in the southern region and the lowest in the northeast.



When considering the combined findings of this research and the concerns around early opioid use with high levels of state variability in prescriptions, it's clear that managing the issue requires very tailored and monitored solutions.

What are Opioids?

Opioids include a variety of chemicals that resemble opiates in composition and are prescribed widely to manage chronic and acute pain. Examples of opioid drugs include oxycodone, hydrocodone, codeine, morphine and methadone.



A Better Approach For Better Results

Liberty Mutual Insurance actively reviews published medical studies to evaluate the impact of prescribed opioids on workers' compensation outcomes. Based on our analysis, effective opioid management requires a dynamic integration and engagement of the three pillars described below.



Drug Strategies: A Customizable and Competitive Advantage Over Formularies

When it comes to prescribing painkillers for lower back pain or other sources of chronic pain, it's easy to rely on standard formularies. Unless a state mandates a particular formulary, we take a more strategic approach to monitoring the success

of prescribed opioids — one that's based on medical research, customized to the patient's medical history, and targeted more specifically to the injured body part and nature of the injury.

Because opioids are a good example of drugs that can be mismanaged, our approach is to consider the diagnosis and the recommended prescription and ask, first, if the pain could be managed with other

non-opioid medications. We also look at appropriate quantity limitations, especially for certain long-acting opioid analgesics, and whether the pain is acute or chronic.

This strategic and scrupulous approach is unique in the industry — and not only prevents unnecessary prescriptions from being written, but demonstrates that appropriate and rational prescribing results in a more timely return to work.



Prescriber Monitoring: Evaluations To Keep Everyone Informed

The Liberty Mutual team of doctors and nurses are diligent about communicating regularly with prescribers to understand their prescribing rationale. Clinical reviews are conducted as allowed under state law to evaluate the appropriateness and evidence based indications of a medication, to facilitate a worker's prompt, safe and cost effective return to work.

Our thorough monitoring services may include:

- Medication Review – evaluates drug use in context of the injury on file
- Pharmacy Peer Review – details the injured worker's medication usage, determines whether it is as-prescribed, and puts a proactive treatment plan in place to facilitate a timely return to work; also includes MD to MD peer reviews
- Pharmacist and Nurse Involvement – provides dedicated email and toll-free phone support to address claims, drug-specific questions and concerns
- Risk Assessment/Scoring – applies predictive analytics to identify high risk pharmacy claims for clinical intervention (early and long term)
- Urine Drug Monitoring Program – helps address aberrant behavior with opioids and control unnecessary and inappropriate testing; also used with chronic opioid use to ensure folks are taking medications appropriately
- Finally, we benchmark doctors and keep up-to-date profiles on their performance to monitor and maintain the quality of our networks. This may include scorecards on each doctor to help them understand how they compare with their peers.



Claims Management: Oversight For Opioid Prescribing and Use Activity

Keeping a close eye on claims and reviewing past data allows us to develop dynamic strategies for optimal opioid prescribing. It's this knowledge that alerts us to claims' anomalies that might require further investigation — such as drug-to-drug interactions, unusually high doses, excessive duration of use or quantities, prescription duplications or more. When these occur and alerts are triggered, a message is sent to the pharmacist requesting a review of medications being dispensed.

Other situations may require notifying the nurse or case manager — as when we see the use of specific opioids fall outside our accepted guidelines. For example, we would be alerted when the patient surpasses a certain threshold of morphine equivalent units per day or within the first 30 days of injury. Other concerns include the long-term

use of opioids — over 120 days — and the use of long-acting opioids — when requested in the first 90 days after the injury.

Effective claims management requires regular communications and targeted education as allowed under state law with prescribers and patients on all clinical aspects of prescribing and using opioids. To assist case managers with these communications we utilize a set of targeted

letters sent to the prescriber or claimant at key times in the opioid usage cycle.

Our monitoring includes reports on drug strategy overrides and general trends in opioid treatment, prescribing, use and abuse. We will also request audits of claims we feel need further investigation, and if authorized to proceed, will evaluate whether continuation of an opioid is appropriate.

Letter Type	Description
Initial Letter	for 3 or more opioid prescriptions in the 1st 6 weeks of injury
Long Term Use of Opioids	within 120 days of opioid use (daily dose <200mg)
High Dose & Long Term Use	within 120 days of opioid use (daily dose >200mg)
Patient Safety	inserted with drug card to explain basic drug safety information
Opioid Safety	sent when the patient starts taking opioid medications and again if/when they reach chronic opioid treatment
Lockbox Program	for claimants requesting a medication lockbox (at no charge) to help prevent theft and abuse of prescriptions

Additional Resources and Training Opportunities

In addition to the three pillars, Liberty Mutual Insurance offers resources and training to keep our claims handlers on top of the latest trends in opioid treatment.

- Educational and training webinars
- Newsletters
- Nurse resource documents
- Case owner desk references

For patients dealing with opioid addiction, Liberty Mutual has relationships with many high-quality interdisciplinary pain programs nationwide that can assist with tapering and weaning patients from opioids when other, less-intensive options have been unsuccessful. The programs are generally full-time for 4-6 weeks, however, the majority of patients are completely off opioids after completion or have a significant reduction in dosage. In addition to opioid weaning, the programs also provide pain rehabilitation through functional restoration, address psychosocial barriers to recovery, teach skills for individuals to self-manage their pain, and help return individuals to a productive lifestyle.

Conclusion: The Success of Research-Driven Opioid Treatment

The medical research is clear: inappropriately prescribing opioids to injured workers can lead to physical dependence, delayed return to work, and less cost effective outcomes; hurting both the worker and the employer.

Liberty Mutual's approach to opioid management is to diligently monitor claims, as well as prescribers and patient use to promote increased function and a decrease in reported pain. We've been doing it this way for years — making sure workers receive high-quality, evidence-based, appropriate opioid management to allow them to increase function and return to work.

To learn more about Liberty Mutual Insurance and opioid management contact your representative or visit libertymutualgroup.com/business.

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