

Pain Management: Integration and Innovation Can Bring Success



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CHRONIC PAIN HURTS EVERYONE

It is one of the most common, costly, and challenging issues that workers' compensation payors face. The toll it can take on the life of the injured individual is just as dramatic, and costly, on a personal level.

An estimated 75 million Americans experience serious pain annually. Of these cases, 50 million involve chronic pain (pain lasting 6 months or more), while the remaining 25 million experience acute pain (from injuries, accidents, surgeries, etc.). Included in these statistics are the many Americans who experience pain associated with on-the-job injuries.¹

Pain's impact on workers' compensation costs is clear. When a workers' compensation claim involves Schedule II opioids (Percocet, OxyContin, etc.) for the treatment of pain, the added cost of a claim averages nearly \$20,000 (see Figure 1).² In terms of return to work, the odds of chronic work loss are six times greater for claimants taking Schedule II opioids than for those not taking opioids. Injured workers taking long-term opioids of any kind are 11 to 14 times more likely to experience chronic work loss (See Figure 2).²

PMSI's Annual Drug Trends in Workers' Compensation consistently reports that 70% of total pharmacy spend in workers' compensation is related to medications used to treat pain. PMSI's 2009 report also notes that the leading medication prescribed for pain (oxycodone formulations) accounted for 9.3% of total drug costs. Narcotic pain medications as a group accounted for 34% of medication spend in workers compensation cases.³

ISSUES IN PAIN MANAGEMENT

Within recent years, medical standards of care have shifted regarding the use of opioids for the treatment of pain. Not long ago, the medical community followed a very conservative approach to opioid prescribing. An unintended consequence was the under-treatment of patients with legitimate

FIGURE 1: THE IMPACT OF PAIN IN WORKERS' COMPENSATION — INCREASED CLAIMS COST

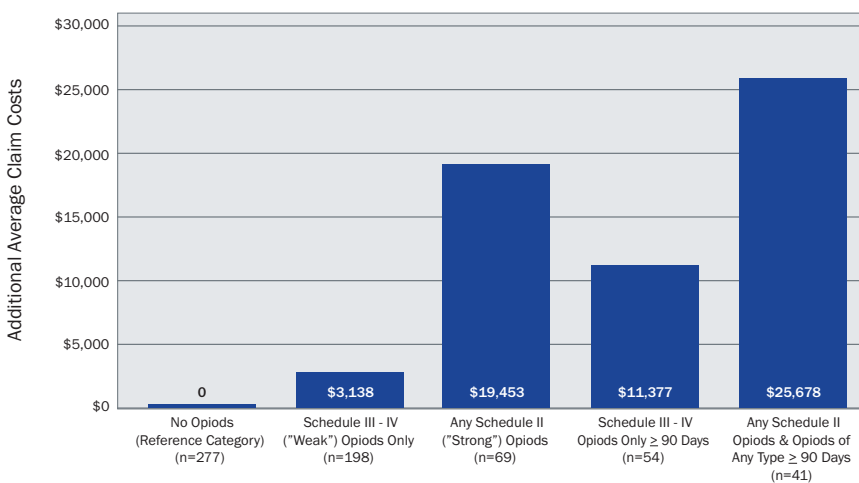
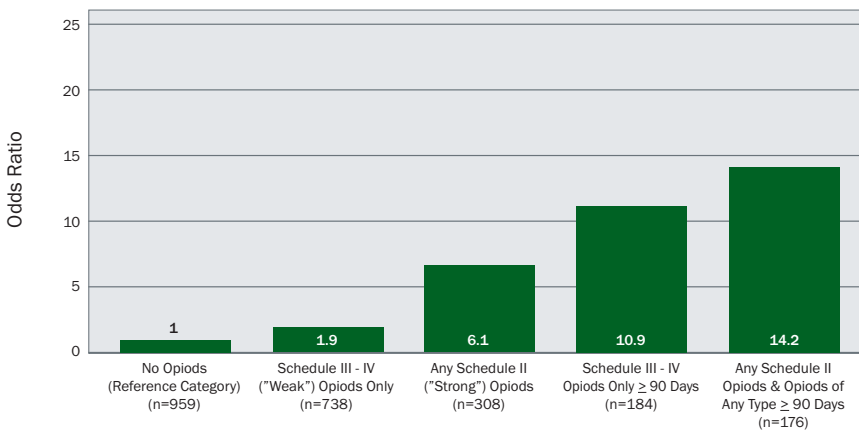


FIGURE 2: THE IMPACT OF PAIN IN WORKERS' COMPENSATION — DELAYED RETURN TO WORK



¹ American Pain Foundation

² Pain (Journal of the International Association for the Study of Pain), 142 (2009) 194-201, April 2009

³ 2009 PMSI Annual Drug Trends Report

pain. As a result, new clinical guidelines now emphasize the need to accurately assess and effectively treat pain in all patients. This desire for more effective pain management along with aggressive marketing of prescription opioids to physicians by drug manufacturers has led to more liberal prescribing of these agents for the conventional, as well as off-label treatment, of pain. As a result, the use of prescription opioids has soared (See Figure 3). Between 1997 and 2006 overall opioid use increased 127% while oxycodone use increased by 899%.⁴

This trend is most evident in the United States. Although Americans constitute just 4.6% of the world's population, they consume 80% of the global opioid supply, and 99% of the global hydrocodone supply. From 1997- 2006, U.S. sales of hydrocodone increased 244% and oxycodone sales increased 732%.⁴

As opioid prescribing increases so does the related potential for fraud and abuse. Research indicates that overall opioid abuse is up 85%, with oxycodone abuse up 166% over a 6 year period (see Figure 4).⁵

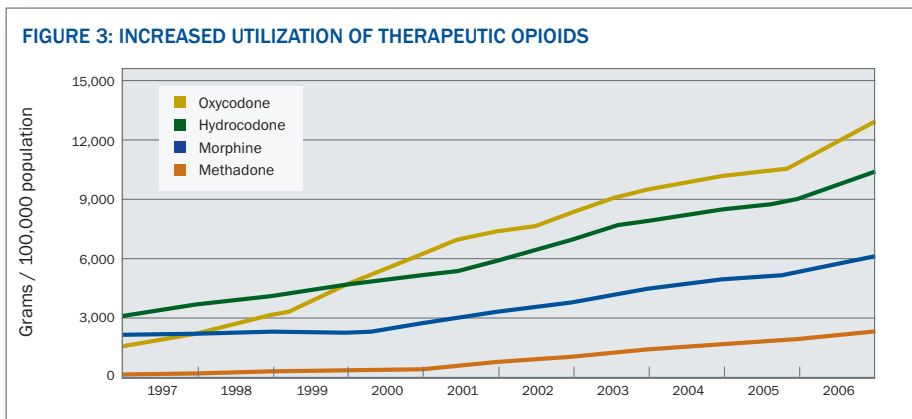
The issue of opioid abuse and diversion is concerning in workers' compensation due to its negative impact on claims costs and return to work. The challenge for prescribers, patients and employers alike is to promote the appropriate use of opioids while preventing misuse, with the goal being the achievement of an optimal level of pain control that promotes return to work and improved quality of life.

One barrier to the more appropriate use of opioids is the lack of communication between and among physicians and pharmacies. It is not surprising that patients utilizing multiple prescribers and/or multiple pharmacies may be at risk for medication-related problems. The risk is intensified when managing chronic pain with opioids. At PMSI, our clinical programs detect the presence of two opioid prescribers in almost 7% of the injured worker population suffering from chronic pain. A smaller number of individuals see three, four or even five prescribers for their opioid medications. These patients are at risk for overdose and drug interactions that can lead to significant morbidity and mortality. This issue is likely a contributing factor to a recent FDA advisory board recommendation to ban the use of prescription opioid combination products containing acetaminophen (Vicodin, Lortab, etc.) due to increased reports of overdose, resulting in severe complications and death.⁶

The complexity of medication therapy represents another challenge in managing pain. It wasn't long ago that a physician would prescribe one medication to treat pain— now common practice is to prescribe

two or three. Injured workers' prescription use often moves beyond opioids to include adjunctive or supportive therapy for pain management. Rather than a pain medication alone, patients may take antidepressants or anticonvulsants for pain control. As with the use of multiple prescribers, patients on complex medication regimens are inherently at risk for drug therapy complications. Caution must be exercised by the prescriber and the pharmacist to avoid drug interactions, duplication of the therapy and cumulative side effects such as sedation that could impair the patient's functional status and hamper the likelihood of return to work.

Finally, there is the issue of unsafe pain medication use, a growing problem in managing chronic pain. Although off-label prescribing of medications (for indications not approved by the Food and Drug Administration) is common place in medicine, overzealous marketing practices by drug manufacturers and lack of prescriber knowledge regarding potential complications can lead to serious and sometimes fatal consequences for patients. For example, deaths associated with Fentora, a rapid-acting form of fentanyl used primarily in an off-label fashion in workers' compensation, prompted a manufacturer warning letter to prescribers in 2007 urging them to use Fentora only for approved



indications.⁷ This drug, already FDA approved for cancer pain, was recently denied an expanded indication for the treatment of chronic back pain due to FDA concerns regarding the potential for unsafe use.⁸

GETTING PAIN (AND COSTS) UNDER CONTROL

What can a payor do to facilitate the effective treatment of pain for their high-risk injured workers while maintaining control over drug costs? The most direct and effective strategy is to participate in a Pain Management Program specifically designed to address the complex issues and challenges associated with pain in workers' compensation.

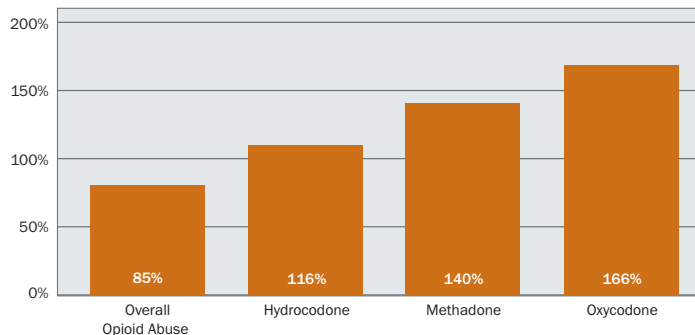
The purpose of a Pain Management Program is to facilitate the appropriate treatment of pain via integrated interventions that involve all stakeholders

⁴ Manachikanti, Laxmaiah, and Singh, Angelie, "Therapeutic Opioids: A Ten-Year Perspective of the Complexities and Complications of Escalating Use, Abuse, and Nonmedical Use of Opioids." *Pain Physician*, March 2008.

⁵ Atluri et al., "ASIPP Controlled Substance Guidelines," *Pain Physician*, Vol. 6, No. 3, 2003.

⁶ Joint Meeting of the Drug Safety and Risk Management Advisory Committee, Non-prescription Drugs Advisory Committee, and the Anesthetic and Life Support Drugs Advisory Committee Meeting, June 20-30, 2009.

FIGURE 4: PERCENT INCREASE OF OPIOID ABUSE: 1994 - 2000



in the care continuum. Pain Management Programs provide various levels of services and interventions with the goal of improving pain control, reducing risk and controlling costs. To achieve these objectives, they deploy a highly integrated effort designed to identify inappropriate medication use and implement interventions that will avoid poor health outcomes for injured workers and unnecessary costs for payors. The program must detect and resolve drug therapy problems on an ongoing basis throughout the injury lifecycle.

It is important to note that an effective Pain Management Program, because it serves a special population, requires special skills on the part of the solution provider. Unlike the group health environment where management of cardiovascular disease and diabetes represent the prevailing need, pain management is often the primary focus of care in workers' compensation. A Pharmacy Benefit Manager (PBM) that specializes in the workers' compensation market is in an excellent position to partner with the payor to evaluate and oversee the complex medication needs associated with the treatment of chronic pain within the context of an industrial injury.

A Pain Management Program requires a clinically solid, evidence-based foundation, an experienced clinical team, and robust data management capabilities for optimal results. A PBM that leverages its unique visibility of all the prescription claims processed for the payor's claimants with the pharmaceutical expertise of the clinical pharmacist can provide intelligent oversight to mitigate high-risk medication issues and improve patient care. Early detection and intervention on drug therapy issues that can lead to poor health outcomes is critical to the success of the program, as is the involvement of all stakeholders including the patient, prescriber, pharmacist and payor.

INTEGRATED PAIN MANAGEMENT PROGRAMS

What are the critical components of an effective Pain Management Program—one that will produce good results for both the payor and the patient? Integration of services is the underlying principle, as unlinked, disparate interventions are unlikely to deliver the best

results. The following are some important capabilities of a successful Pain Management Program, such as PMSI's MedAssess™ program:

Utilization Control Program — Benefits both acute and chronically injured workers by managing access to pain medications through the application of clinically based, workers' compensation-specific criteria to proactively evaluate medication appropriateness and cost-effectiveness at point of service. Examples of key aspects include:

- **Formulary Management** – Ensuring injured workers have access to the right medications based on type and stage of injury.

- **Prior authorization** – Ensuring that non-formulary medications are prescribed appropriately for the injured worker.

- **Generic Conversion** – Facilitating changes from brand to equivalent generic formulations to achieve significant savings without compromising quality of care.

Targeted Intervention Program — Applies analytics to identify high-risk and high-cost medication issues that might go unnoticed at the individual prescriber or pharmacy level. Once issues are identified, interventions focus on resolving inappropriate medication use, therapeutic duplication and potential abuse or diversion. Types of interventions include:

- **High-Risk Profiling** – Detecting high-risk medication use and intervening to convert to more appropriate therapy. This intervention frequently results in a reduction in total drug spend for high-risk injured workers when they are converted to more appropriate therapy.

- **Multiple Prescribers** – Identifying injured workers visiting multiple prescribers for their narcotic medicines and working to convert them to a single prescriber.

- **Provider Lock-In** – Providing a mechanism for identifying and alerting on potential cases of abuse or diversion and “locking in” the high-risk individual with a specific prescriber and pharmacy.

- **Prescriber Profiling** – Identifying prescribers with high-risk prescribing patterns and encouraging the use of evidence-based standards of care.

Care Management Program — Focuses on improving medication-related outcomes for chronically injured, high-risk patients by promoting the most appropriate and cost-effective treatment regimens for the long-term management of pain. Components can include:

- **Medication Review** – Engaging the expertise of a clinical pharmacist who specializes in pain management for occupational injuries to conduct a comprehensive assessment of the

⁷ Cephalon. Fentora Safety Information Letter to Prescribers. September 2007.

⁸ Cephalon Press Release. Cephalon Announces FDA Advisory Committee Recommendations Against Approval of an Expanded Label for Fentora. May 6, 2008.

injured worker's medication therapy, resulting in an action plan for optimal pain management.

- **Peer-to-Peer Outreach** – Using staff physicians with expertise in pain management to engage the prescriber of record in a discussion regarding issues and concerns identified in the Medication Review and facilitate change to more appropriate therapy.
- **Drug Testing and Monitoring** – Working with the prescriber to conduct ongoing monitoring of high-risk injured workers on opioid therapy and proactively intervene to ensure effective pain control and prevent opioid abuse and diversion.

Education Program — Offers a solid foundation of educational materials and experienced clinicians to educate patients, prescribers and claims professionals on the appropriate use of opioids and adjuvant therapy in the treatment of pain so that successful patient outcomes and optimal cost savings can be realized.

THE BOTTOM LINE: INNOVATION

In order to respond effectively to the ever-changing landscape of pain management in workers' compensation, successful programs must embrace innovation. The challenges associated with pain management are many. Today they include: escalating use of opioids, abuse and diversion, multiple prescribers, complex medication regimens and unsafe prescribing practices. Tomorrow will bring new challenges and concerns.

Payors seeking effective pain management solutions should partner with a PBM that offers an innovative, integrated Pain Management Program. This program should incorporate various levels of interventions throughout the injury lifecycle, be administered by a strong clinical team, and have the goal of improving pain control, reducing risk and controlling costs.

RESULTS

As part of an integrated Pain Management Program, MedAssess™ clinical interventions achieved:

64% success in eliminating inappropriate medication therapies

28% savings in total pharmacy spend per high-risk injured worker

90% success in eliminating multiple narcotic prescribers

21% savings on narcotic prescription spend

41% decrease in the total number of narcotic prescriptions

ABOUT THE AUTHOR

Maria Sciame, PharmD, CDE, RRT, Executive Director of Clinical Services directs clinical program design and delivery for PMSI, one of the nation's largest workers' compensation solution providers. She has over 13 years of experience in clinical practice and pharmacy benefits administration. She serves as Clinical Assistant Professor of Pharmacy for the University of Florida, College of Pharmacy, is a published author, and speaks often regarding pharmacotherapy issues in workers' compensation for regional and national audiences. Dr. Sciame is also member of the American College of Clinical Pharmacy, the American Pharmacists Association, the Academy of Managed Care Pharmacy, and the American Pain Society.

ABOUT MEDASSESS™

MedAssess ensures appropriate utilization, effective intervention and care management support throughout the injured worker's lifecycle. This insightful, evidence-based program is supported by PMSI's experience gained over 30 years as one of the nation's largest providers in the workers' compensation industry.

MedAssess is built on a robust foundation of data intelligence and PMSI's in-depth experience as a pharmacy benefits manager, durable medical supplies and equipment partner, and Medicare Set-Aside provider. MedAssess is managed by highly trained clinical pharmacists and nurses with extensive experience in the pharmacological therapy and medical treatment of workers' compensation injuries.

PMSI—THE ONLY SOLUTION YOU NEED. Founded in 1976, today PMSI is one of the nation's largest providers of specialty managed care services and products for workers' compensation. PMSI provides a best-in-class integrated portfolio of clinically based services in Pharmacy, Medical Services and Equipment, and Settlement Solutions that promotes quality care for injured workers while helping clients contain costs and control utilization.

