

## Q&A

As Maryland's leader and expert in workers' compensation insurance, IWIF professionals are available by phone, e-mail and in person to help answer your questions. We also encourage you to contact your agent partner and to visit our website, [www.iwif.com](http://www.iwif.com), for more frequently asked questions and answers.



## How is IWIF helping to combat the problem of narcotic prescription drug abuse in workers' comp in Maryland?

**P**rescription drugs and their related costs continue to drive up the cost of workers' comp in Maryland and throughout the U.S. In 2010, drug costs represented almost 20% of total workers' comp medical expenses, or \$5.4 billion, according to a 2011 National Council on Compensation Insurance (NCCI) study on prescription drug use in workers' compensation claims. The same study revealed that the expensive narcotic OxyContin, a Schedule II drug, was the most widely prescribed workers' comp drug. In response to this, IWIF recently created a comprehensive narcotics monitoring program to help reduce the health risks of these dangerous drugs to injured workers.

### 1. What is the goal of IWIF's pain management program?

IWIF created its drug monitoring program in late 2009 as part of a larger Pain Management Program that reviews not only the use of prescription drugs, but also many alternative interventions.

The goal of the program is to apply evidence-based guidelines for treatment of chronic pain to ensure necessary care. The end result will be better medical outcomes, improved quality of care, protection and safety for the worker, and, ultimately, a return to work.

### 2. Who is responsible for administering this program?

Ana Blair, R.N., and Karen Lewis, L.P.N., of IWIF's Precertification Department, direct IWIF's Pain Management Program. They work with physician groups to ensure medication compliance and are also responsible for ensuring that all pain interventions are achieving the twin goals of reducing pain and improving function for injured workers.

### 3. How does the program work to help control costs?

Before prescribing narcotics for chronic pain, IWIF encourages physicians to have their patients sign a "narcotic agreement" stating they will comply with the program, not consume other non-prescribed or illicit drugs, and agree to random drug screens if the doctor suspects non-compliance. IWIF contracted with a Pharmacy Benefit Manager (PBM), Express Scripts (with an extensive network of pharmacies), to monitor the program and medications.

When a workplace accident occurs, the first line of defense is a Temporary Prescription Card. This card ensures that the pharmacist knows this is a workers' comp injury and that Express Scripts

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is the PBM. This allows for smooth processing and a prompt fill for the injured worker.

A second line of defense is a specialized IWIF formulary of medications. Only certain medications are routinely approved. Medications not on this list require pre-authorization. An IWIF nurse reviews the request to determine if the need for the medication is related to the work injury.

#### **4. How does IWIF identify abusers of prescription narcotics among the claimants we treat?**

There are several resources to help identify claims that may be at risk. One is our pharmacy report of the top 25 claims by drug cost. These are drugs that are costly because of the type of drug, dosage, or quantity prescribed.

Another resource is a predictive modeling tool that identifies claims in which there are multiple prescribing physicians, different pharmacies dispensing, and increases in the amount or type of narcotics prescribed. This allows our nurses to target interventions where efforts can be most productive.

Finally, our claims adjusters play an important role in guarding against prescription drug abuse by referring claims for review when they find excessive treatment, delayed return to work, or documentation of continued pain complaints.

#### **5. What happens when someone is found to be “non-compliant” or is violating the terms of the “narcotic agreement”?**

Injured workers who are found to be non-compliant and are abusing their narcotics are increasingly being discharged from the physician’s practice. Recently, IWIF has been proactive in taking such claims to hearing for non-compliance and narcotic abuse. Some of these claimants have been sent to an outpatient or inpatient drug rehabilitation program, which is coordinated by IWIF upon recommendation of a physician or by order of the Maryland Workers’ Compensation Commission.

#### **6. What is the cost of prescription drugs to IWIF?**

The top five drugs prescribed for injured workers are typically very expensive. In addition, injured workers who abuse prescription drugs treat longer, have more treatment interventions, take more medications, have more mental health issues, and generally are in worse health – all of which increase indemnity and permanency costs.

#### **7. Has IWIF’s program helped to save money since its inception?**

Yes. Since its inception in 2009, the program has saved IWIF an estimated \$5 million. In 2011, cost savings for the opioid drugs alone were more \$553,000.

#### **8. Does Maryland have any laws that cap the cost of medications in workers’ comp cases?**

No. Maryland does not have a statute in place that caps the cost of medications. Nor does Maryland currently have a prescription fee schedule, like some states do. In Maryland, pharmacies are reimbursed “usual and customary,” which come down to billed charges or prices negotiated through a PBM, which IWIF does have.

### **Sample IWIF case involving narcotic drug abuse**

One claim involved a worker who slipped, and injured their back. The injured worker subsequently underwent conservative treatment that included physical therapy and epidural steroid injections and was started on OxyContin. The injured worker was prescribed a high dose and, upon request of the IWIF nurse for a drug screen, the injured workers’ test results revealed a positive indication of the illegal substances cocaine and marijuana, along with other non-prescribed narcotics. This injured worker was discharged from IWIF’s Pain Management Program for non-compliance and the case is being scheduled for a hearing.

### **The top five drugs prescribed for IWIF workers’ comp claimants in 2011 were:**

1. OxyContin
2. Opana ER
3. Lidoderm patches
4. Cymbalta
5. Fentanyl