

Opioids and injured workers



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There are few occupations that involve the repetitive physical activities of a letter carrier. Letter carriers are industrial athletes. And just like other athletes, letter carriers suffer from a myriad of aches, pains and injuries. Treating those aches, pains and injuries, whether they are from short-term sprains or more serious long-term injuries, is an art as well as a science.

In 2000, the Joint Commission on the Accreditation of Healthcare Organizations (JCAHO) released a set of

pain management standards establishing a right to pain relief. The standards were quickly adopted by the medical community as a way to address the often debilitating chronic pain suffered by patient populations. The pharmaceutical industry quickly responded by offering new opioid pain relievers, which led to a sudden increase in the prescription of large doses of opioids.

This helped lay the foundation for what is now considered an opioid epidemic in America.

The Centers for Disease Control and Prevention (CDC) estimates that 1 out of 5 patients with non-cancer pain or pain-related diagnoses are prescribed opioids in office-based settings. While opioids have benefitted many injured workers suffering from chronic pain, the downside of opioid therapy has been well documented in the media and is a focus of federal regulators. Opioid abuse has become a serious public health issue. Opioids are now responsible for more deaths than the number of deaths from both suicide and motor vehicle crashes. More than 60 percent of drug overdose deaths involve opioids.

Compensably injured workers have not been immune to the opioid epidemic. The Department of Labor's Office of Workers' Compensation Programs (OWCP) estimates that more than 28,000 compensably injured federal workers have been using opioid therapy on a long-term basis. Another 19,000 recently injured federal workers have been prescribed opioid therapy for pain management.

As a result of the focus on opioid usage, OWCP's Division of Federal Employees' Compensation (DFEC) is instituting a policy to monitor and manage opioid medication usage. While DFEC acknowledges that opioid drugs can provide necessary and safe pain relief to injured workers, the policy places greater scrutiny on the prescription and utilization of opioid medications.

Beginning Aug. 27, initial prescriptions for opioids will be accepted for 60 days. After the initial 60-day period of opioid medication, if an injured worker still needs opioid medication, the treating physician must complete a Letter of Medical Necessity (LMN) form for DFEC to authorize any additional opioid medication. All subsequent prescrip-

tions will require that an LMN be received and reviewed by claims staff before opioid medication is authorized and dispensed.

The LMN is a form available to doctors via the Central Bill Pay (CBP) website. The CBP is run by Affiliated Computer Services (ACS), a federal contractor. ACS provides bill pay and medical authorization services for OWCP/DFEC. The LMN form is not available to injured workers.

Opioid drug prescriptions will be limited to a maximum of 60 days, with initial fills and refills to be issued in no more than 30-day supplies. No more than two opioids will be authorized at any given time. This includes opioid medications included in compounded medications.* Compounded medications containing opioids now require a completed and approved LMN prior to dispensing.

The DFEC policy is similar to policies developed by individual states and major health care organizations.

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The new opioid policy is specifically directed at new prescriptions. Injured workers who have been on long-term opioid therapy will not be affected by this new policy. In 2016, the CDC released guidelines on prescribing of opioids for chronic pain, defined as pain that lasts for more than three months (excluding pain related to cancer, end-of-life and palliative care). The guidelines call on doctors to choose therapies other than opioids as their preferred option, to use the lowest possible doses and to monitor all patients closely.

DFEC is encouraging injured workers who have been on long-term opioid therapy to consult with their doctors to consider alternative drugs that do not pose the same risks for addiction, dependency and overdose. The CDC pamphlet regarding the tapering of opioid usage can be found at cdc.gov/drugoverdose/pdf/clinical_pocket_guide_tapering-a.pdf.

It is possible, if not likely, that DFEC will have to address the pool of injured workers who have been on long-term opioid therapy. While prescribing an opioid is fast and inexpensive, alternative therapies can cost much more. Balancing the needs of injured workers and effective opioid policy is an ongoing process. The research on long-term opioid use and dependence is ongoing, and NALC will monitor the DFEC process to make sure that injured letter carriers continue to receive necessary treatment for their workplace injuries.

* For information on compounded drugs, see the December 2016 *Postal Record* article titled “Prescription drugs and injured workers.”