

# OWCP tightens procedures for prescribing opioids



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**A**n injured worker cannot get a claim accepted for a diagnosis of pain. Pain is a symptom, not a medical condition. At least that's what the Office of Workers' Compensation (OWCP) believes. But you and I know better. Whether it's the pain from a broken leg or a broken heart, pain is real.

In 1997, the American Academy of Pain Management and the American Pain Society released a consensus statement on the use of opioids for the treatment of chronic pain. The statement found that the medical community was not adequately treating chronic pain in patient populations and specifically addressed the need for greater use of opioids.

Earlier that decade, the drug company Purdue Pharma combined the opioid oxycodone with a time-release ingredient, creating OxyContin, an opiate that promised many hours of pain relief. The Food and Drug Administration (FDA) approved OxyContin in 1995. While it provided extended relief for some, it created greater problems for others. The drug was not as effective as expected, leaving some in pain and others struggling with opioid dependency issues.

Undeterred, Purdue's sales network fanned out into the American Heartland, citing an obscure paragraph from a 1980 medical journal that claimed addiction is rare in medical patients with no history of addiction. Purdue's sales staff was able to convince doctors that OxyContin was a safe, reliable, non-habit-forming answer to chronic pain.

The combination of the 1997 report and the introduction of OxyContin led to long-term opioid prescriptions for managing the pain of many maladies, including workplace injuries. The largest number of long-term prescriptions were for chronic back pain, particularly for the type of lower back injuries common to the letter carrier craft.

**By now, we all know how this has played out for the American people.** In 2010, enough painkillers were prescribed to medicate every American adult every four hours for one month. Chronic opioid usage has created addicts out of high school athletes, homemakers and blue-collar workers.

Injured federal workers have not been immune to problems associated with the over-prescription of opioids. OWCP estimates that there are more than 16,000 compensably injured workers who are on long-term opioid use. This "legacy" population is the focus of new regulations being promulgated by OWCP.

In June, OWCP released *FECA Bulletin 18-04: Opioid Prescribing Guidelines, Short-Term, Long-Term and High Dose Opioid Use*. The bulletin contains a new set of procedures for injured workers who have been on long-term opioid prescriptions.

Prior to releasing the bulletin, OWCP sent letters to the 16,000 workers. The first letter was a determination of the

injured workers' morphine equivalent, or ME. The ME is calculated by multiplying the dose of the prescribed medicine by a conversion factor and dividing that result by the number of days the patient received opioids.

The second letter, released in conjunction with *FB 18-04*, notified the injured workers that a new process was being implemented that includes a review of cases where long-term and/or high-dose opioids were prescribed.

To implement *FB 18-04*, OWCP has created Prescription Management units staffed with medical benefits claims examiners (MBEs) to manage opioid prescriptions. MBEs are responsible for reviewing and evaluating compounded drug and opioid prescriptions and any related requests. They also are involved in developing claims for additional conditions, adjudication of treatment regimens and entitlement to medical care.

MBEs are reviewing all opioid recipients' MEs and the length of such treatment. If further medical development is needed, a letter will be sent to the attending physician addressing opioid-specific issues. The attending physician will be asked to complete a letter of medical necessity (LMN) for consideration of further opioid authorization. The physician will have 30 days to complete the form and return it to OWCP.

**The physician will need to have thorough knowledge of the claimant's condition and provide a rationalized opinion on why the opioid usage is necessary.** If you are a compensably injured worker with a history of long-term opioid usage, you and your doctor will need to swiftly respond to any letters sent by OWCP. If your doctor believes that you have become dependent on opioids, he/she will need to diagnose the dependency and propose a treatment plan for reducing, and possibly eliminating, opioid therapy.

Should one of the claimant's physicians state that he or she would benefit from medication-assisted treatment or other treatment for opioid use disorder, the MBE will advise the claimant and the attending physician of such recommendation. If the attending physician disagrees or fails to respond, the MBE and claimant may explore information about appropriate treatment centers. The MBE can authorize a change of physician if the claimant wishes to seek treatment with another physician.

In August, OWCP released *FECA Bulletin 18-05, Alternative Pain Management and Treatment for Opioid Use Disorder*. The bulletin explains OWCP's intent to minimize barriers and increase access to treatment for claimants facing challenges relating to opioid use. OWCP is identifying claimants with a history of opioid use to provide easier access to treatment and coverage of many types of medication assisted treatment (MAT), as well as allowing emergency treatment such as medically managed withdrawal (detox), without prior authorization.

Injured letter carriers with long-term opioid usage, and their doctors, need to be proactive in preparing for changes to chronic pain management.