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WORKERS' COMP

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# INJURED and ADDICTED?

## Concerns grow about painkiller abuse among injured workers

By Kyle W. Morrison, senior associate editor

**W**orksites can present many types of hazards. Although some people may believe an injury occurring from those hazards is the worst-case situation, a worker recovering from that injury could be in just as much danger – if not more.

From 1999 to 2008, the number of drug poisoning deaths involving opioid analgesics, or painkillers, more than tripled – to about 148,000 from 4,000, according to the Centers for Disease Control and Prevention. Also, for every unintentional opioid analgesics overdose death, there are nine people admitted for substance abuse treatment, 35 emergency department visits and 161 reports of drug abuse or dependence, CDC said.

### Workers' compensation benefits, coverage and costs

	2009	CHANGE FROM PREVIOUS YEAR
Number of covered workers	124.86 million	-4.4%
Medical benefits paid	\$28.9 billion	-1.1%
Cash benefits paid	\$29.4 billion	1.9%
Employer costs	\$73.9 billion	-7.6%

#### AMOUNT PER \$100 OF COVERED WAGES

Medical payments	\$0.51
Cash payments to workers	\$0.52
Employer costs	\$1.30

Source: National Academy of Social Insurance, 2011

Although it is unclear how many involve employees who were injured on the job and are in the workers' compensation system, experts contend that the national trend of painkiller abuse extends to recovering workers.

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**Post-recession, workers' comp costs may rise**

**ALTHOUGH THE RECESSION** may have caused workers' compensation costs to decline for employers, experts warn increased rates could be coming up.

According to the National Academy of Social Insurance's annual workers' comp report, released last August, employers' costs declined 7.9 percent in 2009 and the number of covered workers fell 4.4 percent.

"As one might expect, when the Great Recession hit, employers paid less in workers' compensation costs because there were fewer workers to cover," report oversight panel chair John Burton Jr. said in a press release when the report was issued.

However, the National Council on Compensation Insurance Inc., a Boca



Raton, FL-based provider of workers' comp and employee injury data, filed for workers' comp rate increases in 27 states.

Peter Burton, the senior division executive for state relations at NCCI, said the increases were the result of three factors:

- For the first time in 12 years, there

was an increase in lost-time claim frequency.

- Because the economy is recovering, albeit slowly, employers are hiring more employees, who are likely to be less experienced and more likely to be injured.
- Injured workers are living longer due to improvements in treatment.

The end effect on employers will be high costs for workers' comp insurance, leading NCCI's Burton to suggest employers take steps to ensure their workers stay safe and avoid injuries.

"Now with workers' compensation potentially becoming more costly to purchase, this is a time to really focus on workplace safety," he said.

"Opiate abuse is a major national public health problem," said Richard Victor, executive director at the Cambridge, MA-based Workers Compensation Research Institute. "Because the overwhelming majority of workers' compensation drugs are for pain, opiate use is an especially important concern for workers' compensation payers, medical providers and patient advocates."

**Growing problem**

No hard data exists linking employees recovering from injuries to prescription painkiller drug abuse. But the evidence of painkiller abuse in the general public, coupled with the anecdotal evidence of painkiller abuse in workers' comp, makes the issue a concern, according to Ishita Sengupta, director of workers' compensation at the National Academy of Social Insurance, a Washington-based non-profit think tank that focuses on social insurance.

"This has been an issue that has been coming up a lot," Sengupta said, noting that the amount of abuse in the system is likely "considerable."

Additional evidence leading experts to believe this is a growing problem includes an increase in the number of painkiller prescriptions written under workers' comp. Prescription drugs made up 19 percent of all medical expenses in 2009, with the popular painkiller OxyContin being the No. 1 prescribed drug, according to a study from the National Council on Compensation Insurance Inc., a Boca Raton, FL-based provider of workers' comp and employee injury data.

Also, among injured workers with more than seven days of lost time who received at least one prescription under workers' comp, 55-85 percent were prescribed narcotics, a

WCRI study found. NCCI's workers' comp prescription drug study also found an increase in physicians dispensing such drugs, and the increase was associated with increased drug costs per claim.

But does an increase in the number of opioid prescriptions lead to an increase of abuse? Some experts say it does. In the general public, the number of painkiller prescriptions in the United States has been growing, and more opioid overdoses occur now than from heroin or cocaine combined – increasing to what CDC in November called "epidemic levels." This would likely be seen in workers' comp as well, experts warn.

"Doctors don't necessarily approach a distinction between an injury in workers' compensation or an injury anywhere else" when prescribing painkillers, said David Deitz, M.D., the national medical director at Liberty Mutual Insurance in Boston.

**Feature at a Glance**

Prescription painkiller abuse has become a crisis in the United States, according to the Centers for Disease Control and Prevention, and its effect may be beginning to be felt in the workers' compensation system.

**Key points**

- While it is unclear how much prescription drug abuse may be occurring in workers' comp, experts contend it likely exists and is a growing problem.
- Doctors may be overtreating injured workers with more, and stronger, narcotics than necessary.
- Studies have shown narcotic prescriptions are increasing, which may lead to more abuse in workers' comp.



## WORKERS' COMP



### Employer opportunities

**TO COMBAT THE POSSIBILITY** of workers forming an addiction to painkillers, experts recommend that employers keep in touch with the injured worker and get the employee back to work as soon as possible.

Establishing an early return-to-work program is a growing trend. "The whole idea in workers' compensation today is return-to-work," said Ishita Sengupta, director of workers' compensation at the National Academy of Social Insurance in Washington. "They need to see how the worker is faring, and how to get the worker back to the job."

It is difficult for experts to determine how much an early return-to-work program would lead to a reduced risk of prescription drug abuse, if at all. However, such programs are "tremendously helpful" in getting injured employees back to work, according to David Deitz, M.D., the national medical director at Liberty Mutual Insurance in Boston.

Employers or supervisors should not simply send a letter or email, but should physically contact the injured worker to engage them, Deitz suggested. They should show the worker they are concerned about the injury and make clear to the employee the plan for him or her to return to work.

Any return-to-work program should be approached cautiously, however, especially if the worker is still experiencing pain or is taking painkillers. Employees should stay away from safety-sensitive tasks, such as driving a forklift, if they are taking narcotics, Deitz said. Additionally, sometimes the pain from the injury itself may be distracting, making it inappropriate for the person to resume certain duties.

Any injured worker who develops a drug abuse problem should be treated for both the addiction and the underlying disability and chronic pain, Deitz added. "Try to treat the whole package," he said.

In states where prescription drug abuse may be a large problem, employers should contact public officials or their trade organizations to express their concerns, suggested Richard Victor, executive director at the Cambridge, MA-based Workers Compensation Research Institute.

### Cause and effect

The WCRI study, issued last July, examined variations in the use of narcotics in workers' comp health care across 17 states.

"Tremendous variation has been reported in the WCRI's narcotics study," Victor said, including in the amount and the strength of narcotics prescribed among the states.

For instance, injured workers in four states (Louisiana, Massachusetts, Pennsylvania and New York) received 80-125 percent more narcotics prescriptions per claim than the other 13 states, which suggests the possibility of overtreatment, researchers found.

In seven states, injured workers were more likely to receive narcotics on a longer-term basis than in the other states, and few of those users received appropriate recommended monitoring services to minimize the chances of abuse. Victor said a prevalence of longer-term narcotics use often is associated with a higher risk for potential misuse and abuse, and the WCRI report noted that this could lead to workers having a greater risk for further disability, work loss and even death.

"What we see in workers' compensation is – particularly for lower-back injuries and other types of soft-tissue injuries – there's probably some overuse of narcotic medications in situations where a number of guidelines recommend they be used cautiously or not at all," Deitz said.

It is difficult to ascertain why doctors may veer from prescription guidelines and why there is an overall trend of overprescribing painkillers, Deitz said, because it often comes down to the motivations of a single doctor with a single patient. He speculated that part of the reason may stem from past incidents in which patients – particularly cancer patients – were undertreated for pain. Now the pendulum has swung in the other direction, and perhaps too far, he said.

Workers who develop an abuse problem will have difficulty returning to the job, and that could bring issues for employers. "If it becomes a drug abuse issue, then employers have to incur additional costs for rehabilitation and testing," Sengupta said.

As with many statistics on this topic, there is no solid data on the effect prescription drug abuse may have on an employee who returns to the job after an injury. Deitz speculated that the majority of injured employees who take pain medication will recover and return to work with few complications, and only a minority will develop an abuse problem. But he stressed that any potential prescription drug abuse would extend beyond the workplace.

"From our perspective, the real tragic effect of this is the functional disability that excessive narcotics create," Deitz said. "That's an issue not just for the workplace, but for [workers'] interactions with their families and society." ☺

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