Prescription Pain Meds
A Fatal Cure for Injured Workers

National Safety Council

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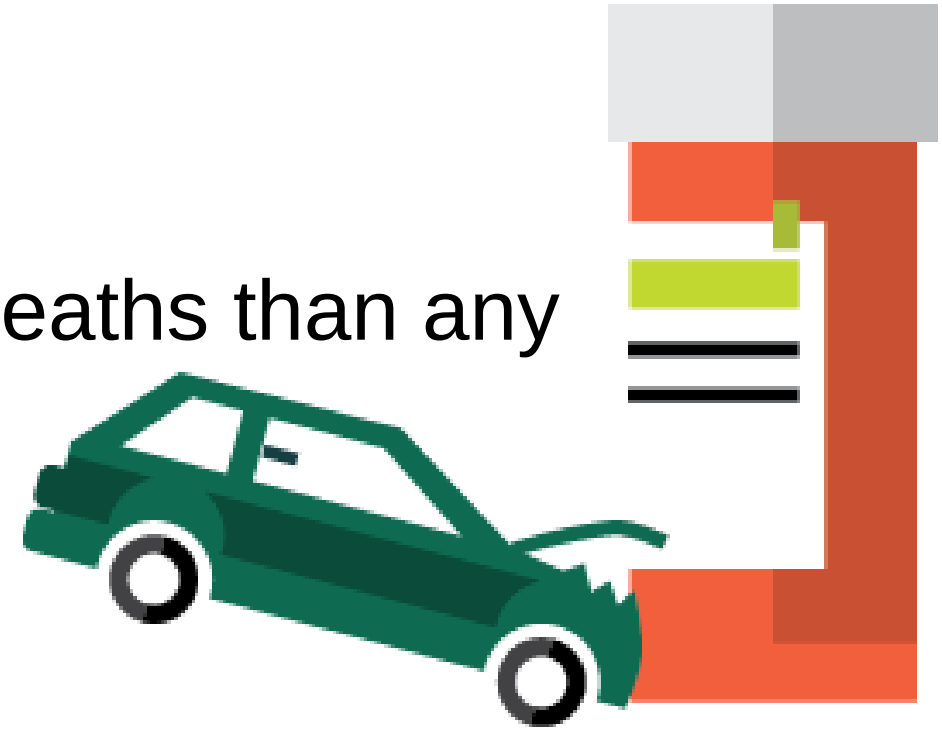
Rex Butler

Drug Overdoses now cause more deaths than car crashes.

Opioid painkillers

contribute to more deaths than any other type of drug.



Opioid Pain Meds & Workers Comp

- Opioid pain medications comprise more than 25% workers compensation drug claims costs.
- More than a one week supply of opioids following injury doubles the risk of disability one year later.

Risk Factors for Opioid Overdose

- Taking high doses
- Using for extended period of time
- Using multiple forms of opioid pain medications
- Mixing with alcohol, sleep aids, anti-depressants and anti-anxiety medications
- Sleep Apnea, heart failure, obesity, COPD or other respiratory conditions

A Legal Review

COURT CASES IDENTIFIED IN WHICH AN INJURED WORKER DIED OF AN OPIOID-RELATED DRUG OVERDOSE

State	Year	Case
Ohio	2009	Parker v. Honda of Am. Mfg., Inc.
Tennessee	2009	Lisa Shelton v. Central Mutual Insurance Company
Arizona	2010	Meritage Homes v. Industrial Commission of Arizona
Washington	2011	Department of Labor and Industries v Brian Shirley
Pennsylvania	2011	J.D. Landscaping v. Workers Compensation Appeals Board
Tennessee	2011	Kilburn v. Granite State Insurance Company et. al.
New York	2011	Anthony Fayo v. Crystal Run Health Care LLP et. al.
Texas	2012	Commerce & Industry Insurance Company v. Fergusen-Stewart, et. al.
Connecticut	2012	Sapko v. State of Connecticut
New York	2012	Kathleen Rice v. West 37th Group, LLC, et. al.
Arizona	2013	Yuma Regional Medical Center v. Industrial Commission of Arizona
California	2013	South Coast Framing, INC, et. al. v. Workers' Compensation Appeals Board
Mississippi	2014	Amanda Cleveland DEC'D v. Heritage Properties, INC
Arkansas	2014	James Loar, Jr. DEC'D v. Cooper Tire & Rubber Co. et. al.
Nebraska	2015	Bernard Michie v. Anderson Builders, INC

Some quick legal terms

- Proximate Cause
- Chain of Causation
- Intervening Act or Superseding Cause

Overdose facts will get in for review

Charles Kilburn suffered neck and back injuries in a work-related motor vehicle crash in November 2008. As part of his treatment, Kilburn was prescribed fifteen milligrams of oxycodone four times a day.

In January 2010, he died of an overdose of oxycodone. Before his death, Kilburn had filed an action for workers' compensation benefits. His widow, Judy Kilburn, filed a motion to amend the complaint to seek workers' compensation death benefits.

Kilburn's employer opposed the motion. The trial court denied the motion on July 25, 2010 to seek death benefits.

Failing to comply with medication instructions

Brian Shirley suffered a workplace injury in 2004. He died in 2007 after he drank alcohol while taking multiple prescription medications to treat pain resulting from his industrial injury.

The day before he died, Shirley went to work as usual. That evening, he helped his neighbor chop wood and then returned home and went to bed. He did not wake up the next morning.

The medical experts agreed the immediate cause of death was the combination of alcohol and several prescription drugs including oxycodone, an opioid pain medication. However, none of the drug levels in Shirley's blood were highly elevated. Neither the drugs nor alcohol alone would have killed Shirley.

Failing to comply with medication instructions

In May 2004, Bruce Mason Stewart injured his shoulder and neck. Stewart's treating physician diagnosed him with a left shoulder contusion and prescribed hydrocodone. Stewart was instructed to take one pill containing 7.5 milligrams of hydrocodone every eight hours.

On October 3, 2004, He died from a hydrocodone overdose. A toxicology report indicated that the hydrocodone taken exceeded the dose prescribed.

The Division of Workers' Compensation determined that Stewart failed to comply with his physician's instructions and was not entitled to death benefits. His widow then petitioned for judicial review.

Multiple providers and conditions

Anthony Sapko, a correctional officer, injured his back in 2006 and was prescribed oxycodone for pain. Prior to his workplace injuries, Sapko had been diagnosed with major depression and continued to receive treatment until the time of his death.

The week prior to his August 16, 2006, death, Sapko went to his psychiatrist complaining of racing thoughts and was prescribed Seroquel.

Sapko died from an overdose of oxycodone and Seroquel.

Overutilization doesn't change compensability

Heffernan, who injured his lower back in 2002, received opioid pain medications as part of his treatment. In 2007, he was found unresponsive and died. The forensic pathologist's report stated that decedent died from drug intoxication due to an overdose of Fentanyl prescribed for his work injury.

A previous utilization review showed that a doctor's treatment provided to Heffernan, including prescriptions for docusate, fentanyl, oxycodone, Fentora, Lyrica and Sonata, were neither reasonable nor necessary.

The employer argued that Heffernan's death stemmed from an unintentional overdose of prescription pain medications that were neither reasonable nor necessary treatment.

Nonmedical Use

In 1988, John Parker suffered a severe back injury while employed. He received workers' compensation for the injury, undergoing several surgical procedures. Parker was prescribed and began using OxyContin in March 1999 to better treat his pain.

He became addicted and, in 2004, Parker sought treatment for his dependency on cocaine and OxyContin. In 2005, he sought additional treatment as his addiction had grown.

Parker died in March 2006 after injecting OxyContin. The coroner concluded Parker died from a lethal concentration of OxyContin, which he had melted down and injected intravenously.

Employer Actions

Bill Butler (March 7, 1973 – July 12, 2006)
Methadone Overdose

Protecting Injured Workers

- Require use of prescribing guidelines
- Prior approval for methadone use to treat pain
- Screen for depression, mental health and current and past substance use
- Require use of pharmacy benefit manager for medications
- Require providers to use state PDMPs

Employee Education Essential

- Risks of opioid pain medication use
- Special care is needed if workers have sleep apnea, COPD or other respiratory problems
- Hazards taking long-acting and short-acting opioid pain medications together
- Dangers of using alcohol and sleep aids with opioid pain medications
- Long-term use and high doses increase risk of addiction and overdose

Looking Ahead

- Opioids are a gateway to heroin use.
- Changing prescriber behavior
- Public education
- Changing laws to provide states and communities with tools
- Mobilizing employers

Resources

Prescription Drug Employer Kit

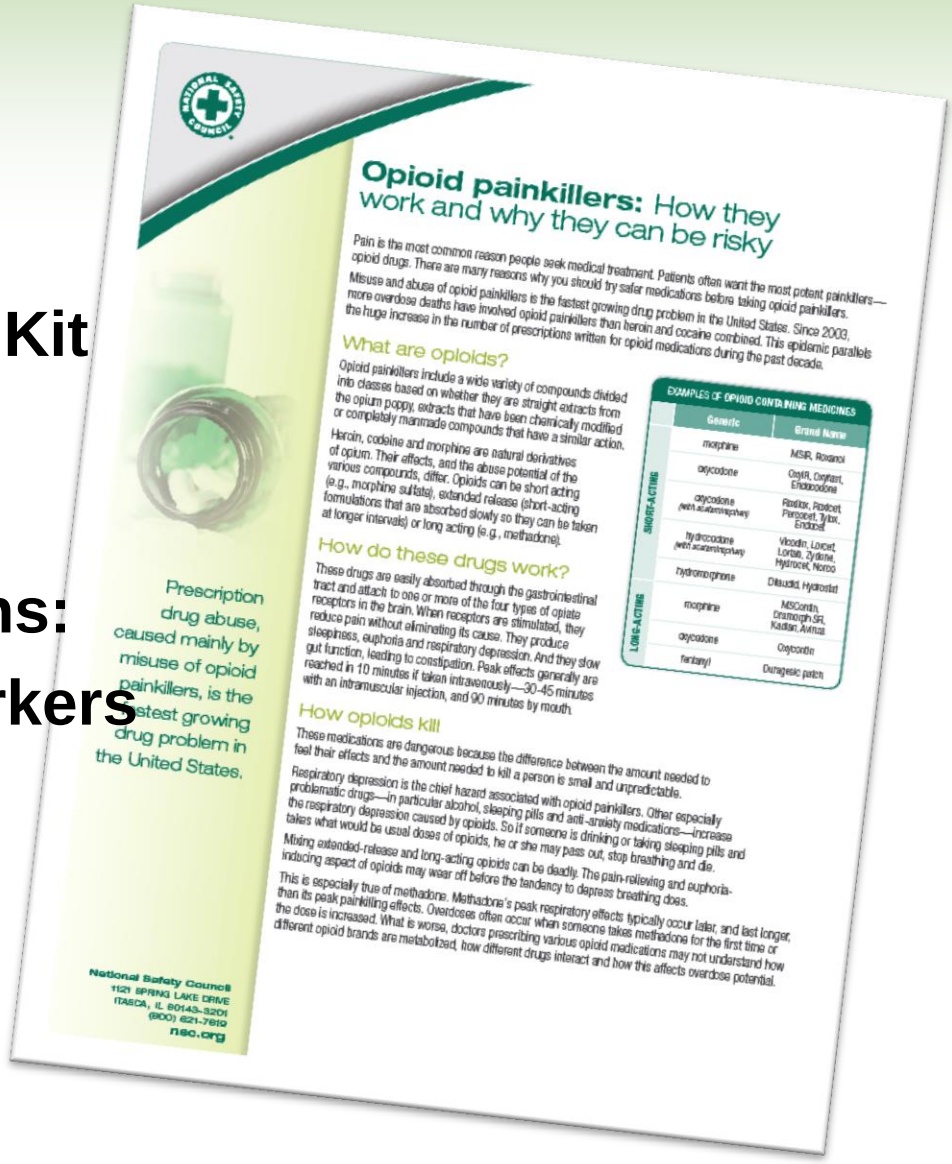
www.nsc.org/rxemployerpolicy

Prescription Pain Medications:
A Fatal Cure for Injured Workers

www.nsc.org/workerscomp

Additional Resources

www.nsc.org/rxppainkillers



Questions

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