



State of Wyoming
Department of Workforce Services
 DIVISION OF WORKERS' COMPENSATION
 1510 East Pershing Boulevard, South Wing
 Cheyenne, Wyoming 82002
<http://www.wyomingworkforce.org>



Matthew H. Mead
 Governor

Director
John Cox
 Deputy Director
Lisa M. Osvold

PROVIDER BULLETIN

TOPIC: Chronic Non-Malignant Pain

Published by Wyoming Workers' Compensation Medical Case Management Unit
 October 21, 2015

Based on review of the current literature, the Medical Commission has revised the chronic narcotic monitoring treatment guidelines, to include revisions to the urine drug monitoring treatment guidelines.

Wyoming Workers' Compensation Division
Treatment Guidelines-Chronic Non-Malignant Pain

Compensability should NOT be in question at the time of the preauthorization.

Over the past decade, there has been a dramatic increase in the use of opioids to treat non-cancer pain. Among the workers' compensation population nationally, the prevalence of opioid use is approximately 32%. In Wyoming, opioids account for 38% of all prescriptions with Oxycontin the number one in total cost (as of September, 2015).

These guidelines are intended for use by Health Care Providers (HCP) who have been providing acute pain management treatment to injured workers beyond 3 months (90 days) and where efforts to remove the cause of pain or to treat it with other modalities have failed. Applications of these guidelines are intended only for outpatient prescriptions of non-parenteral controlled substances. These guidelines should not be the sole determining basis for identifying claimants at risk for a drug use problem and cannot substitute for a thorough assessment of the claimant or medical file review by a qualified HCP.

The Division has approved Oxycodone/APAP, Hydrocodone/APAP, Butrans patch, Oxycodone APAP, Oxycontin, Morphine, Oxymorphone, Kadian, and the analgesic Tramadol for the treatment of chronic pain. All transmucosal and transdermal immediate release duragesic (fentanyl) agents, Suboxone/Subutex, and Demerol will be denied for chronic nonmalignant pain relief. Transcutaneous opioid analgesics will be considered only if there is documentation that the disorder prevents adequate oral dosing.



After the initial review, the Nurse Case Manager (NCM) can recommend coverage approval for up to one year with a yearly urine drug screen. If the urine drug screen is inconsistent, the NCM will enroll the claimant in the Helios on-going monitoring program and will monitor compliance for the next year.

I. Definitions

- Chronic pain is defined as pain persisting beyond the expected normal healing time for an injury, for which traditional medical approaches have been unsuccessful.
- Clinically significant improvement in pain and function is defined as a 30% improvement in both from the original baseline at the time of injury.
- Hyperalgesia is defined as increased sensitivity to pain or enhanced intensity of pain sensitivity. Opioid induced hyperalgesia is a clinical phenomenon, characterized by increasing sensitivity to pain, worsening of pain despite increasing doses of opioids, pain that becomes more diffuse extending beyond the distribution of pre-existing pain caused by the toxic effects of opioid metabolites.

II. Health Care Provider (HCP Medical Record Documentation)

Documentation may be completed by a mid-level provider Family Nurse Practitioner (FNP), or Physician Assistant-Certified (PA-C).

- A medical history and physical examination documenting the presence of a recognized medical indication for the use of a controlled substance must be performed, to include:
 - Assessment of the pain and function, using measurable scales.
 - Assessment to include substance abuse history, and assessment of underlying or coexisting diseases or conditions.
 - Assessment of prior relevant psychiatric history, particularly including affective disorders and personality disorders.
 - Obtain Documentation of relevant baseline clinical or laboratory studies including a copy of a baseline urine drug screen completed at the end of the acute phase.
 - A note Documentation of alternative strategies used for managing the pain and why these modalities are inappropriate or ineffective.
 - A note indicating Documentation of one or more specialists' consultations performed.
- The written treatment plan shall include the following:
(written and should include the following)
 - Clearly stated, measurable objectives with a specific timeframe for continued opioid use.



- A list of all current medications including doses with a description of reported pain relief from each medication.
 - Justification of the continued use of opioids as it relates to the improvement of the claimants recovery (work hardening, or vocational services).
 - Documentation of attempts at tapering and explanation of why tapering attempts failed.
 - How the claimant's response to medication will be assessed.
 - How the HCP will adequately monitor the claimant on a periodic basis to determine the continued need for controlled substances.
 - Further diagnostic evaluation(s).
 - Alternative treatments under consideration.
 - Risks, benefits, and duration of the prescribed medications shall be explained to the claimant, including the expectation of mandatory random urine drug monitoring.
- The treatment plan shall be revised as new information develops or at least every 90 days. Continued approval of opioid therapy will be dependent on the documentation of the HCP, to include:
 - A current signed treatment agreement.
 - No relative contraindications to the use of opioids.
 - No evidence of serious adverse outcomes from opioid use, including but not limited to, accidental/intentional overdose, constipation, nausea, vomiting, sedation, altered mental status, decreased concentration, pruritus, and myoclonus, any accidents related to work or driving.
 - Consultation with a pain management specialist if the claimant's dose is over 120 mg morphine equivalents per day. Consultation is also encouraged if the claimant has a co-morbid substance use or poorly controlled mental health disorder.
 - No aberrant behavior is identified by PDMP.
 - Claimant has been cooperative with urine drug testing and there are no inconsistent findings.
 - Documentation of improvement in both pain intensity and function.
 - Documentation of improvement in both pain intensity and function with ANY INCREASE in opioid dosing. When repeated dose escalations occur, the HCP shall document evaluation of opioid specific adverse effects, (consideration of hyperalgesia), any change in overall health status, any deterioration of reported quality of life, consideration of opioid rotation, and consideration/results of any tapering efforts.
 - If hyperalgesia is suspected/evident, reduce or discontinue opioids, consider changing the opioid to one with less risk of neurotoxic effects; and a non-opioid adjuvant such as acetaminophen or an NSAID.



- Other treatment modalities or a rehabilitation program may be necessary if the pain has differing etiologies or is associated with a psychosocial impairment.

III. **Treatment Agreement. (Informed Consent)**

The HCP shall discuss the risks and benefits of the use of controlled substances with the claimant. The agreement should include at a minimum:

- The conditions under which opioids will be prescribed including time frames for re-evaluation. The claimant shall understand that the prescription of opioids at this time should be considered a therapeutic trial to determine whether chronic opioid therapy is appropriate and effective.
- The claimant is informed of the HCP's obligation to document clinically significant improvement in pain and function.
- The claimant is informed of their responsibilities including urine drug monitoring, and full disclosure of all substances being taken.
- Possible side effects of long term use.
- Risks of opioid dependency.
- Importance of therapy and other activities to relieve the symptoms of the injury.
- Circumstances when a referral to a pain specialist, mental health provider, or substance abuse specialist is required.
- A written contract is **mandatory** unless the claimant is mentally or physically incapable. Please see example model formats at <http://doe.wyo.gov>

IV. **Periodic Review and Modifications**

The HCP shall periodically review the course of treatment and progress toward treatment objectives with the claimant.

- Assess and document if **BOTH** pain **AND** function have improved at every office visit.
- Access and document the state's Prescription Drug Monitoring Program (PDMP) to ensure that the controlled substance history is consistent with the prescribing record and the claimant's report.
- Document the claimant's clinical course and outcome goals with attention to disease progression, side effects, and emergence of new conditions.
- If both pain and function have NOT improved, consideration of consultation for non-opioid management. (The need for opioids shall be questioned and opioids should possibly be discontinued.)
- If both pain and function have improved, but the claimant has not returned to work, perform a re-assessment to determine if any clinical information has been missed, i.e., additional diagnoses contributing to the pain, were any other medications for pain management given, did side effects occur, is a psychological evaluation warranted to



help evaluate the claimant for effective pain management, has screening for elements of addiction been completed.

- Consider participating in a team conference with the claimant, employer, and division staff to explore return to work options, or vocational counseling.

V. Consultations

The HCP shall be willing to refer the claimant as necessary for additional evaluations and treatments in order to achieve treatment objectives. It is recommended that the provider consider a request for consultation to a pain management specialist if:

- A dose in excess of 120 mg of oral morphine daily or its equivalent is being used; please see <http://doe.wyo.gov> for a reference chart.
- Pain and functional status have not substantially improved after 6 months of opioid treatment
- A claimant who has a history of chemical dependency
- A claimant who appears to have significant problems with depression, anxiety, or irritability; (a psychological consultation may be indicated in these cases)
- Relevant ongoing clinical or laboratory studies (especially liver and kidney function screens) including drug screens.

The Division may request a pharmacy review and/or a peer to peer review from Helios to evaluate the claimant's current pharmacological treatment.

VI. Addiction vs. Physical Dependence.

Addiction is a behavioral syndrome characterized by psychological dependence and aberrant drug-related behaviors. Physical dependence and tolerance are normal physiological consequences of extended opioid therapy and are not the same as addiction. Health Care Providers are encouraged to seek consultations if the claimant meets three (3) or more of these criteria:

- Displays an overwhelming focus on opioid issues; i.e., discussion of opioids occupies a significant portion of the office visit and impedes progress with other issues regarding the claimant's pain.
- There is a pattern of early refills (3 or more) or escalating drug use in the absence of physician direction to do so.
- Multiple telephone calls or office visits to request more opioids or problems associated with the opioid prescription.
- Demonstrates pattern of prescription problems for a variety of reasons that may include lost medications, spilled medications or stolen medications.
- Has a supplemental source of opioids obtained from multiple providers, emergency rooms, or illegal sources.
- Have illicit drugs on urine screens.



VIII. Urine Drug Monitoring

Given the difficulty in identifying drug use behaviors with subjective data, all claimants who are prescribed a short-or long-acting opioid for long term pain management (defined as beyond the acute phase and/or greater than 3 months) will be drug tested at specified intervals and as requested by the Division. The monitoring policy shall be made clear to the claimant during the initial office visit. A written agreement is preferred although not required.

- All aspects of urine drug monitoring will be managed by Helios, the pharmacy benefit manager for the Division.
- Monitoring shall include illicit drugs (cocaine, amphetamines, and methamphetamines), alcohol, all current medications prescribed, and other commonly prescribed opiates.
- Testing shall be completed by a laboratory contracted by Helios and agreed to by the provider.
- A quantitative analysis may be required if the findings are inconsistent with prescribed therapy.
- Testing will be done at least every 12 months for low risk claimants, every 3-6 months for high risk claimants, and at the discretion of the Division.
- If the results indicate the prescribed drug(s) not detected, an illicit drug is detected, or a non-prescribed scheduled drug or a drug of concern is detected, the provider will document the discussion with the claimant and any subsequent actions, to include but not limited to:
 - Maintain current therapy and document justification.
 - Change therapy/discontinue opioids.
 - Consider outcomes of retention vs. discharge from the practice.
 - Communicate with other providers as appropriate.
 - Limit supply; select drug with low street value; schedule more frequent visits; schedule more frequent urine drug testing.
 - Consult a pain specialist; consider substance abuse specialist.
- If the claimant refuses to submit to drug testing, compensation for the opioids may be suspended until the testing is completed.
- If the physician does not comply with the request for drug testing, further compensation may be denied until the testing is completed. The claimant will be notified by the Division.
- Any results positive for illicit drugs or not consistent with the prescribed therapy will be sent to the NCM for review.

IX. Division Review

- The Analysts shall request a NCM review of the medical notes and supporting documentation to determine if the documentation reflects the criteria as per the



- guideline requirements. If the documentation requirements are met, the nurse can authorize the prescription for opioids for up to one year.
- If the medical notes do not meet the HCP documentation requirements, or there is no indication the prescribing HCP documents substantial improvement in the claimant's pain intensity or function, or documents psychological barriers, the nurse shall contact the HCP and notify them that the recommendation will be made to deny further opioids until the documentation is complete. The claimant will also be notified. The denial may include, but not be limited to the following circumstances:
 - Evidence of misuse of abuse of the prescribed opioid medication or other drugs.
 - Claimant is noncompliant with the HCP treatment plan.
 - The treating HCP has not provided medical documentation, which supports the use of this medication in the treatment of the allowed conditions in this claim.
 - Treatment resulted in severe adverse outcome.
 - At any time during the review, the NCM and Analyst may request a pharmacy evaluation from the Division's pharmacy benefit manager, Helios.
 - If the Division denies payment for opioids for any reasons going forward, a final approval for 30 additional days will be authorized to avoid abrupt cessation and allow for tapering of the medication.

*****Injured workers who have been on controlled substances for prolonged periods and come under the care of a new physician present special problems, these cases may be sent for physician/pharmacy review by the Analyst or NCM.*****

References

Carr D.R, Goudas L. C. (1999). Acute pain. *Lancet*, 353:2051-2058.

Chou, R., Fanciullo, G.J., Fine, P.G., Adler, J.A., Ballantyne, J.C., Davies, P., et al. (2009). Clinical guidelines for the use of chronic opioid therapy in chronic noncancer pain. *The Journal of Pain*, 10:2, 113-130.

Federation of State Medical Boards of the United States. (2004). *Model Policy for the Use of Controlled Substances for the Treatment of Pain*.

International Association of Industrial Accidents Boards and Commissions (IAIABC). (2013). *Reducing Inappropriate Opioid Use in Treatment of Injured Workers, A Policy Guide*.

Peppin J.F., Passik S.D., Couto J.E., Fine P.G., Christo P.J., Argoff C. et al., (2012). Recommendations for urine drug monitoring as a component of opioid therapy in the treatment of chronic pain. *Pain Medicine*, 13:886-896.



Teuteberg, W.G. (2009). #142 Opioid-induced hyperalgesia. *End of Life/Palliative Education Resource Center, Medical College of Wisconsin*. Retrieved 11/8/13 from:
www.eperc.mcw.edu/EPERC/FastFactsIndex//ff_142.htm

Wyoming Workers' Compensation Division wishes to acknowledge the works of Worker's Compensation State Boards of Arizona, Ohio, Washington, Colorado, and Massachusetts, upon which these guidelines are based.

