

Client Services Policy Manual

Policy Number: **HC-14**
Subject: **Use of Opioid Medication for Compensable Injuries**
Chapter: **Health Care Services**

Policy Statement

WorkplaceNL supports the provision of necessary and appropriate health care services:

1. to promote effective recovery from a work injury;
2. to maintain or enable early and safe return to work for injured workers, and/or
3. to reduce the severity of symptoms where the work injury has a significant impact on the activities of daily living.

The purpose of this policy is to establish the parameters for appropriate coverage of opioids (narcotic pain medication) in the treatment of compensable injuries. It clarifies the responsibilities of the injured worker, the prescribing and dispensing health care provider(s), and WorkplaceNL. It defines an appropriate, effective monitoring and reporting process for opioids which are covered by WorkplaceNL.

General

The term “opioid” refers to natural or synthetic narcotic analgesics (pain medication). Opioids can be an effective treatment for moderate to severe pain and will be covered within the provisions of this policy where they are prescribed for the compensable injury.

However, the use of opioids can be harmful to the injured worker if they are not properly administered and controlled. Therefore, the guidelines of this policy are intended to ensure that the injured worker receives appropriate treatment, and potentially harmful circumstances are identified, addressed and monitored by the injured worker, health care provider(s) and WorkplaceNL.

Policy Definitions

The following brief definitions have been provided for use under this policy:

Severity of the Work Injury – this will be judged based on the mechanism of the injury, objective clinical/investigative findings following the injury, and the impact that the injury is reasonably expected to have on the worker’s ability to return to pre-injury or suitable employment over time (based on expected healing and/or rehabilitation times). For the purpose of this policy, injuries will be classified as minor, moderate or severe.

Minor – an injury not expected to limit the worker’s ability to return

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to his/her pre-injury work and/or to earn at the pre-injury earnings level beyond a short period of disability (usually up to 4 weeks).

Moderate – an injury not expected to limit the worker’s ability to return to his/her pre-injury work and/or to earn at the pre-injury earnings level beyond the normal expected healing time for that injury (usually 4-12 weeks). Although more severe than a minor injury, a moderate injury would not be expected to result in long-term or permanent disability.

Severe – an injury expected to result in long-term (usually 6-9 months or longer) inability to return to pre-injury work and/or to earn at the pre-injury earnings level, and possibly result in permanent partial or total disability.

For the purpose of this policy, pain will be classified according to the duration following the injury as acute, subacute or chronic.

Acute Pain – intense pain that results from tissue damage and can last up to two weeks immediately following an injury or invasive treatment (e.g. surgery).

Subacute Pain – less intense pain following the acute phase that is regarded as organic pain from tissue healing and remodeling, and can last up to 12 weeks but usually not longer.

Chronic Non-malignant Pain (i.e. chronic pain) – pain that persists beyond the expected time frame for normal tissue healing and/or resolution of the painful condition – usually not beyond 12 weeks for most injuries or invasive treatments (e.g. surgery).

Chronic Malignant Pain – long term pain associated with a malignancy (i.e. cancer).

Other terms used under this policy include:

Parenteral Administration - the administration of a medication by any route other than oral or transdermal.

Addiction - a disease process involving the use of psychoactive substances (i.e. substances affecting one’s mind or behaviour) wherein there is loss of control, compulsive use, and continued use despite adverse social, physical and psychological consequences.

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Physical Dependence - a physiological state of adaptation to a specific substance characterized by the emergence of a withdrawal syndrome during abstinence, which may be relieved in total or in part by re-administration of the substance. Physical dependence does not necessarily correlate with addiction and may be a normal consequence of long-term opioid therapy.

Psychological Dependence - a subjective sense of need for a specific substance, either for its positive effects or to avoid any negative effects associated with its abstinence. While psychological dependence does not necessarily equate with addiction, in cases where opioid therapy is not proving to be of adequate and appropriate benefit to a worker, suggestion or evidence of psychological dependence should be of concern to the treating health care provider.

Guidelines for Coverage of Opioid Treatment

WorkplaceNL will cover the cost of opioids under this policy where these medications have been prescribed by a physician, dentist or other licensed health care provider authorized to do so, and dispensed by a licensed pharmacist/health care provider. The dosage, frequency of use, and total amount prescribed must be clearly indicated in reports submitted to WorkplaceNL using the Canadian Pharmacists' Association *Compendium of Pharmaceuticals and Specialties*, or *Managing Pain: The Canadian Health Care Professionals' Reference* (the guidelines endorsed by the Canadian Pain Society) as the references for establishing dosage recommendations.

WorkplaceNL has adopted the following guidelines for coverage of appropriate opioid medication in the treatment of compensable injury.

Coverage of Opioids for Acute Pain

Non-opioid medication should be the first choice for treating pain, especially pain associated with minor or mild soft tissue injuries. However, short-term use of opioid medication to treat moderate to severe pain is considered reasonable and appropriate using either an oral or parenteral route of administration in the acute phase (up to two weeks) following an injury or following invasive treatment (e.g. surgery) and will be covered by WorkplaceNL.

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In the case of severe injuries (e.g. significant fractures or burns) or while being treated as an inpatient in hospital, the provision of parenteral opioid medication required for longer than a two week period will be covered by WorkplaceNL, following which it is expected that the worker will be treated using an oral medication which may or may not include opioid medication.

Coverage of Opioids for Subacute Pain

In the subacute phase (generally for 2 -12 weeks) following a moderate to severe injury, the use of opioid medication using the oral route only is seen to be reasonable and appropriate in cases of moderate to severe pain and will be covered by WorkplaceNL. The use of such medication following a minor injury (e.g. minor soft tissue sprain/strain), however, is not seen to be indicated or appropriate beyond the acute phase and will not be covered beyond two weeks post-injury.

Although opioids will generally not be covered beyond 12 weeks, there may be cases of more severe injury where an extension may be granted for up to an additional four weeks, providing the continued use is supported by the medical facts of the case. All cases of opioid use beyond 12 weeks must be reviewed by a WorkplaceNL medical consultant.

Because 16 weeks is considered to be a reasonable time frame for most, if not all, of injured tissue healing to occur and for most, if not all, of the pain symptomatology to resolve - even for severe injuries - an extension beyond 16 weeks will not be granted for the coverage of opioid medication on the basis of subacute organic pain (i.e. pain that is related to a physical cause). Exceptions to this will be cases where the objective clinical evidence clearly demonstrates an ongoing organic lesion/condition that reasonably explains the degree and persistence of the worker's ongoing moderate to severe pain (e.g. chronic nerve irritation).

Pain that continues beyond 16 weeks where a clear organic cause is not medically evident will be considered chronic non-malignant pain and coverage for opioids will be considered on that basis only.

Coverage of Opioids for Chronic Non-Malignant Pain

Chronic non-malignant pain is different from acute pain in both its

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presentation and pathophysiology (Canadian Pain Society). On this basis, the approach to and treatment of chronic non-malignant pain must be different from that of acute, subacute and chronic malignant pain. Therefore, WorkplaceNL has adopted specific treatment and monitoring guidelines based on a widely accepted approach for the treatment of chronic non-malignant pain.

Opioids used for the treatment of chronic non-malignant pain will only be covered where:

1. there is reasonable clinical evidence that demonstrates a decrease in the injured worker's pain;
2. there is a sustained improvement in the injured worker's level of physical, behavioural and psychosocial functioning, and
3. there is no evidence of significant and/or unmanageable adverse side-effects.

The following conditions apply for opioid coverage for chronic non-malignant pain:

1. A Therapeutic Agreement between the injured worker, the prescribing health care provider and the dispensing health care provider must be in place. Forms will be provided by WorkplaceNL and must be completed by the parties for coverage to continue.
2. The Chronic Pain Report Form must be used for monitoring and treatment. Once treatment for chronic pain is commenced the Chronic Pain Report Form must be used in place of the standard physician's report MD.
3. Long-acting oral opioids on a regular dosing regimen, with infrequent short-acting oral doses of the same opioid for breakthrough pain, will be covered.
4. Coverage of opioid therapy for chronic pain will be continued only if the evidence demonstrates an improvement in both the worker's pain levels and overall function.
5. Parenteral opioids are not indicated or covered for chronic pain.

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6. It is expected to take up to three months to establish a chronic pain regimen for an individual. Once a treatment regimen for chronic pain has been established, 4-6 visits per year will be considered reasonable and adequate for monitoring and prescription renewal of opioids. Additional visits to the treating health care provider may be covered only when there is a documented clinical rationale that is deemed reasonable by a WorkplaceNL medical consultant.
7. WorkplaceNL may cover opioids where they are prescribed intermittently for workers who have returned to work, or workers who are participating in early and safe return to work or labour market re-entry program. In such cases, the chronic pain reporting process is not required and the physician's report MD is sufficient for reporting purposes.

Coverage of Opioids for Chronic Malignant Pain

For chronic malignant pain associated with occupational cancer, WorkplaceNL will cover short or long-acting oral opioids only in the early or non-advanced stages of the disease, if required. For advanced stage treatment, opioids will be covered in any form and through any method of administration (oral or parenteral) that is necessary as recommended by the treating health care provider.

Cessation of Opioid Therapy

WorkplaceNL may cover a period of up to 12 weeks for the treating health care provider to gradually taper and discontinue opioid medication(s). This may be required where, in the opinion of WorkplaceNL and in consultation with the treating health care provider and following discussion with the injured worker, opioid therapy is no longer indicated based on any of the following factors:

1. the current status of the worker's compensable injury or condition no longer requires opioids;
2. there is insufficient evidence to support that the treatment is beneficial to the compensable injury;
3. there is evidence that the treatment is causing more harm than benefit;
4. the treatment is contributing to maladaptive pain behaviour, unhealthy psychological dependence, and/or addiction; or
5. the treatment is a contributing factor to the worker's inability

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to fully participate in medical rehabilitation and/or return-to-work efforts.

Once coverage for opioids has been discontinued, WorkplaceNL will not approve coverage for any additional opioids in relation to the compensable injury. Any decision regarding the coverage for future opioid treatment on new or subsequent injuries will take into consideration the past experience and outcomes for opioid treatment for that individual.

Addiction

There may be cases where the treating health care provider and/or WorkplaceNL believe the need for opioids is predominantly psychological in nature, and such dependence is contributing to maladaptive behaviour or interfering with medical rehabilitation and return-to-work efforts. In such cases, WorkplaceNL may discontinue coverage in accordance with the “Cessation of Opioid Therapy” section of this policy. If, following the cessation period, there is continued use of the opioid medication by the worker, coverage for opioid will not be approved and a determination will be made regarding future entitlement to benefits and services under Policy EN-17 “Interruptions and Delays in Work Injury Recovery”.

Addiction Intervention

In cases where there is reasonable evidence of opioid addiction resulting from treatment for a compensable injury, WorkplaceNL will cover the costs of addiction intervention. This may involve a period of tapering by the treating physician, or a referral to a specialist and/or multidisciplinary intervention such as a reputable addiction rehabilitation program. In cases where addiction intervention is undertaken by WorkplaceNL, the following conditions will apply:

1. Coverage for such intervention will usually be on a ‘one-time-basis’. Intervention for relapses will usually not be covered.
2. Where there is a delay in accessing appropriate intervention, WorkplaceNL will review ongoing coverage for opioids with the treating physician.
3. The goal of the intervention must be the discontinuation (not

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reduction or adjustment) of opioids. During the intervention, WorkplaceNL may only cover such medications if their use is directed by the health care provider or director of a recognized addiction program, and then only on a short-term tapering basis (i.e. normally, not beyond 12 weeks). Following the intervention, WorkplaceNL will no longer cover the cost of opioids for that worker.

4. If the worker refuses appropriate intervention programming without just cause, coverage for opioid medication will cease. A decision will be made regarding further entitlement to benefits and services under Policy EN-17 "Interruptions and Delays in Work Injury Recovery".

Role of the Prescribing and Dispensing Health Care Provider(s)

All health care providers who prescribe and/or dispense opioid medication for the treatment of compensable pain are expected to have prerequisite knowledge, skills and experience necessary to appropriately administer and monitor such treatment.

WorkplaceNL will make every reasonable effort to work with individual treating health care providers to promote and support health care services that are necessary and appropriate for the treatment of the compensable injury. In addition, WorkplaceNL will promote the use of these policy guidelines through ongoing collaboration and consultation with the Newfoundland and Labrador Medical Association and, where appropriate, the Newfoundland Medical Board and/or the Newfoundland and Labrador Pharmaceutical Association.

Exceptional Circumstances

In cases where the individual circumstances of a case are such that the provisions of this policy cannot be applied or to do so would result in an unfair or unintended result, WorkplaceNL will decide the case based on its individual merits and justice. Such a decision will be considered for that specific case only and will not be precedent setting.

This policy applies to all claims as of the effective date indicated. However, for cases where opioids were being covered by WorkplaceNL prior to the policy effective date, decisions regarding

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continued coverage of opioids will be judged on a case by case basis, taking into consideration the severity of injury and the duration of the pain following the injury. This will occur in consultation with the injured worker, the treating/dispensing health care provider, and WorkplaceNL. Where appropriate, the treatment and monitoring guidelines under the section on “Coverage of Opioids for Chronic Non-Malignant Pain” will be implemented.

Reference: *Workplace Health, Safety and Compensation Act Sections 15, 16, 19, 54.1, 64, 73, 84 and 85.*
Policies: HC-11 Drug Formulary
HC-13 Health Care Entitlement
EN-07 Chronic Pain
EN-17 Interruptions and Delays in Work Injury Recovery

Amendment History

<i>Original Effective Date</i>	2004 05 01
<i>Revision #1</i>	2016 12 15