Introduction

- Pain Management in the Insurance/Workers’ Compensation population is a common issue for the medical case manager and adjuster handling claims.
- Treating pain and pain management is often the most difficult diagnosis/case to move through the curriculum of care and progress toward reinstatement to work or case closure.

Key Points of Discussion

- Review the Maximum Daily Dosage requirements of Acetaminophen and Acetaminophen Combination Medicines
- Understand how Acetaminophen works to control pain and is metabolized
- Definition of Terms and how quickly a patient becomes dependent on opioids
- CDC Guidelines Update for prescribing Controlled Prescription Drugs
- Need for Use of Best Practices and Research when developing a Comprehensive Controlled Prescription Drug protocol
- Understand the concept of ‘Number Needed to Treat’
- Discussing Sensitive Topics

Definition of Terms

- Tolerance
- Physical dependence
- Addiction

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• CompAlliance, LLC
  • Providing medical, vocational, employer services, bill review and PPO
  • 30+ Years Experience in Workers’ Compensation
  • From employer, insurance and provider perspectives
  • Clinical Experience in Occupational Health, Emergency Medicine, Psychiatric and Chemical Dependency Nursing

In honor of...
Your family or your friends that have been affected by this epidemic
Quick Stats – The U.S. Opioid Crisis

Number of Drug OD Deaths by State, US 2015

Abusers Switching from Controlled Prescription Drugs to Heroin

What is Chronic Pain?

When to Use Opioids? (Function over Pain)

Points to Consider when Prescribing Opioids for Pain Relief

- The American College of Occupational and Environmental Medicine (ACOEM) guidelines sanction opioid therapy:
  - Acute pain
  - Short-term use in chronic pain
  - Continued use?
  - CDC Guidelines

- Reasonable alternatives?
- Alternatives Tried?
- Risks vs. benefits?

SO ASK YOURSELF – ON YOUR CLAIMS CURRENTLY ON LONG-TERM NARCOTICS, ARE THE INJURED WORKERS TOLERATING THERAPY AND WORKING TO GET BACK TO WORK? IF NOT, THERE IS NO BENEFIT TO THEIR NARCOTIC THERAPY. REBOUND PAIN OR HYPERALGESIA, CAN ALSO BE AN ISSUE.
Recommended Dosage/Type – CDC Guidelines

› “When opioids are used for acute pain, clinicians should prescribe the lowest effective dose”
  - Three days or less will often be sufficient; more than seven days will rarely be needed.
  - Physical dependence
  - Holding dosages < 50 MED/day
  - Increasing dosages to 50 or more MED/day increases overdose risk
› Nonjudgmental attitude
› “Just in case”

Initiating Realistic Goals – CDC Guidelines

“Before starting opioid therapy for chronic pain, clinicians should establish treatment goals with all patients, including realistic goals for pain and function, and should consider how therapy will be discontinued if benefits do not outweigh risks.”

Opioid Side Effects and Considerations

- Opioid – OxyContin (oxycodone), 1.5 MED
- Drug Interactions
- What else are they taking?
- DO NOT use alcohol or medications that contain alcohol while receiving treatment with oxycodone!
- On-label uses

Benzodiazepine Side Effects and Considerations

- Benzedrine – Xanax (Alprazolam)
- 17 major drug interactions, 728 moderate, 102 minor
- Potentially major interactions
- Potentially moderate interactions
  - Part of the “Houston Cocktail” / “The Holy Trinity”
  - Vicodin (Acetaminophen and Hydrocodone) for pain
  - Alprazolam (Xanax) to deal with anxiety
  - Carisoprodol (Soma) as a muscle relaxant
- On-label uses

Soma Side Effects and Considerations

- Muscle Relaxant – Soma (Carisoprodol)
- 7 major drug interactions, 676 moderate, 1 minor
- MAJOR
- Central respiratory depression
- On-label uses

Cymbalta Side Effects and Considerations

- Anti-Depressant – Cymbalta (duloxetine)
- 218 major drug interactions, 759 moderate, 62 minor
- Potentially major interactions
- Potentially moderate interactions
  - Moderate concerns
  - FDA approved to treat
- On-label uses
NSAID Side Effects and Considerations
- NSAID – Celebrex (celecoxib)
- 31 major drug interactions, 558 moderate, 5 minor
- Be sure you check if they’re also taking
- Kidney and liver toxicity testing
- On-label uses

Acetaminophen Side Effects and Considerations
- Acetaminophen – Tylenol, Anacin, Adprin B, ED-APAP, Bromo Seltzer
- Side Effects
- Be sure you check if they’re also taking
- Cautions
- On-label uses

Maximum Daily Dosages - Acetaminophen
- Parenteral (IV):
  - Weight 50 kg or greater: 1000 mg IV every 6 hours
  - OR 650 mg IV every 4 hours
  - Maximum Dose: 1000 mg
  - Minimum Dosing Interval: every 4 hours
- Oral:
  - Immediate-release: 325 mg to 1 g orally every 4 to 6 hours
  - Minimum Dosing Interval: every 4 hours
  - Maximum Single Dose: 1000 mg
  - Maximum Dose: 4 g per 24 hours
- Comments:
  - Maximum daily dose is based on
  - Maximum daily dose and dosing recommendations may differ by product

How does Acetaminophen Work?
- We don’t fully understand how acetaminophen works
- Non-opioid analgesics work by inhibiting an enzyme known as cyclooxygenase (COX)
- Acetaminophen, however, differs from the other non-opioids in that it does not block COX in the peripheral nervous system
- Serotonin neurotransmission in the CNS and possibly activating ion channels in the brain and spinal cord
- Analgesic but not anti-inflammatory

Examples of Combination Drugs with Acetaminophen for pain
- Vicodin, Lortab, Loracet, Norco, Xodol, Hycet, Zamicet – Hydrocodone/acetaminophen
- Endocet, Percocet, Roxicet, Xartemis XR, Primlev, Tylox – Oxycodone/Acetaminophen
- Tylenol with Codeine – Acetaminophen/Codeine
- Ultracet – Tramadol/acetaminophen
- Trezix, panlor DC - Acetaminophen/caffeine/dihydrocodeine
- In 2011, the FDA asked manufacturers to limit the amount of acetaminophen in prescription combination drugs to 325 mg per capsule or tablet by January 2014. “Acetaminophen overdose is one of the most common poisonings worldwide,” according to the National Institutes of Health.
According to the DEA, hydrocodone is the most commonly prescribed (and the most abused) opioid drug in the United States, and the National Institute on Drug Abuse (NIDA) reports that the US consumes nearly 100% of the world’s supply of this drug. The following key statistics illustrate the extent of hydrocodone abuse:

- According to the National Survey on Drug Use and Health (NSDUH), 4 million people over the age of 12 reported using hydrocodone for nonmedical purposes in 2013.
- Over 29,000 hydrocodone-related exposures and 36 deaths were reported in the U.S. in 2012, according to the American Association of Poison Control Centers.
- The Drug Abuse Warning Network (DAWN) estimated that there were more than 82,000 emergency room incidents in 2011 related to non-medical abuse of hydrocodone.
- The number of prescriptions for hydrocodone written in the United States has increased dramatically in the last 25 years.

Hydrocodone Fun Facts

- Individuals gripped by opioid dependence and addiction frequently show telltale signs and behaviors indicative of active substance abuse:
  - Exaggerating pain symptoms or lying about injury to receive prescriptions.
  - Requesting frequent refills for the drug.
  - Seeing two or more doctors for additional prescriptions.
  - Social isolation, or spending more time away from other people.
  - Going through money quickly.
  - Focusing more on obtaining and using hydrocodone than taking part in formerly enjoyable or valued activities.
  - Marked mood changes.

Red Flags of Opioid Use Disorder (Addiction)

- Tolerance
- Overdose
- Potential for acetaminophen toxicity if they abuse a combination drug containing an opioid and acetaminophen

Effects of Abusing Opioids

- Tolerance
- Overdose
- Potential for acetaminophen toxicity if they abuse a combination drug containing an opioid and acetaminophen

Drugs OD Treatment

- Call 911
- Begin CPR if necessary
- Evzio (Naloxone HCL) rapidly delivers a single dose via a hand-held auto-injector or nasal spray.
- Bring the drugs or pills to the ER or doctor’s office
- Hospital treatment
- This individual should not just be discharged.

Do Opioids Work Better than Acetaminophen?

- The choice as to which pain medication to recommend is usually made by perceptions of what works or is dictated by a preexisting medical condition, right?
  - If you have advanced liver damage - no acetaminophen.
  - NSAIDs should not be given to an individual with advanced kidney disease or stomach ulcers.
  - Opioids pose a potential risk for anyone with a personal or family history of addiction.
  - We also may choose an opioid because we perceive this class of pain medication is the strongest and is most appropriate for significant injuries, surgery, etc., right?
Evidence-Based Reviews re: Pain Rx Effectiveness

- I believe if we took a poll of doctors, nurses, claims professionals, employers, and injured workers most would state their belief that opioids are stronger than other classes of pain medications (NSAIDs or acetaminophen).
- Several organizations have reviewed the comparative effectiveness of oral pain medications.
  - The Oxford League Table of Analgesics
  - Another organization that has performed an evidence-based review of oral pain medications is the Cochrane Collaboration. The Cochrane Collaboration states on their website: “Cochrane exists so that healthcare decisions get better. During the past 20 years, Cochrane has helped to transform the way health decisions are made. We gather and summarize the best evidence from research to help you make informed choices about treatment.”

Number Needed to Treat (NNT)

- When considering the effectiveness or strength of pain medication, it is important to understand this clinical measure, the Number Needed to Treat.
- In regards to pain medication
- What were the findings?

Number Needed to Treat

- 50% relief of pain is considered effective treatment
- A NNT of 1 means that the medicine is 100% effective at reducing pain by 50% - everyone who takes the medicine has effective pain relief.
- The most effective drugs have a low NNT
- If the NNT is 2.0 it would mean that for every two patients who receive the drug one patient will get at least 50% relief because of the treatment (the other patient may or may not obtain relief but it does not reach the 50% level).
- For oral medications, an NNT of 1.5 is very good and an NNT of 2.5 would be considered good.

Oxford League Table of Analgesics in Acute Pain

What is the goal of pain relief?

- 50% relief of pain is considered effective treatment
- A NNT of 1 means that the medicine is 100% effective at reducing pain by 50% - everyone who takes the medicine has effective pain relief.
- The most effective drugs have a low NNT
- If the NNT is 2.0 it would mean that for every two patients who receive the drug one patient will get at least 50% relief because of the treatment (the other patient may or may not obtain relief but it does not reach the 50% level).
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So what is the rationale for ongoing opioid use?

It is apparent the pharmaceutical companies have done such a great job at marketing opioids that many of us have come to believe opioids are actually stronger than other medications. The facts do not bear out that belief.

An Integrated Controlled Prescription Drug Protocol

- Research “Best Practices”
- As a result of this research, set up protocols
- The Registered Nurse should work collaboratively with all stakeholders – Employee, Prescribing Physician, Pharmacy Benefit Manager, Peer to Peer or Utilization Reviewer, Urine Drug Monitoring Vendor, and Claims Handler

The question the RN should ask: “If the opioid is not facilitating decreased pain and increased function, then why is the patient receiving an opioid?”
An Integrated Controlled Prescription Drug Protocol

1. What number best describes your pain on average in the past week:

   - No pain
   - Pain as bad as you can imagine

2. What number best describes how, during the past week, pain has interfered with your enjoyment of life?

   - Does not interfere
   - Completely interferes

3. What number best describes how, during the past week, pain has interfered with your general activity?

   - Does not interfere
   - Completely interferes

Screening Tools

- Opioid Risk Tool
  - Takes less than 1 minute, 5 item test.
  - Screens for aberrant behavior
  - Brief, simple

- Morphine Equivalency Calculator
  - The link to this calculator: [http://agencymeddirectors.wa.gov/mobile.html](http://agencymeddirectors.wa.gov/mobile.html). This calculator will allow you to quickly calculate the morphine dosages of opiates.

- PHQ-9 (Patient Health Questionnaire)
  - Multipurpose instrument for screening, diagnosing, monitoring and measuring the severity of depression
  - Score of 5-9 minimal
  - Score of 10-14 minor depression
  - Score of 15-19 major depression, moderately severe
  - Score >20 Major depression

- DIRE (Diagnosis, Intractibility, Risk, Efficacy)
  - 7 items, less than 2 minutes to administer and score
An Integrated Controlled Prescription Drug Protocol

- Reviewing Information provided by the PBM with the prescriber
- Peer to Peer Review and/or Drug Utilization Review
- Urine Drug Screen with the drug-specific Confirmatory Testing
- Pill Counts (mandatory in some states)
- Patient Education - Information regarding safe handling, usage and storage of the opioid is provided, ask questions:
  - Don’t focus as much on “what” to ask, but the “how” of asking questions

Discussing Sensitive Topics

- Three factors that affect reliability and validity of patient self-report:
  1. Your own anxiety to talk about certain topics
  2. The patient’s anxiety to talk about certain topics
  3. The “how” of asking questions – wording, order and form asking for specific data (facts) rather than opinions (judgments), the order of the questions (developing rapport) and the form (open vs. closed ended)

- Decrease anxiety by:
  - Preparing the patient or setting the context
  - Normalizing by making the problem or anxiety a somewhat universal experience
  - Using transparency (why you need to ask about certain info)
  - Asking permission
  - Option of not answering question if it makes them uncomfortable
  - Addressing confidentiality concerns
  - Careful, mindful wording of questions

Using all Three Techniques Together

- Helpful to use all three together
  - “I ask all my patients about their use of prescription and street drug use as part of gaining their medical history (normalizing)
  - Because it can have an important impact on their overall health. (transparency)
  - Would it be OK if I asked you some questions about your use of prescription and street drugs?” (asking permission)

- Confidentiality concerns: Not a black and white issue. Cannot promise patient 100% confidentiality—patients have a right to be informed about this