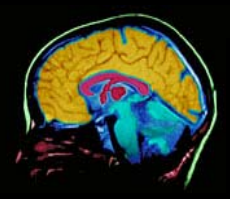
MEDICATION MIS-MANAGEMENT and Chronic Pain

solutions



SUZANNE NOVAK MD PHD
WILLIAM NEMETH MD

Opioid Abuse: Current Data

Americans consume 80% of the global supply of opioids

This includes 99% of the world's hydrocodone and 2/3s of the world's illegal drugs

- We constitute 4% of the world's population
- Number of new opioid users
  1990: 573,000
  2000: 2.5 million
  2014: 7.0 million

Manchikanti L. National drug control policy and prescription drug abuse: facts and fallacies. Pain Physician. 2007;10:399-424.

Austin Outcomes Research

Opioid Abuse: Current Data

Reported range of patient's exhibiting problematic opioid use ranges from 2.8% to 62.2%

-Seeking prescriptions from multiple providers
- Forging prescriptions
- Preoccupation with obtaining more opioids despite evidence of pain relief
- Unsanctioned dose escalations

- **Abuse has risen dramatically between 1997 to Present**
- **2014: >3500 patients died in Texas from PDA 38,000 nationally**

Turk DC, et al. Clinical Journal of Pain 2008;24:497-508.

Austin Outcomes Research

OPIOID ABUSE: CURRENT DATA

- **OPIOID RELATED OVERDOSE DEATHS (1999-2015)**
  ***7.5 X* from 4000 to 28,000** (Prescription drug deaths)
  NCHS Data Brief, 2014
- **ER VISITS NON MEDICAL USE OPIOIDS(2004-2015)**
  INCREASED 300%
  Morbidity and Mortality Weekly 2010;59:705-9
- **SINCE 2010, 3.5 MILLION NEW NON-MEDICAL OPIOID USERS ANNUALLY**
- **HC-SCHED II/Heroin-Fentanyl LACED**

ADDICTION = BRAIN DISEASE

ADDICTION

Primary, progressive and chronic neuro-biologic (brain) disease with genetic, psychosocial, and environmental factors influencing its development.

- Loss of CONTROL (**CAN'T QUIT!**)
- Compulsive use
- Craving
- Consequences

ABUSE?

ADDICTION INDICATORS

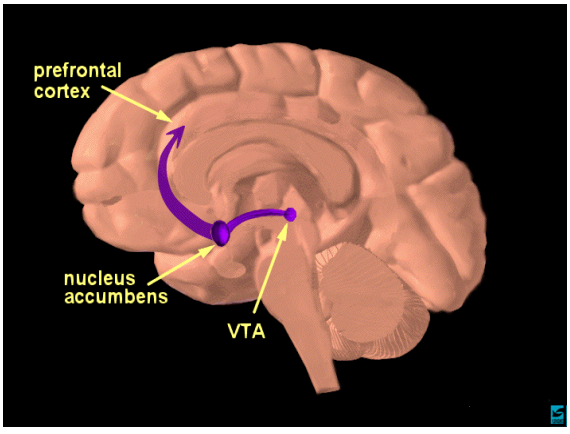
- Behaviors: Memory, Slurring, Appearance, Mood, Isolation
- Focus on DRUG: Drug and drinking escalation, Obsession
- Family concern: Or patient himself thinks he may be addicted.

PHYSICAL DEPENDENCE

The state of physical adaptation characterized by drug class specific withdrawal syndrome produced by:

– Cessation, Dose reduction, or agonist

TOLERANCE



OPIATE ADVERSE EFFECTS

1. Addiction
2. **DEATH**
3. Sedation
4. Cognitive impairment
5. Respiratory depression
6. Nausea/constipation
7. Edema
8. Hypogonadism
9. Osteopenia
10. Immunosuppression

Austin Outcomes Research

SCREENING

- Alcohol/Drug use by history
  - Prescription or Illicit
  - Early use
- Family history of addiction
- Prior PSYCH History
  - Sexual abuse,
  - Childhood trauma
  - Other psych

SCREENING

- Smoking
- UDT-ORT-SOAPP-COMM
- Medical indicators/UDT

SUSPECTING THE PROBLEM

- Pain > 6 weeks
- Hydrocodone/opioids **+** relaxants
- Ativan – Xanax – Klonopin
- any opioid after 6 weeks- designer
- Oxycontin – oxycodone
- Ambien and other sleepers
- Pain Pumps
- Prolonged Disability

POLYPHARMACY

- **OPIOIDS**
- **SEDATIVES**
- **RELAXANTS**

SEDATIVES

SOMA

- Metabolized to meprobamate
- It is a scheduled drug in several states
- It is a street drug known for abuse (especially when combined with opioids)
- Not recommended for longer than 2-3 weeks

Reeves, 2008

Other Muscle Relaxants

- **Flexeril®**(cyclobenzaprine)
  - Can cause significant dependency
- **Baclofen**
  - May be indicated for neuropathic pain
- **Tizanidine**
  - Appears to be efficacious for low back pain and can be used for longer-term durations
- **Robaxin®** (methocarbamol)
  - Minimal dependency

Anti-Anxiety Drugs

multiple anxiety diagnoses:

- Generalized anxiety disorder
- Panic disorder
- Post-traumatic stress disorder
- Social anxiety disorder
- Obsessive-compulsive disorder

Hoffman, 2008

Anti-Anxiety Drugs: Benzodiazepines

- First-line treatment generally SSRI antidepressant
- There is little role for benzodiazepines

-CHRONICALLY-

XANAX®-ATIVAN®-VALIUM®-KLONOPIN®

IMPOSSIBLE DETOX!!!!! ? ADMIT

Phenobarbital-Tegretol®-Gabapentin

Anti-epilepsy Drugs:

Gabapentin and Pregabalin

- Don't stop abruptly
- Wean (based on seizure recommendations)
- FDA approved for diabetic neuropathy, post-herpetic neuralgia, and fibromyalgia-considering use for anxiety
- Pregablin Schedule V: 450 mg is equivalent to 30 mg Valium with some evidence of physical dependence

PAIN & ADDICTION SYNDROME:
IT'S THE PSYCH!!!!

- Anxiety disorder
- Depression
- Bipolar disease
- Personality disorders
- Trauma(PTSD)

PREVENTING THE PROBLEM

- **PAY ATTENTION! Is this ADDICTION, PSYCH, MALINGERING OR real *"responsive"* PAIN?**
- How can the carriers use the ***ODG Treatment in workers' Compensation*** or ***ACOEM Treatment Guides or other proprietary EBM Guides*** to decrease drug abuse and addiction?
- ***INTERVENTION***

Questions ?

- Are 'we' responsible for the addiction? Does the carrier have a legal (or moral) obligation to pay (or continue to pay) for the addictive medications?
- What else if anything should a carrier have to pay for?
- Isn't the addiction a direct result (like a post-op infection) for 'care given' for the injury?
- NO! Addiction is a pre-existing brain disease, much like chronic pain, diabetes , etc.

TREATING THE PROBLEM

RETURN TO WORK POLICIES
TREATMENT OF THE DISEASE-DIAGNOSIS
DETOXIFICATION-WEANING

OTHER THERAPIES-BASED ON FUNCTION
INTERDISCIPLINARY
TREATMENT GUIDELINES
PAYMENT POLICIES-PREAUTHORIZATION

Official Disability Guideline®

- Know what is in it
- Refer to it and other EBM(Daubert)
- Push the injured worker's providers to use it
- Insist that your UR companies use it
- Expect RME and peer review doctors to use it and quote it
- Review the rules that coincide with it

Question ?

- When an adjuster sees a case 'go south', what should the adjuster do?
- PEER- Rx
- POST DD RME- DX/RX

REVIEWS

MEDCONFIRM

medconfirm@msn.com

AUSTIN OUTCOMES RESEARCH

BILL NEMETH MD

NEMETHW@SBCGLOBAL.NET

SUZANNE NOVAK MD PhD

SNOVAK@AUSTINOR.COM

CARRIER-PHYSICIAN-PHARMACIST RESPONSIBILITIES

- With high index of suspicion and risk factors, notify treating and prescribing physicians
- Adjuster- call prescribing MD
- Treating Doctor- Get Prescription Profile from state agency-note multiple prescribers and risky medications-report behaviors to appropriate authorities
- Do NOT fill prescription if there are any issues that cannot be adequately resolved. By Doctor or in consult with physician
- Peer to Peer interaction is useful