

# Workers' Comp & Safety News



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Cost Control

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## Opioids and Workers' Comp: A Blessing and a Curse

Deaths from prescription painkiller overdose have skyrocketed over the last decade. This epidemic is triggering a reexamination of how medical providers and insurers handle chronic pain management in workers' compensation cases.

### Consider the following facts:

**15,000**

Nearly 15,000 people die every year of overdoses involving prescription painkillers.

**1 in 20**

In 2010, 1 in 20 people in the US (age 12 or older) reported using prescription painkillers for nonmedical reasons in the past year.

**1 Month**

Enough prescription painkillers were prescribed in 2010 to medicate every American adult around-the-clock for a month.

Source: Centers for Disease Control



## This Just In

After some controversy, the Centers for Disease Control (CDC) is taking another look at its draft guideline for prescribing opioid pain medications. Opioid drugs, which are opium-like compounds, can relieve pain but can also be addictive.

The guideline would make it more difficult for primary care physicians to prescribe opioid painkillers. Some patients currently using them protested the guideline, saying it would make it harder to obtain their painkillers.

The CDC had drafted the guideline to help tackle the problem of overuse and addiction to prescription painkillers. The guideline would provide recommendations for the prescribing of opioid pain medication for patients 18 and older in primary care settings.

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Opioids are medications that relieve pain. They reduce the intensity of pain signals reaching the brain and affect those brain areas controlling emotion, which diminishes the effects of a painful stimulus. Medications that fall within this class include hydrocodone (e.g., Vicodin), oxycodone (e.g., OxyContin, Percocet), morphine (e.g., Kadian, Avinza), codeine, and related drugs. Hydrocodone products are the most commonly prescribed for a variety of painful conditions, including dental and injury-related pain.

The nature of workers' compensation claims makes the possibility of opioid abuse a real risk. Many workers' comp claims involve back injuries, one of the most common conditions for which doctors prescribe opioids. While effective for short-term pain management, long-term opioid use can lead to abuse and addiction. In fact, opioids may be the real "gateway drug"—a 2010 study found that 14 percent of people who abused or were dependent on pain medications used heroin.

Current guidelines recommend using opioids for only a short time—typically 30 days or less. After that point, the effectiveness of these drugs diminishes. This can lead to an increase in dosing, which also increases the possibility of abuse and addiction.

In addition to being an ineffective long-term treatment for pain, opioid overuse is costly. The Express Scripts "2013 Workers' Compensation Drug Trend Report," says

opioid painkillers account for 32 percent of pharmacy costs in workers' compensation injuries, making them "the costliest therapy class for work-related injuries." A report in *Insurance Journal*, citing WCRI research, said "opioids make up to three percent of cost in shorter claims and between 15 and 20 percent of all medical costs on longer-term claims." Further, claims involving opioid painkiller prescriptions are "almost four times as likely to have a total cost of \$100,000 or more compared with claims without any prescriptions," according to research by Lansing, Mich.-based Accident Fund Holdings. ("Opioid Epidemic Plagues Workers' Comp," by Denise Johnson and Don Jergler, May 17, 2013)

Researchers, employers, workers' compensation insurers, physicians and other stakeholders have begun to look at solutions to the problem of opioid overuse and abuse in workers' compensation claims. For longer-term or chronic pain management, other therapies may prove more effective. These include physical therapy, alternative medicine (such as acupuncture) and other, non-opioid pharmaceuticals.

To ensure workers' compensation claimants receive treatment for pain without overuse of opioids, the CDC guidelines and other experts recommend:

- ☀ Encouraging treating physicians to follow current prescribing guidelines.
- ☀ Setting up prescription claims review

**Specifically, it would help providers determine when to initiate or continue opioids for chronic pain outside end-of-life care; provide guidelines for selection of opioid therapy, non-opioid drug therapy or non-drug treatments, such as physical therapy; establishment of treatment goals; and discussion of risks and benefits of opioid therapy with patients. As this issue went to press, the CDC was seeking input from various stakeholders.**

**For more on this topic, see the article, "Opioids: A Blessing and a Curse."**

programs to identify and address improper prescribing and use of painkillers.

- ☀ Increasing coverage for other treatments to reduce pain, such as physical therapy, and for substance abuse treatment.
- ☀ Counseling patients on the benefits and risks of opioid use.
- ☀ Psychological screening and drug testing for individuals using opioids on a long-term basis.
- ☀ Drug testing of individuals using opioids on a long-term basis.
- ☀ Referring individuals whose productivity or behavior changes to the employer's employee assistance program (EAP) for evaluation and referrals if drug abuse is suspected.

For more information on controlling costs in your workers' compensation claims, please contact us. ■

# Workplace Injuries—What Are the Odds?

Do you know that your odds of winning the lottery do not change based on the number of tickets purchased? You are playing the odds based on your number selection, not on the number of players participating. Safety works in somewhat the same way. It doesn't matter how many employees might "forget" to use safety equipment without suffering consequences. All it takes is one employee to forget at the wrong time.

**R**ecently, three tickets split a \$1.6 billion California Lottery Powerball prize, beating 1-in-292.2 million odds. As highly unlikely as it was for any one person, let alone three, to hit the Powerball jackpot, it happened. And people are injured every day because they play the odds and lose. What are the odds of an employee going blind because you look the other way when he doesn't wear a face shield? What are the odds of a fuel cylinder exploding because someone didn't bleed the regulator when they were through using it?

Since there are living (and dead) examples of people losing the odds, the better question is, "Is the value of my co-workers' lives so little as to make it OK to play the odds?" It only takes one split second. Don't risk compromising your employees' safety, quality of life or life itself to play the odds. Don't let them take the shortcut or skip the step in the procedure. Don't ignore the use of personal protective equipment. Don't risk a life to play the odds.



## The Odds of Dying

What are your odds of death by a particular event? The following statistics (2008) from the National Safety Council ([www.nsc.org](http://www.nsc.org)) show the odds of dying within a lifetime from certain selected causes.

- ✱ Motor vehicle incidents: 1 in 98
- ✱ Unintentional poisoning by exposure to noxious substances: 1 in 126
- ✱ Falls: 1 in 163
- ✱ Assault by firearm: 1 in 321
- ✱ Car occupant: 1 in 368
- ✱ Pedestrian: 1 in 701

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- ✱ Accidental drowning and submersion: 1 in 1,103
- ✱ Exposure to smoke, fire, and flames: 1 in 1,344
- ✱ Air and space transport incidents: 1 in 7,178
- ✱ Exposure to electric current, radiation, temperature, and pressure: 1 in 12,420
- ✱ Exposure to excessive natural heat: 1 in 13,217
- ✱ Contact with hornets, wasps, and bees: 1 in 79,842
- ✱ Lightning: 1 in 134,906
- ✱ Bitten or struck by dog 1 in 144,899
- ✱ Flood 1 in 558,896

*Source: National Safety Council estimates based on data from National Center for Health Statistics*

Many of these statistics indicate the odds of dying from events that you have no control over. But when you are at work, you can greatly improve the odds for life by taking control of the work environment and ensuring employees perform the job the right way every time. Beat the odds — make the right choices when it comes to being safe at work and at home. ■

## Asthma and Allergies: How Companies Can Breathe Easier

From dust mites, mold spores, cockroaches and animal dander, to cotton fibers, acid anhydrides, formaldehyde and latex, the modern workplace is a veritable minefield of substances that trigger asthma, allergies and associated workers' comp claims.

According to the Asthma and Allergy Foundation of America (AAFA), more than 200 substances found in the workplace can cause asthma. An estimated 11 million workers are exposed to these gases, vapors and organic and inorganic dusts every year, causing 15 million lost work days, according to a 2002 study by the Centers for Disease Control (CDC). Millions more workers are exposed to substances that can cause allergic reactions and other respiratory problems. But using proper diagnoses and management, the vast majority of these expensive problems can be avoided or eliminated.

### Asthma Impact

In 2006, the AAFA estimated that asthma cost business \$18 billion annually. According to the CDC study, asthma triggered:

- ✱ 12.7 million doctor visits,
- ✱ 1.2 million hospital outpatient visits,

- ✱ 1.9 million emergency department visits,
- ✱ 484,000 hospitalizations, and
- ✱ 4,261 deaths.

Asthma was identified as the fourth leading cause of work absenteeism or presenteeism and caused some \$3 billion in lost productivity. Prescription drugs were the largest single direct medical expenditure at over \$5 billion. Medical costs reached an average of almost \$5,000 per patient and represented 2.5 times as much as for workers without a history of asthma. For asthmatic employees with disability claims, the figures were much worse. They cost employers three times as much as other disability claimants —\$14,827 vs. \$5,280, according to a 2002 article in the *Journal of Allergy and Clinical Immunology*.

Asthma and allergies can hit any business, and any occupation within that business. But according to the CDC, some of the worst cases occur in general merchandise

stores, food stores, the furniture and lumber industries, banking, schools, trucking, warehousing and metal industries. Some of these sectors have no obvious exposures to dangerous substances — asthma can easily be caused by something as innocuous as poor indoor environmental quality. That helps explain why computer operators and financial record processors had the highest prevalence of asthma in the CDC study.

### Asthma Prevention

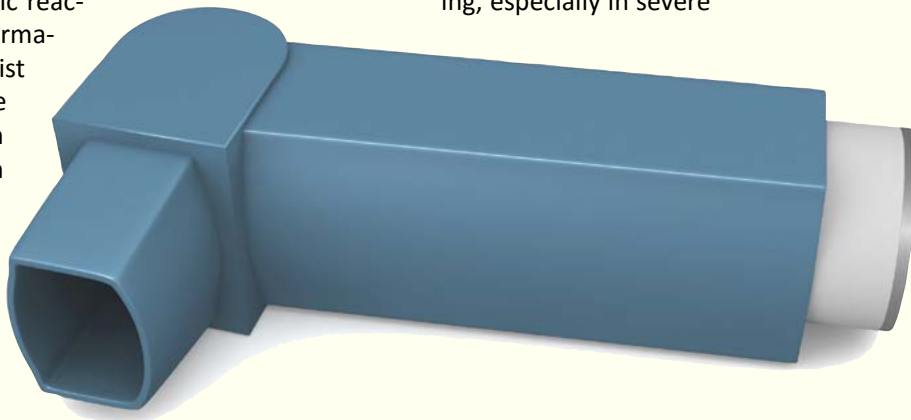
There's no single strategy to prevent asthma. But a good place to start is in getting the proper diagnosis. Consult a medical professional who specializes in asthma to determine whether the asthma symptoms are an irritant reaction or the much more serious allergic reaction. Armed with that information, an industrial hygienist can help you identify the source of the irritant. An industrial hygienist can also help redesign your workspace or manufacturing processes to eliminate some of the irritants.

Often the simplest prevention steps yield the greatest results:

- ✦ Get workers to keep their work areas uncluttered and, if appropriate, have them dust and use HEPA-type tabletop air purifiers. Alternatively, if dust is a pervasive problem, hire a cleaning crew to regularly maintain your premises. Ensure they use nontoxic, non-irritating cleaners.
- ✦ Give workers dust masks or even better, fully enclosed respirators.
- ✦ Check that the air exchange system in your building is functioning properly.
- ✦ If the source of the asthmatic reaction has been identified move affected workers to different parts of the building, especially in severe

cases where staying in contact with the substance can be life-threatening.

In some cases it may pay to use asthma disease management vendors who define, evaluate and measure health care quality, and who will educate workers on dealing with asthma. In work-related asthma cases, your workers' compensation carrier might recommend one. But if your company contracts directly, make sure the vendor is accredited with an agency such as the NCQA (National Committee for Quality Assurance), URAC (Utilization Review Accreditation Commission) or the JCAHO (Joint Commission on Accreditation of Health-care Organizations). ■



## Meet Your Insurance Professional: Claims Examiner

**W**orkers' compensation insurers and some self-insured employers have employees who examine claims after they are submitted for payment. In workers' compensation, benefits are mandated by law, so examiners who work for workers' compensation insurers review a claim to ensure it meets the law's definition of a compensable work-related claim. If a claim meets that definition, the examiner will review it to ensure claimants receive any lost-time benefits due to them.

Claims examiners also review the medical portion of workers' compensation claims. Once a physician or other medical practitioner submits a claim for treatment of a work-related injury or illness, it might go to an examiner for review. Examiners will ensure that physicians are following recommended treatment guidelines for the condition and whether the costs are reasonable, given the diagnosis. Af-

ter they review the claim, they authorize appropriate payment, deny the claim, or refer the claim to an investigator if they suspect fraud. Either claimants or medical providers may commit workers' compensation fraud.

Claims examiners must have familiarity with the state's workers' compensation laws and regulations and the insurer's claims-handling practices. They must also have a layman's knowledge of the medical factors involved in injury and fatality cases and have the ability to understand and evaluate the specific facts and circumstances that make each workers' compensation claim unique.

For more information on what happens after an employee files a workers' compensation claim, or how to better manage your organization's workers' comp claims, please contact us. ■

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