



## Volume 4

Dr. Jacob Lazarovic  
SVP/Chief Medical Officer

Peggy Robins, RN  
Manager, Clinical Programs

## OTP (Opioid Tapering Program)/CBT (Cognitive Behavioral Therapy)

### TAKING OUR PULSE

We often think of workplace injuries as impacting an individual's ability to fully function at home or at work and we often overlook the emotional impact an injury has on an individual. Injuries that linger may often be due to the claimant's perception of the recovery process. Attempts to treat pain and increase functionality often include escalating doses of opioids, and/or long term use of muscle relaxants and sleeping meds which can result in dependence or addiction. Routine use of opioids for treatment of chronic non-malignant pain is not recommended. There is no evidence of benefit from long term use. The 2012 Hopkins-Accident Research Fund Study found "Workers prescribed even one opioid had average total claims costs four to eight times greater than claimants with similar claims who didn't get opioids." In many cases prolonged use of opioids increases the risk of adverse reactions such as constipation, balance issues, hormone problems, sexual dysfunction, memory and concentration problems and an actual increase in pain due to an interaction between the drug and the brain. What can we do about this?

### JUST WHAT THE DOCTOR ORDERED

#### Opioid Tapering Program (OTP)

This program entails outpatient visits with a physician experienced in the tapering (weaning) of opioids, enabling our claimants to eliminate or substantially reduce the use of these potent medications over a period of 4-12 weeks.

Broadspire<sup>®</sup> has partnered with the IMCS Group to be able to provide an integrated outpatient program involving our mental health case managers, a detoxification/addiction specialist, a health and behavior psychologist and a Broadspire mental health peer reviewer. The IMCS Group's national network of detoxification specialists, psychologists and psychiatrists are fully oriented to the OTP philosophy and treatment protocol. This program involves periodic team conference calls to establish and monitor the progress of an individualized, formal treatment plan for reducing or eliminating opioids.

Most opioids prescribed for chronic pain are classified as Schedule II drugs and have a highly-addictive nature. Addiction impairs function and reduces quality of life. Schedule II drugs are those drugs which have a high potential for abuse, have an accepted medical use for treatment and abuse of the drug may lead to severe psychological or physical dependence. Selection criteria for OTP include those individuals who are

inappropriately receiving high doses of opioids, muscle relaxants, sleeping meds, etc., and are unable to reduce or eliminate these medications under the direction of their current treating/prescribing providers. A comprehensive treatment plan that addresses the injured worker's biological, psychological and social needs is required.

### **Cognitive Behavioral Therapy – (CBT)**

What about claimants who in spite of minimal clinical findings have not returned to work, and report no change, or increasing pain levels despite receiving on-going pain management interventions such as repeated imaging studies, periodic injection therapies, multiple surgical interventions, chronic medications, or referrals to multiple specialists? Can these individuals be provided with any alternative to on-going utilization of these ineffective medical services?

CBT is a biopsychosocial approach to coping with pain that aims to solve problems concerning dysfunctional emotion, behavior and cognition through a goal-oriented, systematic approach. It is a short-term, time-limited therapy course (6-8 visits). No compensable mental health diagnosis is assigned in order for CBT to be considered medically necessary and appropriate. The CPT treatment codes utilized for reimbursement are "health and behavior" codes, not psychological therapies.

CBT may be an effective treatment approach for claimants who are identified as having inadequate coping skills, inappropriate medication utilization, excessive fear avoidance beliefs, and/or are non-compliant with physical activity or other prescribed modalities. CBT may also be part of an opiate tapering or detoxification treatment plan.

Broadspire has partnered with the IMCS Group for referral to, and delivery of, CBT therapy through their national network of trained pain psychologists. A team approach including conference calls to discuss treatment planning and monitoring of claimants' compliance with, and response to, therapy, involves our mental health case managers, peer reviewers in psychology/psychiatry, the treating psychologist and our IMCS consultant.

### **KEY TAKE AWAY POINTS**

- Claimants who have an unexplained delay in RTW and excessive pain treatment may have poor coping skills and fear avoidance and may benefit from CBT.
- Opioid dependency may require detoxification by an addiction specialist if the treating provider is unsuccessful in weaning or discontinuing opioids, and referral to our OTP should be considered.
- Red flags to be aware of include a pattern of early refills for lost, spilled or stolen medications, multiple requests for more opioids, and frequent ER visits for opiates.
- Engage and challenge treating providers concerning the value of continued opioid use when medical reports do not confirm progress in work and life functions and reduction in pain.
- Adjusters are encouraged not to override denials for opioids without specific justification.

### **CIRCULATING IN THE PRESS**

The National Council on Compensation Insurance, (NCCI), in its Workers Compensation Temporary Total Disability Indemnity Benefit Duration – 2012 Update, noted that the duration for claims with prescribed opioid pain medications is clearly higher than for claims without opioids prescribed. This report concluded that laceration claims, which are relatively short duration claims, had a 50%-100% longer duration when at least one opioid was prescribed. In addition, inflammation, sprain and contusion claims had a duration of 50% longer with opioid use.

Keith Rosenblum, senior risk consultant for Lockton Companies, in his August 2012 report "Opioids Wreak Havoc on Workers Compensation Costs" indicated that nationally an estimated 55% - 86% of all

claimants are receiving opioids for non-malignant pain relief in spite of the overwhelming consensus of evidence-based-medicine which does not support its long term benefit. In addition, he reported that many patients on high doses continue to report substantial pain and related dysfunction.