

WCRI study highlights variations in narcotics use among comp systems

Many physicians who prescribe narcotics for injured workers have not followed medical treatment guidelines for monitoring their patients, according to a new study. The report by the Workers Compensation Research Institute sheds light on other trends in narcotics use in workers' comp systems.

The report examined variations in the use of narcotics among 17 large states. It shows wide differences in prescribing patterns.

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Injured workers in Louisiana, Massachusetts, Pennsylvania, and New York, for example, received significantly more narcotics per claim than those in the other states. The study said the amount of narcotics received by the average injured worker in those states was 80 to 125 percent higher than in the median of the 17 states.

"One may suspect that those states may have more serious injuries or a different mix of cases," the report said. "However, in several previous WCRI studies, we found little interstate difference in the average injury severity and the impact of case mix appeared to be small."

In seven states -- California, Louisiana, Massachusetts, New York, North Carolina, Pennsylvania, and Texas -- injured workers were more likely to receive narcotics on a longer term basis than in most states. In fact, in Louisiana 15 percent of workers who received narcotics were identified as longer term users, compared to 3 to 6 percent of workers in most states studied.

While there were marked differences seen among the states in terms of the use of narcotics by injured workers, the report said few longer term users were monitored by their physicians in accordance with medical guidelines. Just 7 percent of long-term narcotics users were screened for drugs.

Medical guidelines recommend periodic urine tests for drug screening and psychiatric evaluation and treatment for patients who are longer term users of narcotics. The report said drug screening was used in only 1 in 5 cases even in the state with the highest use, and only 3 to 4 percent of cases had psychological services used in most states.

Prescribing patterns also varied in terms of stronger versus weaker narcotics. For example, physicians in Massachusetts and Pennsylvania were more likely to prescribe Schedule II narcotics, the report said.

The report noted that the use of opioids, including Schedule II narcotics, does not necessarily lead to a problem and can produce better outcomes if they are prescribed and used judiciously. But the authors noted that more research is needed to better understand the issues related to utilization and prescribing

patterns of Schedule II narcotics and associated outcomes.

The researchers looked at 75,000 nonsurgical workers' comp claims with more than seven days of lost time that had at least one prescription for pain medications paid under workers' comp. The claims represented injuries between October 2005 and Sept. 30, 2006, with an average of 24 months' experience.

The report noted that further research is needed to identify whether overuse, abuse, addiction, and diversion are evident in the states with higher amounts of narcotics per claim. If that is the case, the report said the following interventions may be needed:

- Establishing a regulatory environment that encourages physicians to make more informed decisions when prescribing narcotics.

- Raising awareness by educating providers and patients about the appropriateness of using narcotics and potential risk of abuse and diversion.

- Facilitating changes in claims management.