Texas Council
Risk Management Fund

Risk Advisor

Summer 2016

Opioid Addiction in Workers' Compensation Claims

Opioid addiction is a significant problem in American society and in workers' compensation. According to recent estimates, there are 2.5 million people with opioid addiction in the U.S. Approximately 20 percent of this population is addicted to illicit opioids, such as heroin, and the other 80 percent to prescription opioids, such as oxycodone, hydrocodone, methadone, hydromorphone and codeine.

Workers' compensation, statistics indicate that as many as 500,000 claimants are receiving treatment for chronic pain, with the majority of them using opioids. A great deal of attention and effort has been focused on addressing this epidemic and recent reports, including the 2015 Workers' Compensation Drug Trends Report by Optus, a pharmacy benefit management company, indicate that there has been a slight decline in the use of and prescriptions for opioid analgesics.

Concern for prescription costs and management is also something the Texas Department of Insurance, Division of Workers' Compensation (TDI-DWC) factored into its efforts and reforms aimed at reducing workers' compensation costs. The Closed Formulary, fully implemented in 2013, has had a significant impact both on the type of prescriptions written for medications and the costs of those drugs. The Formulary allows for FDA approved medications but requires preauthorization for those drugs found on the "N" Drug list produced by the Official Disability Guidelines (ODG) and adopted by the TDI-DWC. Most prescribed opioids are on the "N" list. The most recent report from the Texas Department of Insurance indicates that total opioid costs in Texas before the Formulary were 27%. After the Formulary was fully implemented the total dropped to 18% in 2015.

The problem of opioid use and abuse as well as treatment of addiction are extremely complex and have many nuances related to underlying medical conditions, social and employment factors. In this article, however, we will narrow our focus and share some information about a new opioid implant that has received a significant amount of attention in the media as a possible way to treat opioid addiction. We will also explain the team approach the Fund uses for workers' compensation claimants who get trapped in an opioid addiction cycle and describe the basics of escaping from opioid addiction.

Some forms of the opioid, buprenorphine are included in the Closed Formulary and are approved for treating both pain and addiction. Buprenorphine is a drug that helps suppress the body's need for opioids by acting first as any other opioid to reduce pain. In addition, it is longer lasting so users may be able to skip a dosage. Another advantage to buprenorphine is that it has a "ceiling effect" at which point higher doses have no additional effect. The ceiling effect reduces the potential for overdose and the longer lasting effect helps reduce the symptoms of withdrawal. Together with counseling and behavioral therapy the medication may be effective in treating addiction to other forms of opioids like oxycontin or hydrocodone.

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Upcoming Events

Safety Workshops

Safety Training 2016

- October 05, 2016: **MHMR Tarrant County, Fort Worth, Texas,** Safety is a serious business for Texas community centers. This one-day seminar addresses current safety issues and provides guidance for managing community center safety programs. It will be particularly beneficial to safety officers or those about to assume safety duties. It will offer members practical solutions to help reduce accidents and resulting losses. This course will be conducted by safety professionals of the Texas Council Risk Management Fund. Topics include:
  - Driving Issues Related to Community Centers
  - Work Station Assessment
  - Implementing a Safety and Security Checklist
  - Claims Analysis
  - Selling Safety to New Employees

Registration is free to Fund members. Lunch and snacks are provided. Contact Felicia Jackson at 512-427-2432 or register online at tcrmf.com.

Liability Workshops

"Legislative Rumblings, Hot Topics and Just Don't Do It"

- October 21, 2016: **The Menger Hotel, San Antonio,**
  - What might happen in the next Texas Legislative Session?
  - What new laws will impact community centers?
  - What could possibly go wrong if we do that?

Speakers for this workshop include: Danette Castle, Lee Johnson, Harvey Kronberg (Publisher of the Quorum Report and Texas Energy Report), Pam Beach and Catherine Greaves. The first part of the workshop will be a very informed look at upcoming issues and legislation under consideration by the Texas Legislature. The afternoon will focus on the consequences and ramifications of giving in to those seemingly "good ideas" or impulses that can get centers into deep trouble with authorities of various kinds. Contracts, employment issues and dealing with the legal system will be some of the "Just Don't Do It" topics. Breakfast, lunch and snacks are provided. Contact Felicia Jackson at 512-427-2432 or register online at tcrmf.com.

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Fund Administrator: York Risk Services Group, Inc.

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BUPRENORPHINE IMPLANT

In May 2016, the pharmaceutical companies that developed the implant (Probuphine) received approval by the Food and Drug Administration (FDA) for the maintenance treatment of opioid addiction. While the first buprenorphine formulation was approved by FDA for treatment of opioid dependence more than a decade ago and has been available in injectable, oral tablet, sublingual, and patch delivery systems, this is the first buprenorphine implant approved. It should be noted that the most forms of buprenorphine carry the FDA mandated warnings about the serious risks of misuse, abuse, addiction, overdose and death. Should this new treatment be included as an "N" drug in the formulary, both the medication and the implant itself would require pre-authorization. The new implant has not yet been included but it may be in the future given the notice it is receiving.

While some of the articles in the trade press hail the implant as a potential solution in the fight against opioid addiction, a few points must be emphasized:

- The clinical studies for the implant form of buprenorphine only prove non-inferiority – i.e., that this this form of the drug is not less effective than the existing sublingual form of buprenorphine.
- The buprenorphine implant requires the patient to be on specific dosages of an existing form of buprenorphine and is specifically indicated for patients who are already stable on low doses of the sublingual form of the medication.
- The implant does not allow tapering since dosage flow is fixed
- The implant lasts six months and raises the question of what to do after the six month period.
- The buprenorphine implant contains a significant amount of medications that can cause accidental exposure or create an opportunity for intentional misuse. Like other opioid treatments, buprenorphine itself is additive.
- It terms of cost, the buprenorphine implant is priced like an injectable drug, which is projected to be between$1000 to $1500 a month. That is much more expensive than other generic forms of buprenorphine.
- There are also risks and costs associated with procedures involving insertion and removal of the implants. Physician monitoring, no less than once- monthly, is recommended.

Despite its drawbacks, it may provide an effective alternative for treatment when further use and testing show its efficacy and the advantages of the implant delivery of small continuous doses to help patients escape from opioid addiction.

The Fund's Approach to Managing Opioid Overuse or Abuse

The priority review status for the buprenorphine implant clearly reflects the FDA's call - and to a greater extent, society's call - for more effective opioid dependence treatment. The enthusiasm with which the implant is being greeted by the medical community is an indicator of how much the Workers' Compensation industry wants to find a solution. But because the problem of opioid addiction is complicated, any truly effective solution can't be one-dimensional or simply rely on a purely pharmaceutical approach.

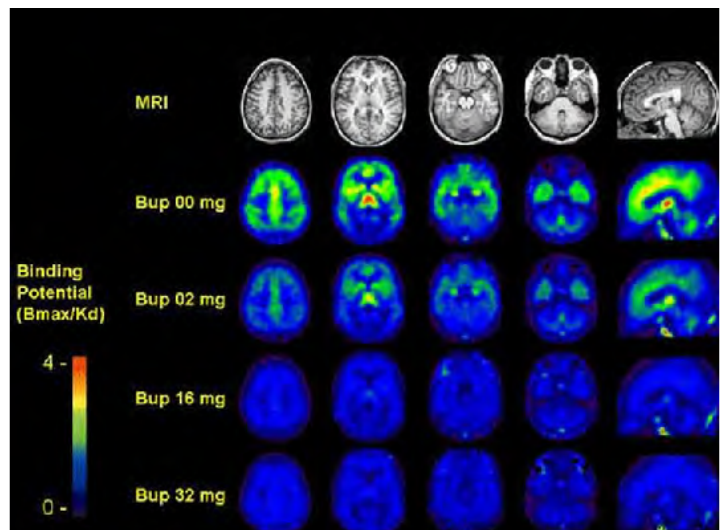
For some time, the Fund has taken a multi-pronged approach to identifying and managing opioid overuse and abuse. Workers' compensation claims adjusters start by identifying instances where the problem may exist using data from a variety of sources in the claim file including utilization review, bill review, the medical case manager, the pharmacy benefit manager and the employer.

Once an affected claimant is identified, the next step is to reach out to the prescribing physician to make sure he or she is aware of the situation. Discussion with the physician can encompass duration of medication, other medications the injured worker is taking and the existence of narcotic prescriptions from other physicians who may be treating the injured worker. Putting all the pieces together on the claim can have a positive impact.

If needed, the adjuster can take a more aggressive approach and have a physician from the managed care team who is experienced in industrial pain management, alternative treatment options and well-versed in managing the dialog with the treating physicians conduct a peer-to-peer discussion with the claimant's treating physician. Together the team members with the claimant's medical provider can develop a plan to reduce dependence on the opioid for pain management.

To ensure that the use of opioids is managed in accordance with the agreed-upon plans, the claims adjuster can also assign a nurse case manager to follow up as needed with all the involved parties.

PET scan showing available opiate receptors at various doses. PET scans-



mu receptors- Effects of Buprenorphine Maintenance Dose on mu-Opioid Receptor Availability, Plasma Concentrations, and Antagonist Blockade in Heroin-Dependent Volunteers - 2003 - www.nature.com

The goal of the claims team's involvement is first to help the injured employee recover fully and return to work. The process of weaning someone who is addicted to opioids because of the pain initially caused by an on the job injury is an important part of recovery and return to employment. The use of an implantable buprenorphine could help in a process where the physician helps the employee gradually reduce their intake of opioids.

A typical progression of the weaning or tapering process is a

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Zika Virus Update

According to the Centers for Disease Control and Prevention, the Zika virus is now being transmitted by native mosquitos primarily in the Miami, Florida area. It is probably only a matter of time before the native mosquito population is able to spread the disease across the southern tier of the United States. In 80% of adult cases there are no discernible symptoms. However, the common symptoms are shown below:

Symptoms

Many people infected with Zika virus won't have symptoms or will only have mild symptoms. The most common symptoms of Zika are

- Fever
- Rash
- Joint pain
- Conjunctivitis (red eyes)
- Muscle pain
- Headache

How long symptoms last

Zika is usually mild with symptoms lasting for several days to a week. People usually don't get sick enough to go to the hospital, and they very rarely die of Zika. For this reason, many people might not realize they have been infected. Symptoms of Zika are similar to other viruses spread through mosquito bites, like dengue and chikungunya.

How soon you should be tested

Zika virus usually remains in the blood of an infected person for about a week. See your doctor or other healthcare provider if you develop symptoms and you live in or have recently traveled to an area with Zika. Your doctor or other healthcare provider may order blood tests to look for Zika or other similar viruses like dengue or chikungunya. Once a person has been infected, he or she is likely to be protected from future infections. There is mounting evidence that the Zika virus may remain alive and infectious in semen for up to six months.

When to see a doctor or healthcare provider

See your doctor or other healthcare provider if you have the symptoms described above and have visited an area where Zika is endemic. This is especially important if you are pregnant. Be sure to tell your doctor or other healthcare provider where you traveled.

If you think you have Zika

- See your doctor or other healthcare provider for a diagnosis.
- Learn what you can do for treatment.
- Learn how you can protect others if you have Zika.

Centers for Disease Control and Prevention website

Since Zika is transmissible through sexual relations condoms should be used to prevent giving the disease to a partner. Zika prevention kits being distributed in areas of Miami where the disease is now endemic include condoms, DEET based insect repellent, a pyrethrin application that kills mosquitoes on contact and a mosquito net to hang over your bed.

Despite the seeming mildness of Zika symptoms, a very recent medical study about the virus in mice has determined that the virus will lodge in the brain and possibly affect areas of the brain associated with learning and memory. Specifically the study determined that the virus may infect certain brain cells that "help replace lost or damaged neurons throughout adulthood." The cells affected are called "neural progenitor" cells that function as the stem cells of the brain. If the virus damages these cells it could affect the brains ability to establish or repair neuronal pathways that contribute to memory retention or the formation of new memories. According to the study deficits in the brain's "ability to generate new neurons may be associated with cognitive decline and neuropathological conditions such as Alzheimer's disease."

(Zika Infection may Affect Adult Brain Cells, medicalexpress.com, August 18, 2016)

How to Report a Claim

In 2015 the Fund's property, liability and workers' compensation claims adjusters adopted a new claim management system that brought major enhancements to the way the adjusters handle member claims. Many of these system changes are internal with little visible impact on how a center/member deals with an injured worker, damaged vehicle or building. The system also includes enhanced analytical tools for reporting claim history, trends and cause analysis. Of course, one person's "enhancements" might be another person's impediments. Change always seems to initially present impediments, difficulties and a longing for the old way of doing things. This new claim system created a few of these idiosyncrasies and one of them was how claims are reported to the Fund. The new way of reporting a claim gives the reporting member less flexibility but it improves the way the Fund receives the claim and enters it into the claim system. These improvements ultimately benefit the member through better documentation of the claim, quicker response and improved ability to disseminate claim information to others involved in the claim process, to regulators and to the member.

The question then is how does a member report a claim in the three major categories and how is that better? First we will discuss the most common form of claim experienced by the Fund, workers' compensation. After an employee reports their injury at the center/district to the staff member who handles workers' compensation for the member, a first report of injury is prepared from the information provided by the worker. In Texas, the first report of injury is known as the DWC – 1 (pronounced dwick – 1). This form is required by the Texas Department of Insurance, Division of Workers' Compensation and captures the injured worker's name, address, date of injury, an injury description and all the information that the claims adjuster needs to start administering the claim. The member's claims handler will connect to the link on the Fund website and enter the required information in the DWC – 1 form. The following box contains the instruction from the Fund web site:

DWC Form-1 - Online:

iCOW is the Fund Administrator's online tool to submit workers' compensation claims.

Only DWC Form-1 submission is currently available via iCOW.

- Go to iCOW to submit electronically [You'll need your user name and password.]
- Instructions: Click here for first time instructions for iCOW (DWC-1 Only) (pdf)
- New User Access: Click here to request access to iCOW (and YCEa). (pdf with email instructions on form or email completed form to Janina.Flores@YorkRSG.com)
- Manual Forms: Click here to submit a manual DWC Form-1 email to: OSCTexas@yorkrsg.com

Click on the *"Go to iCOW to submit electronically"* line and you will land on the login page for submitting the claim. This is where you need a login name and password.

Once the information has been entered on the form, it goes electronically to the Office Services unit that handles all the mail, in whatever form that comes into the office. They open the file and assign a claim number, then forward the claim to the workers' compensation claims adjuster who handles the claims from that member. When the adjuster opens the file it is already logged into their claims handling system, the form has been forwarded to the Division of Workers' Compensation and a claim number has been assigned. The adjuster can then concentrate on making initial contacts with the claimant, the member and the medical provider to make sure the trauma of an injury on the job is not exacerbated by delays or confusion.

If, for some reason, a paper form must be used a form can be submitted manually to the Office Services unit in Austin. The form can then be printed, completed, scanned and e-mailed to *OSCTexas@YorkRSG.com.*

Automobile/Liability/Property Claims

Unfortunately the claim system is evolving slowly and an online claim reporting capability is not yet available for liability and property claims. Opening the File a Claim link on the tcrmf.org website will display claim forms for Liability claims for general liability, professional liability and errors and omissions. An automobile Accident reporting form is next, then a Property Claim reporting form. Each of these can be printed, completed, scanned and e-mailed to OSCTexas@YorkRSG.com. Once they receive the form they will set the claim up just like for Workers' Compensation and the claim will automatically go to the right adjuster to handle.

Property Loss Notice

Please send the completed property loss notice (above) to OSCTexas@YorkRSG.com

Liability Loss Notice

[for example, general liability, errors and omissions liability (employment) or professional liability (medical malpractice)]

Please send liability notices to OSCTexas@YorkRSG.com

Automobile Accident Report Form

Please send auto accident report form to OSCTexas@YorkRSG.com

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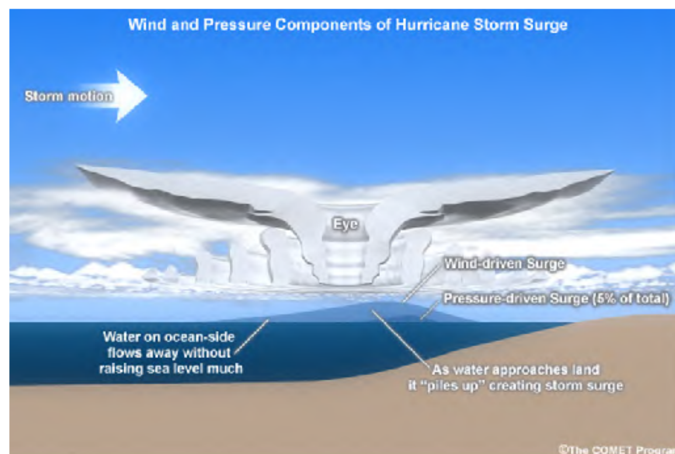
medically supervised progression of reducing dosage. The first reduction is usually between 10 and 25% of the daily dose. This reduction may last up to ten days before the next 25% cut is made. As dosage gets smaller, the rate of reduction may slow depending on the patient's tolerance for the treatment. Both pain and depression may re-appear since they were both suppressed by the much higher dosages of opioid. The substitution of anti-depressants and an NSAID type pain reliever may be needed. The tapering process should only be attempted with close medical supervision.

Sources: "Buprenorphine" May 2016, Substance Abuse and Mental Health Services Administration web site article, York Perspectives, "A New Way to Treat Opioid Addiction?" by Dr. Joyce Ho, CompPartners, Lea Eslava-Kim, PharmD, Monthly Prescribing Reference, "Sustained Opioid Abstinence Seen with Buprenorphine Implant," June 16, 2016 web site article. "Impact of the Texas Formulary Closed Pharmacy" Texas Department of Insurance Workers' Compensation Research and Evaluation Group, July 2016

Hurricane Update

So far in the 2016 Hurricane season there have been six named storms, none with any significant impact on the United States, yet. However, we are entering the period of greatest activity as tropical wave after wave leaves the African continent and moves over very warm Atlantic waters.

Although hurricane winds can be fierce and destructive, the most deadly element that comes ashore with a storm is water. The storm surge that is built up by the strong and prevailing winds of a storm can inundate huge areas of the Texas coast and affect people and property miles from the immediate coast. To help Fund members with facilities near the Gulf coast recognize storm surge potential in their area maps of potential flooding due to storm surge are available at NOAA web sites and in a very easy to use and access form at Weather Underground (wunderground.com).



(NOAA)

Hurricane Update, continued on back cover

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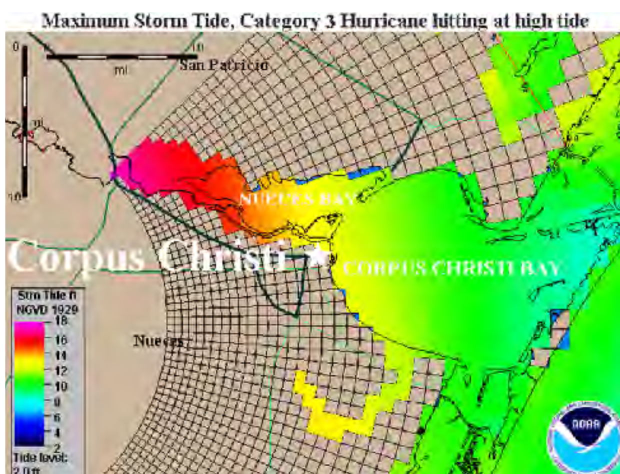
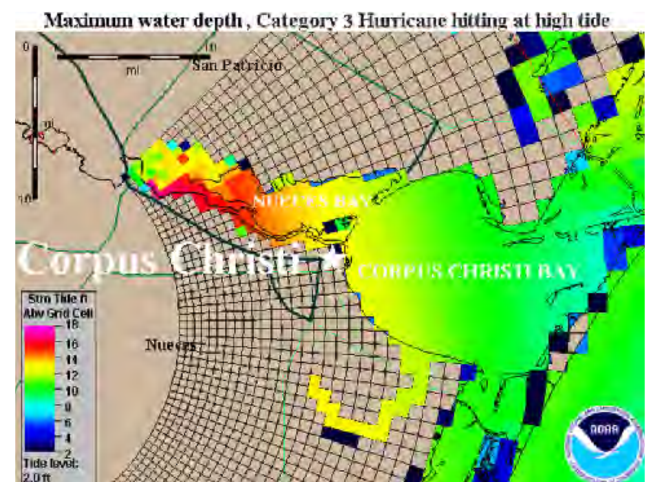
For the Texas coast NOAA prepared and Weather Underground displays six sets of maps. They are for the Port Arthur area, Galveston, Matagorda Island, Corpus Christi, Padre Island and Brownsville. Together they encompass the entire Texas Gulf coast. Each set includes projections of inundation created by each of the five categories of hurricanes displayed by storm surge and storm tide. Storm surge maps display the "abnormal rise of water over and above the predicted astronomical tides." The storm tide maps combine the storm surge and astronomical tides. Two examples for a category three hurricane impacting the Corpus Christi area of the coast are displayed.





NOAA Sea, Lake, Overland Surge from Hurricane (SLOSH) indicating extent of inundation at various storm surge/tide heights.

In addition to these maps, the National Hurricane Center will forecast potential storm surge flooding when a tropical storm is approaching the coast of the United States. Local emergency management agencies will also help disseminate this vital information. NOAA also has a storm surge inundation map for the whole Gulf and Atlantic coast of the United States that illustrates conditions projected for all five categories of hurricane.

Sources: NOAA Storm Surge Maps at noaa.maps.arcgis.com, Weather Underground, Hurricane Resources, at wunderground.com