

Opioid and sedative-hypnotic coverage: An update

WorkSafeBC's provision of health care benefits focuses on supporting physicians in following evidence-based medical best practices. The goal: to achieve optimum outcomes and safe return to work for injured workers. Our pain management principles and medical best practices follow the BCMA's *Evidence-Based Recommendations for Medical Management of Chronic Non-Malignant Pain: Reference Guide for Clinicians*.

WorkSafeBC's long-established policy is to cover the costs of opioid and sedative-hypnotic medications for injured workers for up to 8 weeks postinjury or postsurgery. Under special or extenuating circumstances, WorkSafeBC may cover the costs beyond this acute period.

Clinical evidence suggests that long-term use of high-dose opioids may be associated with certain risks, including developing tolerance, dependence, and potential addiction, as well as accidental death and heightened pain sensitivity. In addition, long-term use of opioids may not improve physical function or pain management.

While opioid prescriptions continue to be covered for 8 weeks postinjury or postsurgery, starting this spring, WorkSafeBC will introduce a new practice for the reimbursement of prescription sedative-hypnotics and other drugs in the benzodiazepine class.

Sedative-hypnotics

Sedative-hypnotics are generally prescribed for patients with sleep disturbances. For WorkSafeBC to cover the

costs of these prescriptions, their use must be directly related to a compensable injury.

Where the injured worker is having difficulty sleeping as a direct result of a compensable injury, WorkSafeBC may pay for sedative-hypnotic medication for *up to 2 weeks postinjury or*

weeks postinjury/surgery or sedative-hypnotics beyond 2 weeks postinjury/surgery, we may send prescribing physicians a form (68D80) that asks if they intend to continue the prescription.

If the answer is yes, the form will request further information on risk-scoring the patient and goals for pain/

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postsurgery. WorkSafeBC does not pay for this class of medication to treat sleep disturbances on a long-term basis. In particular, WorkSafeBC does not reimburse for sedative-hypnotics used for chronic pain or muscle spasm. Instead, we fund treatments that address the injured worker's underlying issues and compensable injuries.

There are exceptions where WorkSafeBC will consider reimbursement:

- Compensable psychiatric conditions, such as PTSD, where the worker is under the care of a psychiatrist.
- Preoperative or pre-procedure use of a sedative-hypnotic medication—a prescription for 1 to 2 days will be covered.
- Spinal cord injuries—this class of medication will be covered to treat spasticity associated with significant compensable spinal cord injuries.

Prescriptions beyond WorkSafeBC's time limits

If WorkSafeBC receives a request for a prescription for opioids beyond 8

function improvement; subsequently, a medical advisor will contact the physician to discuss the request for extension. If the answer is no, the form is complete.

Whether the answer is yes (requiring full completion of the form), or no (requiring no further information), you have 2 weeks to complete and return the form. The form is billable as a "standardized assessment form" using fee code 19909 (\$75).

Please note that WorkSafeBC includes tramadol (Tramacet) in the list of controlled opioids. The above procedure applies to prescriptions of these medications beyond 8 weeks postinjury/surgery.

Evidence-based practice

The new WorkSafeBC practice regarding sedative-hypnotics is consistent with evidence-based best practices.

There is no evidence available on the efficacy or effectiveness of benzodiazepines in treating musculoskeletal

Continued on page 142

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Continued from page 141

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FP ONCOLOGY PRECEPTOR TRAINING

Vancouver, 26 Sep–7 Oct (Mon–Fri) and 27 Feb–9 Mar 2012 (Mon–Fri)

The BC Cancer Agency’s Family Practice Oncology Network offers an 8-week Preceptor Program beginning with a 2-week introductory session every spring and fall at the Vancouver Cancer Centre. This program provides an opportunity for rural family physicians, with the support of their community, to strengthen their oncology skills so that they may provide enhanced care for local cancer patients and their families. Following the introductory session, participants complete a further 6 weeks of customized clinic experience at the cancer centre where their patients are referred. These can be scheduled flexibly over 6 months. Participants who complete the program are eligible for credits from the College of Family Physicians of Canada. Those who are REAP-eligible receive a stipend and expense coverage through UBC’s Enhanced Skills Program. For more information or to apply, visit www.bccancer.bc.ca/hpi/fpon or contact Gail Compton at 604 707-6367.

CME ON THE RUN Vancouver, 6 May (Fri)

Join us for the last session of the current series on general internal medicine. CME on the Run conferences are held at the Paetzold Lecture Hall, Vancouver General Hospital and there are opportunities to participate via videoconference from Prince George, Royal Columbian, and Surrey Memorial Hospitals. Each program runs on Friday afternoons from 1 p.m.–5 p.m. and includes great speakers and learning materials. This session’s topics include thyroiditis (diagnosis and treatment); cardiomyopathy—don’t miss it; new drugs for type 2 diabetes, and many more. To register, and for more information visit www.ubccpd.ca, call 604 875-5101, or e-mail cpd.info@ubc.ca.

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Continued from page 139

chronic pain.¹⁻³ In addition, no evidence-based clinical practice guidelines from national or international major pain organizations recommend the use of benzodiazepines to treat pain⁴ or muscle spasms.

For more information

WorkSafeBC’s practice directive on *Claims with Opioids, Sedative-Hypnotics or Other Drugs of Addiction Prescribed* is posted at WorkSafeBC.com. Click on Health Care Providers, then Physicians, and finally Policy & Practice.

—Peter Rothfels, MD
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3. King SA, Strain JJ. Benzodiazepine use by chronic pain patients. *Clin J Pain* 1990;6:143-147.
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