

## **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 eight weeks post-injury or post-surgery. 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 eight weeks post-injury or post-surgery, 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 two weeks post-*

*injury or post-surgery.* 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.
- Pre-operative or pre-procedure use of a sedative-hypnotic medication — a prescription for one to two 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 eight weeks post-injury/surgery or sedative-hypnotics beyond two weeks post-injury/surgery, we may send the prescribing physician 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/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 two 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 eight weeks post-injury/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 chronic pain.<sup>1</sup> In addition, no evidence-based clinical practice guidelines from national or international major pain organizations recommend the use of benzodiazepines to treat pain<sup>2</sup> 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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<sup>1</sup> Institute for Clinical Systems Improvement. (Nov. 2009). Assessment and Management of Chronic Pain. 4<sup>th</sup> ed.; van Tulder MW, Touray T, Furlan AD, Solway S. Bouter LM. Muscle relaxants for non-specific low-back pain. *Cochrane Database of Systematic Reviews* 2003, Issue 4. Art. No: CD004252. DOI: 10.1002/14651858.CD004252; and King SA and Strain JJ. Benzodiazepine use by chronic pain patients. *Clinical Journal of Pain*. June 1990;6(2):143-147

<sup>2</sup> O'Connor AB and Dworkin RH. Treatment of neuropathic pain: an overview of recent guidelines. *American Journal of Medicine*. Oct 2009;122(10A):S22-S32