
Prescription Opioid (Narcotic) Drugs in the Injured Population: Part I. Utilization Trends

What are the current industry trends with prescription opioid (narcotic) utilization? Should every injured worker who has pain receive these drugs and how long should they take them? If the injured worker is taking a potent opioid, like Oxycontin®, will he/she become addicted?

These are the frequently asked questions posed by those of you who are in the trenches managing the claims. Opioids are the most common drugs prescribed in workers' compensation and there is mounting concern of the misuse and abuse of these drugs. This three-part series covering *Prescription Opioid (Narcotic) Drugs in the Injured Population* is provided to address these common questions and concerns of inappropriate use.

General Utilization Trends¹

In America, the utilization of prescription opioid drugs has been growing. Back in 2000, retail pharmacies dispensed 174 million opioid prescriptions which soared to 257 million by 2009 (48% increase).² With an average of one-third of the prescriptions being filled for an opioid medication, our industry is greatly impacted by higher utilization.

Similar to the NCCI report on *Narcotics in Workers' Compensation*, we show the top opioid drugs by volume, or number of prescriptions, being hydrocodone (44.1%) and oxycodone (23.4%).³ The oxycodone products account for the highest portion of opioid drug class costs (34.3%) with Oxycontin® making up the majority (90.1%) of the cost. In comparison, fentanyl drug products account for almost 20% of the expenses even though they make up only 3.0% of the total paid prescriptions. Why? The oral fentanyl products (e.g. Actiq®), FDA-approved for cancer-related breakthrough pain, have an average price of \$68.28 per dose.⁴ While some physicians prescribe this drug off-label to treat non-cancer breakthrough pain, this is rare as use is noted in only 0.19% of the cases.

One last utilization trend to note is the affect on dosage. According to the Official Disability Guidelines, an equivalent morphine dose of 120mg per day is cited as being a "high" dose.⁵ As the duration of injury progresses, the opioid dosage climbs higher. While only 4.8% of claimants receiving opioids have dosages above this benchmark, claimants in the fifth year of injury and beyond account for the bulk of these high-dose prescriptions (76.4%).

Increasing Opioid Drug Costs with Prolonged Injury Time⁶

The monthly opioid drug costs per claimant averages \$12.21 during the first year of injury. This grows substantially to \$96.33 by the fifth year of injury and then balloons to over \$200 by the tenth year. Besides newer, more costly brand drugs in the marketplace and annual manufacturer brand drug price increases of 7-9% contributing to rising opioid costs, there is a shift to higher-cost opioid medication as the claim ages.⁷ This can be explained by the fact that long-acting opioid drugs are

¹ Data on file at Modern Medical, Inc., 2011.

² Executive Office of the President of the United States. Epidemic: Responding to America's Prescription Drug Abuse Crisis. http://www.whitehousedrugpolicy.gov/publications/pdf/rx_abuse_plan.pdf Accessed October 25, 2011.

³ Lipton, B, Laws C, Li, L. Narcotics in Workers' Compensation. *NCCI Research Brief*. December 2009. Accessed October 26,2011. https://www.ncci.com/documents/Narcotics_in_WC_1209.pdf

⁴ MediSpan Master Drug Database (MDDB®) v2.5 [intranet database]. Indianapolis, IN: Wolters Kluwer Health; 2011.

⁵ Work Loss Data Institute. Official Disability Treatment Guidelines (ODG) Web site. <http://www.odg-twc.com/odgtwclist.htm> Accessed October 17, 2011.

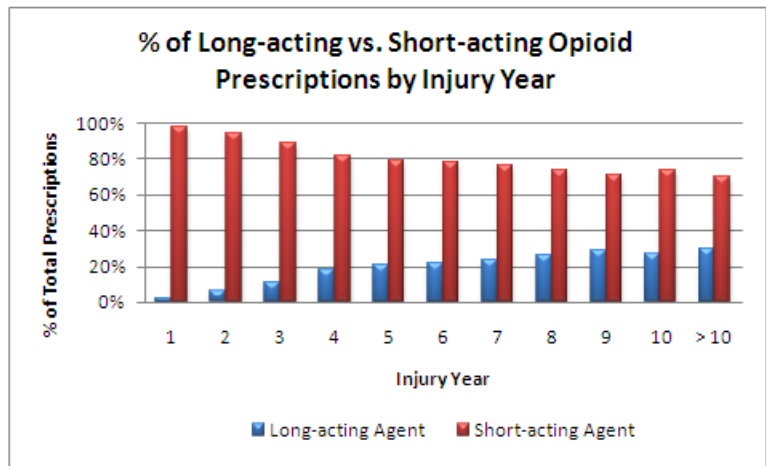
⁶ Data on file at Modern Medical, Inc., 2011.

⁷ Lipton, B, Laws C, Li, L. *Narcotics in Workers' Compensation*, NCCI Research Brief, December, 2009. Accessed October 26,2011. https://www.ncci.com/documents/Narcotics_in_WC_1209.pdf

typically reserved for patients with chronic pain, a diagnosis usually made later in the course of treatment. Data analysis shows that less than 5% of opioid prescriptions are filled with long-acting agents in the first year of injury, expanding to over 20% by the fifth year. (see graph) These long-acting formulations (e.g. Oxycontin®) are five times more costly than the short-acting opioid products (e.g. Percocet®): \$427.08 versus \$79.79, respectively.

The utilization of schedule II opioids (e.g. morphine and oxycodone) also increases with prolonged injury time. In the first year of injury, 21.7% of schedule II opioid prescriptions are filled. This figure climbs to 50% by the tenth year. This follows a similar trend as the long-acting opioids since many of these opioids are classified as schedule II substances. If you are wondering why the use of schedule II opioids should matter, a study by *Volinn E, et al. 2009* reported that chronic work loss is six times greater and claim costs \$19,453 higher for claimants on schedule II opioids.⁸

The quantity of medication for both short- and long-acting opioids also grows with injury time. Claimants in their first year of injury average 45 opioid pills per prescription jumping to 77 by the third year (71.1% increase). This gradually escalates to over 90 pills by the tenth year. Using higher quantities, higher dosages, or more potent schedule II opioids have not been shown to lead to improved function, improved return to work rates, or a better quality of life. Even so, there is a role for the use of these drugs to treat pain and the next article in this series will discuss their role in non-cancer pain management.



For Your Information

Common Long-acting Opioids	Common Short-acting Opioids
Avinza® CII	Lortab® (hydrocodone/acetaminophen) CIII
Dolophine® (methadone) CII	Norco® (hydrocodone/acetaminophen) CIII
Duragesic® (fentanyl patch) CII	Opana® (oxymorphone) CII
Exalgo® CII	Percocet® (oxycodone/acetaminophen) CII
Kadian® CII	Roxicodone® (oxycodone) CII
MS Contin® (morphine ER) CII	Tylenol® w/codeine (acetaminophen/codeine) CIV
Opana® ER (oxymorphone ER) CII	Ultracet (tramadol/acetaminophen)*
Oxycontin® CII	Ultram (tramadol)*
Ultram® ER (tramadol ER)*	Vicodin®, Vicodin® ES (hydrocodone/acetaminophen) CIII

*Tramadol has opioid-like actions but is a non-scheduled, centrally-acting analgesic.
 § CII, CIII, CIV, CV: notes the DEA schedule of the drug.



⁸ Volinn E, Fargo JD, Fine PG. Opioid therapy for nonspecific low back pain and the outcome of chronic work loss. *Pain*. 2009;142(3):194-201.