Opioid Use for Treatment of Chronic Pain: An Overview and Treatment Guideline for Injured Workers

Sridhar V. Vasudevan, MD, for The Health Care Advisory Committee of the Wisconsin Worker's Compensation Division, Department of Workforce Development

Opioid misuse and abuse leading to deaths is an urgent problem facing the American public, and prescription of opioids by physicians is one of several reasons attributed to the sudden escalation of this crisis. To address the issue, the Centers for Disease Control and Prevention (CDC) issued its Guideline for Prescribing Opioids for Chronic Pain in March 2016. Prior to that, however, the members of the Wisconsin Worker's Compensation Health Care Provider Advisory Committee (HCPAC) raised concerns regarding excessive prescribing of opioids for patients injured at work who are covered by the Wisconsin Worker's Compensation System.

This commentary describes the complexity and challenges of pain management, especially chronic pain, and the Committee's development of *Chronic Opioid Clinical Management Guidelines for Wisconsin Worker's Compensation Patient Care*.

• • •

Author Affiliations: Department of Physical Medicine & Rehabilitation, Medical College of Wisconsin, Milwaukee, Wis; Wisconsin Rehabilitation Medicine Professionals, S.C., Belgium, Wis. (Vasudevan).

Corresponding Author: Sridhar V. Vasudevan, MD, W180N8085 Town Hall Rd, Menomonee Falls, WI 53051-3518; phone/fax 262.285.3638; e-mail drsrivasudevan@gmail.com.

Challenges of Managing Individuals With Chronic Pain

Acute pain that accompanies an injury, illness, or surgical procedure usually resolves with appropriate treatment—or without treatment—in 6 to 8 weeks. Chronic pain, however, generally serves no biological purpose, persists beyond its healing period for the condition, and leads to significant functional decline.[1] It frequently is described as "pain that occurs on at least half the days for 6 months or more,[2] and the prevalence of people experiencing chronic pain in the United States is estimated at nearly 11.2% of the adult population.[3]

Since the early 1960s, chronic pain has been recognized as a biopsychosocial problem, which led to the development of multidisciplinary pain management programs. But despite copious research on the effectiveness of programs that use multimodal treatment for chronic pain, and the dearth of evidence for single modality approaches such as opioids, injection/interventional procedures, and surgery, over the past 2 decades there has been a decline in these programs in the United States (while at the same time such programs are developing in other parts of the world).[1]

Individuals with chronic pain frequently demonstrate several "Ds": *Dramatic* verbal and nonverbal pain behaviors, *Disuse* of body parts with pain, *Deconditioning*, eg, generalized disability that exceeds the degree of identifiable objective medical findings, *Depression*, and *Drug* misuse/abuse, especially with excessive use and dependence on opioids.[1]

Both natural and synthetic opioids can be a very effective part of pain management. They are the first-line drugs for many patients with post-operative and post-injury pain—with evidence supporting short-term efficacy of opioids in randomized clinical trials lasting primarily 12 weeks or less. However, opioid use also presents serious risks and there is minimal evidence-based research to support their effectiveness in treating chronic pain.[4,5]

Meanwhile, primary care clinicians report that they find managing patients with chronic pain to be stressful. They have concerns about opioid pain medication misuse, patient addiction, and insufficient training in prescribing opioids,[6,7] which has helped fuel the development of numerous educational programs and various guidelines related to the use of opioids.

Prescription Opioid Abuse

Opioid abuse is currently a major concern in the United States. In 2013 alone, an estimated 1.9 million people abused or were dependent on prescription opioid medication.[7] And from 1999 to 2015, more than 183,000 people in the United States died of opioid-related overdose.[8] The number of deaths from "opioid abuse disorder" is estimated to be higher than the number of deaths from motor vehicle accidents.[10]

As awareness of this growing problem has increased, numerous medical organizations, governmental agencies and state and federal policymakers sought ways to address it.

For example, in 2015 the American Medical Association (AMA) created a "Task Force to

Box 1. Worker's Compensation Advisory Council, Health Care Provider Advisory Committee Members

Mary Jo Capodice, DO, MPH, Sheboygan, Wis	Jeff Lyne, DC, Sun Prairie, Wis
Theodore Gertel, MD, Mequon, Wis	BJ Dernbach, Chair, Madison, Wis
Amanda Gilliland, Madison, Wis	Jim Nelson, Fort Atkinson, Wis
Richard J. Goldberg, MD, Skokie, Ill	Barb Janusiak, RN, West Allis, Wis
Jennifer Seidl, St. Francis, Wis	Peter Schubbe, DC, Appleton, Wis
Maja Jurisic, MD, Brookfield, Wis	Ron H. Stark, MD, Brookfield, Wis
Stephen Klos, MD, Whitefish Bay, Wis	Sri Vasudevan, MD, Belgium, Wis

Reduce Opioid Abuse," whose objectives are to increase physicians' use of effective Prescription Drug Monitoring Programs; enhance physicians' education on effective, evidence-based prescribing; reduce the stigma of pain and promote comprehensive assessment and treatment; reduce the stigma of substance use disorder and enhance access to treatment; and expand access to naloxone in the community and through co-prescribing.[11]

In addition, many organizations have attempted to address this problem by developing guidelines for treating chronic pain, including the CDC, which in 2015 released its "Guidelines for Prescribing Opioids for Chronic Pain-United States."[12] It is detailed, comprehensive, and practical and serves as an important resource for clinicians prescribing opioids.

At the state level, Wisconsin has been recognized as a national leader in its efforts to reverse this problem. Since 2013 the state legislature has enacted 17 bills as part of the Heroin, Opioid Prevention and Education agenda.[13] In 2016, the Wisconsin Medical Examining Board released its Opioid Prescribing Guideline,[14] based on the CDC Guideline, and made education on the guideline mandatory for all physicians with a US Drug Enforcement Administration number to prescribe controlled substances.

Prior to the publication of either of these guidelines, however, the Wisconsin Division of Worker's Compensation released *Chronic Opioid Clinical Management Guidelines for Wisconsin Worker's Compensation Patient Care.*[15]

Wisconsin Worker's Compensation Background and Guideline

The original Wisconsin Worker's Compensation (WC) Act was adopted on May 3, 1911, making Wisconsin the first state in the country to enact a constitutionally acceptable worker's compensation program. Administered by the Wisconsin Division of Worker's Compensation, the program is designed to ensure that injured workers receive required benefits from insurers or self-insured employers; encourage rehabilitation and reemployment for injured workers; and promote the reduction of work-related injuries, illnesses, and deaths. Most Wisconsin employers are required by law to have worker's compensation insurance and nearly all workers in Wisconsin are covered.[16]

The Worker's Compensation Advisory Council (WCAC) was created to advise the Department of Workforce Development and legislature on policy matters concerning the development and administration of the worker's compensation law. Comprised of representatives from Labor and Management, the WCAC submits recommendations for law changes to the legislature each session and reports its views on any pending WC bill to the proper legislative committee.

The Health Care Provider Advisory Committee (HCPAC) assists the WCAC in these efforts by establishing treatment guidelines used by the Worker's Compensation Division. (See Box.) Comprised of physicians and other health care professionals, the committee meets regularly several times a year to address concerns regarding the appropriate evaluation and treatment of injured workers and makes recommendations to the WCAC.

In 2012, there were 23,579 claims stemming from workplace injury filed with the Wisconsin Workman's Compensation Division. The leading cause of injury was strain due to lifting, pushing, and pulling (45%); followed by falls and slips (23%).[17]

Also in 2012, the HPAC began to recognize opioid prescription abuse and misuse among injured workers as a growing concern. Over the next 2 years, the committee reviewed existing research and guidelines, which eventually led to the development by consensus of *Chronic Opioid Clinical Management Guidelines for Wisconsin Worker's Compensation Patient Care.* To help ensure injured workers in Wisconsin receive prescription of opioids in a safe and effective manner, the guideline states, "For any worker's compensation patient who will need opioid treatment for a period of more than 90 days, the treating physician should follow these guidelines and/or consider referral to a pain management specialist."[15]

The full guideline is available on the Worker's Compensation Division's Website at https://dwd.wisconsin.gov/wc/medical/pdf/CHRONIC%20OPIOID%20CLINICAL%20MANAGEMENT%20GUIDELINES%20.pdf and addresses the following:

1. Adequately evaluating the pain generator.
2. Presenting non-opioid options to the patient.
3. Patient criteria for long-term opioid therapy.
4. Required documentation and management on initial and subsequent visits for patients on, or starting, chronic opioids.
5. Opioid dosing and guidelines.
6. Alternative pain medications to opioids.
7. Addiction, pseudo-addiction, and aberrant behaviors definitions.
8. Tapering and discontinuing opioids.
9. When subspecialty consultation should be considered.

The HCPAC members voted unanimously to adopt this guideline in October 2014 and it has been available through the WC website to physicians and other health care professionals who treat injured workers since then.

Acknowledgements: The author would like to offer his sincere gratitude to Jim O'Malley, JD, director of the Bureau of Legal Services in the Workers Compensation (WC) Division, Wisconsin

Department of Workforce Development (DWD) for his assistance in providing the background information regarding the division, the role of the Advisory Council, and the Health Care Provider Advisory Committee (HCPAC) and for reviewing this manuscript prior to submission. The author also thanks the members of the HCPAC.

Funding/Support: None declared.

Financial Disclosures: None declared.

REFERENCES

1. Vasudevan SV. *Multidisciplinary Management of Chronic Pain-A Practical Guide for Clinicians.* New York: Springer; 2015. ISBN 978-3-319-20321-8

2. Interagency Pain Research Coordinating Committee. National Pain Strategy: A comprehensive population health level strategy for pain. https://iprcc.nih.gov/docs/HHSNational_Pain_Strategy.pdf. Published March 18, 2016. Accessed June 27, 2017.

3. Jahin RL. Estimates of Pain Prevalence and severity in adults: United States, 2012. *J Pain*. 2015;16(8):769-780.

4. Dowell D, Haegerich TM, Chou R. CDC Guideline for Prescribing Opioids for Chronic Pain-United States, 2016. *JAMA*. 2016;315(15):1624-1645, April 19, 2016.

5. Guideline for the use of chronic opioid therapy in non-cancer pain: evidence review. American Pain Society and American Academy of Pain Medicine. Published 2009. http://americanpainsociety.org/uploads/education/guidelines/chronic-opioid-therapy-cncp.pdf. Accessed June 27, 2017.

6. Chen JH. The patient you least want to see. *JAMA*. 2016;315(16):1701-1702. doi:10.1001/jama.2016.0221.

7. Jamison RN, Sheehan KA, Scanlan E, Matthews M, Ross EL. Beliefs and attitudes about opioid prescribing and chronic pain management: survey of primary care providers. *J Opioid Manag*. 2014;10(6):375-382.

8. Substance Abuse and Mental Health Services Administration, Results from the 2013 National Survey on Drug Use and Health: Summary of National Findings, NSDUH Series H-48, HHS Publication No. (SMA) 14-4863. Rockville, MD: Substance Abuse and Mental Health Services Administration, 2014. https://www.samhsa.gov/data/sites/default/files/NSDUHresultsPDFWHTML2013/Web/NSDUHresults2013.pdf. Accessed June 27, 2017.

9. Prescription Opioid Overdose Data. Centers for Disease Control and Prevention Website. https://www.cdc.gov/drugoverdose/data/overdose.html Updated December 16, 2016. Accessed June 27, 2017. Dowell D, Haegerich T, Chou R. CDC Guideline for Prescribing Opioids for Chronic Pain — United States, 2016. *MMWR Recomm Rep*. 2016;65(No. RR-1)1-49. doi.org/10.15585/mmwr.rr6501e1

10. Rudd R, Aleshire N, Zibbell J, Gladden RM. Increases in drug and opioid overdose deaths-United States, 2000-2014. *MMWR*. 2016;64(50):1378-1382.

11. AMA Opioid Task Force. https://www.ama-assn.org/delivering-care/reversing-opioid-epidemic. Updated June 2017. Accessed June 27, 2017.

12. CDC Guideline for Prescribing Opioids for Chronic Pain. Centers for Disease Control and Prevention Website. www.cdc.gov/drugoverdose/prescribing/guideline.html. Updated March 15, 2017. Accessed June 27, 2017.

13. HOPE Agenda Website. http://legis.wisconsin.gov/assembly/hope. Accessed June 27, 2017.

14. Wisconsin Medical Examining Board Opioid Prescribing Guideline – November 16, 2016. http://dsps.wi.gov/Documents/Board%20Services/Other%20Resources/MEB/20161116_MEB_Guidelines_v4.pdf. Accessed June 27, 2017.

15. Chronic Opioid Clinical Management Guidelines for Wisconsin Worker's Compensation Patient Care. https://dwd.wisconsin.gov/wc/medical/pdf/CHRONIC%20OPIOID%20CLINICAL%20MANAGEMENT%20GUIDELINES%20.pdf. Accessed June 27, 2017.

16. Worker's Compensation Guide. WKC-7580-P (R. 08/2009) Division of Worker's Compensation, State of Wisconsin Department of Workforce Development. https://dwd.wisconsin.gov/dwd/publications/wc/WKC-7580.htm#whois. Updated April 1, 2015. Accessed June 27, 2017.

17. 2012 Wisconsin Work Injury Claims. Worker's Compensation Division. State of Wisconsin Department of Workforce Development. http://dwd.wisconsin.gov/wc/research_statistics/pdf/2012%20highlights.pdf. Accessed June 27, 2017.

advancing the art & science of medicine in the midwest

WMJ

WMJ (ISSN 1098-1861) is published through a collaboration between The Medical College of Wisconsin and The University of Wisconsin School of Medicine and Public Health. The mission of *WMJ* is to provide an opportunity to publish original research, case reports, review articles, and essays about current medical and public health issues.

Visit www.wmjonline.org to learn more.