

# State of South Carolina

1333 Main Street, 5<sup>th</sup> Floor  
P.O. Box 1715  
Columbia, S.C. 29202-1715



TEL: (803) 737-5700  
www.wcc.sc.gov

## *Workers' Compensation Commission*

### AGENDA

#### **SC WORKERS' COMPENSATION NARCOTICS USE ADVISORY COMMITTEE**

SC Pharmacy Association  
1350 Browning Road  
Columbia, SC 29210

November 20, 2014 – 1:30 p.m.

1. Call to Order Ric Davis, Chairman
2. Review of Minutes of July 10, 2014 Ric Davis, Chairman
3. Update on Governor's Council Bob Toomey, Chairman  
Prescription Drug Abuse Prevention Council
4. Review of Assessment of Issues and Priorities Gary Cannon
5. Review of Response to Medical Data Request Gary Cannon
6. Discussion of Other States' Proposals Gary Cannon
7. Proposed Next Steps for Committee Ric Davis, Chairman
8. Next Meeting Ric Davis, Chairman
9. Adjourn

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**Workers' Compensation Commission**

**MINUTES  
SC WORKERS' COMPENSATION  
NARCOTICS USE ADVISORY COMMITTEE**

July 10, 2014 – 2:00 p.m.  
1<sup>st</sup> Floor Conference Room

Present were: Susan Barden, Commissioner; Craig Burridge, SC Pharmacy Association; Gary Cannon, Executive Director, SCWCC; Kathy Chisom, Travelers Insurance; Gary Christmas, President, Injured Workers' Advocates Association; Ric Davis, Christian & Davis Law Firm; John DeLoache, SC Association of Counties; Lee Dutton, DAODAS; Martha Gaw, Municipal Association; Andrew Geer, Anesthesiologist Association; Sara Goldsby, SC Department of Alcohol & Other Drug Abuse; Harry Gregory, State Accident Fund; Kris Lloyd, AHCS; J.C. Nicholson, SC Medical Association; Margarita Pate, Anesthesiologist Association; Shannon Poteat, Willson Jones Carter & Baxley, PA; Keith Roberts, Legal Counsel, SCWCC; Alan Rook, MyMatrixx; Wendy Sumrell, MyMatrixx; Brian Teusink, SC Hospital Association; Lisa Thomson, DHEC; Mandy Valter, and Derrick Williams, Mickle and Bass. Present via telephone conference were: Jeff Helton, SC Chamber of Commerce; Steven Moskowitz and Lisa Ulrich, Paradigm Outcomes; Edward Tavel and Erica DeGross, Pain Specialists of Charleston, P.A.; Tosca Walls, SC Self-Insurers Association

Chairman Ric Davis welcomed everyone and called the meeting to order. Following a time of introductions, Attorney Derrick Williams was appointed as Vice Chairman of the Committee.

Gary Cannon, Executive Director, SCWCC, gave a brief summary of the Commission's action to create the Ad Hoc Advisory Committee on February 18, 2014. The Commission charged the Committee with studying the use of prescribed narcotics for workers' compensation claimants to determine if regulations need to be adopted.

Mr. Cannon reported this issue has been considered by several states and research organizations. The International Association of Industrial Accidents Boards and Commissions' report "Reducing Inappropriate Opioid Use in Treatment of Injured Workers" (August 28, 2013) and other resource information will be posted for the Committee on the Commission's website, [www.wcc.sc.gov](http://www.wcc.sc.gov). Click *Narcotics Use Advisory Committee* located on the left-side panel on the homepage.

Chairman Davis distributed an Assessment of Issues and Priorities (attached) and requested each member complete. The Assessment will help identify and prioritize the issues important to the respective Committee members.

The following issues were discussed by the Committee members.

- What is the difference between narcotics and opioids
- Narcotics are a bridge for a lack of treatment
- Overprescribing for an acute pain
- Develop a best practices approach for workers' compensation cases
- The SC Prescription Management Program SCPMP, what is it and how is it used
- Education of physicians and claimants of narcotics and opioid use
- Patient should be referred to a specialist for long-term pain
- Need medical education on how to safely decrease narcotics as the care progresses
- Narcotics use by injured workers leading to an addiction is the problem
- Look at solutions for those suffering from side effects or addiction and those who could potentially become addicted
- Require an opioid use agreement for patients
- Cost vs benefits of periodic drug testing
- Should there be limits on prescriptions opioids, prescribed by specialist only?
- Legislation regarding physicians participation in the SCPMP a 24-hour reporting program - pharmacies are mandated to do so
- Objective is to avoid an addiction, focus on outcome not process
- What is the effect of delays in authorizing diagnosis and treatment – need to expedite authorization of diagnostic procedures

The Committee requested Commission staff obtain data on opioid use data in workers' compensation claims from insurance carriers represented on the Advisory Committee.

The next meeting date to be determined.

Meeting adjourned at 4:00 p.m.

Respectfully submitted,

Kim Ballentine  
Office of the Executive Director  
SC Workers' Compensation Committee

## ASSESSMENT OF ISSUES AND PRIORITIES

Please identify, from the perspective of your organization, whether you agree or disagree with the statements below. Please use a scale of 1 – 5, with 1 meaning you strongly agree and 5 meaning you strongly disagree. If you believe the statement is not relevant to the work of this committee, please indicate with a “N/R”. Finally, if you believe that the statement should be a priority for the Narcotics Use Advisory Committee, please note (to the right of the statement) with the letter “P”.

Scale (1-5)		“N/R” or “P”
_____	1. Opioid prescription pain medications can be an effective tool in the treatment of work related injuries.	_____
_____	2. Use of opioid prescription pain medications in ways other than prescribed is a significant problem.	_____
_____	3. Prescription pain killers contribute to more deaths than any other type of drugs.	_____
_____	4. Unintentional overdoses of narcotic medications is a significant issue.	_____
_____	5. Prescription pain killer abuse significantly impacts healthcare costs.	_____
_____	6. Prescription pain killer abuse significantly impacts workplace safety and employee productivity.	_____
_____	7. A majority of the people who abuse prescription pain killers got the drugs from friends or relatives.	_____
_____	8. The issue is narcotics abuse..... not narcotics use. `	_____
_____	9. Use of prescription pain killers in the workplace create significant risks, including driving vehicles to and from work, driving vehicles at work, operating heavy machinery, and loss of productivity.	_____
_____	10. Regulation of a physician’s ability to prescribe narcotic medications to injured workers should be considered.	_____
_____	11. Over prescription of narcotic medications is a significant part of the issue.	_____

## AGENDA ITEM #4

SCWCC  
Narcotics Use Advisory Committee

July 10, 2014

Identify, from the perspective of your organization, whether you agree or disagree with the statements below. Please use a scale of 1-5, with 1 meaning you strongly agree and 5 meaning you strongly disagree. If you believe the statement is not relevant to the work of this committee, please indicate with a "N/R". If you believe the statement should be a priority for the NUAC, please note with the letter "P".

Number of Responses = 13		Number of resp.	
Assessment of Issues and Priorities	Scale 1-5	# N/R	# P
#1 Opioid prescription pain medications can be an effective tool in the treatment of work related injuries.	1.8		5
#2 Use of opioid prescription pain medications in ways other than prescribed is a significant problem.	2.2		5
#3 Prescription pain killers contribute to more deaths than any other type of drugs.	2.0	3	2
#4 Unintentional overdoses of narcotic medications is a significant issue.	2.8	1	3
#5 Prescription pain killer abuse significantly impacts healthcare costs.	2.1		6
#6 Prescription pain killer abuse significantly impacts workplace safety and employee productivity.	2.4		2
#7 A majority of people who abuse prescription pain killers got the drugs from friends or relatives.	2.8	3	2
#8 The issue is narcotics abuse...not narcotics use.	1.9	1	4
#9 Use of prescription pain killers in the workplace create significant risks, including driving vehicles to and from work, driving vehicles at work, operating heavy machinery, and loss of productivity.	1.9	2	3
#10 Regulation of a physician's ability to prescribe narcotic medications to injured workers should be considered.	2.5		6
#11 Over prescription of narcotic medications is a significant part of the issue.	1.8	1	9

**AGENDA ITEM #5**

**Narcotics Use Advisory Committee  
Data Request/Response Report  
November 19, 2014**

At the first meeting of the NUAC, the Committee requested staff obtain medical data from committee members to determine the scope of the narcotics use in workers' compensation claims in South Carolina.

The data request shown below was emailed to three members of the committee (carriers or claims administrators). Subsequently, one of the members who received the request requested American Insurance Association (AIA) respond on their behalf their membership. Two responses were received.

Respondent 1 reported

Open Claims	7,846
Individuals receiving narcotics	2,953
Narcotic Rxs written	18,136
Total Rxs written	62,382
Percentage of claimants receiving narcotics	37%

Respondent 2 reported

Open Claims	176
Closed	339
Total	515
Rxs written in SC	548
Total days narcotics Rx supplied	9,633
Average Number of days per case	17

**DATA REQUEST**

**JULY 23, 2014**

Please accept this as a formal request for the information. I suggest the following parameters, if possible:

The most recent 12 month period with up to date data

Number of cases with narcotics prescribed.

Number of cases with narcotics prescribed that remain open and the number of cases closed in the 12 month period

Number of days the case was open when compared to all other cases without narcotics prescribed.

Number of deaths of in which narcotics was prescribed for the 12 month period.

This data call is not inclusive. Please provide any data, not listed above, that would be of interest to the NUAC.

Please contact me if you have questions or need clarification.

Again thank you for your time and efforts in this endeavor.

Gary M. Cannon  
Executive Director

## Reducing Inappropriate Opioid Use in Treatment of Injured Workers A Policy Guide

International Association of Industrial Accidents Boards and Commissions  
August 28, 2013

### *Recommendations*

#### **Agency Coordination**

Recommendation(s): A jurisdiction's policy response should include coordination among all relevant agencies with interests or oversight duties related to prescription opioid use, including health departments, insurance and workers' compensation regulators, agencies charged with regulation of pharmacies and prescribing physicians, and other governmental entities (including law enforcement) that may play a role monitoring and enforcing jurisdictional policies.

This coordination should include a review of existing statutes, rules, and relevant policies of non-government agencies (e.g. state medical societies) that address opioid prescriptions. Only in this way can agencies learn what new legal authority is needed to address specific issues in that jurisdiction.

#### **Treatment Guidelines**

Recommendation(s): Jurisdictions with existing treatment guidelines should evaluate if they adequately address safe opioid use in the treatment of injured workers. Jurisdictions without treatment guidelines should study evidence on drug use and drug-caused morbidity to determine if guidelines are needed to abate excessive or inappropriate prescription practices. The common experience is that states addressing opioid abuse in workers' compensation have made treatment guidelines an integrating mechanism for many of the recommendations presented here.

#### **Acute vs Chronic Pain**

Recommendation: Jurisdictions must decide if their response will solely address the management of chronic pain or include more comprehensive guidance on managing both acute and chronic pain conditions. Any guidance should clearly define in what situations opioid use is appropriate and discuss if there are other modalities for the treatment of pain.

#### **Monitoring Patients**

Recommendation: Jurisdictions should consider providing specific requirements for how medical providers monitor and evaluate patients who are using opioids to manage chronic pain. These requirements can be included in the treatment guideline or described separately.

#### **Documentation and Reporting by Physicians**

Recommendation: A jurisdiction should provide specific requirements for the documentation and reports required by physicians who are prescribing opioids to manage chronic pain. These requirements are usually not specified in detail in treatment guidelines, and could be described separately. Providers and payers need a common understanding of these requirements.

**Preauthorization and Formularies**

Recommendation: If a jurisdiction adopts a treatment guideline, the conditions under which preauthorization is required must be clearly described. A jurisdiction may also want to consider a formulary describing which drugs require preauthorization before dispensing

**Denial of Treatment and Drug Tapering**

Recommendation: A jurisdiction should provide specific instructions for denial of treatment related to long term opioid use. Denial of treatment, except in extreme instances, should only be done in coordination with a drug tapering program. Instructions for denial of treatment and drug tapering can be included in the treatment guideline or described separately.

**Continuing Education Requirements**

Recommendation: Continuing education requirements specifically addressing opioids should not be adopted by the workers' compensation agency but carefully coordinated with the licensing/certification bodies within a jurisdiction.

**Prescription Drug Monitoring Programs (PDMPs)**

Recommendation: Jurisdictions should evaluate the operational status and effectiveness of their jurisdiction's Prescription Drug Monitoring Program (PDMP). Mandatory use of the PDMP before prescribing opioids should only be considered once the database is fully operational, the data accuracy is validated and it is easy to use for medical providers

**Disputes**

Recommendation: When there is a dispute over the course of treatment related to continued opioid use, a "fast track" for resolving the treatment dispute is advisable.



Appendix C  
 IAIABC 2012 Opioid Index  
 Jurisdictions: Guidelines that Address  
 Chronic Pain or Opioid Use Jurisdiction

Jurisdiction	Does the jurisdiction have treatment guidelines that specifically address chronic pain or opioid use?
Alabama	No
Alaska	No
Arizona	No
Arkansas	No
California	Yes
Colorado	Yes
Connecticut	Yes
Delaware	Yes
District of Columbia	No
Florida	No
Georgia	No
Hawaii	Yes, ODG Guidelines
Idaho	No
Illinois	No
Indiana	No
Iowa	No
Kansas	Yes, ODG Guidelines
Kentucky	No
Louisiana	Yes
Maine	Yes. Board Rules and Regulations
Maryland	No
Massachusetts	Yes
Michigan	No
Minnesota	Yes
Mississippi	No
Missouri	No
Montana	Yes
Nebraska	No
Nevada	Yes, ACOEM Practice Guidelines
New Hampshire	No
New Jersey	No
New Mexico	Yes, ODG Guidelines
New York	No
North Carolina	No, but North Carolina relies on doctors to use accepted prescribing guidelines put forth by their respective specialties.
North Dakota	Yes, ODG Guidelines
Ohio	Yes, ODG Guidelines
Oklahoma	Yes, ODG Guidelines and OK Treatment

	Guideline for use of Schedule II Drugs
Oregon	No
Pennsylvania	No
Rhode Island	No
South Carolina	No
South Dakota	Yes- Treatment standards are required for certification of case management plans.
Tennessee	Law enacted to amend the Tennessee Code
Texas	Yes, ODG Guidelines
Utah	No
Vermont	No
Virginia	No
Washington	Yes, guidelines and rules
West Virginia	Yes
Wisconsin	Yes
Wyoming	Yes