# Connecticut Department of Public Health Injured Workers and Opioid Use Symposium

Panel Discussion: Approaches to Treatment and Recovery: Case Study with Integrated Opioid Therapy

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AS is a 44-year-old right-handed man well until an on-the-job injury July 20, 2015.

At that time while working in an industrial laundry, he was struck behind the neck on the upper back by 50 pound sack of laundry falling from an overhead conveyor. He reported being thrown to the floor by the impact.

This worker's regular duties required the ability to lift 60 pounds, reach up and out, overhead lifting, bending at the waist, and pushing and pulling laundry carts. AS had attended high school but did not complete the 10<sup>th</sup> grade.

This worker was evaluated by occupational medicine where a right hip injury was documented. This became the sole compensable injury.

PMH was reportedly negative.

After failing physical therapy, orthopedic consultation was obtained.

Imaging revealed labral tear of the left hip joint and surgery was scheduled and performed.

After completing a prescribed post-surgical physical rehabilitation program, NSAIDs and oxycodone 5 mg qid, this worker developed neither improvement in pain control (VAS 7-9/10) nor functional status (mild loss of ROM and strength/endurance). His work capacity had not been restored.

Pain management was recommended.

#### Discussion:

Past Medical and Psychological History?

Attorney Involvement?

Return to work options?

Interventions to restore work capacity?

Impact of patient / provider / employer communications?

What does a referral to pain management mean for this worker's vocational options?

After a delay of 6 months duration pending utilization review determination of medical necessity for pain management evaluation, care was approved and scheduled.

#### Discussion:

What effect does utilization review non-certification and treatment delay have on probability of return to work?

How should clinicians proceed?

- A comprehensive pain management evaluation yielded symptoms and findings referable to the cervical and lumbar spine.
- Provider assisted pain diagram demonstrated both a right cervical and right lumbar radiculopathy.
- Physical examination finding of tenderness and mild loss of ROM but normal neurologic exam along with the hip pathology mentioned above.
- Imaging was ordered but because the compensable injury had been confined to the hip, medically necessary spine imaging was delayed pending determination with regard to spine causation.
- Repeat hip MRI did not observe a surgical lesion.

#### Discussion:

What is "diagnosis creep"?

Value of a secondary, tertiary, etc. screening / survey in identifying medical barriers to recovery and return to work?

Does the requested spine imaging impact return to work decision making?

- Pending authorization for spine imaging, medical management was considered to restore light duty work capacity.
- This worker had failed initial short acting opioid treatment.
- In preparation for initiating a trial of an extended release opioid-based structured medication program, an opioid consent agreement was obtained from the worker, the CT Prescription Monitoring Program (PMP) data was checked and a sample for urine drug screen was collected.

- PMP revealed a single prescriber and no other opioid prescriptions.
- The preliminary urine toxicology result was positive for ethanol metabolites.
- A discussion of these findings with this worker demonstrated a further history of daily consumption of a half pint of vodka.
- The injured worker also acknowledged mild depressive symptoms resulting from pain, out of work status and marital difficulties.

#### Discussion:

- What is opioid risk screening and monitoring?
- Addiction risk stratification?
- What is addiction in a pain management setting?
- Considerations for patients prescribed opioids who use alcohol and/or marijuana?
- How to screen for and address mood issues?

#### Final Thoughts

- Careful screening and monitoring is required when opioid therapy is utilized.
- When patients get to a pain management specialist their case is often complex.
- The Worker's Compensation system may be complex and clinicians need to understand how to proceed if there are roadblocks to obtaining authorization for treatment requested by the treating physician.
- Medical management (opioid or non-opioid) is too often the path of least resistance in this system and clinicians should integrate evidence based nonopioid treatments.