



Report Highlights

Evaluation of Controls Over the Prescribing of Opioids in the Workers' Compensation Program State of Louisiana

DARYL G. PURPERA,
CPA, CFE

Audit Control # 40170029
Performance Audit Services • December 2019

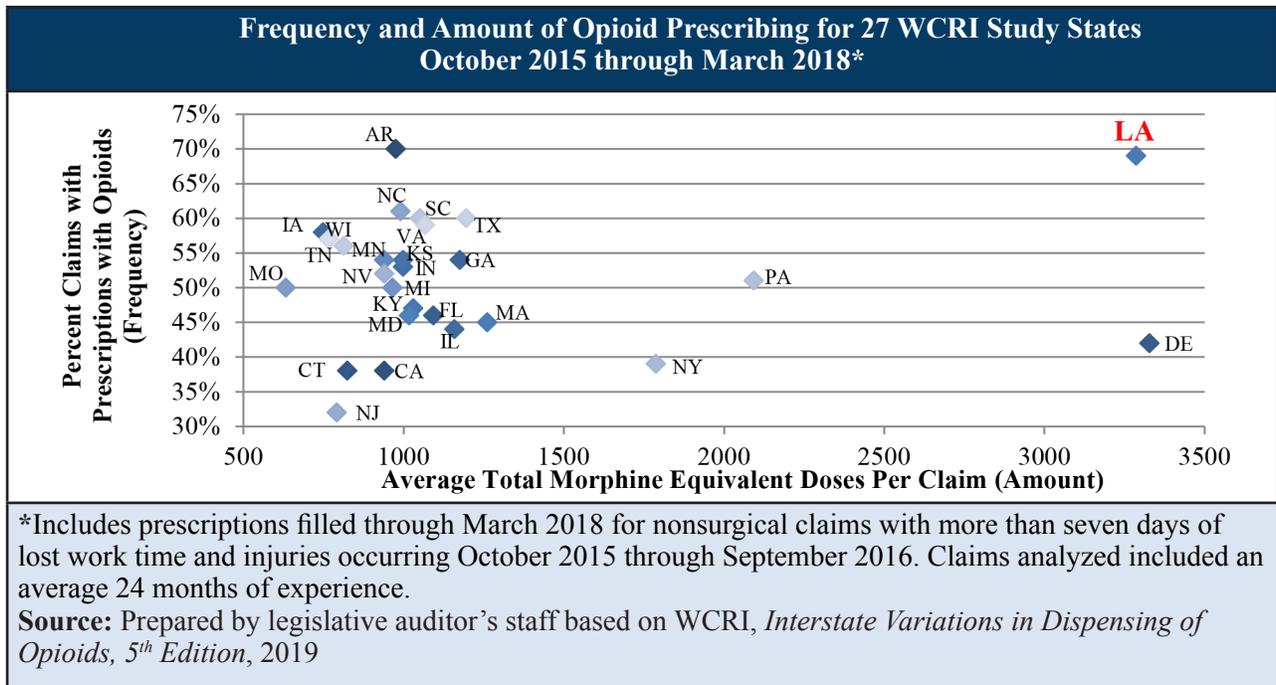
Why We Conducted This Audit

We evaluated controls associated with the prescribing of opioids in the Workers' Compensation (WC) program, including how Louisiana could strengthen these controls to reduce the risks associated with opioid use. We conducted this audit because national research organizations have found that injured workers in Louisiana are prescribed opioids more often and for longer periods of time than injured workers in other states. While opioids are the most appropriate treatment of injured workers' pain in some cases, excessive opioid prescribing increases the risks of opioid addiction, overdose, and diversion.

What We Found

Overall, we found that Louisiana could strengthen prescribing controls in WC to reduce the risks associated with opioid use. Specifically, we found the following:

- Louisiana does not currently use mechanisms, such as a drug formulary or reimbursement rules, to implement controls for prescribing opioids within the WC program. Although Louisiana developed medical treatment guidelines in calendar year 2011, these guidelines are not enforceable statewide for prescriptions due to conflicting court decisions.** The lack of sufficient mechanisms may be the reason that prescriptions for opioids are not decreasing as rapidly in Louisiana as in other states. According to the National Council on Compensation Insurance (NCCI), the percent of prescription claims with opioids decreased 14% nationally from calendar year 2013 through 2017 but only decreased 7% in Louisiana.



Continued on next page

Evaluation of Controls Over the Prescribing of Opioids in the Workers' Compensation Program

State of Louisiana

What We Found (Cont.)

- **Although Louisiana adopted a law that limits all first-time opioid prescriptions to a seven-day supply as recommended by the CDC, the law does not specify how much time must pass after a patient's last opioid prescription before their next is considered a first-time opioid prescription.** Currently, Sedgwick uses a six-month timeframe, which is longer than some other insurers and states. Specifying a shorter timeframe in law for identifying first-time opioid prescriptions, such as 90 days used by Louisiana Medicaid, would result in more prescriptions being limited to seven days' supply for claimants.
- **During calendar years 2016 through 2018, 24.6% of state WC claimants with opioids had an average daily morphine equivalent dose (MED) that exceeded CDC recommendations.** Because Louisiana does not currently have any controls in WC related to MED, implementing specific daily MED limits for opioid prescriptions similar to other states and Louisiana's Medicaid program may help reduce the increased risks of overdose, addiction, and long-term use.
- **Overall, 29.9% of state WC claimants with opioids had opioids for 90 or more consecutive days during calendar years 2016 through 2018. According to the CDC, receiving opioids for more than 90 days substantially increases the risk for addiction.** Establishing periodic documentation requirements, tapering guidelines, and coverage requirements for tapering and addiction treatment like other states could help to prevent claimants from continuing opioid treatment without justification, minimize withdrawal symptoms, and ensure claimants receive appropriate care for addiction.
- **During calendar years 2016 through 2018, 16.4% of state WC claimants with opioids were concurrently prescribed benzodiazepines (e.g., Xanax, Valium). However, both the CDC and Federal Drug Administration recommend that clinicians avoid prescribing opioids and benzodiazepines concurrently due to increased overdose risk.** Implementing controls to discourage or restrict concurrent prescribing of these drugs may help to reduce claimant risks of overdose as well as addiction and other serious harms.
- **During calendar years 2016 through 2018, 5.2% of state WC claimants with opioids received opioids from three or more prescribers in the same quarter. According to the CDC, this trend could be associated with doctor shopping and increased overdose risk.** Implementing additional controls used in other states, such as claimant lock-in programs where high-risk patients are required to obtain all prescriptions from one provider and/or pharmacy, could help to prevent doctor shopping and reduce claimants' risk of overdose.