

Practice Directive

Chronic Pain

General Principles

A worker's pain symptoms may be accepted as compensable where the pain is the consequence of a work-related injury or disease.

Chronic Pain is defined in policy as pain that persists six months after an injury and beyond the usual recovery time for the injury.

Chronic Pain that is permanent and disproportionate to the associated physical or psychological injuries may be granted a pension award of 2.5% PFI¹.

Identifying Workers at Risk of Developing Chronic Pain

Pain can have a significant impact on a worker's recovery and success at returning to work. Identifying workers at risk of developing chronic pain and providing them early support by way of appropriate return to work opportunities and treatment can help to mitigate the impact of pain and perhaps prevent it from becoming chronic.

Asking workers the following sorts of questions can help Officers evaluate whether the worker's recovery is progressing as expected or if there is a chance he or she is at risk of developing chronic pain:

- How well do you feel you are recovering from your injury?
- Do you have a job to return to?
- When do you think you will be able to return to work?
- How would you rate the pain you have experienced in the last week?
- Does your pain radiate or move into any other area of your body?

¹ Permanent Functional Impairment

The Officer will want to ask these questions on a regular basis throughout the life of the claim and document the worker's responses. If the worker's pain is not improving, or indeed appears to be getting worse, this provides the Officer a sign to intervene and indicates further medical investigations may be necessary.

The following considerations may help Officers identify a worker at risk of developing chronic pain:

- The worker's reports of pain are unusual or seem extreme considering the nature of the injury or disease and there are few, if any, objective medical findings that explain the worker's reported level of disability. The worker may complain of pain in various parts of the body.
- The worker focuses only on the things he or she cannot do because of pain and presents as being disabled from virtually all activities. The worker may avoid return to work opportunities or a return to light duties may fail.
- The worker expects to be off work much longer than would be anticipated considering the injury, the worker's employment activities, etc.
- The worker is seeking excessive or unsuitable treatment or is missing appropriate treatment. The worker continues to use (or seek) narcotic/opioid medication for an extended period.

Early Intervention

Focus on Return to Work

Case Managers should focus on return-to-work as the priority for all workers, including workers at risk of developing chronic pain. Pain is not necessarily a barrier to return-to-work and in fact returning to safe, suitable work is often the most appropriate rehabilitation for injured workers who are coping with pain.

The Case Manager plays a crucial role in coordinating and promoting return-to-work opportunities. Rather than focusing on what workers cannot do, Case Managers should encourage a focus on the worker's current abilities and work with the employer to develop viable return-to-work options that match those abilities. Case Managers should support both workers and employers in developing a suitable, safe return-to-work arrangement.²

Appropriate Treatment

Additional medical treatment may be appropriate and should be decided on an individualized basis as no one particular treatment plan will be beneficial to all workers who have pain complaints. Medically necessary investigations may be approved but there is not always a clear medical explanation for a

² Return-to-work opportunities can be encouraged by use of policy (eg. #34.11, #35.21) and tools such as supernumerary return-to-work arrangements.

worker's pain symptoms. Focusing on return-to-work and rehabilitation, rather than on trying to find a medical reason for the pain, generally proves to be a more beneficial approach for the worker. Return-to-work opportunities can often be pursued simultaneously with necessary medical investigations and/or treatment and where possible, this should be encouraged.

Adjudicating Chronic Pain

Although pain is a symptom of an injury or medical condition, rather than a diagnosis, policy allows for it to be accepted as a separate compensable consequence of a work-related injury or occupational disease. To adjudicate the acceptability of chronic pain, the Officer:

- considers whether the policy definition of chronic pain has been met, and if it has,
- whether the compensable injury was of causative significance in producing the pain.

Policy Definition

Chronic Pain is defined as pain that persists six months after an injury or occupational disease and beyond the usual recovery time for that injury or disease.

To determine the usual recovery time for an injury or disease, Officers should:

- consult medical protocols such as the appropriate Recovery Guide or MDGuidelines, and also
- consider treatment the worker has received, the worker's pre-injury health and any other medical conditions that may impact recovery time.

A Medical Advisors opinion may be helpful when an Officer is determining the usual recovery period.

Certain conditions may not have an easily identifiable usual recovery period (e.g. osteoarthritis). For those conditions, usual recovery time would be the expected period of time from date of injury to maximal medical recovery.

Causation Test

Where the policy definition for chronic pain has been met, the Officer considers whether the compensable work injury was of causative significance in producing the pain. The causal connection between the work injury and the worker's pain has to be more than insignificant. The work injury must have contributed to a material degree in the development of chronic pain in order for the pain to be compensable.

In determining causation, officers may consider whether:

- the worker's pain complaints are consistent with the work injury and/or effects of treatment,
- it is reasonably likely/biologically plausible that the reported pain symptoms are a consequence of the compensable injury,

- there are other medical factors unrelated to the compensable injury which are a more likely explanation for the worker's pain.

Multidisciplinary Assessments

If a worker's pain symptoms appear to meet the policy definition for chronic pain, policy requires completion of a multidisciplinary assessment ("MDA"). The MDA is meant to assist Officers in evaluating whether the worker's pain symptoms are causally related to the compensable injury, and determining appropriate treatment and rehabilitation for the worker.

The MDA may take the form of an assessment and report by a team of clinicians who provide a single opinion, or a collection of assessments by a variety of clinicians (may already be on file).

Types of Benefits Payable

Temporary Disability Benefits

A worker's symptoms may meet the policy definition for chronic pain while the worker is temporarily disabled. In these cases it is appropriate to accept chronic pain as a temporary condition while coordinating return-to-work opportunities and facilitating appropriate treatment. Accepting chronic pain as a temporary condition on a claim does not mean it will necessarily be accepted as a permanent condition for which a pension award will be granted.

Permanent Disability Awards for Chronic Pain

Permanent disability awards are provided to compensate workers where a permanent compensable injury is likely to impact the worker's future earning capacity. Functional pension awards are also meant to reflect short-term fluctuations in the worker's condition, reduced prospects of promotion, restrictions in future employment and/or reduced capacity to compete in the labour market. They are not intended as an award for 'pain and suffering.'

A worker's entitlement to a permanent disability award for chronic pain is considered if a worker has:

- specific chronic pain that is disproportionate to the associated physical or psychological impairment, or
- disproportionate non-specific chronic pain that is a compensable consequence of a work injury or disease.

Specific chronic pain has a clear medical reason and relates to a permanent physical or psychological disability, whereas non-specific chronic pain exists without clear medical causation and continues following recovery of a work injury.

Pain is considered disproportionate where it is:

- generalized rather than limited to the area of impairment, or
- significantly greater than what would reasonably be expected given the type and nature of the injury/disease.

Disproportionate permanent chronic pain which is a compensable consequence of a work injury results in a functional pension award of 2.5% of total disability.

Pain that is consistent with the associated physical or psychological impairment is compensated by the functional pension award for that permanent disability. The worker is not entitled to an additional chronic pain award as that would compensate the worker twice for the impact of pain.

Chronic pain awards are specific to a particular body part so it is possible for a worker to be entitled to more than one chronic pain pension award on the same claim or over several claims.

It is not possible for a worker to receive multiple chronic pain awards for the same body part. Where a worker already has a chronic pain award for a particular body part and re-injures that body part, the Case Manager should accept chronic pain on the subsequent claim where appropriate and complete a referral to Disability Awards. Disability Awards will apply section 5(5) of the *Workers Compensation Act* (proportional entitlement) in determining the worker's entitlement to a pension on the subsequent claim, which means the worker will generally not receive any additional compensation for chronic pain in that body part.

Role of Case Managers vs. Disability Awards

Case Managers adjudicate the acceptability of chronic pain meaning they determine whether the policy definition of chronic pain has been met and whether the pain is a compensable consequence of the work injury. Disability Awards adjudicates the worker's possible entitlement to a chronic pain pension award.

If chronic pain is compensable, the Case Manager:

- decides whether pain is accepted as temporary and/or permanent, and
- identifies any medical restrictions or functional limitations associated with the condition.

Where chronic pain is accepted as permanent, Disability Awards decides:

- whether the pain is specific or non-specific, and
- whether the pain is proportionate or disproportionate.

Other Adjudicative Issues

Timing of Chronic Pain Adjudication

Generally, chronic pain is adjudicated when it is identified as meeting the policy definition. Where chronic pain is determined to be permanent, it is referred to Disability Awards at the same time as the associated physical or psychological disability (in the case of specific chronic pain) or at the conclusion of wage loss (in the case of non-specific chronic pain).

As with any other condition, there is no time limit that applies to the adjudication of chronic pain. Workers may request a decision on the compensability of chronic pain at any time (even years after benefits were concluded) and the Case Manager will evaluate the medical evidence and complete the adjudication at that time. An exception to this is former provision claims where the worker's permanent disability was assessed prior to June 30, 2002, since the assessment took into account the subjective complaints policy in effect at that time (the precursor to the chronic pain policy).

Reopenings for chronic pain

Although it is possible to reopen a claim for chronic pain, it requires evidence that demonstrates a significant change in the compensable pain condition, which is generally very difficult to establish given chronic pain often exists without clear medical causation.

Entitlement to Wage Replacement Benefits while Attending Treatment for Chronic Pain

A worker is entitled to wageloss benefits while attending treatment for chronic pain if the worker is considered temporarily disabled, either by the pain or by the associated physical or psychological condition. A worker may be provided treatment for chronic pain after the condition is considered permanent (for example, as a means of teaching coping skills or to address medication issues) and in that case the worker is not entitled to temporary disability benefits. Income loss compensation can be provided to workers who miss time from work to attend treatment.

Medical Conditions Synonymous with Chronic Pain

Certain diagnoses are considered the same as chronic pain and are adjudicated and compensated according to the chronic pain policy. These include fibromyalgia, myofascial pain, non-specific pain, headaches (not migraines), and chronic strain.

Complex Regional Pain Syndrome (CRPS)

CRPS is adjudicated as a separate diagnosis, rather than as chronic pain. To adjudicate CRPS the Case Manager considers:

- whether the diagnosis meets WorkSafeBC's criteria for CRPS, and

- whether the condition is a compensable consequence of a work injury.

Where CRPS is accepted as a permanent condition on the claim, permanent chronic pain is also accepted on the claim and both conditions are referred to Disability Awards for consideration. The PFI examination will assess the effects and features of CRPS (for example, excessive sweating, hyperalgesia, edema, reduced range of motion) and will verify whether or not the diagnostic criteria remain present, including pain. The Board Officer in Disability Awards will determine the appropriate compensation based on the examination. If the worker's pain is considered a permanent consequence of a work injury but his or her condition no longer meets the diagnostic criteria for CRPS, the Board Officer in Disability Awards will determine whether a separate award for permanent chronic pain should be granted.

Somatoform Symptom Disorder with Predominant Pain

Somatoform Symptom Disorder with Predominant Pain (SSD) is a diagnosis under the Diagnostic and Statistical Manual of Mental Disorders (DSM 5)³. Although pain symptoms are the predominant feature of this condition, it is a psychological diagnosis which is distinct from that of chronic pain. Where SSD is accepted as a permanent condition on a claim, it is referred to Disability Awards to rate any associated impairment. If the worker's claim is accepted for both permanent chronic pain and SSD, the Case Manager refers both conditions to Disability Awards for assessment.

WorkSafeBC's practice in the past was to compensate workers with a permanent DSM psychological pain condition under the chronic pain policy rather than as a distinct diagnosis warranting a referral in its own right to Disability Awards. As a result, Officers may receive requests from workers whose psychological pain condition was not previously referred to Disability Awards as a separate condition. For advice on what to do in that circumstance, Officers should contact their Manager, Compensation Quality.

REFERENCES

RSCM Policy	C3-22.00, Compensable Consequences
	C3-22.20, Compensable Consequences – Pain and Chronic Pain
	#34.11, Selective/Light Employment, #35.21, Suitable Occupation
	#39.02, Chronic Pain

³ Somatoform Symptom Disorder was previously known as "Pain Disorder" (DSM IV).