

Strategies for Opioids

- WorkplaceNL has had a policy and procedure on “Use of Opioid Medication for Compensable Injuries” since 2004 (Policy HC-14 <http://www.workplaceni.ca/download.aspx?ID=2622aea6-b6e5-4f6c-a4c6-a223fa5425b8> and Procedure 64 <http://www.workplaceni.ca/download.aspx?ID=05c97fcb-b385-4d88-8438-b85ff05dd79e>).
- WorkplaceNL uses a third party drug formulary (Claimsecure) to determine coverage for appropriate prescription drug treatment based on the nature of the compensable injury.
- When a claim is accepted, it is assigned to a specific drug formulary based upon the injury severity rating (minor, moderate or severe) and the nature of injury code.
- In the formulary category for minor injuries, opioid coverage will generally not be extended beyond 14 days post injury. In the formulary category for moderate to severe injuries, opioid coverage will be continued as clinically indicated. All cases of opioid use beyond 12 weeks must be reviewed in consultation with a WorkplaceNL medical consultant. In cases where coverage is extended, ongoing review is undertaken.
- The Claimsecure application provides WorkplaceNL decision makers and medical consultants with a history of medication for which a worker has received coverage or attempted to receive coverage.
- Medical reports from the worker’s health care providers are reviewed.
- Opioids used for the treatment of chronic non-malignant pain will only be covered where:
 1. there is reasonable clinical evidence that demonstrates a decrease in the injured worker’s pain;
 2. there is a sustained improvement in the injured worker’s level of physical, behavioural and psychosocial functioning, and
 3. there is no evidence of significant and/or unmanageable adverse side effects.
- A Therapeutic Agreement between the injured worker, the prescribing health care provider and the dispensing health care provider must be in place in cases where long term coverage is provided.
- Medical consultants consider whether a worker’s prescription is consistent with the Canadian Opioid Guidelines for the treatment of chronic non-malignant pain.
- Medical consultants will often contact the worker’s physician to discuss options, for example, non-opioid pain modifying agents for treatment of chronic pain, other rehabilitative measures such as physiotherapy, acupuncture etc. and/or pain management counselling.

- In complex cases, consultation will take place with the treating physician to discuss consideration of a specialist pain management consultation.
- Indicators of double doctoring, early refills or excessive doses require consultation with the worker's physician. This may result in cessation of opioid coverage, a tapering period supervised by the treating health care provider or formal addiction intervention (such as methadone or referral to an addiction centre).
- On January 1, 2018, the Government of Newfoundland and Labrador enacted the Prescription Monitoring Act, as part of the Opioid Action Plan. Under the Act, as of June 30, 2018, all prescribers and dispensers in Newfoundland and Labrador are required to check their patient's medication profile using the provincial electronic health record, HEALTHe NL, before prescribing and dispensing a monitored drug to ensure its appropriateness. Prescribers are also required to check a box on the new Tamper Resistant Prescription Drug Pads (TRPP) indicating they have reviewed the patient's medication profile. Although the Prescription Monitoring Program is not specific to WorkplaceNL, it is anticipated that it will help prescribers and dispensers make the most informed decisions when prescribing or dispensing drugs to injured workers.