

# Opioid Management

WCB-Alberta authorizes payment of prescribed opioid analgesics when such use supports treatment goals including a safe and early recovery, and return to function which typically includes return to work. The College of Physicians and Surgeons of Alberta (CPSA) have established guidelines for physicians' use in prescribing opioid analgesics (narcotics), particularly with respect to chronic, non-malignant pain. These guidelines were revised in May 2010, by the "Canadian Guideline for Safe and Effective Use of Opioids for Chronic Non-Cancer Pain" (Canadian Opioid Guideline).

In 2006, WCB-Alberta developed a policy to determine when to authorize payment for opioids for a claimant. This policy was based on the CPSA guidelines at the time. The primary focus of this policy was the management of chronic, non-malignant pain and not acute (generally up to 12 weeks following injury), peri-operative or palliative care situations. With the recent update to the Canadian Opioid Guideline, WCB Alberta has revised its policy and forms to be consistent with the recommendations in the new guideline.

Case Managers make decisions on whether opioid medications will be an authorized payment on a claim for chronic non-malignant pain based on whether the individual claim meets policy requirements. This is determined by medical evidence on the claim regarding the worker's response to opioid medications, including:

- Improvement in function, progress towards return to work
- Reduction in pain
- Serious side-effects
- Evidence of misuse or diversion
- History of addiction
- Whether opioids are delaying or imperiling the worker's recovery, return to function and/or work
- Concurrent use of multiple long-acting and short-acting opioids

## Important Points:

- The purpose of the policy is NOT to stop opioids on claims, but rather to ensure opioids are being used appropriately and for the right reasons. This also allows WCB to provide support services, including tapering options if required, to physicians and workers.
- If you wish to speak to a WCB physician, please request this on your progress report (C-914).
- Tapering support is available for you and your patient. You can ask to speak to a WCB physician or ask for tapering support on your progress report (C-914). You can also call Orion Health directly at 1-800-558-4599 to speak to a physician for advice.

## Process:

Eight weeks after the acute injury, a recurrence, or surgery, case managers will review whether it is likely opioids will be required beyond 12 weeks. If so, the worker will be asked to provide the name of one treating physician and one pharmacy they wish to designate to monitor these medications. Specific information about how they are actually taking the medications is also documented.

### Prescribing Opioids beyond 12 weeks

A detailed cover letter and package will be sent to the designated physician with the following documents (**Please Note: these documents only need to be completed if you plan on prescribing opioids beyond 12 weeks after the injury or surgery**):

1. **Copy of Policy 04-06, Part II, A4 - Prescribed Opioid Analgesics (Narcotics)**
2. **Summary of “Recommendations” and “Recommendations Roadmap” from the Canadian Opioid Guideline**
3. **Opioid (Narcotics) Treatment Agreement form (C-913)**
  - This patient contract is based on a similar form from the Canadian Opioid Guideline. It is an expectation that this type of contract will be in place between the physician and patient. As this should be part of usual care, there is no specific extra fee paid for this form. (A complex modifier i.e. CMGP01 may be billable on the visit should extra time be needed, as per applicable AHW rules).
  - This form is to be submitted only once, upon completion of the treatment agreement.
4. **Copy of the “Messages for Patients Taking Opioids” - Opioid Information for Patients sheet from Appendix B-4 of the Canadian Opioid Guideline**
  - The patient is to indicate on the Agreement that they have received this information sheet from you.
5. **Medication Management Report form (C-914)**
  - This replaces the usual Physician Progress Report (C-151) for these patients. Physicians are asked to submit this form instead of the usual progress report. The fee for this form is the same as that of the (C-151).
  - This should be submitted for all physician visits, every 2 weeks or as required either by WCB and/or the physician.
6. **Substance Abuse Assessment Checklist form (C-942)**
  - This is to be completed by the treating physician. The fee for this form is the same as that of the (C-151).
  - This is to be completed once, at the commencement of the treatment agreement.

**Note:** All other applicable fees for the visit can be billed in addition to the above form fees.

**Additional Information:**

Some claims that extend beyond the usual 8 weeks after an acute injury, recurrence, or surgery, may need to have opioid medications addressed at a later time.

If so the following may occur:

1. A package may be sent to you to complete as for new injuries (see above), including a contract to be completed with the patient for the ongoing opioid treatment.
2. Further information may be required for review. This may include Medication Management Reports (C-914) forms which should be completed instead of the usual Physician Progress Reports for opioid claims. The fee for this form is the same as that of the (C-151).

**Tapering Support:**

If you feel you need assistance with tapering a WCB claimant from their opioid medications, WCB-Alberta has contracted with Orion Health for Medication Management Programs which may include:

- Telephone Consultation with the treating GP/FP who will be supervising the tapering
- Medication Management Assessment Only with the treating GP/FP providing tapering
- Assessment and Medication Management Program with Orion Health in Canmore. This is a stand alone program and is not combined with other programs (pain management, etc).