

**Alberta WCB
Policies &
Information**

Chapter:

BENEFITS

Subject:

HEALTH CARE

Authorization:

BoD Resolution 2017/04/17

Date:

May 16, 2017

APPLICATION 4: PRESCRIBED OPIOID ANALGESICS (NARCOTICS)

1. *What are the objectives of WCB regarding the authorization of prescribed opioid analgesics (narcotics)?*

As part of an overall approach to effective, appropriate claims management, including the provision of and payment for medical aid, WCB ensures that prescribed opioid analgesics (narcotics) support treatment goals including safe and early recovery, return to function, and return to work.

To ensure the protection of clients, WCB aligns with published accepted standards of care developed by the College of Physicians & Surgeons of Alberta (CPSA), when available.

The approved Standard of Practice includes, but is not limited to, opioids, benzodiazepines, sedatives, and stimulants.

2. *What is the focus of this policy?*

The primary focus of this policy is the management of chronic, non-malignant pain (pain lasting more than 12 weeks or past the time of normal tissue healing), and the authorization of payment for prescriptions of analgesics (narcotics).

3. *For the purposes of this policy, what are prescribed opioid analgesics (narcotics)?*

For the purposes of this policy, prescribed opioid analgesics (narcotics) refer to prescription medications, legally available in Canada, including but not limited to those identified by the College of Physicians & Surgeons of Alberta on their Triplicate Prescription Program Medication List.

4. *Will WCB authorize services to assist with medication management?*

WCB may refer an injured worker for medication assessment and management including addiction assessment and treatment, narcotic cessation, and/or rehabilitation programs.

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5. *Are there medical guidelines, regarding the use of prescribed opioid analgesics (narcotics) in managing chronic non-malignant pain, which WCB expects physicians will follow?*

The College of Physicians & Surgeons of Alberta has approved a Standard of Practice, *Prescribing: Drugs with Potential for Misuse or Diversion* (the Standard), which physicians must follow in prescribing opioid analgesics (narcotics) for long-term opioid treatment (LTOT). WCB expects that physicians will follow the Standard and its associated Guidelines, including but not limited to the following:

- to the extent possible, the underlying medical process causing the pain should be established and the course of treatment commensurate with the condition
- an adequate trial of non-opioid analgesics should have been carried out
- opioid analgesics would not ordinarily be prescribed for patients whose pain is idiopathic or primarily determined by psychological factors
- a history of remote, recent, or current substance abuse is a strong contra-indication
- continue to prescribe LTOT **only** if there is measurable clinical improvement in function and pain that outweighs the risks of continued opioid therapy
- prescribe the lowest effective dose and, if prescribing a dose that exceeds the opioid prescribing guidelines endorsed by the CPSA, carefully justify the prescription

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6. Under what circumstances would WCB generally authorize payment for prescribed opioid analgesics (narcotics)?

Chronic, non-malignant pain

WCB may authorize payment for prescribed opioid analgesics (narcotics) for the management of chronic, non-malignant pain when:

- the prescribed opioid analgesics are part of an integrated, multi-disciplinary approach to pain management,
- the prescribed opioid analgesics do not form the first line of treatment for longer-term or chronic injuries, and
- there is evidence that treatment with prescribed opioid analgesics is resulting in demonstrable improvement in the injured worker’s function, progress towards return to work and substantial reduction in pain that outweighs the risks of continued opioid therapy.

Each case will be decided on its own merits.

Other circumstances

WCB may also authorize payment for prescribed opioid analgesics (narcotics) when:

- an injured worker is in the early, acute stage of treatment for a compensable injury (generally the first 12 weeks following injury),
- an injured worker is being treated in the later stages of a terminal disease (end-of-life care) which means at high risk for dying in the near future in hospice care, hospitals, long-term care settings, or at home,
- an injured worker is being treated for severe injuries with recognized, organically based pain.

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7. *Does WCB impose any conditions when authorizing prescribed opioid analgesics (narcotics)?*

If WCB authorizes payment for prescribed opioid analgesics (narcotics) for the management of chronic, non-malignant pain, it will monitor treatment and will require that:

- there is only one prescriber (generally the injured worker’s primary treating physician)
- there is only one dispensing pharmacy
- except in immediate post-injury, operative, peri-operative, or palliative/end-of-life situations, the prescribed opioid analgesic is not given by injection
- the prescribed medication is generally limited to one long-acting and/or one short acting opioid analgesic at any given time
- there be a written “use of treatment” agreement between the injured worker and the prescribing physician, which, at a minimum, identifies the prescriber, the pharmacy, conditions regarding early refills, and the risks associated with prescribed opioid analgesic use
- the “use of treatment” agreement, in a manner and form acceptable to WCB, be on file with WCB at the commencement of LTOT
- the prescribing physician must report, on a regular basis, within 4 weeks of initiating LTOT, and every 3 months thereafter, in a manner and form prescribed by WCB, with respect to matters including, but not limited to, the dosage and frequency of prescribed medication, baseline and periodic updates on function level, pain intensity, opioid related harms, and any modification to the treatment plan

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8. *Under what circumstances would WCB suspend or discontinue authorization of prescribed opioid analgesics (narcotics)?*

WCB may suspend or discontinue authorization of payment for prescribed opioid analgesics when:

- increases in dosage do not result in improvement in function, including progress towards return to work and a clinically significant reduction in pain
- the prescribed opioid analgesics result in opioid related harm (medical complications and/or significant, serious side effects, e.g., non-physiological processes required for bodily functions, medications required to counteract side effects reasonably attributable to opioid analgesics)
- medical advice indicates the prescribed opioid analgesics are delaying or imperiling the injured worker's recovery, return to function, and/or work
- there is evidence of repeated dosage adjustment that has not been prescribed or authorized
- there is evidence that the prescribed opioid analgesics are being misused, used in a manner not intended by the prescribing physician, or inconsistent with the intended purposes of the medication

Each case will be decided on its own merits.

9. *When is this policy application effective?*

This policy application [Application 4 – Prescribed Opioid Analgesics (Narcotics)] is effective April 1, 2017, except when noted otherwise in a specific policy section(s).

Previous versions

- [Policy 0406 Part II - June 2017](#)
- [Policy 0406 Part II - August 2015](#)
- [Policy 0406 Part II - December 2010](#)
- [Policy 0406 Part II - May 2006](#)