

Commentary on the New WSIB “Narcotics Strategy”

[prepared by Injured Workers Consultants, Mar. 18, 2010]

What is the WSIB doing?

As part of its Narcotic Strategy, effective mid February 2010, following a new injury or recurrence, the WSIB will restrict the allowance of long-acting narcotic drugs for injured/ill workers when milder drugs could be effective.

January 2010 letter from WSIB “Stakeholders”

Effective February 16, 2010, following a new injury or recurrence, the WSIB will initially only allow prescriptions for short-acting narcotics for a maximum of 12 weeks. Long-acting drugs will not be allowed during this period. After 12 weeks of ongoing narcotic use, WSIB clinical staff will review the worker’s case regarding the ongoing use and commencement of a long-acting narcotic. Workers with serious injuries or those with occupational diseases are excluded from this new approach.

WSIB Q&A Document

No Alternative Treatment Proposed

If a long acting narcotic pain killer is prescribed within the first 12 weeks, when the pharmacy calls for approval the WSIB will say “no.” That is, the WSIB will not contact the doctor, the WSIB will not offer an alternative treatment, it will just say “no.” Pain control is left to the injured worker to resolve without the benefit of their doctor’s prescription.

The pharmacist could call the doctor, explain what the WSIB is doing and request an alternative prescription for something that the WSIB will cover. Or the pharmacist could call the doctor and explain what happened and the doctor could call the WSIB and advocate for the patient. Is your pharmacist and doctor going to make time for that?

The main point is that the WSIB will just say “no” to medication and it will then be the injured worker’s problem to figure out what to do next. If they have money they could pay on their own and appeal to get it back. If they have no money, alternatives include suffering with the pain, overdosing with non-prescription pain killers or turning to street drugs and alcohol for pain relief.

Who do you trust for your medical care, the WSIB or your doctor?

- **Why does your doctor prescribe what he/she does?:**

Your doctor has a duty to look after your best interests. The medical profession is regulated by its professional association, The College of Physicians and Surgeons of Ontario to protect and serve the public interest. Their policy for doctors on the basic principles of appropriate prescribing states:

Principles

The patient's best interests must always be the physician's main concern. The College expects that physicians will adhere to the principles set out in the policy ...

The prescribing physician needs to have a full understanding of the patient's health status. This can only be accomplished through an appropriate medical assessment.

...

Generally, an assessment would include an appropriate history and physical examination, a diagnosis or differential diagnosis and a plan for treatment, including follow-up investigations, if indicated.

Policy: Prescribing Practices; Policy Number: #2-05

- **Why does the WCB/WSIB want to change your doctor's orders?**

Ms. Cynthia Morton, Deputy Minister of Labour:

First, if we may review the issue of legislated benefit levels as a lever affecting the unfunded liability:... The length of time injured workers stay on benefits, coupled with very high health and drug costs, is increasing the financial pressure on the system beyond anticipated levels.

speaking to the Standing Committee on February 24th, 2010:

The WSIB wants to reduce costs for medication.

Where is the narcotic crisis?

The WSIB claims about narcotics use are alarmist and unfounded. We see a difference between the statements being made by the WSIB and the data we were given from the WSIB locked-in claims study.

The WSIB says that the cost of narcotics is increasing. Of course the number of prescriptions goes up every year as thousands of additional lost time claims are accepted every year. And of course you will find a higher rate of use of narcotic pain killers by workers with permanent disabilities who will receive loss of earnings to age 65 compared to all injured workers in general because the majority of injuries are temporary and do not require narcotics.

The WSIB says that the cost of narcotics is increasing. It looks to us that the opposite is happening. These statistics are taken from the WSIB study:

Average narcotic payment per lost time claim per month for workers injured in:

2001 - \$16

2002- \$12

2003 - \$9

2004 - \$6

- a 62.5% decrease in the cost per claim for more recent injuries.

[no data was provided to us for claims after 2004 date of injury]

Average number of narcotic prescriptions per lost time claim per month for workers injured in:

2001 – 0.2

2002- 0.1

2003 – 0.1

2004 – 0.1

The percentage of lost time claims with narcotics prescriptions has increased only about 2%. That is insignificant, especially when the prescription cost per claim has gone down despite the 2% increase:

$$2001 - 4591/85457 = 5.4\%$$

$$2002 - 5577/82492 = 6.8\%$$

$$2003 - 5678/79480 = 7.1\%$$

$$2004 - 5858/77262 = 7.6\%$$

We do not see any financial crisis with these medications to justify interfering with medical care of the treating physician and denying pain medication to workers whose claims have been accepted.