

# Labor suggestions – Opioids

June 20, 2017

- 1) Clarify that no physician/chiropractor referral is needed in WI for treatment with a physical therapist.
- 2) Educate injured workers that “alternative treatment” for chronic pain, in lieu of or in combination with medication, is a medical expense that may be reasonably required to cure and relieve from the effects of the injury and a covered medical expense under the WC Act.
  - a. “Alternative treatments” for chronic pain other than medication may include, but are not limited to, manipulation therapy, electrical stimulation, chiropractic care, massage, trigger point injections, dry needling, acupuncture, acupressure, suction (cupping), virtual reality therapy, and psychological treatment.
  - b. “Alternative treatment” for chronic pain may include, but is not limited to, medication alternatives to opioids, such as Acetaminophen, anticonvulsants, topicals, interventional (epidurals, nerve blocks), lidocaine or ketamine infusions, and medical marijuana.
- 3) If an injured worker is prescribed opioids by a treating physician, and the employer/insurer obtains an IME opinion that opioids are not needed, the following shall apply:
  - a. Any IME opinion regarding the cessation of opioid medications MUST contain:
    - i. A discussion of “alternative treatments” other than opioid medication for the treatment of the injured worker’s pain, and if opining that “alternative treatments” are also unnecessary, an explanation as to why alternatives are unnecessary;
    - ii. A proposed plan of discontinuation of opioid therapy consistent with the Wisconsin Medical Board Opioid Prescribing Guideline ([http://dsps.wi.gov/Documents/Board%20Services/Other%20Resources/MEB/20161116\\_MEB\\_Guidelines\\_v4.pdf](http://dsps.wi.gov/Documents/Board%20Services/Other%20Resources/MEB/20161116_MEB_Guidelines_v4.pdf));
    - iii. That if the IME opines that the injured worker has developed behaviors indicative of opioid use disorder, affirmatively offer to pay for, and assist the worker in locating and obtaining, addiction treatment therapy at a facility of the patient’s choice.
  - b. The employer/insurer shall advise the employee that currently prescribed opioids will be continued to be paid by the employer/insurer for no less than 30 days from the date the IME opinion is received by the injured worker;
  - c. The employer/insurer shall advise the employee of the right to have an expedited mediation conference with an ALJ to discuss the employee’s options regarding opioid use, including the right to continue to rely upon his treating physician’s recommendations for

continued opioid use and to have a hearing on the issue of continued opioid therapy, “alternatives treatments” to opioid use, and the injured worker’s right, if they elect to discontinue opioid use, to all necessary medical treatment, including medical and psychological treatment for addiction.

- i. The Department shall expedite all requests by an injured worker for an opioid mediation conference, with a goal of a conference within the 30 day continued prescription payment period. Should a mediation be requested by the employee but is not held within the 30 day period, the employer/insurer shall continue to pay for prescribed opioids until a mediation is held.
- 4) Educate injured workers regarding opioid therapies, opioid addiction, and alternatives treatments by providing a mailing to injured workers. The mailing should include language that if one becomes addicted to opioid medications due to a work injury, all reasonable and necessary medical care for the injury includes addiction treatment. Provide information regarding opioid treatment and addiction on the posting of WC rights (Labor Proposal #10).