California Workers' Compensation Institute

BULLETIN

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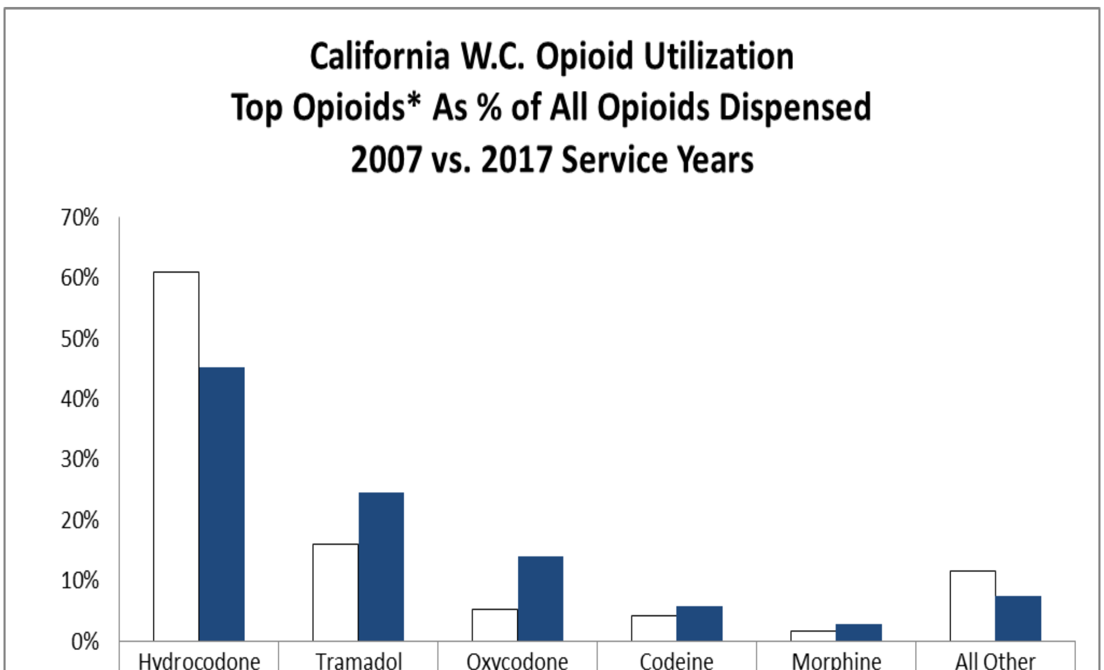
New data on California workers' compensation prescription drug trends show the decline in opioid use that began in 2015 is continuing, with the percentage of claims that involved opioids within 3, 12, and 24 months post injury all down sharply, as were the number of opioid prescriptions per user, and the morphine equivalents per user.

The latest results, based on updated pharmaceutical data from CWCI's Industry Research Information System (IRIS) database, were derived from nearly 10.7 million prescriptions dispensed to injured workers from 2007 through 2017. Most claims in which opioids are dispensed are lost-time cases, and the data on opioid utilization among open and closed indemnity claims from accident year (AY) 2016 show 23.0 percent had opioids prescribed within three months of the injury, which was down from 30.1 percent in AY 2015, and well below the record 41.8 percent noted in AY 2008. As claims age, opioids are often introduced to treat chronic pain, but the latest data also show opioid utilization on indemnity claims hit new lows at 12 months (31.1 percent) and 24 months (38.6 percent) post-injury.

Among indemnity claims in which opioids were used, the average number of prescriptions dispensed in the first 12 months has dropped steadily in recent years, falling almost 40 percent from 3.95 prescriptions on AY 2013 claims to 2.38 prescriptions on AY 2016 claims. Similarly, the average number of opioid prescriptions per user at 24 months has declined nearly 39 percent from 5.55 on AY 2012 indemnity claims to 3.41 on AY 2015 indemnity claims. The average strength of the opioids prescribed on indemnity claims, measured by morphine milligram equivalents (MMEs) per prescription at both 12 and 24 months post injury also declined more than 22 percent over the past decade, with the most significant drop occurring between AY 2009 and 2011, followed by a string of moderate decreases after AY 2012. Data on average MMEs per opioid user show the combined impact of the drop in the number of opioid prescriptions per indemnity claim and the declining MMEs per prescription, as average MMEs per opioid user at both 12 and 24 months are down almost 55 percent from the peak levels noted in AY 2008.



	Hydrocodone	Tramadol	Oxycodone	Codeine	Morphine	All Other
2007	61%	16%	5%	4%	2%	12%
2017	45%	25%	14%	6%	3%	7%

In addition to confirming the decline in opioid use over the past decade, the latest data also reveal a change in the mix of opioids dispensed to injured workers between 2007 and 2017. The chart above shows notable declines for hydrocodone, which fell from 61 percent to 45 percent of the opioids dispensed on indemnity claims, and for "All Other" opioids, which fell from 12 percent to 7 percent, primarily due to the removal of propoxyphene (Darvon, Darvocet) from the market in 2010 due to safety concerns. Conversely, since 2007, oxycodone's share of the opioids dispensed on indemnity claims nearly tripled from 5 to 14 percent, tramadol's share has increased from 16 to 25 percent, codeine has jumped from 4 to 6 percent of the opioids, and morphine's share has increased from 2 to 3 percent.

As in earlier CWCI analyses, the latest results indicate significant variation in the use of opioids across different regions and different industries. As in other areas of the state, opioid use in the Central Valley has fallen sharply in recent years, but the region still had the highest proportion of indemnity claims involving opioids at 12 and 24 months post-injury across the entire span of the study, as 49.4 percent of the AY 2007-2016 lost-time claims from the Central Valley involved opioids within the first year, and 51.9 percent of AY 2007-2015 claims from this region had opioids dispensed within the first two years. As in the past, the latest data show the Central Valley also continues to be among the highest ranking areas in terms of other opioid utilization measures (prescriptions per claim, MMEs per prescription, MMEs per user). On the other side of the spectrum, the nine-county Bay Area has had the lowest proportion of indemnity claims in which opioids were prescribed (37.4 percent of the AY 2007-2016 lost-time claims at the 12-month benchmark and 40.4 percent of AY 2007-2015 claims at 24 months post injury), and the Bay Area has consistently been among the lowest ranking regions in terms of other opioid utilization measures. The most recent data show that 25.7 percent of AY 2016 indemnity claims in the Bay Area had opioids dispensed in the first year following injury, while in the Central Valley that rate was nearly 38 percent, and in the rest of the state that proportion was 29.5 percent.

The greater prevalence of opioids among the Central Valley claims is likely related to the heavy concentration of agriculture, construction, and transportation and warehouse jobs in that region, as these three industry sectors have the highest percentage of indemnity claims involving opioids. Data on AY 2015 indemnity claims show that at 24 months post injury, 47.5 percent of claims from the agriculture sector, 43.8 percent of claims from the construction sector, and 39.9 percent of the claims from the transportation and warehouse sector involved at least one opioid prescription, while the statewide rate across all sectors was 38.6 percent. In contrast, lost-time claims by food service workers were the least likely to involve an opioid prescription, with only 29.6 percent of the AY 2015 indemnity claims from this sector involving opioids within two years of the injury.

With the prescription drug formulary taking effect on January 1, 2018 and new pain management and opioid guidelines incorporated into the Medical Treatment Utilization Schedule late last year, further shifts in prescription drug utilization and changes in reimbursements are likely, so CWCI will continue to track pharmaceutical utilization and payments. In the meantime, Institute members can log on to the Research section of our website where they can access an interactive tool that can be used to examine prescription drug trends across multiple metrics and build customized views of the latest data. CWCI members who want to access the interactive tool can click here.