Role of Pharmacist-Provided Medication Reviews in Workers’ Compensation Claims Management

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Introduction

According to information from the National Council on Compensation Insurance (NCCI), prescription medications represent an estimated 18% of the total medical costs for claimants. This share increases as claims age, such that prescription costs make up more than 40% of the incremental medical costs in claims more than 11 years old. Alarmingly, narcotics account for 25% of these total drug costs. There are over 1,000 unique prescription medications approved by the FDA as of 2014. As a result, the ability to effectively manage the multitude of medications a claimant may take during the course of their claim can be daunting. Pharmacy benefit managers (PBMs) and their pharmacists are uniquely positioned to provide benefit in the management of prescription drug costs to workers’ compensation claim administrators.

Role of the Pharmacist

As one of the most accessible healthcare professionals, pharmacists work with other medical providers daily to improve claimant care. Pharmacists are more than just ‘pill pushers’; they are licensed healthcare professionals dedicated to improving claimant health through illness prevention, drug education and claimant (or utilization) monitoring. Currently, pharmacists seeking licensure in the United States are required to obtain doctoral-level professional degrees, involving sophisticated training and experience to prepare them to provide a positive impact on claimant care. Pharmacists work in a variety of capacities within the healthcare system including federal and state regulatory agencies, medication dispensing, clinical consulting and academic research. With complete and accurate medication lists for a claimant, pharmacists are able to identify areas where improvements to treatment can be made. For example, by identifying instances when side effects or drug interactions may be responsible for claimant behavior, pharmacists can assess and make suggestions to facilitate a claimant’s ability to return to full-time or part-time work. In addition, through dispensing medications, pharmacists have access to information from multiple treating providers regarding claimant fill history and adherence to drug therapy.
PBM Tools

Pharmacy benefit managers employ the skills of pharmacists to improve the care of claimants. Through tools such as formulary management, drug information, adherence monitoring and retrospective reviews, pharmacists may be able to provide cost-savings to clients by guiding appropriate medication utilization. Intervention programs, such as retrospective prescriber intervention letters, are used by pharmacy benefit managers to target issues related to current therapy. One of the biggest impacts a pharmacist can have on current therapy for a workers’ compensation claim is through a comprehensive examination of the claimant’s medication and medical history.

Pharmacist-provided medication reviews (also known as pharmacist drug utilization reviews and independent pharmaceutical evaluations) examine the medication history and medical documents for the claimant over the prior year. Utilizing claimant-specific factors as well as national and state guidelines, retrospective reviews can help identify potential drug-related problems in the claimant including:

- adverse drug effects
- high medication doses
- excessive duration of use of prescription drug products
- therapeutic duplication (use of multiple drugs from the same chemical family or therapeutic class)
- drug-disease advisory
- drug-age precautions
- drug-drug interactions
- adherence issues

Once the pharmacist-provided medication reviews identify a problem, the reviews make evidence-supported recommendations for positive changes to current drug therapy. National level data supports the positive impact pharmacists can have on reducing medication use and costs, as well as decreasing narcotic utilization.4,5

The Data

Several national studies exist to support the impact a pharmacist can have on improving claimant outcomes in a variety of settings.4 A Cochrane Review, for example, evaluated 25 studies which included more than 16,000 claimants. The review concluded that pharmacist-provided services decreased the use of non-scheduled health services, the number of specialty visits, the cost and utilization of medications and improved targeted claimant outcomes.4 While the majority of these studies evaluated chronic disease conditions other than those typical of workers’ compensation (e.g. diabetes not chronic pain), there is evidence regarding the important role a pharmacist can have in improving claimant outcomes and cost containment in chronic pain claimants.
A 2007 study published by the American Journal for Health System Pharmacist demonstrated that claimants with chronic non-cancer pain managed by a pharmacist had favorable clinical outcomes and was cost-effective. Favorable clinical outcomes were confirmed in this study through decreases in the visual analogue pain scale (VAS) which were statistically significant as well as demonstrating a savings of $455,238 to the served health plans.

The visual analogue pain scale (VAS) is used to measure pain intensity whereby a patient indicates their pain severity on a line, generally 10 centimeters in length, that has two verbal descriptors, one for each symptom extreme on either end. For example:

No Pain | Severe Pain

Based upon studies of the positive impact of pharmacist interventions, an analysis was performed by Healthcare Solutions to evaluate data supporting pharmacist-provided review services. Healthcare Solutions receives requests for review from law firms, re-insurers and private individuals who do not participate in its PBM program. As a result, only 58.9% of the total reviewed profiles were evaluated. Data for the analysis was taken from Healthcare Solutions’ data set from July 2013 through June 2014. The data was used to analyze the impact pharmacist-provided medication reviews have on total drug costs, total drug utilization, opioid costs and morphine equivalent dose (MEDs). Results are summarized in the following sections.

Overall Drug Costs and Utilization

![Cost per Claimant Trend](chart.png)
Total drug costs and drug use per month were determined by analyzing pharmacy claim transactions for those claimants whose employers participated in the Healthcare Solutions PBM program. The total drug costs and drug utilization figures for billed month of the pharmacy review service were compared to the figures for the following three months. The following graphs demonstrate an observed decrease in both the average cost per claimant and drug use per month per claimant following a pharmacist-provided medication review. At the 3-month post review interval, Healthcare Solutions observed a decrease of 17.11% in average cost per claimant and a 23.88% decrease in drug utilization. Although Healthcare Solutions was only able to analyze data for reviews performed during July 2013 through June 2014 on claimants whose employers participated in its PBM program, similar results would be expected given the similarity in claim age characteristics amongst review groups.

**Narcotic Utilization**

Further examination was performed on the overall data trend by examining the costs and drug utilization data for the opioid drug class. Utilizing the Generic Product Identifier (GPI), claimants with a history of opioid fills and a pharmacist-provided medication review were identified. Opioid doses per day per claimant were standardized by converting doses into morphine equivalents. Morphine Equivalent Dose (MED) is a calculation designed to determine a dose that would

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**Analyzed data showed a decrease in both average cost per claimant and drug utilization following a pharmacist-provided medication review service.**
be expected to offer an equal level of analgesia (a person’s pain relief) from one opioid product to another. The dose conversion chart can be found in the appendix of this report.\(^7\)

Healthcare Solutions’ data showed a decrease in opioid cost per claimant and MED per day per claimant following a pharmacist-provided medication review (as illustrated in the graphs to the right). At the 3-month post review interval, a decrease of 15.95% in average opioid cost per claimant and a 23.82% decrease in opioid dose were observed.

**Discussion**

The observed decreases are significant because the data for three months following the review suggests that decreases in both cost and utilization were sustained following a pharmacist-provided medication review. Furthermore, the average amount saved per claimant per month was large enough that these savings paid for the cost of the review in seven months time. This means that savings over the life of the claim have the potential to be substantial.

As complex medication issues arise in workers’ compensation claims, involvement of a pharmacist may be a key measure to help contain claim costs and drug utilization. Pharmacist-provided services improve claimant outcomes and provide a cost effective tool for employers.

The observed data within the claimant population at Healthcare Solutions further supports the studies conducted at a national level regarding the benefit of pharmacist-provided services. Suggested criteria to evaluate appropriate claims...
for referral include number of prescription medications, number of prescribers, monthly prescription expenditure and others.

When to Refer a File for Review

While the benefit of pharmacist-provided medication reviews is documented, it can be difficult to determine when it is appropriate to refer a claimant for a review. In the past, reviews have been utilized in settlements to supplement an independent medical examination or to communicate to the treating physician when red flags are identified. The following criteria can be utilized to determine when it may be appropriate to refer a claimant for a pharmacist review. These criteria are based upon a 30-day period of medication history; were developed based on the Centers for Medicare and Medicaid (CMS) standards for the recommendations of Medication Therapy Management (MTM); and include the following indicators for misuse and abuse of opioids as defined by the Official Disability Guidelines (ODG)\(^8,9\):

- two or more prescribers of medication
- seven or more medications being utilized at the same time
- claimant utilizing two or more pharmacies to fill medications
- monthly medication expenditure that is $3,000 or higher
- therapeutic duplication(s) (use of more than one drug in a drug class) by one or more physicians
About the Author

Benjamin J.S. Link, PharmD, RPh, is a pharmacist on the clinical team at Modern Medical, a Healthcare Solutions company. He is a licensed pharmacist in the state of Ohio and is an ODG Certified Professional. Ben graduated in the top 10% of his class from Ohio Northern University, where he was also a member of Rho Chi, a pharmacy honors fraternity. Ben recently wrote a separate paper discussing medical marijuana within the workers’ compensation system.

About Healthcare Solutions

Healthcare Solutions, Inc. is the parent company of Cypress Care, Procura, ScripNet and Modern Medical. Through its subsidiary companies, Healthcare Solutions delivers integrated medical cost management solutions to over 800 customers in workers’ compensation and auto/PIP markets. The company’s clinical - and technology -based services include pharmacy benefit management, specialty healthcare services, PPO networks, medical bill review, case management and Medicare Set-Aside services. With over 22% compounded annual growth rates, Healthcare Solutions has twice been recognized as one of the Fastest Growing companies in Georgia by Georgia Trends magazine and has received recognition by the Technology Association of Georgia for technology innovation. Utilizing market-leading technology, Healthcare Solutions delivers demonstrated benefits and savings complemented by deep industry expertise.

Healthcare Solutions’ clinical services include:

- Compound Medication Review
- Drug Indication Report
- Basic Medication Review
- Independent Pharmaceutical Evaluation
- Peer Review
- IPE and Peer Review Combination
- Urine Drug Testing

To request information about Healthcare Solutions or Modern Medical, contact Marketing at marketing@healthcaresolutions.com or visit us on the web at healthcaresolutions.com.
Appendix

Dose Conversion Chart

<table>
<thead>
<tr>
<th>Medication</th>
<th>Equianalgesic Dose (mg)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Morphine</td>
<td>30</td>
</tr>
<tr>
<td>Buprenorphine</td>
<td>0.4 (sublingually)</td>
</tr>
<tr>
<td>Codeine</td>
<td>200</td>
</tr>
<tr>
<td>Hydrocodone</td>
<td>30</td>
</tr>
<tr>
<td>Hydromorphone</td>
<td>7.5</td>
</tr>
<tr>
<td>Meperidine</td>
<td>20</td>
</tr>
<tr>
<td>Oxycodone</td>
<td>20</td>
</tr>
<tr>
<td>Oxymorphone</td>
<td>10</td>
</tr>
<tr>
<td>Tramadol</td>
<td>120</td>
</tr>
</tbody>
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References


