



UNMANAGEABLE OR SIMPLY UNMANAGED? A LOOK INSIDE AN OPIOID DRUG TREATMENT CASE

In workers' compensation, it is commonplace for Pharmacy Benefit Management companies (PBM's) to inherit catastrophic cases. This study tells of one such claim that myMatrixx faced. Drug therapy costs had reached alarming heights and the claim was in urgent need of intervention. myMatrixx's Clinical Team approached it with the goal of mitigating risks for both the patient and the insurer.

THE CASE

In the summer of 2011, myMatrixx received a case in which the date-of-injury was 1988. Over that 23 year period, the patient's treatment plan progressed from addressing the injury itself, lower back strain, to managing chronic pain syndrome.

Opioid pain therapy was the primary course of treatment prescribed, and the regimen was

among the worst experienced by the myMatrixx clinical team in terms of potency and cost. Prescribing records included: Oxycontin® 80 mg (180 tablets/month), Percocet® 7.5-325 mg (250 tablets/month), Dilaudid® 4 mg (250 tablets/month), plus Actiq® 800 mcg (240 lozenges/month). Other coanalgesics included Zonegran®, Cymbalta®, Neurontin®, and butalbital-acetaminophen-caffeine. The monthly cost of this drug regimen was over \$27,000 and 80% of that cost was attributed to Actiq alone.

In addition to the obvious health risks, the cost of this regimen for the insurer was of paramount concern to myMatrixx. Five of the medications prescribed had suitable generic alternatives. However, the prescriber insisted on brand. It was very unlikely that there would be a medical reason to explain

the necessity for prescribing all of these brand-name drugs.

Monthly Drug Regimen

- 180 Oxycontin - 80 mg
- + 250 Percocet - 7.5 mg
- + 250 Dilaudid - 4 mg
- + 240 Actiq - 800 mcg

> \$27,000 Total cost per month*
* includes additional coanalgesics prescribed

THE RISKS

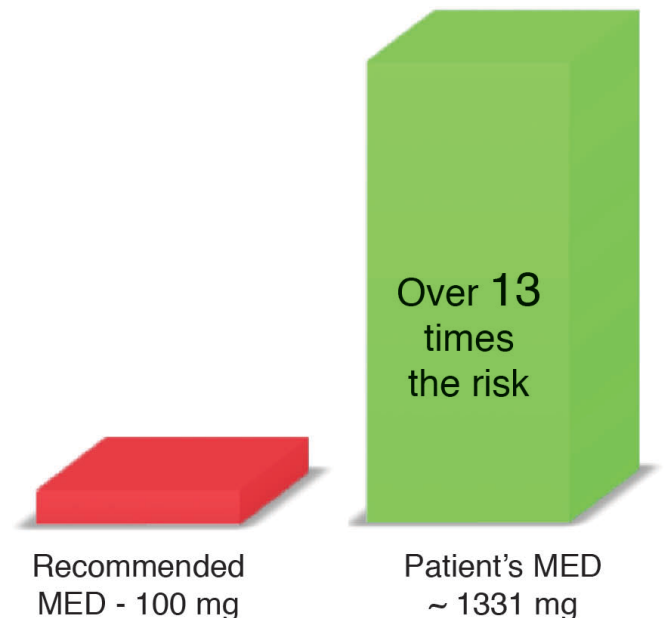
With an opioid treatment plan such as this, the safety of the patient was clearly in jeopardy. If the patient was indeed taking this regimen, his risk of overdose was substantial. The prescribed daily morphine equivalent dose (MED) was ~1331 mg. Twenty-nine percent of this dose could be attributed to Actiq, which is the most potent oral opioid analgesic available. The FDA and drug manufacturer have come to a strict understanding that Actiq should only be marketed to and reserved for cancer patients. Its use was not warranted in this case.

A groundbreaking study in 2010 showed that patients who received more than 100 mg daily MED had a 8.9-fold increase in overdose risk.¹ In 12% of cases with the increased risk, overdoses were fatal. This patient was

receiving over 13 times the threshold identified in the study. Because of this study and other significant research, the industry has begun to accept the 100 mg daily MED to represent a high-risk threshold. Around the country, guidelines are being rewritten to reflect this new finding.

The use of Actiq in this case created an additional risk that may not have been considered previously. Because of the unpleasant taste of the fentanyl compound, each unit of the Actiq lozenge was formulated with 2 grams of sugar. That meant that the patient was consuming 16 grams of sugar per day, or 44% of his daily sugar intake, as

Overdose Risk Assessment



recommended by the American Heart Association, from this medication alone. This

potential for excessive sugar intake increased the patient's risk of cardiovascular disease and type 2 diabetes. It also increased the insurer's risk of being exposed to an ancillary claim in which the patient's tooth decay would most likely have been ruled as compensable.

A PATIENT APPROACH

Considering the date-of-injury in this case, myMatrixx anticipated a difficult path in establishing a relationship with the prescriber that would result in significant changes in treatment. Clearly, in all the years that he had been caring for this patient, the prescribing physician would have seen his fair share of IMEs, peer reviews, NCMs, adjusters, and

“We would never have been able to get this patient off of Actiq® without myMatrixx's efforts.”

Mitch Neuhaus, CPCU, Vice President
of Claims for Safety National

attorney interventions. The philosophy of myMatrixx clinical services is to intervene only on matters of patient welfare and to provide case reviews that reflect concerns that most likely were not presented in the past. The only hope was that by staying true to this professional obligation and commitment to patient welfare, these concerns would not be ignored.

As anticipated, the report and calls from myMatrixx clinical staff initially went unanswered. However, employing a strategy the clinical team refers to as “persistent patience”, a response was eventually elicited. The physician reached out to the myMatrixx team from his home office to discuss his patient's history at length. We believe that the language and tone of the report resonated with this physician, causing him to consider the PBM's perspective. While acknowledging that his patient's injury was not anything out of the ordinary, the physician admitted that the treatment certainly was. In the end, he agreed to discontinue the use of Actiq and pursue trials of generic alternatives.

THE RESULT

Transaction records indicate that the prescriber only tried the patient on one generic, and that was switched quickly back to the brand-name product. However, the physician was true to his word and, likely due to the undeniable risks, has not prescribed Actiq in over a year. Safety National and its client have been gratified and astonished. The year-to-date savings on this patient exceeds \$250,000. Mitch Neuhaus, CPCU, Vice President of Claims for Safety National reports, “...The claims administrator and defense counsel had tried for years to change the drug regimen without success. We would never have been able to get this patient off of Actiq without your efforts.”

CONTACT Us

For more information about myMatrixx's clinical pharmacy programs, contact us at marketing@mymatrixx.com or 1-800-785-0884.

- 1 Dunn KM, Saunders KW, Rutter CM, et al. Opioid Prescriptions for Chronic Pain and Overdose. *Ann Intern Med.* 2010;152:85-92.

The case study presented above is intended solely for the purpose of providing general information about the myMatrixx Clinical Program. It is not intended to give or replace any medical advice with respect to any specific patient. Risk factors, cooperation and results will vary from case to case. A clinical approach such as the one described above should never be attempted without the medical advice of a physician responsible for independently evaluating the specific patient's medical history.