BWC POSITION ON AUTHORIZATION OF PAYMENT FOR PRESCRIPTION MEDICATION IN SELECT MEDICAL CONDITIONS
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INTRODUCTION

The Ohio Revised Code (ORC) 4123.01 states "Injury includes any injury, whether caused by external accidental means or accidental in character and result, received in the course of, and arising out of, the injured employee's employment. "Injury" does not include (1) Psychiatric conditions except where the conditions have arisen from an injury or occupational disease; (2) Injury or disability caused primarily by the natural deterioration of tissue, an organ, or part of the body; (3) Injury or disability incurred in voluntary participation in an employer-sponsored recreation or fitness activity if the employee signs a waiver of the employee's right to compensation or benefits under this chapter prior to engaging in the recreation or fitness activity". Occupational disease is defined as "Occupational disease means a disease contracted in the course of employment, which by its causes and the characteristics of its manifestation or the condition of the employment results in a hazard which distinguishes the employment in character from employment generally, and the employment creates a risk of contracting the disease in greater degree and in a different manner from the public in general". These two definitions provide the basis for whether or not a claim should be allowed and to determine the allowed conditions in a claim. Once a claim is recognized as allowed and the allowed conditions are determined, the claim and recognized allowances must be accepted and treatment and reimbursement for treatment for the allowed conditions must be recognized by BWC.

In regard to payment of services including prescription medications by BWC, the Ohio Administrative Code (OAC) 4123-6-25 (A) states "medical supplies and services will be considered for payment when they are medically necessary for the diagnosis and treatment of conditions allowed in the claim, are causally related to the conditions allowed in the claim, and are rendered by a health care provider."

The Ohio Supreme Court ruled in *State ex rel. Miller v. Indus. Comm. 71 Ohio St. 3d 229, 643 N.E.2d 113 (1994)* that a three pronged test must be applied in decisions pertaining to the authorization of medical services. The three prongs or criteria are (1) are the medical services "reasonably related to the industrial injury, that is the allowed conditions"? (2) are the services "reasonably necessary for treatment of the industrial injury"? and (3) is "the cost of such service medically reasonable"?

This statute and the Ohio Supreme Court decision provide the primary determinants as to whether medical services are or are not authorized to be paid by BWC. Payment can not be made for services when there is no allowed claim. Payment for medical services must be limited to those directed at treatment of only the allowed conditions in the claim. Once the claim is allowed and conditions are allowed in the claim and all appeals have been exhausted or time period for appeal exceeded, all parties must accept these allowances as legally compensable by BWC. To be authorized for payment, the services then must be reasonably related to the allowed conditions, reasonably necessary for the treatment of the allowed conditions, and the cost of the services must be medically reasonable.

While this process may seem logical, there are several medical diagnoses for which the treatment authorization decisions are not easily determined. The purpose of this document is to describe a few of these diagnoses and to explain the position of BWC in regard to payment of medication directed toward treatment of those conditions. These situations include cardiac disease, pulmonary disease, post-injury

headache, and use of medications to prevent ulcer in individuals with history of peptic ulcer disease, gastritis, or esophageal reflux using nonsteroidal anti-inflammatory medications.

CARDIAC DISEASE

Cardiac diseases are not usually associated with work-related disease or illnesses though due to statute or other circumstances, they may be periodically allowed in a claim. Of those allowed cardiac diagnoses, the most common allowances are those related to coronary artery disease such as atherosclerotic coronary artery disease, myocardial infarction, or angina. While authorization for medication to treat these conditions may seem straightforward, an issue arises when considering treatment of the factors that contribute to the allowed condition. For example, the current medical treatment of myocardial infarction is to provide treatment directed toward reducing the risk of future similar events and enhancing cardiac function by reducing the demand on the heart (beta blockers and control of high blood pressure), treating contributing medical risk factors (elevated cholesterol and lipids, high blood pressure), and treating the potential consequences of the allowed condition that may be manifest immediately or several years later (cardiac arrhythmia, congestive heart failure).[1]

While the allowance of myocardial infarction may be considered an "event" equivalent to an injury and that hypertension and atherosclerosis are recognized or unrecognized pathophysiological processes whose impact is primarily directed to the cardiovascular system that may be identified at the time of the myocardial infarction, there can be no doubt that these are generalized medical conditions reasonably related to the myocardial infarction and whose improvement are considered reasonably necessary and reasonably appropriate in the treatment of the allowed condition. Therefore, payment for medication to treat these conditions would appear to be consistent with the Miller Criteria as required by the Ohio Supreme Court decision. On the other hand, diabetes mellitus which also is considered a risk factor for the development of coronary artery disease is primarily a medical condition from another organ (pancreas) and organ system (endocrine) that is not allowed in the claim. Treatment of this condition would not be considered appropriate unless there is an allowance in the claim of diabetes mellitus.

Therefore, it is the position of BWC to authorize payment if medically necessary and appropriate for cardiac medications including those to treat elevated cholesterol and triglycerides and medications to treat hypertension if there is an allowance in the claim of atherosclerotic coronary artery disease, myocardial infarction, or (unstable) angina. Treatment directed primarily at other organ systems such as pulmonary or endocrine systems would require an additional allowance to the claim.

PULMONARY DISEASE

Conditions affecting the pulmonary system are among the more common occupational diseases and allowances in the Ohio Workers' Compensation System. Treatment and authorization of medications are generally straight-forward such as occupational asthma. However, individuals with allowed conditions of pneumoconiosis (asbestosis, silicosis, coal workers' pneumoconiosis, etc.) have a disease process that primarily affects the lungs through a change in lung architecture (fibrosis) resulting in a permanent condition and progressive difficulty with breathing. There is no treatment specific for these conditions other than oxygen and treatment of complications when they arise. These individuals may be prone to respiratory infections and it is recommended that they receive pneumococcal vaccination and annual influenza vaccination to try to prevent development of pulmonary infections. When a pulmonary infection (bronchitis or pneumonia) is present, it should be treated aggressively. Many of the individuals

with these diagnoses have had prior personal history of asthma or a significant smoking history that are major contributors to the development of chronic obstructive pulmonary disease or emphysema. Chronic obstructive pulmonary disease or emphysema are not associated with the development of pneumoconiosis themselves. This is a different pulmonary condition with a different pathophysiological mechanism and different treatment. These coexisting pulmonary conditions can be improved by the use of various medications. While the pneumoconiosis itself may have no specific treatment other than oxygen, the treatment of the coexisting pulmonary condition to try to achieve optimal pulmonary function should be pursued. However, these coexisting conditions are not the direct result of asbestos exposure and are more strongly associated with smoking. Therefore, the treatment including medications for other pulmonary conditions (chronic obstructive pulmonary disease, emphysema, asthma) would not be considered appropriate for BWC unless there is an allowed condition of chronic obstructive pulmonary disease, asthma, or emphysema in the claim.

POST INJURY HEADACHE

Following head or neck trauma, many individuals complain of headache. As many as 44% of individuals may complain of headache six months post injury. Development of headache is not related to the severity of the injury and is actually more prevalent in less severe injuries. After performing diagnostic studies to rule out any underlying etiology, a variety of medications can be tried to relieve the symptoms including nonsteroidal anti-inflammatory medications, serotonin-selective agonists such as sumatriptan, selective serotonin reuptake inhibitors, tricyclic antidepressants, beta-blockers, calcium channel blockers, antihistamines, steroids, antiemetics, and antiepileptics.[2] Therefore, payment for medications to treat headache in individuals following head or neck trauma appears to be medically appropriate and in most cases will be reasonably related if there is an allowed condition representing head trauma or neck injury in the claim.

PROPHYLACTIC MEDICATIONS FOR ADVERSE GI REACTIONS TO NSAIDs

Nonsteroidal anti-inflammatory drugs (NSAIDs) are widely used to treat mild to moderate pain particularly of musculoskeletal origin. The American Pain Society and the World Health Organization recommend that a nonopioid drug be included in all analgesic treatment regimens unless contraindicated. Nonopioid drugs include aspirin, acetaminophen, and NSAIDs.[3] The primary mechanism of action of NSAIDs is to inhibit the synthesis of prostaglandins by the cyclooxygenase (COX) enzymes. There are two types of COX enzymes – COX-1 and COX-2. COX-1 enzymes are widely dispersed through all tissues with higher concentrations in the stomach, kidney, and platelets. COX-2 enzymes are concentrated in areas of inflammation. Most NSAIDs inhibit both COX-1 and COX-2 enzymes. Inhibition of COX-1 enzymes in the stomach decreases the production of protective prostaglandins increasing the risk of GI erosion or bleeding. Newer COX-2 inhibiting NSAIDs (celecoxib, rofecoxib, and valdecoxib) are believed to have a lower incidence of GI side effects including dyspepsia, GI bleeding, and peptic ulcer disease. These medications would be preferred over the older nonselective NSAIDs particularly in individuals with history of peptic ulcer disease, gastritis, reflux esophagitis, etc. For those individuals with history of upper gastrointestinal problems requiring use of a NSAID, misoprostol (200 mcg QID) or a proton pump inhibitor (omeprazole, lansoprazole, rabeprazole, and pantoprazole) are recommended.[4] For many individuals physicians should consider the benefit of use of the NSAID versus the risk of adverse event. However, when necessary in patients who are at significant risk of developing or aggravating upper gastrointestinal problems, authorization of either misoprostol or a proton pump inhibitor is medically recommended.

SUMMARY

The positions described above are based on current treatment recommendations from well respected medical sources. Interfacing medical treatment with statutory and administrative requirements in workers' compensation cases can be challenging in certain cases. Parties who have differing perspectives on these issues always have the remedy of appeal of BWC positions and decisions to the Industrial Commission. It is assumed as medical knowledge and treatment evolves, there may be changes in these positions or additions of other diagnoses or scenarios.

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[1] Antman EM and Braunwald E: "Acute Myocardial Infarction" in *Harrison's Principles of Internal Medicine, 15th Edition*, McGraw-Hill Medical Publishing, 2001, pp 1386-1399.
[2] Braddom RL: *Physical Medicine and Rehabilitation, Second Edition*, W.B. Saunders Company, 2000, pp.1106-1107.
[3] "Pain Management: Part 1 Overview of Physiology, Assessment, and Treatment" American Medical Association, 2003.
[4] Del Valle J: "Peptic Ulcer Disease and Related Disorders in *Harrison's Principles of Internal Medicine, 15th Edition*, McGraw-Hill Medical Publishing, 2001, pp. 1649-1665.