

## The Influence of Obesity on Medication Therapy in Workers Compensation

Many Americans are getting heavier. In fact, in June 2013, the American Medical Association voted to label obesity—a condition that affects an estimated 97 million Americans—as a disease. What many may not realize is that our ‘supersizing’ is also bulking up workers’ compensation claims. The *American Journal of Health Promotion* states that obesity’s impact on the workplace is profound: \$8 billion in obesity-related healthcare; 39 million lost work days; 239 million restricted-activity days; 90 million days spent confined to a bed; and 63 million physician visits.

A Duke University study (2007) found that medical costs were **seven times higher** among the heaviest employees than those within the recommended Body Mass Index (BMI). A follow up study in 2009 by the National Council on Compensation Insurance (NCCI) showed that the cost difference between comparable claims of obese and non-obese injured workers increases as claims mature. Claims involving obese injured workers are nearly **three times more expensive** than claims involving non-obese injured workers at the 12-month mark, but climb to a factor of **4.5** at the three-year mark, and **5.3** at the five-year mark (*Laws & Schmid, 2009*).

Millions of Americans are obese, but it’s most prevalent among middle aged adults, ages 40-59 years old. Obesity is associated with increased pain and musculoskeletal problems, especially in the lower back, knee, hip, and wrist. It can also lead to additional complications or conditions that can increase a person’s risk of illness and death, such as diabetes, stroke, coronary artery disease, hypertension, high cholesterol, and kidney and gallbladder disorders.

Historically, in workers’ compensation, a medical provider might include an obesity co-morbidity code on their medical bill if they felt the condition needed to be addressed before the injury could be treated, such as the case where an obese injured worker needs to lose weight before surgery. Now, it’s possible that obesity as a result of injury—such as when an injured worker gains weight due to lack of exercise or as a result of a medication prescribed during recovery—is compensable. Certain medications, including several narcotics, antidepressants, and anti-inflammatory medications commonly used in workers’ compensation claims, can cause weight gain. [Click here](#) for a list of the top products with weight gain potential. While the effect of a medication differs for everyone, an injured party's weight increase may lead to additional complications, a slower recovery, and longer treatment duration.

With the help of a PBM, payers can assure injured workers affected by a workplace injury and obesity, receive safe and efficacious medication therapy; that’s a better outcome, for everyone.