

My Battle with Opioids: An Injured Worker Tells Her Story

The issue of opioids comes up in almost every industry conference, publication, and webinar. We are ambivalent about opioids. On one hand, they are excellent pain relievers; on the other, they can be addictive. We worry that we're not addressing the pain of our injured, and then we worry that we're giving them too many opioids. Payers, insurance companies, pharmacy benefit managers, physicians, and pharmacists—we all join in the discussion of the big elephant in the room: opioids. But, how often do you hear from an injured worker about this very issue? The following is a real story of one woman's struggle after injury:

"I never thought I'd be addicted to narcotics. I just wanted the pain to stop. I had a happy childhood, a lot of friends, and a loving family. I was class president, and part of homecoming court. I graduated college with honors. I had my share of struggles, but never thought of coping by using alcohol or pain meds. I never even liked that feeling.

Three years ago, I was injured at work. The emergency room doctor prescribed Percocet® for the pain. I can't say that I liked the feeling then, but it did seem to help. Unfortunately, the pain didn't go away and it wasn't long before I wasn't getting any relief from the medication. I went to see a specialist who prescribed a stronger dose.

When that too, seemed to have little effect, a friend of mine told me about a pain clinic. As long as I told the doctor that my pain was an 8 or higher, he would continue writing prescriptions for the meds. No one ordered a drug test or warned me about the effects of long-term use. The pharmacy never denied filling a prescription.

But the pain never seemed to go away. I started going to different doctors and filling prescriptions at different pharmacies and taking several pills a day. I found that I was always thinking about when I was going to have my next pill and where it was going to come from.

About a year and a half after my injury, my legs started to hurt. I remember waking up and feeling like someone was squeezing my calves in a vice grip. I spent months going to doctors with no relief except through more pain medication. I didn't feel like I was doing anything wrong by asking for more and stronger pain medication because I WAS in pain. I begged friends for their prescriptions, and even bought them on the street. I figured everybody has a vice; some people drink, gamble, shop. I justified it. So what if a pill makes me feel better?

I started to isolate. I didn't answer my phone. I stopped paying bills and showering. I just wanted to be left alone. I was in such fear that I was going to run out of pills that I had panic attacks. Finally, I found out what was causing the pain in my legs: opioid withdrawal. I could not get enough narcotics into my system. Throughout my entire ordeal, not one doctor suggested to me that this pain in my legs could be opioid withdrawal. I believed that the pain medication should erase my pain. In the end, it intensified it.

My whole world was about my "medical problems." I never imagined that my real "problem" was drugs. I realized that the pain meds were just numbing my symptoms, not solving my problems.

I never thought I would be a drug addict. For the rest of my life, I will struggle against this addiction. I was lucky to get help."

It can be easy to forget that we are talking about real people's lives, not just statistics. Prescription drug misuse or abuse can happen to anyone. Moreover, no matter how adept a pharmacy benefit manager

(PBM) is at managing utilization of opioids, there will always be complex situations. When they do, it is important for payers, PBMs, physicians, and stakeholders throughout the system to work together. Such collaboration not only makes a positive difference in the claim It's not just their problem—it touches the lives of many and involves many stakeholders, including the prescribing physicians, dispensing pharmacies, injured workers, and their families. By involving all stakeholders in global opioid management, we can successfully balance the problem of pain and pain relief for the betterment of the injured worker.