Workers' Comp

Top Therapeutic Classes by Age of Claim in 2019

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Part Two: Evaluating In-Network and Out-of-Network Trends As part of our ongoing drug trends series, in part two of our analysis we're taking a closer look at the top therapeutic classes by age of claim. Stay tuned for more posts addressing specific trends highlighted in the series. Today we are going to take a deeper dive into Coventry's Drug Trends by focusing on the influence of claim age as it relates to overall use of prescription drug classes. The data covered here reflects all mail order and retail transactions paid in 2019. When we look at the younger claims (claims less than 2 years of age) Nonsteroidal anti-inflammatory drugs (NSAIDs), muscle relaxants, steroids, anti-infectives, and non-opioid analgesics are used much more often for the treatment of injuries during the early stages of a claim. The most utilized class remained NSAIDs (i.e. ibuprofen, naproxen or meloxicam) followed by muscle relaxants and short-acting opioids. Notably, the share of short-acting opioids (think morphine, hydrocodone, or oxycodone products) continued to decrease year-over-year coupled with an increase in other 1st-line treatments and are now #3 compared to last year when they were #2 for this age group. These alternative classes that can be used for pain are typically utilized more commonly in younger claims when compared to those claims 2 years or older. Younger claims also utilize more anti-infective agents or steroids which is not surprising considering the types of fills that may fall into the 2 year or less category. Injuries that result in open wounds or broken skin are often treated with antibiotics to prevent infection and it is not unusual to see a one-time fill for these types of medications along with, depending on the severity of the injury, a shorter claim life with closure once the wound resolves. Along the same lines, steroids such as prednisone or dexamethasone are often used to reduce inflammation in respiratory injuries or in musculoskeletal injuries early on (although they can be used later or even years later if there is an injury aggravation). Now let's contrast some of what we have just reviewed for younger claims with the top therapeutic class trends for claims age 2 years and older. Again, there is a positive trend of increased use of opioid alternatives that can often be used for pain management. This follows evidence-based treatment recommendations and mirrors the Food and Drug Administration (FDA) guidelines for limiting the use of extended-release opioids. The biggest difference in the age of a claim is seen in anti-convulsants. These medications were originally on the market for treating and preventing seizures but have shown good evidence in managing pain that is commonly seen in older claims. Namely, chronic pain or neuropathic pain. Additionally, anti-depressants are much more likely to be used in older claims because work related injuries can often cause disruptions to one's income, home life, or hobbies that tend to build over time and if an injury causes chronic pain, the risk for depression is further worsened.

Overall claims with greater medical severity tend to remain open longer than claims that fall within the 2 year or less bracket. Moreover, in these older claims a number of different medications are commonly trialed over the course of 2+ years to find the best treatment option for these patients while trying to lessen negative outcomes. Looking at each claim age bracket and understanding the different claim populations and the types of drug treatments associated can highlight the importance of early and ongoing-targeted intervention, which can ultimately help us to improve return-to-work and make the most of opportunities for impact.



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