Workers' Comp

Ask The Pharmacist: Understanding Morphine Equivalent Dose (MED) for Adjusters

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What is Morphine Equivalent Dose and why does it matter in claims management?

Morphine Equivalent Dose (MED) is a standardized way to estimate a person's total opioid exposure over a 24-hour period. Because different opioid medications have varying potencies, a common measurement helps you compare “apples to apples.”

For example, 5 mg of oxycodone is not equal to 5 mg of morphine in terms of pain relief or risk potential. Converting all opioids to a total daily MED helps clarify the overall daily dose and supports more consistent claim decisions.

Why MED Matters in Claims Management

For workers’ compensation claims, MED can help support safer, more effective care by improving visibility into:

1. **Risk Assessment:** Higher MED levels are associated with increased risks of adverse effects, including respiratory depression, overdose and dependency.
2. **Treatment Monitoring:** MED helps track whether an individual’s pain management plan follows current safety guidelines.
3. **Guideline Adherence:** Both the Centers for Disease Control and Prevention (CDC) and Official Disability Guidelines (ODG) recommend keeping MED to the lowest effective dose, preferably below 50 MED and avoiding escalation above 90 MED.

4. **Return-to-Work Planning:** Lower MED levels generally support better functional outcomes and safer return-to-work transitions.

Understanding the Risks of High MED

A key safety concern with opioids is respiratory depression (slowed or ineffective breathing). Risk exists at any dose, and it generally increases as total daily opioid exposure rises.

Studies have found that higher daily MED (including levels above 90 MED) can be associated with:

- Higher risk of overdose
- Increased likelihood of developing dependency
- Greater potential for adverse side effects that may delay recovery
- Higher rates of complications with other medications

Using MED in Claim Review

When reviewing claims involving opioid medications, consider:

- Is the current MED within recommended guidelines?
- Has there been a pattern of increasing MED over time?
- Are there opportunities to support tapering to lower MED levels?
- Could alternative pain management approaches reduce reliance on opioids?

By understanding and monitoring MED, claims professionals can better support treatment plans that promote recovery while reducing avoidable risk related to long-term opioid therapy. The goal is not simply to reduce MED numbers, but to help ensure pain management supports safety, function and appropriate recovery outcomes.

If you have questions about an injured employee's daily MED levels, Enlyte pharmacists are also available to help provide context for claim review.

This information is meant to serve as a general overview, and any specific questions should be fully reviewed with a health care professional such as the prescribing doctor or dispensing pharmacist.

Do you have a workers' compensation or auto-related pharmacy question? Send us an email at AskThePharmacist@enlyte.com.

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