Workers' Comp

Ask The Pharmacist: The Hidden Risks of Gabapentin in Workers' Compensation

March 2, 2026
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What is gabapentin and why is it so commonly prescribed?

Gabapentin was approved by the Food and Drug Administration (FDA) decades ago for seizures and nerve pain. Today, it is one of the most commonly prescribed drugs in the United States.

In workers' compensation, you'll often see it prescribed for neuropathic pain (caused by injured or irritated nerves), including low back injuries. It can be helpful in the right clinical situation. The concern is that it may become a default option, even when the diagnosis is not a clear fit or when it is combined with other medications that raise safety concerns.

Because gabapentin appears frequently on workers' compensation claims, it is important to look beyond its familiarity. The key questions during review are whether the diagnosis supports its use, whether its improving function, and whether the overall medication profile introduces additional risk.

If you see a request for gabapentin and are unsure whether it aligns with your injured employee's diagnosis or overall medication profile, your pharmacy benefit manager can help. In addition, here are key considerations to guide your review.

The Concerning Gap Between Approved Uses and Actual Practice

In practice, gabapentin is often used for conditions beyond its FDA-approved indications. Off-label prescribing is legal and common, but it also means the FDA has not evaluated the risks and benefits for those specific uses.

You may see it prescribed for chronic pain, anxiety, migraines, insomnia, altered sense of smell and menopausal hot flashes. It may also be positioned as a way to reduce opioid use.

When the diagnosis does not clearly reflect neuropathic pain, it becomes more difficult to determine whether continued therapy is medically necessary or contributing to measurable functional improvement. Ongoing prescriptions without documented reassessment can extend treatment without clear evidence of benefit.

Growing Evidence of Serious Risks

Newer research suggests gabapentin should not be treated as a harmless default. Some studies have reported association between its use and increased risk of:

- Dementia
- Suicidal behavior
- Severe breathing problems in people with lung disease
- Edema (fluid retention)
- Common side effects like dizziness

Side effects such as dizziness or edema may complicate recovery or prompt additional medical evaluation. Reports of behavior or respiratory risks may require closer monitoring, particularly in more complex claims or when other risk factors are present.

The Addiction and Withdrawal Reality

Although gabapentin is often described as nonaddictive, real-world use shows that some patients experience withdrawal effects when they stop it, especially after longer use or higher doses.

For adjusters, longer durations or dose escalation without evidence of progress may signal the need for additional review. Monitoring duration, dosage changes and clinical follow-up helps ensure treatment remains aligned with recovery goals.

Dangerous Combinations and Overdose Risk

The highest-risk scenario is often not gabapentin alone, but its combination with central nervous system depressants, especially opioids. The CDC warns that taking opioids and gabapentin together can be deadly.

Federal and state data has shown at least 5,000 overdose deaths each year for the past five years that involved gabapentin. An overdose that involved gabapentin is not always the same as an overdose caused by gabapentin, but its presence alongside opioids signals elevated safety risk.

When reviewing pharmacy claims, the combination of opioids and gabapentin should immediately prompt closer evaluation. The overall safety profile of the claim changes when multiple central nervous system depressants are present.

Finding Balance in Treatment

Gabapentin helps many patients, and most tolerate it well. The goal is not to block appropriate care. The goal is to ensure treatment aligns with diagnosis, documented functional improvement and patient safety.

When gabapentin appears on a claim, consider:

- Does the documented diagnosis support neuropathic pain?
- Is there evidence of functional improvement?
- Has the dose escalated or continued without reassessment?
- Is it combined with opioids or other central nervous system depressants?

Risk assessment tools like ScriptAdvisor's Risk Scoring include warnings about combining gabapentin with opioids. Keeping that risk on your radar during pharmacy review can help support safer outcomes and more informed claim decisions.

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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