Workers' Comp

Ask The Pharmacist: Medication-Related Fall Risk in Workers' Compensation Claims

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How can medications increase fall risk, and what should adjusters watch for?

A fall can quickly change the direction of a workers' compensation claim, and their consequences can be significant. Falling during recovery can result in new injuries, delayed healing, additional medical treatment and extended time away from work. Workplace hazards and physical limitations are known contributors to falls, but one important risk factor frequently overlooked is medication. For adjusters, recognizing this risk early can help identify claims that need pharmacist review before a preventable complication adds cost, treatment or disability time.

Many medications commonly prescribed in workers' compensation claims can affect balance, coordination, alertness and reaction time. As the U.S. workforce continues to age, understanding how medications contribute to fall risk is increasingly important for adjusters.

Aging brings physiological changes that can make individuals more sensitive to medication side effects. Medications that cause mild drowsiness or dizziness in younger adults can have a much greater impact on older individuals, increasing their susceptibility to falls and other adverse events.

For adjusters, age alone should not trigger concern. The stronger signal is age combined with medication risk, delayed recovery, new balance complaints, reports of dizziness or a fall during the claim.

Medication Classes That Can Raise Fall Risk

Several medication classes frequently seen in workers' compensation claims are known to increase fall risk. Here are four drug classes to watch for.

Opioids

Opioids, commonly prescribed for acute or chronic pain, can cause sedation, dizziness, impaired judgment and slowed reaction times. While these medications can provide meaningful pain relief, they can also affect a patient's ability to safely perform daily activities, particularly when treatment extends beyond the acute recovery phase.

Benzodiazepines

Benzodiazepines, including medications such as alprazolam, lorazepam, and diazepam, are another well-recognized source of fall risk. These medications are used to treat anxiety, muscle spasms, or sleep disturbances, but they can impair coordination, reduce alertness, and contribute to cognitive slowing. Research has shown an association between benzodiazepine use and an increased risk of falls, especially among older adults.

Muscle relaxants

Muscle relaxants are frequently prescribed following workplace injuries involving strains, sprains and back pain. Medications such as cyclobenzaprine, methocarbamol and tizanidine can be effective for short-term symptom relief but often cause significant drowsiness and dizziness. While treatment guidelines recommend short durations of therapy, injured employees can remain on these medications longer than originally intended, increasing their risk of falls and other complications.

Gabapentinoids

Gabapentinoids, including gabapentin and pregabalin, have become common in pain management and are often utilized for neuropathic pain conditions. Although generally considered safer than opioids, these medications can cause dizziness, sedation and difficulties with balance. The risk can be even greater when gabapentinoids are used in combination with opioids or other medications that depress the central nervous system.

How Medication-Related Falls Can Derail a Claim

Medication-related falls can have far-reaching consequences within a workers' compensation claim. An employee recovering from a shoulder, back or knee injury who experiences a fall can sustain additional injuries that complicate treatment and prolong recovery. Secondary injuries often result in increased medical utilization, additional prescriptions, more frequent provider visits and delayed return-to-work timelines. What may have initially been a relatively straightforward claim can become significantly more complex when a preventable fall occurs during the recovery process.

This is why medication risk should not be viewed only as a pharmacy issue. It can affect the claim plan, disability duration, treatment path and return-to-work progress.

Signals Adjusters Should Look For

Adjusters should consider additional clinical review when the claim includes one or more of these signals:

- An older injured employee is taking one or more medications associated with sedation, dizziness or impaired balance
- Claim notes mention dizziness, confusion, excessive sleepiness, weakness, instability, near-falls or a fall
- The medication list includes multiple sedating medications

- Opioids are combined with other medications
- A short-term medication, such as a muscle relaxant, appears to continue longer than expected
- Recovery stalls without a clear explanation
- A new injury occurs during the recovery period

These signs do not mean a medication should be stopped or changed. They mean the claim could benefit from pharmacist review, utilization review, peer review or another appropriate clinical resource.

How Beers Criteria Can Support Risk Identification

One tool commonly used by health care professionals to identify medication-related risks in older adults is the American Geriatrics Society Beers Criteria®. First developed by geriatrician Dr. Mark Beers and regularly updated by the American Geriatrics Society, the Beers Criteria is a list of medications that may be potentially inappropriate for adults ages 65 and older. The criteria highlight medications that carry elevated risks of adverse outcomes, including falls, confusion, cognitive impairment, excessive sedation and hospitalization.

Adjusters should understand that inclusion on the Beers Criteria does not mean a medication should not be prescribed. Rather, the criteria functions as a clinical screening tool designed to encourage thoughtful evaluation of potential risks and benefits of a medication in older adults. Many medications commonly seen in workers' compensation claims, including certain benzodiazepines, muscle relaxants, sedative-hypnotics and pain medications, appear on the Beers Criteria because they are associated with increased fall risk and other safety concerns.

When to Request Pharmacy Review

Medication-related fall risk should be escalated when the medication profile appears to create a safety concern, complicate recovery or affect return-to-work progress. Adjusters should consider pharmacy review when:

- Sedating medications are used together
- The injured employee is older and taking medications listed in the Beers Criteria
- Claim notes mention dizziness, sedation, confusion, weakness or balance problems
- A fall or near-fall occurs during recovery
- The injured employee remains on a medication longer than expected
- Medication side effects are interfering with function, therapy participation or return to work

The goal is to bring the right clinical expertise into the claim before medication-related risk leads to additional injury or claim complexity.

How Clinical Support Can Help

Advances in clinical analytics and pharmacy oversight are creating new opportunities to proactively identify injured employees with elevated risk for adverse medication outcomes. Future enhancements from Enlyte include enhanced clinical capabilities designed to identify and flag claims involving medications associated with increased risk in older adults, including medications referenced in the Beers Criteria. These enhancements will support earlier pharmacist intervention, provide greater visibility into potential safety concerns and assist adjusters in managing complex cases more effectively.

For help with a medication review, contact your Client Services Manager or reach out to the pharmacy team at AskThePharmacist@enlyte.com.

This information is intended as a general overview. Specific medical or medication-related questions should be reviewed with a health care professional, such as the prescribing physician 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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