Workers' Comp

Specialty Solutions Spotlight: Combining Pain Management with Physical Therapy to Support Recovery

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3 MIN READ
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What should I consider when reviewing pain management options during physical therapy?

As opioid prescribing declines, alternative pain management treatments including topical medications, laser therapy and injections that support tissue repair are becoming common in workers' compensation. When combined with physical medicine these treatments support movement, strength and functional recovery. By understanding how addressing pain can complement rehabilitation adjusters can evaluate treatment requests to support appropriate care.

Physical Therapy Remains Foundational

Physical therapy (PT) helps injured employees improve movement, strength and function as they work toward returning to work. Delaying it can increase imaging, medication use and invasive treatments. Pain management may help injured employees tolerate stretching and strengthening exercises during PT. A stepped-care approach starts with lower-risk treatments and progresses as clinically appropriate. Here are some non-opioid pain management options commonly used for work-related injuries.

Topical Medications

With opioids often reserved for acute, severe pain multimodal strategies including topical medications are increasingly being used as alternatives. These medications provide localized pain relief with common options including:

- Topical nonsteroidal anti-inflammatory drugs (NSAIDs) such as diclofenac help reduce inflammation associated with localized musculoskeletal pain
- Lidocaine is available in creams and patches and is generally more appropriate for localized nerve-related pain
- Capsaicin is used for chronic pain conditions to gradually reduce pain sensitivity

Compounded Cream Red Flags

Compounded creams combine multiple medications into customized formulations; however, clinical evidence is limited, and costs can be substantially higher than standard topical medications. When reviewing compound requests, certain medication patterns should trigger closer review. Use this checklist when reviewing compounded requests and consider denial or request additional documentation with three or more checks.

Prescriber Patterns

- Compounding rate > 30% of pain patients
- Uses one compounding pharmacy exclusively
- Financial relationship with the pharmacy

Claim Patterns

- Multiple compounded medications simultaneously
- Frequent refills with no documented improvement
- Requested within days of injury

Documentation

- Vague, boilerplate justifications
- No objective pain/function measures
- Notes do not match diagnosis complexity

Laser and Shockwave Therapy

Laser therapy and extracorporeal shockwave therapy (ESWT) are noninvasive treatments sometimes used alongside PT.

Laser therapy is a light energy treatment aimed at reducing pain and inflammation, with evidence suggesting greater benefit for chronic tendinopathies and certain musculoskeletal conditions rather than acute injuries. Outcomes are more favorable when combined with active rehabilitation.

ESWT uses acoustic waves to stimulate tissue responses and has stronger supporting evidence for chronic tendon conditions, including plantar fasciitis, calcific rotator cuff disease, and Achilles tendinopathy. Evidence for acute injuries is weak, and adjusters should consider ESWT after an adequate trial of conservative treatment has failed.

Both treatments are generally more appropriate as additions to active rehabilitation than as stand-alone therapies. Their usefulness should be evaluated through improvements in mobility, activity tolerance and participation in PT.

Regenerative and Injectable Treatments

Some injuries may require additional interventions when conservative treatment has not provided improvement.

- Platelet-rich plasma (PRP) uses concentrated platelets from an injured employee's blood to deliver growth factors to damaged tissue. Evidence is more supportive for certain chronic tendon conditions.
- Viscosupplementation involves injecting hyaluronic acid into a joint to improve lubrication and relieve symptoms, primarily associated with knee osteoarthritis

While injections may address pain or tissue-related concerns and improve tolerance for rehabilitation, physical therapy remains essential for restoring strength, mobility and normal movement patterns.

Keeping Rehabilitation and Return to Work in Focus

Effective pain management combines appropriate interventions with active rehabilitation to regain function and return injured employees to work safely.

When reviewing a treatment request, consider how it supports the injured employee's active recovery plan. Treatment documentation should identify the diagnosis, prior interventions, expected functional improvements and anticipated return-to-work goals. When progress stalls or treatment requests become more complex, clinical oversight should assess whether care remains aligned with established guidelines and recovery goals.

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