



# How a pharmacist aids the workers' comp claim:

Just a day in the life of a pharmacist

November 15, 2023



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# Presenters



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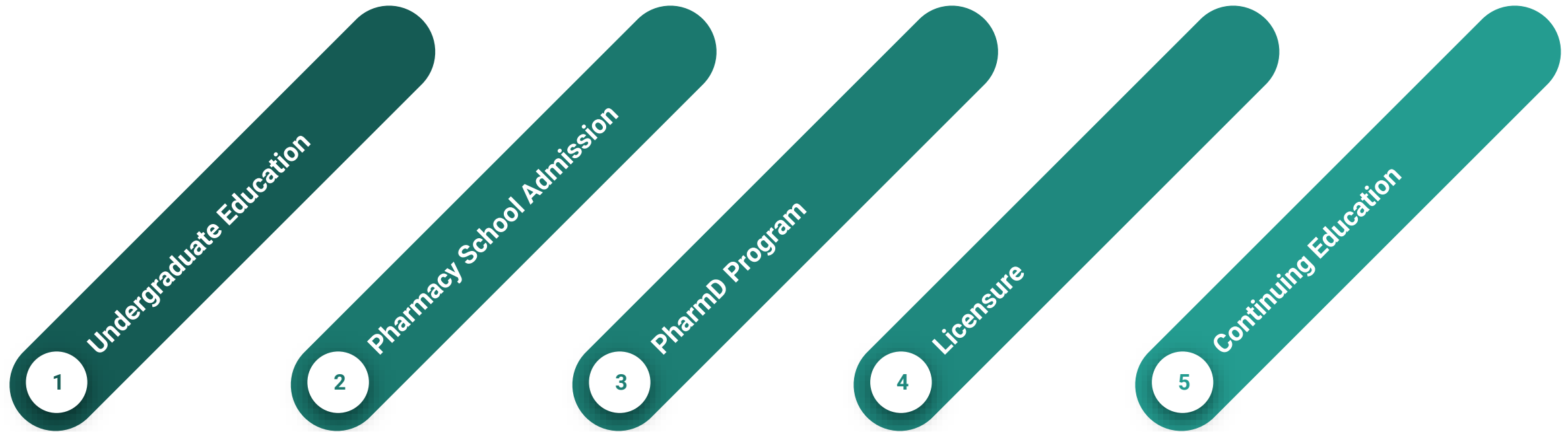
**Tania Smiley, BS Pharm, RPh**  
Clinical Pharmacist, Clinical Services

## Learning objectives

1. Understand the basic educational requirements of becoming a pharmacist.
2. List several roles of pharmacists in the healthcare system.
3. Discuss the impacts of pharmacy experiences in claims and pharmacy review.
4. Describe several medications and their use and cautions in workers' compensation claims.
5. Rank clinical items of importance in claims management.

# Pharmacy Education

# Chronological roadmap of becoming a Pharmacist



# A Pharmacist's role in the claims process...

**Describe your previous experiences and how that impacts workers' compensation**



# Hospice Setting

**Nicole Blackford, PharmD, BCPS**  
Clinical Pharmacist, Clinical Services



# Behavioral Health

**John Demsky, PharmD**

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# Hospital Pharmacy

**Christy Bishara, PharmD**  
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# Government Sponsored

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# Healthcare Advocacy

**Tania Smiley, RPh**  
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# **Talk about a day in the life of the pharmacist and your impacts to the claim file**



# From Morning to Night

# How does your work affect an injured worker's claim and recovery...

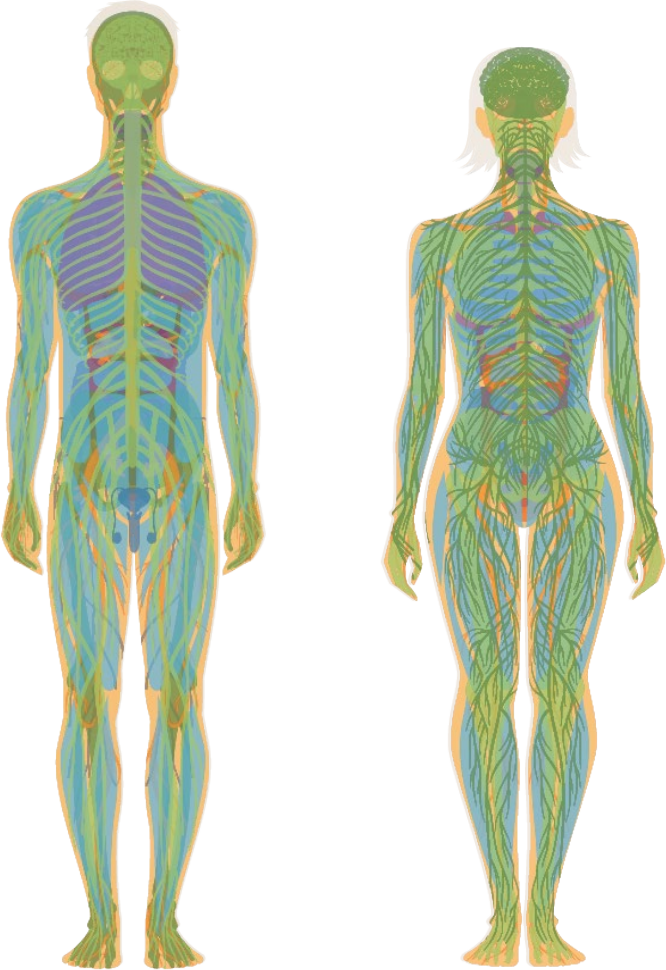


**Describe the biggest impacts of the pharmacists' role on the claimant's recovery**

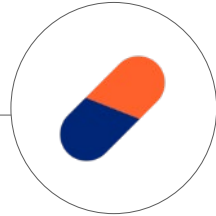
**Describe that impact in the day to day for the claims professional**

# Medications in Workers' Compensation

# Medications in workers' compensation



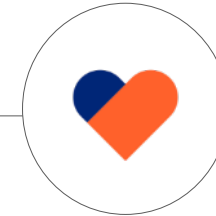
# Serotonin and Norepinephrine Reuptake Inhibitors (SNRIs)



## Attributes

- Assist in the regulation of neurotransmitters in the brain that affect mood and pain
- Initial effects within 2 weeks of treatment, continued improvement through 4-6 weeks
- Should not be combined with Selective Serotonin Reuptake Inhibitors (SSRIs)
- Common side effects: nausea, GI upset, drowsiness, headache, dry mouth

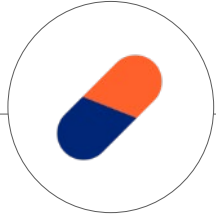
Source: [https://www.cdc.gov/traumaticbraininjury/get\\_the\\_facts.html](https://www.cdc.gov/traumaticbraininjury/get_the_facts.html)



## Use in Workers' Compensation

- Medications: duloxetine, venlafaxine, desvenlafaxine, levomilnacipran
- Mood conditions
- Chronic pain

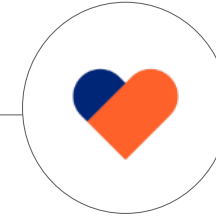
# Gabapentinoids



## Attributes

- Gabapentin (Neurontin) and Pregabalin (Lyrica)
- Gabapentin now available in ER formulations- Horizant and Gralise
- Started out as epilepsy drugs, but now commonly used for neuropathic pain
- Pregabalin (Lyrica) is a controlled substance in some states
- Significant adverse effect: risk of Central Nervous System (CNS) depression and respiratory depression (increased risk when in combination with medications such as opioids and benzodiazepines)

Source: [https://www.cdc.gov/traumaticbraininjury/get\\_the\\_facts.html](https://www.cdc.gov/traumaticbraininjury/get_the_facts.html)



## Use in Workers' Compensation

- Not to be taken on an as needed basis, like with opioids or skeletal muscle relaxants, but taken on a scheduled basis
- Pregabalin recommended to be dosed twice daily
- Risk of abuse with combination of gabapentin/pregabalin and opioids
- Ultimate goal is to provide enough relief with gabapentoids, to try to maintain or decrease opioids, not increase doses

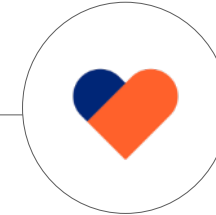
# Benzodiazepines



## Attributes

- Examples: alprazolam, lorazepam, clonazepam, diazepam, clorazepate, temazepam, triazolam
- Controlled substances (C-IV)
- Indicated for short term relief of severe anxiety symptoms in combination with antidepressant
- Certain formulations may be used for muscle spasms or seizure disorders (diazepam, clonazepam, clobazam)
- May be used for short term treatment of insomnia (temazepam, flurazepam)

Source: [https://www.cdc.gov/traumaticbraininjury/get\\_the\\_facts.html](https://www.cdc.gov/traumaticbraininjury/get_the_facts.html)



## Use in Workers' Compensation

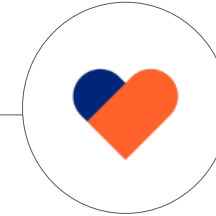
- May be used short term for anxiety symptoms
- Premedication for certain procedures (i.e. closed MRIs, debridement)
- Used as muscle relaxant and for chronic pain conditions (not first line and guidelines caution against chronic use)
- May be used for seizures associated with brain injuries
- Short term treatment of insomnia (not first line)
- Should not be used concomitantly with opioids and alcohol due to fatal risk of respiratory depression

# Buprenorphine



## Attributes

- Long-acting opioid used for pain and opioid use disorder.
- At lower doses acts as a partial agonist at the mu-opioid receptor, inhibiting pain pathways to the brain.
- At higher doses acts as an opioid antagonist, potentially blocking pain-relieving properties and causing opioid withdrawal symptoms
- Available as a twice daily buccal film (Belbuca) and a once weekly patch (Butrans) for treatment of pain.
- Sublingual tablets, injections, and implants are available for management of opioid use disorder.



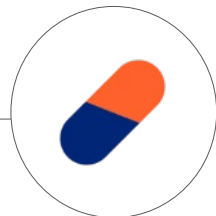
## Use in Workers' Compensation

- Long-acting, around-the-clock pain relief
- Opioid use disorder

Source: [https://www.cdc.gov/traumaticbraininjury/get\\_the\\_facts.html](https://www.cdc.gov/traumaticbraininjury/get_the_facts.html)



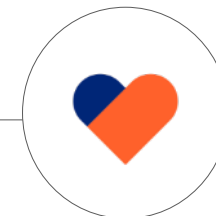
# VMAT2 inhibitors Valbenazine and Deutetrabenazine



## Attributes

- FDA-approved treatments for Tardive Dyskinesia (TD) and Chorea associated with Huntington Disease
- TD is a movement disorder causing involuntary and repetitive muscle movements including lip smacking eye blinking and grimacing, difficulty swallowing, and movements in the hands, legs, and neck.
- Patients can see improvement within 2 weeks of starting VMAT2 inhibitor treatment and most patients see significant improvement at 6 weeks

Source: [https://www.cdc.gov/traumaticbraininjury/get\\_the\\_facts.html](https://www.cdc.gov/traumaticbraininjury/get_the_facts.html)



## Use in Workers' Compensation

- Commonly used medication classes including antipsychotic, antidepressant, and antiseizure medications can cause TD
- Treatment for TD often involves removing the causative medication(s) as early as possible
- When changing stable medication regimens due to TD may cause great risk to a patient, treatment with a VMAT2 inhibitor can improve symptoms of TD and allow patients to remain on crucial medication regimens

# Optum

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