

# DRAFT RULES FOR THE UTILIZATION OF OPIOIDS AND PAIN MANAGEMENT TREATMENT IN WORKERS' COMPENSATION CLAIMS

## Executive Summary

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DEVELOPED BY THE NORTH CAROLINA WORKERS' COMPENSATION OPIOID TASK FORCE  
STAKEHOLDER FEEDBACK REQUESTED BY **DECEMBER 6, 2017**

# BACKGROUND OF THE WC OPIOID TASK FORCE

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- THE NC WORKERS' COMPENSATION OPIOID TASK FORCE WAS CREATED BY CHAIRMAN CHARLTON L. ALLEN OF THE NORTH CAROLINA INDUSTRIAL COMMISSION IN FEBRUARY 2017 TO STUDY AND RECOMMEND SOLUTIONS FOR THE PROBLEMS ARISING FROM THE INTERSECTION OF THE OPIOID EPIDEMIC AND RELATED ISSUES IN WORKERS' COMPENSATION CLAIMS. (SEE [PRESS RELEASE](#) FOR MORE INFORMATION.)
- THE NC WORKERS' COMPENSATION OPIOID TASK FORCE IS COMPOSED OF REPRESENTATIVES OF VARIOUS STAKEHOLDERS, INCLUDING INJURED EMPLOYEES, SELF-INSURED EMPLOYERS, INSURANCE CARRIERS, ATTORNEYS, PHYSICIANS, HOSPITALS, AND PUBLIC HEALTH OFFICIALS.
- THE NC WORKERS' COMPENSATION OPIOID TASK FORCE HAS MET 1-3 TIMES PER MONTH SINCE APRIL 2017, INTENSIVELY DISCUSSING ISSUES AND POSSIBLE MEASURES THAT BALANCE THE INTERESTS OF ALL STAKEHOLDERS.

# THE WORK OF THE OPIOID TASK FORCE

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- AFTER SEVERAL MEETINGS, THE TASK FORCE DETERMINED THAT UTILIZATION RULES WERE LIKELY TO HAVE A MEANINGFUL EFFECT ON THE USE OF OPIOIDS AND RELATED ISSUES IN WORKERS' COMPENSATION CLAIMS AND COULD BE DEVELOPED THROUGH REASONABLE STAKEHOLDER COMPROMISE.
- THE TASK FORCE SPENT MONTHS REVIEWING THE NC STOP ACT, THE CDC GUIDELINES FOR PRESCRIBING OPIOIDS FOR CHRONIC PAIN AND OTHER PROFESSIONAL OPIOID GUIDELINES, AND THE OPIOID RULES AND GUIDELINES PROMULGATED BY OTHER STATES FOR WORKERS' COMPENSATION CLAIMS.
- THE TASK FORCE THEN DEVELOPED DRAFT UTILIZATION RULES OVER THE COURSE OF MULTIPLE MEETINGS AND ROUNDS OF REVIEW.

# MEMBERS OF THE OPIOID TASK FORCE

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- CHARLTON L. ALLEN, CHAIRMAN, NCIC
- TAMMY R. NANCE, COMMISSIONER, NCIC
- JOSEPH J. ABRIOLA, SENIOR VICE-PRESIDENT, CHIEF CLAIM OFFICER, KEY RISK
- N. VICTOR FARAH, FARAH & CAMMARANO, PA
- SCARLETTE K. GARDNER, STATE WORKERS' COMPENSATION MANAGER, NC OFFICE OF STATE HUMAN RESOURCES
- STEPHANIE L. GAY, VICE PRESIDENT, AEGIS ADMINISTRATIVE SERVICES, INC., AND NC ASSOCIATION OF SELF-INSURERS
- CHRISTOPHER T. GRUBB, MD, EAST CAROLINA PAIN CONSULTANTS, EAST CAROLINA ANESTHESIA ASSOCIATES, AND NORTH CAROLINA SOCIETY OF ANESTHESIOLOGISTS
- JAI KUMAR, NORTH CAROLINA HOSPITAL ASSOCIATION
- DANIEL C. POPE, JR., WILSON RATLEDGE, PLLC
- SCOTT K. PROESCHOLDBELL, MPH, CHRONIC DISEASE AND INJURY SECTION, DIVISION OF PUBLIC HEALTH, NCDHHS
- ANNA H. STEIN, JD, MPH, CHRONIC DISEASE AND INJURY SECTION, DIVISION OF PUBLIC HEALTH, NCDHHS
- MARIAN L. SWINKER, MD, MPH, FACOEM, PROFESSOR OF MEDICINE, BRODY SCHOOL OF MEDICINE, EAST CAROLINA UNIVERSITY
- JESSE M. TILLMAN, DEPUTY COMMISSIONER, NCIC
- ROBERT B. WILSON, II, MD, PIEDMONT INTERVENTIONAL PAIN CARE, PA, AND PAIN SOCIETY OF THE CAROLINAS
- ADVISOR TO TASK FORCE: ROBERT B. SNYDER, MD, MEDICAL DIRECTOR, TENNESSEE BUREAU OF WORKERS' COMPENSATION

# LEGAL AUTHORITY FOR OPIOID UTILIZATION RULES

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- THE INDUSTRIAL COMMISSION HAS THE STATUTORY AUTHORITY UNDER N.C. GEN. STAT. § 97-25.4 TO PROMULGATE UTILIZATION GUIDELINES FOR MEDICAL TREATMENT.
- IN SESSION LAW 2017-203, SECTION 4, THE GENERAL ASSEMBLY DIRECTED THE INDUSTRIAL COMMISSION TO ADOPT "RULES AND GUIDELINES, CONSISTENT WITH G.S. 97-25.4, FOR THE UTILIZATION OF OPIOIDS AND RELATED PRESCRIPTIONS, AND PAIN MANAGEMENT TREATMENT."

# REQUEST FOR PUBLIC FEEDBACK ON DRAFT RULES

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- THE INDUSTRIAL COMMISSION AND THE TASK FORCE NOW SEEK PRELIMINARY PUBLIC FEEDBACK REGARDING THE DRAFT UTILIZATION RULES PRIOR TO ANY RULEMAKING ACTION BY THE COMMISSION.
- THIS PRESENTATION IS A SUMMARY OF THE DRAFT RULES. THE DRAFT UTILIZATION RULES ARE AVAILABLE FOR REVIEW AT THIS LINK.
- COMMENTS ON THE DRAFT RULES SHOULD BE EMAILED **NO LATER THAN WEDNESDAY, DECEMBER 6, 2017** TO MEREDITH.HENDERSON@IC.NC.GOV.
- PROFESSIONAL OR OTHER GROUPS ARE ENCOURAGED TO CONSOLIDATE THE COMMENTS OF THEIR MEMBERS WHERE POSSIBLE.
- COMMENTS SHOULD GIVE SPECIFIC CITATIONS TO DRAFT RULES WHERE APPLICABLE.
- QUESTIONS MAY BE EMAILED TO MEREDITH.HENDERSON@IC.NC.GOV.

# HELPFUL INFORMATION FOR REVIEWERS

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- THESE DRAFT RULES APPLY TO WORKERS' COMPENSATION CLAIMS ONLY.
- THESE DRAFT RULES ARE NOT INTENDED TO REPLACE PHYSICIAN EXPERTISE AND PROFESSIONAL MEDICAL JUDGMENT.
  - ANY DISPUTES ABOUT PRESCRIBED TREATMENT THAT CANNOT BE RESOLVED MAY BE ADDRESSED BY THE FILING OF A MEDICAL MOTION WITH THE INDUSTRIAL COMMISSION, CONSISTENT WITH CURRENT PRACTICE.
- THIS SUMMARY IS INTENDED AS AN OVERVIEW. REVIEWERS ARE ENCOURAGED TO REVIEW THE SUMMARY AND THE DRAFT RULES BEFORE COMMENTING.

# HIGHLIGHTS OF THE DRAFT RULES ON OPIOIDS

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- FOLLOWING THE PRECEDENTS OF THE NC STOP ACT, THE CDC GUIDELINE FOR PRESCRIBING OPIOIDS FOR CHRONIC PAIN, AND OTHER STATES' WORKERS' COMPENSATION OPIOID RULES, THE DRAFT RULES ADDRESS THE FOLLOWING ISSUES:
  - FIRST PRESCRIPTION, ACUTE PHASE, AND CHRONIC PHASE PROTOCOLS.
  - LIMITS ON MORPHINE EQUIVALENT DOSE PER DAY.
  - NUMBER OF DAYS' SUPPLY PER OPIOID PRESCRIPTION.
  - NUMBER AND TYPES OF OPIOIDS PRESCRIBED.
  - CHECKING CONTROLLED SUBSTANCES REPORTING SYSTEM (CSRS).
  - ADMINISTERING URINE DRUG TESTING.
  - ASSESSING EMPLOYEE'S RISK OF OPIOID-RELATED HARM USING SCREENING TOOL.
- THE DRAFT RULES ALSO ADDRESS BENZODIAZEPINES, CARISOPRODOL, OPIOID ANTAGONISTS, NON-PHARMACOLOGICAL PAIN TREATMENT, AND DEPENDENCE OR ADDICTION REFERRALS.

# GENERAL PROVISIONS OF THE DRAFT RULES

## *(DRAFT RULE 04 NCAC 10M .0101)*

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- GOALS:
  - ENSURE EMPLOYEES ARE PROVIDED CARE INTENDED BY WC ACT AND MEDICAL COSTS ARE CONTAINED.
  - ADDRESS THE OUTPATIENT UTILIZATION OF OPIOIDS, RELATED PRESCRIPTIONS, AND PAIN MANAGEMENT TREATMENT FOR NON-CANCER PAIN IN WC CLAIMS.
- THE DRAFT RULES DO NOT CONSTITUTE MEDICAL ADVICE OR A STANDARD OF MEDICAL CARE.
- THE PARTIES MAY UTILIZE THE MEDICAL MOTION PROCESS IF A DISPUTE ARISES.
- THE DRAFT RULES APPLY TO ALL CLAIMS ARISING UNDER THE WC ACT, BUT THE PROVISIONS LIMITING THE PRESCRIPTION OF OPIOIDS AND CERTAIN OTHER MEDICATIONS DO NOT APPLY TO CLAIMS IN WHICH THE EMPLOYEE RECEIVED OPIOID TREATMENT FOR MORE THAN 12 CONSECUTIVE WEEKS IMMEDIATELY PRECEDING THE EFFECTIVE DATE OF THE RULES.

# IMPORTANT DEFINITIONS IN THE DRAFT RULES

## *(DRAFT RULE 04 NCAC 10M .0102)*

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- THE DRAFT RULES PROVIDE SEVERAL DEFINITIONS OF TERMS USED IN THE RULES.
- WHERE POSSIBLE, DEFINITIONS ARE TAKEN FROM THE NC STOP ACT, CHAPTER 90 OF THE NC GENERAL STATUTES, AND GUIDANCE FROM THE CDC AND FDA.
- THE TERM "OPIOID" IS USED IN THIS SUMMARY FOR BREVITY, BUT THE DRAFT RULES USE THE PHRASE "TARGETED CONTROLLED SUBSTANCE" AND ITS DEFINITION FROM THE NC STOP ACT.
- "ACUTE PHASE" IS DEFINED AS 12 WEEKS OF TREATMENT FOR PAIN FOLLOWING AN INJURY BY ACCIDENT, OCCUPATIONAL DISEASE, SURGERY FOR AN INJURY, OR SUBSEQUENT AGGRAVATION OF AN INJURY. THERE MAY BE MORE THAN ONE ACUTE PHASE.
- "CHRONIC PHASE" IS DEFINED AS CONTINUED TREATMENT FOR PAIN IMMEDIATELY FOLLOWING A 12-WEEK PERIOD OF TREATMENT USING A TARGETED CONTROLLED SUBSTANCE.
- REVIEWERS ARE ENCOURAGED TO REVIEW THE DEFINITION LANGUAGE IN THE DRAFT RULES FOR MORE SPECIFICS.

# DRAFT RULE FOR FIRST PRESCRIPTION OF OPIOID

## *(DRAFT RULE 04 NCAC 10M .0201)*

- RULES FOR FIRST PRESCRIPTION OF OPIOIDS:
  - DOCUMENT THAT NON-OPIOID TREATMENT IS INSUFFICIENT.
  - REVIEW INFORMATION IN CSRS REGARDING THE EMPLOYEE FOR THE PRECEDING 12 MONTHS.
  - USE SHORTEST DURATION NECESSARY, NOT TO EXCEED 5-DAY SUPPLY, OR 7-DAY SUPPLY POST-SURGERY.
  - USE LOWEST EFFECTIVE DOSAGE, NOT TO EXCEED 50 MME/DAY, USING ONE SHORT-ACTING OPIOID ONLY.
    - EXCEPTION FOR EMPLOYEES TAKING MORE THAN 50 MME/DAY BEFORE SURGERY.
    - NO ADDITIONAL OPIOID PRESCRIPTION MAY BE PROVIDED FOR DISPENSING AT A LATER TIME.
  - DO NOT USE TRANSDERMAL, TRANSMUCOSAL, OR BUCCAL OPIOIDS WITHOUT DOCUMENTATION OF INADEQUACY OF ORAL DOSING.
  - DO NOT USE FENTANYL FOR THE FIRST PRESCRIPTION.

# PRESCRIBING OPIOIDS IN THE ACUTE PHASE

## *(DRAFT RULE 04 NCAC 10M .0202)*

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- DOCUMENT THAT NON-OPIOID TREATMENT IS INSUFFICIENT.
- REVIEW THE CSRS REGARDING EMPLOYEE EVERY TIME AN OPIOID IS PRESCRIBED IN THE ACUTE PHASE.
- USE THE SHORTEST DURATION NECESSARY, NOT TO EXCEED ONE 30-DAY SUPPLY AT A TIME.
- PRESCRIBE THE LOWEST EFFECTIVE DOSAGE, NOT TO EXCEED 50 MME/DAY, USING ONE SHORT-ACTING OPIOID ONLY.
  - EXCEPTION TO ALLOW UP TO 90 MME/DAY WITH DOCUMENTATION OF MEDICAL JUSTIFICATION.
- DO NOT USE TRANSDERMAL, TRANSMUCOSAL, OR BUCCAL OPIOIDS WITHOUT DOCUMENTATION OF INADEQUACY OF ORAL DOSING.
- DO NOT USE FENTANYL IN THE ACUTE PHASE.

# PRESCRIBING OPIOIDS IN THE ACUTE PHASE

## *(DRAFT RULE 04 NCAC 10M .0202)*

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- AFTER THE FIRST PRESCRIPTION AND AN ADDITIONAL 30 DAYS OF OPIOID TREATMENT (35-37 DAYS TOTAL), A PROVIDER MAY ONLY CONTINUE OPIOID TREATMENT AFTER COMPLETING CERTAIN REQUIREMENTS:
  - URINE DRUG TESTING
    - ADMINISTER A PRESUMPTIVE URINE DRUG TEST (UDT).
    - IF THE PRESUMPTIVE UDT SHOWS NONDISCLOSED ILLICIT OR CONTROLLED SUBSTANCES OR DOES NOT SHOW PRESCRIBED CONTROLLED SUBSTANCES, ORDER A CONFIRMATORY UDT.
    - THE PROVIDER HAS DISCRETION REGARDING PRESCRIBING OPIOID WHILE WAITING FOR CONFIRMATORY UDT RESULTS.
  - ADMINISTER CLINICALLY VALIDATED TOOL FOR ASSESSING THE RISK OF OPIOID-RELATED HARM.
  - DOCUMENT IN THE MEDICAL RECORD WHETHER THE CSRS REVIEW, UDT, OR RISK TOOL INDICATES INCREASED RISK OF OPIOID-RELATED HARM. IF OPIOID TREATMENT IS CONTINUED WHERE THERE IS INCREASED RISK, DOCUMENT THE MEDICAL JUSTIFICATION IN THE MEDICAL RECORD.

# PRESCRIBING OPIOIDS IN THE CHRONIC PHASE

## *(DRAFT RULE 04 NCAC 10M .0203)*

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- DOCUMENT THAT NON-OPIOID TREATMENT IS INSUFFICIENT.
- REVIEW THE CSRS REGARDING EMPLOYEE AT EVERY OFFICE VISIT OR EVERY THREE MONTHS, WHICHEVER IS MORE FREQUENT.
- USE THE SHORTEST DURATION NECESSARY, NOT TO EXCEED ONE 30-DAY SUPPLY AT A TIME.
- PRESCRIBE THE LOWEST EFFECTIVE DOSAGE, NOT TO EXCEED 50 MME/DAY.
  - EXCEPTION TO ALLOW UP TO 90 MME/DAY WITH DOCUMENTATION OF MEDICAL JUSTIFICATION.
  - PROVIDER MAY SEEK PREAUTHORIZATION FROM EMPLOYER/CARRIER FOR MORE THAN 90 MME/DAY.
- USE ONLY ONE OPIOID AT A TIME UNLESS PROVIDER DOCUMENTS MEDICAL NEED.
- DO NOT USE MORE THAN TWO OPIOIDS AT A TIME, TO INCLUDE ONLY ONE SHORT-ACTING OPIOID AND ONE LONG-ACTING OR EXTENDED RELEASE OPIOID.

# PRESCRIBING OPIOIDS IN THE CHRONIC PHASE

*(DRAFT RULE 04 NCAC 10M .0203)*

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- DO NOT USE METHADONE IN THE CHRONIC PHASE WITHOUT SEEKING PREAUTHORIZATION FROM THE EMPLOYER/CARRIER.
- DO NOT USE TRANSDERMAL, TRANSMUCOSAL, OR BUCCAL OPIOIDS WITHOUT DOCUMENTATION OF INADEQUACY OF ORAL DOSING.
- A PROVIDER SHALL SEEK PREAUTHORIZATION FROM THE EMPLOYER/CARRIER BEFORE PRESCRIBING TRANSDERMAL FENTANYL.

# PRESCRIBING OPIOIDS IN THE CHRONIC PHASE

## *(DRAFT RULE 04 NCAC 10M .0203)*

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### ➤ UDTs IN THE CHRONIC PHASE

- BEFORE FIRST PRESCRIBING AN OPIOID IN THE CHRONIC PHASE, ADMINISTER A PRESUMPTIVE URINE DRUG TEST (UDT).
- IF THE PRESUMPTIVE UDT SHOWS NONDISCLOSED ILLICIT OR CONTROLLED SUBSTANCES OR DOES NOT SHOW PRESCRIBED CONTROLLED SUBSTANCES, ORDER A CONFIRMATORY UDT.
- THE PROVIDER HAS DISCRETION REGARDING PRESCRIBING OPIOID WHILE WAITING FOR CONFIRMATORY UDT RESULTS.
- AFTER THE FIRST UDT, ADMINISTER 2-4 UDTs PER YEAR WITHIN THE PROVIDER'S DISCRETION USING THE SAME PROTOCOL.

# PRESCRIBING OPIOIDS IN THE CHRONIC PHASE

## *(DRAFT RULE 04 NCAC 10M .0203)*

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- IF THE EMPLOYEE'S OPIOID TREATMENT IS TRANSFERRED TO ANOTHER PRACTICE DURING THE CHRONIC PHASE, THE NEW PROVIDER SHALL ADMINISTER AND DOCUMENT THE RESULTS OF A CLINICALLY VALIDATED TOOL FOR ASSESSING THE RISK OF OPIOID-RELATED HARM.
  - EXAMPLES OF SUCH RISK TOOLS ARE LISTED IN THE DRAFT RULES.
- A PROVIDER SHALL DOCUMENT IN THE MEDICAL RECORD WHETHER A CSRS REVIEW, UDT, OR RISK TOOL INDICATES INCREASED RISK OF OPIOID-RELATED HARM. IF OPIOID TREATMENT IS CONTINUED WHERE THERE IS INCREASED RISK, THE PROVIDER MUST DOCUMENT THE MEDICAL JUSTIFICATION.

# PROVISIONS REGARDING OTHER MEDICATIONS

## *(DRAFT RULES 04 NCAC 10M .0201-.0203)*

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- THESE PROVISIONS APPLY TO THE FIRST PRESCRIPTION AND ACUTE AND CHRONIC PHASES.
- DO NOT PRESCRIBE BENZODIAZEPINES FOR PAIN OR AS MUSCLE RELAXERS.
- DO NOT PRESCRIBE CARISOPRODOL AT THE SAME TIME AS AN OPIOID.
- IF AN EMPLOYEE IS TAKING BENZODIAZEPINES OR CARISOPRODOL PRESCRIBED BY ANOTHER PROVIDER:
  - EXERCISE EXTREME CAUTION IN PRESCRIBING AN OPIOID AND ADVISE EMPLOYEE OF THE RISKS OF TAKING SUCH MEDICATIONS WITH OPIOIDS.
  - NOTIFY THE PROVIDER PRESCRIBING BENZODIAZEPINES OR CARISOPRODOL OF THE OPIOID PRESCRIPTION.

# CO-PRESCRIPTION OF OPIOID ANTAGONIST

## *(DRAFT RULE 04 NCAC 10M .0301)*

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- A PROVIDER SHALL CONSIDER CO-PRESCRIBING AN OPIOID ANTAGONIST TO EMPLOYEES IF ONE OF THE FOLLOWING CONDITIONS IS PRESENT:
  - EMPLOYEE TAKES BENZODIAZEPINE OR CARISOPRODOL AND AN OPIOID.
  - EMPLOYEE TAKES MORE THAN 50 MME/DAY.
  - EMPLOYEE HAS A HISTORY OF DRUG OVERDOSE.
  - EMPLOYEE HAS A HISTORY OF SUBSTANCE ABUSE DISORDER.
  - PROVIDER IS AWARE EMPLOYEE HAS AN UNDERLYING MENTAL HEALTH CONDITION THAT POSES INCREASED RISK OF OVERDOSE.
  - EMPLOYEE HAS A MEDICAL CONDITION OR CO-MORBIDITY THAT POSES INCREASED RISK OF OVERDOSE.
- PRESCRIPTION FOR OPIOID ANTAGONIST SHALL BE WRITTEN TO ALLOW PRODUCT SELECTION BY EMPLOYER/CARRIER, TO INCLUDE FDA-APPROVED INTRANASAL FORMULATION.

# NON-PHARMACOLOGICAL PAIN TREATMENT

*(DRAFT RULE 04 NCAC 10M .0401)*

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- A PROVIDER SHALL CONSIDER AND MAY PRESCRIBE NON-PHARMACOLOGICAL TREATMENTS FOR PAIN INCLUDING, BUT NOT LIMITED TO, PHYSICAL THERAPY, CHIROPRACTIC, ACUPUNCTURE, MASSAGE, COGNITIVE BEHAVIORAL THERAPY, BIOFEEDBACK, AND FUNCTIONAL RESTORATION PROGRAMS.
- THE EMPLOYER OR CARRIER MAY REQUEST ADDITIONAL INFORMATION FROM THE PROVIDER REGARDING THE PRESCRIBED TREATMENT BY ANY METHOD ALLOWED PURSUANT TO THE WC ACT.
- THE TASK FORCE INTENDS TO DEVELOP A NON-MANDATORY FORM EMPLOYERS OR CARRIERS MAY USE TO REQUEST ADDITIONAL INFORMATION, SIMILAR TO THE WORKERS' COMPENSATION MEDICAL QUESTIONNAIRE.

# DEPENDENCE OR ADDICTION TREATMENT

## *(DRAFT RULE 04 NCAC 10M .0501)*

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- IF A PROVIDER BELIEVES THAT AN EMPLOYEE MAY BENEFIT FROM AN EVALUATION FOR DISCONTINUATION OR TAPERING OF AN OPIOID OR TREATMENT FOR DEPENDENCE OR ADDICTION TO AN OPIOID, THE PROVIDER MAY REFER THE EMPLOYEE TO AN APPROPRIATE PROVIDER FOR EVALUATION.
  - THE EMPLOYER OR CARRIER MAY REQUEST ADDITIONAL INFORMATION FROM THE PROVIDER REGARDING THE REFERRAL BY ANY METHOD ALLOWED PURSUANT TO THE WC ACT.
- IF TREATMENT IS RECOMMENDED FOLLOWING THE EVALUATION, THE EMPLOYER OR CARRIER MAY REQUEST ADDITIONAL INFORMATION FROM THE RECOMMENDING PROVIDER REGARDING THE TREATMENT BY ANY METHOD ALLOWED PURSUANT TO THE WC ACT.
- THE TASK FORCE INTENDS TO DEVELOP A NON-MANDATORY FORM EMPLOYERS OR CARRIERS MAY USE TO REQUEST ADDITIONAL INFORMATION, SIMILAR TO THE WORKERS' COMPENSATION MEDICAL QUESTIONNAIRE.

# SPECIAL THANKS

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- THE WORKERS' COMPENSATION OPIOID TASK FORCE IS GRATEFUL TO THE FOLLOWING OFFICIALS IN OTHER STATES WHO SHARED THEIR EXPERTISE AND INSIGHTS ON OPIOID RULES AND GUIDELINES FOR WORKERS' COMPENSATION CLAIMS:
  - ROBERT B. SNYDER, M.D., MEDICAL DIRECTOR, TENNESSEE BUREAU OF WORKERS' COMPENSATION
  - JAYMIE MAI, PHARM.D., PHARMACY MANAGER, WASHINGTON STATE DEPARTMENT OF LABOR & INDUSTRIES
  - STEPHEN T. WOODS, M.D., FORMER CHIEF MEDICAL OFFICER, OHIO BUREAU OF WORKERS' COMPENSATION
  - JOHNNIE L. HANNA, R.PH., M.B.A., FORMER PHARMACY PROGRAM DIRECTOR, OHIO BUREAU OF WORKERS' COMPENSATION
  - NICHOLAS D. TREGO, PHARM.D., R.PH., INTERIM PHARMACY DIRECTOR, OHIO BUREAU OF WORKERS' COMPENSATION
  - JACQUELINE KURTH, MANAGER, MEDICAL RESOURCE OFFICE, INDUSTRIAL COMMISSION OF ARIZONA
- IN DEVELOPING THE DRAFT UTILIZATION RULES, THE OPIOID TASK FORCE REVIEWED THE WORKERS' COMPENSATION OPIOID RULES OR GUIDELINES OF MANY STATES, INCLUDING ARIZONA, CALIFORNIA, COLORADO, CONNECTICUT, DELAWARE, LOUISIANA, MASSACHUSETTS, MINNESOTA, NEW YORK, OHIO, OREGON, TENNESSEE, WASHINGTON STATE, AND WEST VIRGINIA.

THANK YOU FOR REVIEWING THIS PRESENTATION  
AND THE DRAFT UTILIZATION RULES AVAILABLE AT  
[WWW.IC.NC.GOV/DRAFTOPIOIDUTILIZATIONRULES1117.PDF](http://WWW.IC.NC.GOV/DRAFTOPIOIDUTILIZATIONRULES1117.PDF).

IF YOU WISH TO COMMENT ON THE DRAFT RULES,  
PLEASE SEND YOUR COMMENTS TO  
[MEREDITH.HENDERSON@IC.NC.GOV](mailto:MEREDITH.HENDERSON@IC.NC.GOV)  
NO LATER THAN, AND PREFERABLY BEFORE, DEC. 6, 2017.