



**Division of Workers'
Compensation**

Gabapentin or Pregabalin with Opioids Plan-Based Audit

November 15, 2023

Section 1: General Statement and Overview

Health care providers play a crucial role to ensure that basic goals of the workers' compensation system are met. Each injured employee will have access to prompt, high-quality medical care and receive services to facilitate the employee's return to work as soon as it is considered safe and appropriate. Health care providers must provide treatment in accordance with the current edition of the Official Disability Guidelines (ODG)-Treatment in Workers' Compensation, the adopted treatment guidelines under 28 Texas Administrative Code Section 137.100.

From the ODG October 1, 2021, version:

Gabapentin is an antiepileptic drug (AED) with analgesic and antiepileptic properties. It belongs to a class of drugs called anticonvulsants or antiepileptics. It is a medication generally indicated for the treatment of seizure and nerve pains such as neuropathic pain like diabetic neuropathy, epilepsy, and postherpetic neuralgia.

Pregabalin is an antiepileptic drug (AED) with analgesic, antiepileptic, and anxiolytic properties. While both drugs are indicated for managing partial seizures in adults with epilepsy as well as treat certain conditions, such as postherpetic neuralgia in adults, pregabalin has extra uses, including treating fibromyalgia and nerve pain in specific adults.

No concomitant use of alcohol or sedating medications (such as opioids) are recommended with gabapentin or pregabalin.

There are several questions that need to be addressed when combining gabapentin, pregabalin, and opioid medications. These include assessing potential interactions, adjusting dosages as needed, monitoring to assess the safety of combining gabapentin with opioids, examining possible side effects, and determining the appropriate frequency of all medications.

Evidence-based medicine supports the ODG that the combination of gabapentin or pregabalin and opioids is not recommended. Combinations of these drugs have been found to decrease breathing, which could have fatal consequences, respiratory depression, increased risk of opioid overdose death, etc. Using opioids at the same time can also elevate the absorption of gabapentin or pregabalin in the body, potentially raising risks when using these drugs in combination.

Texas Labor Code Section 413.002 requires the Texas Department of Insurance, Division of Workers' Compensation (DWC) to "monitor health care providers, insurance carriers, independent review organizations, and workers' compensation claimants who receive medical services to ensure the compliance of those persons with rules adopted by the commissioner relating to health care, including medical policies and fee guidelines."

Texas Labor Code Section 408.021(a) states that "an employee who sustains a compensable injury is entitled to all health care reasonably required by the nature of the injury as and when needed. The

employee is specifically entitled to health care that cures or relieves the effects naturally resulting from the compensable injury; promotes recovery; or enhances the ability of the employee to return to or retain employment.”

Texas Labor Code Section 413.0512 requires the Medical Quality Review Panel to recommend to the medical advisor “appropriate action regarding doctors, other health care providers, insurance carriers, utilization review agents, and independent review organizations.”

DWC will manage the Medical Quality Review Process in a manner that is fair, open, and transparent to all workers’ compensation system participants to the extent consistent with state confidentiality laws. DWC will provide the subject of a review with the opportunity to participate throughout the Medical Quality Review Process.

Medical quality reviews help DWC monitor compliance with the Labor Code and DWC rules. They also ensure that injured employees in the workers’ compensation system receive medically necessary and appropriate health care that is timely and cost-effective. In addition, these reviews facilitate functional recovery and appropriate return-to-work outcomes.

Section 2: Purpose

- Promote the delivery of quality health care in a cost-effective manner, including protecting the safety of injured employees.
- Ensure that prescribing health care practitioners adhere to the ODG and medically accepted standards of care for prescribing gabapentin or pregabalin in combination with opioids.
- Review the appropriate use of a prescribing health care practitioner’s decision making and recordkeeping that supports prescribing gabapentin or pregabalin in combination with opioids for each treatment plan tailored to a specific injured employee.
- Support return-to-work outcomes, improve quality of life, and avoid unnecessary disability.

Section 3: Scope and Methodology

- This audit includes prescribing health care practitioners who prescribe gabapentin or pregabalin in combination with opioids for injured employees where:
 - The prescriber is a physician, physician assistant, or advanced practice registered nurse within the same practice.
 - The date of injury is from January 1, 2020, through December 31, 2022.
 - The dispense date is from June 1, 2022, through May 31, 2023.
 - The dispense date is greater than 90 days after the date of injury.

- The injured employee was prescribed gabapentin or pregabalin.
- The injured employee was prescribed gabapentin or pregabalin in combination with opioids.
- The total day supply of gabapentin, pregabalin, and opioids for an injured employee's claim is greater than 90 days.
- Gabapentin, pregabalin, and opioids will be identified by the National Drug Code (NDC) as billed by pharmacies and reported through medical electronic data interchange (EDI) data. The NDCs are compared to the Medi-Span Master Drug Database v2.5 to identify those NDCs that are classified as "Analgesics – Opioid" and "Anti-epilepsy drugs."
- Procedures for determining the reasonableness of a doctor's decision making and recordkeeping are in Section 2 of the Medical Quality Review Process, specifically, the adopted return-to-work guidelines. Also, see Texas Labor Code Sections 413.013 and 413.05115.

Section 4: Selection Criteria

- Time frame to select data. We will identify:
 - Dates of injury of January 1, 2020, through December 31, 2022.
 - Gabapentin, pregabalin, or opioid prescription dispensed June 1, 2022, through May 31, 2023.
- Subject selection.
 - No more than 10 prescribing health care practitioners who prescribed gabapentin or pregabalin in combination with opioids and:
 - Had the highest number of claims within the selection criteria.
 - For those health care practitioners having the same number of claims, we will select the health care practitioner with the highest average of total day supply.
 - In case of a tie, we will select the prescribing health care practitioner with the highest billed amount.
- Case selection. We will randomly select no more than five injured employees for each prescribing health care practitioner per the selection criteria.
- Exclusions. We will exclude:
 - Any prescriber, other than a physician, physician assistant, or advanced practice registered nurse as reported through medical EDI data.

- Prescribers who do not partner with or share a clinic or practice with another prescriber when there are multiple prescribers for an injured employee.

Section 5: Conflicts

This plan-based audit complies with the approved Medical Quality Review Process. However, if a specific conflict exists between this plan-based audit and the Medical Quality Review Process, this plan-based audit prevails.

Section 6: Approvals

Submitted by:



11/14/23

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Date

Medical Advisor

TDI, Division of Workers' Compensation

Approved by:



11/15/23

Jeff Nelson

Date

Commissioner

TDI, Division of Workers' Compensation