

 Yukon Workers' Compensation Health and Safety Board	Part:	Health Care Assistance		
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[SAFE USE OF MEDICATIONS](#)

GENERAL INFORMATION

Section 36 of the *Workers' Compensation Act* S.Y. 2008, c. 12 (the Act) states that Yukon Workers' Compensation Health and Safety Board (YWCHSB) may provide payment for health care assistance. This includes medications appropriate to treat an injured worker's work-related injury and any associated subsequent disorders that arise from the work-related injury.

PURPOSE

There can be risks and negative side effects associated with any medication. In particular, opioids (narcotic pain medication) can be harmful if not used safely and monitored appropriately. This policy establishes parameters for the appropriate coverage and safe use of medications, including opioids, in the treatment of work-related injuries. It outlines the responsibilities of the injured worker, the prescribing medical practitioner and YWCHSB.

DEFINITIONS

1. **Addiction:** the use of psychoactive substances (that is, substances affecting one's mind or behaviour), leading to a loss of control, compulsive and continued use resulting in adverse social, physical and psychological consequences.
2. **Compendium of Pharmaceuticals and Specialties (CPS):** the most widely used source of drug information in Canada. It is published by the Canadian Pharmacists Association and lists medications commonly used in Canada to treat various medical conditions.
3. **Drug Identification Number (DIN):** the number located on the label of prescription and over-the-counter drug products that have been evaluated and authorized for use and sale in Canada.

4. Injury: as defined by subsection 3(1) of the Act, means:

- a) an injury as a result of an event, or series of events, occasioned by a physical or natural cause;
- b) an injury as a result of a wilful and intentional act, not being the act of the worker;
- c) a disablement, but does not include the disablement of mental stress or disablement caused by mental stress, other than post-traumatic stress;
- d) an occupational disease, which includes a disease from causes and conditions peculiar to or characteristic of a particular trade or occupation or peculiar to the particular employment; but does not include an ordinary disease of life; or
- e) death as a result of an injury.

5. Medical practitioner: as defined by subsection 3(1) of the Act, means a medical practitioner recognized under the *Medical Profession Act* or other health care provider recognized by the board.

6. Medication: a pharmaceutical agent prescribed (or recommended, in the case of over-the-counter medications) by a medical practitioner and labelled with a Drug Identification Number (DIN).

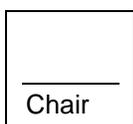
7. Dependence:

- Physical: a physiological state whereby a person becomes dependent on the continued regular use of a drug to the extent that to stop taking it leads to withdrawal (which may be relieved in total or in part by re-administering the substance).
- Psychological: characterized by a subjective sense of need for a specific substance.

Physical or psychological dependencies do not necessarily correlate with addiction and may be a normal consequence of long-term use of opioids, tranquilizers and hypnotics.

PREVENTION

Preventing work-related injuries by identifying and addressing potential hazards is the responsibility of everyone in the workplace. YWCHSB encourages employers, workers, health care providers and other parties to work together to prevent work-related injuries. When an injury occurs, workers, employers and YWCHSB must co-operate to return the worker to safe and suitable work as soon as functionally possible. This helps to prevent disability and, ultimately, to lower assessment rates.



YWCHSB is also responsible for administering and enforcing the *Occupational Health and Safety Act* and *Regulations*. All workplace parties are legally obligated to know how this legislation applies to their work.

POLICY STATEMENT

YWCHSB supports the provision of necessary and appropriate health care services to:

- promote effective recovery from a work-related injury;
- maintain or enable early and safe return to work for injured workers; and
- reduce the severity of symptoms where the work-related injury has a significant impact on daily living activities.

YWCHSB may cover the cost of medications, including opioids, under this policy where these medications have been prescribed by a licensed medical practitioner and dispensed by a licensed pharmacist or authorized health care provider.

1. General

YWCHSB authorizes payment for medications where:

- a) the medication is prescribed or recommended by a medical practitioner or other health care provider authorized to write prescriptions;
- b) the use is consistent with accepted medical practice in Canada, the manufacturer's instructions and is prescribed or recommended in accordance with the *Compendium of Pharmaceuticals and Specialties (CPS)*;
- c) the medication has a valid Drug Identification Number (DIN);
- d) the medication is appropriate to address the worker's medical needs arising out of their work-related injury;
- e) the medication is expected to improve or maintain the workers' functional abilities, thus enabling the worker to safely stay at work or improve the likelihood of a safe and timely return to work; and
- f) the medication is expected to minimize the risk of further injury or aggravation of the work-related injury.

2. Appropriateness of Medications

Payment for medication expenses will be determined by YWCHSB. The medication must be appropriate to the work-related injury and the injured worker. Accordingly, YWCHSB will consider:

- a) the recommendation of the treating medical practitioner responsible for the injured worker's ongoing care;

Chair

- b) the intended benefit of the medication in relation to the work-related injury (in some cases, a 'companion' medication is required to address side effects from the primary medication); and
- c) whether the dosage, frequency of use and total amount prescribed is clearly indicated in reports submitted to YWCHSB.

Where appropriate, YWCHSB may consider current scientific evidence and evidence-based guidelines developed by professional health organizations in Canada and the United States regarding the use of a particular medication in relation to an injured worker.

YWCHSB may refuse or limit the authorization of payment for medications that are determined to be inappropriate, ineffective or harmful, including those that may lead to dependency or addiction.

3. Opioids (Pain Medication), Tranquilizers and Hypnotics

Non-opioid medication should be the first choice for treating pain, especially pain associated with minor or mild soft tissue injuries. However, the short-term use of opioid medication to treat moderate-to-severe pain (from the initial work-related injury, subsequent surgery or recurrence of injury) is considered reasonable and appropriate, and may be covered by YWCHSB.

When determined appropriate by YWCHSB, payment may be authorized for opioids, tranquilizers and hypnotics for:

- a) a period of hospitalization for the work-related injury;
- b) up to one month following the work-related injury; or
- c) related subsequent surgery or recurrence of injury.

At any time, the payment for opioid medication will be discontinued if:

- a) the current status of the injured worker's work-related injury or condition no longer requires opioids;
- b) there is insufficient evidence to support a conclusion that the treatment is beneficial to the work-related injury;
- c) there is evidence that the treatment is causing more harm than benefit;
- d) the treatment is contributing to a dependence or addiction; or
- e) the treatment is a factor contributing to the worker's inability to fully participate in medical rehabilitation or return to work efforts.

Where a medical practitioner recommends extending use of a medication for a period greater than one month, they must provide a satisfactory medical explanation of special or extenuating circumstances for the extension, in writing, to YWCHSB.

YWCHSB will determine the appropriateness and reasonableness of the prescription extension, and determine the need for a therapeutic agreement (that is, a written document establishing expectations, roles, responsibilities and consequences between YWCHSB, the injured worker and other parties deemed necessary by YWCHSB).

YWCHSB may refer the injured worker for a medical assessment, where it is suspected the use of opioids, tranquilizers or hypnotics is interfering with the worker's recovery and return to work plan.

4. Over-the-Counter Medications

When determined to be appropriate and recommended by a medical practitioner in writing, YWCHSB may authorize payment for non-prescription medications.

5. Off-Label Use of Prescription Medications

"Off-label" refers to the prescription and use of medications for purposes other than the purpose for which they were initially developed. These medications must be approved by Health Canada and described in the CPS. YWCHSB may authorize payment for off-label use of medications on a case-by-case basis if such use is reasonable and appropriate for the work-related injury.

6. Non-Standard, Not-Generally-Accepted Drugs or Substances

YWCHSB does not normally authorize payment for non-standard, not-generally-accepted drugs or substances.

On a case-by-case basis, YWCHSB may authorize payment for such drugs or substances upon written submission, from a treating medical practitioner, that presents the case for the proposed drug or substance to treat the work-related injury. The case for the proposed drug or substance must meet all of the following criteria:

- a) all other conventional medications, drugs or substances have been tried or at least considered and found to be medically inappropriate;
- b) the drug or substance will be used for a medical condition that results from a work-related injury;
- c) there is sufficient evidence to indicate the drug or substance can be expected to produce the intended effects on health outcomes in the particular case under consideration;
- d) there is sufficient evidence to indicate the drug's or substance's expected beneficial effects on human health outweigh its expected harmful effects;
- e) a medical practitioner has provided the injured worker with any necessary and/or appropriate referrals, prescriptions, or medical documents that are required for the drug or substance; and
- f) the drug or substance in question can be provided legally in Canada from an accredited and/or licensed source.

Examples of non-standard, not-generally-accepted drugs or substances include, but are not limited to:

- a) cannabis;
- b) amphetamines;
- c) barbiturates (the exception is phenobarbital, which may be authorized for payment if prescribed for seizure disorders following a severe head injury);
- d) anabolic steroids;
- e) drugs or substances not legally accessible in Canada; and
- f) medications used for purposes other than medically prescribed.

7. Criteria for Reimbursement of Medication Expenses

To be eligible for reimbursement of medication expenses, the injured worker's use of the medication must follow the provisions of this policy.

Where a generic medication is equivalent and available to replace a brand-name medication, YWCHSB will pay the cost of the generic equivalent, unless there is a valid medical reason that the brand-name medication is required, or the brand-name medication is available at a lower price than the generic equivalent.

Original receipts must be submitted to YWCHSB within one month of purchase to be considered for reimbursement.

8. Addiction

Some classes of medications involve a high risk of physical dependence, tolerance and addiction with prolonged use or high doses:

- a) opioids: natural or synthetic narcotic analgesics (pain medication) such as morphine, codeine, Oxycodone and Darvon used to treat moderate-to-severe pain; and
- b) tranquilizers and hypnotics: medications, such as barbiturates and benzodiazepines, used to treat anxiety, sleeplessness and muscle spasms.

There may be circumstances where YWCHSB or the treating medical practitioner believe the injured worker's need for opioids, tranquilizers or hypnotics is mostly psychological in nature, and such dependence is contributing to behaviours not favourable to or interfering with the goals of recovery and return to work. In such circumstances, YWCHSB may discontinue authorization for payment of opioids, tranquilizers or hypnotics in consultation with the treating medical practitioner and YWCHSB's medical consultant.

9. Addiction Intervention

Opioids, tranquilizers and hypnotics may lead to dependency or addiction, even when used appropriately. Where reasonable medical evidence supports a diagnosis of addiction resulting from treatment for a work-related injury, YWCHSB will cover the costs of addiction intervention (see YWCHSB policy EN-10, “Subsequent Disorders and Conditions Resulting from a Work-Related Injury”). Intervention may include a gradual withdrawal of the medication from the injured worker’s regimen, referral to a specialist or referral to a multidisciplinary intervention (such as an addiction rehabilitation program) as determined by YWCHSB.

Authorization for addiction intervention is subject to the following conditions:

- a) authorization for payment will be on a “one-time” basis;
- b) intervention for relapses will not be covered;
- c) where there is a delay in accessing appropriate intervention, YWCHSB will review ongoing authorization for payment for opioids, tranquilizers or hypnotics with the treating medical practitioner;
- d) the goal of the intervention will be to discontinue use over a short period of time. This is not expected not to exceed 12 weeks;
- e) following the intervention, YWCHSB will no longer authorize payment for opioids, tranquilizers or hypnotics for that worker, except on an exceptional basis related to emergency medical treatment;
- f) if the worker refuses to mitigate the effects of the addiction by declining appropriate intervention programming without just cause (as determined by YWCHSB), YWCHSB will cease authorization for opioids, tranquilizers or hypnotics; and
- g) YWCHSB policy RE-03, “Mitigation of Loss” applies to all decisions regarding further entitlement to benefits and services.

ROLES AND RESPONSIBILITIES

1. Medical Practitioner

In addition to diagnosing and treating the injured worker, and performing other roles and responsibilities as described in YWCHSB policy HC-01, “Overview: Provision of Health Care Assistance”, medical practitioners are responsible for:

- identifying, recommending or prescribing the most appropriate medication for the work-related injury;
- prescribing or recommending a generic equivalent to a brand-name medication;
- ensuring that the worker receives timely and appropriate pharmaceutical support, including the timely and appropriate cessation of medication therapy;

- clearly indicating, in reports provided to YWCHSB, the intended benefit of the medication, and the dosage, frequency and total amount of medication prescribed or recommended;
- ensuring that the worker is advised of any significant impact the medication may have on the timely achievement of the goals of recovery and safe return to work; and
- participating, where required, in the development and monitoring of therapeutic agreements.

2. YWCHSB

YWCHSB is responsible for:

- authorizing payment for medications that are consistent with the provisions of this policy;
- determining the need for a therapeutic agreement between the injured worker, medical practitioner, dispensing agency and YWCHSB; and
- consulting with medical practitioners where it is unclear as to the intended benefits of the prescribed or recommended medication, its dosage or the frequency of use.

3. Worker

Under Section 14 of the Act, every worker has a duty to mitigate the effects of their work-related injury. It is a worker's responsibility to ensure their medication is used safely and as directed. Workers are responsible to actively and fully participate in their recovery by discussing a medication's effects with their medical practitioner or YWCHSB. It is important for an injured worker who suspects that the prescribed medication may be interfering with their ability to fully and safely engage in treatment and return to work efforts to communicate their concerns to their medical practitioner.

4. Employer

The employer's co-operation and commitment in the return to work process is critical in facilitating the injured worker's return to work. Subsection 40(1) of the Act outlines the minimum requirements for employers of injured workers regarding co-operation in the early and safe return to work process.

EXCEPTIONAL CIRCUMSTANCES

When the circumstances of a case are such that this policy cannot be applied or doing so would bring an unfair or unintended result, YWCHSB will decide the case based on YWCHSB policy, EN-02, "Merits and Justice of the Case." Such a decision will be for that case only and will not be precedent setting.

APPEALS

Workers, dependent(s) of a deceased worker, or employers may request a hearing officer to review a YWCHSB decision made under this policy, as provided by subsection 53(1) of the Act. They may appeal hearing officer decisions to the Workers' Compensation Appeal Tribunal (WCAT), under section 54(1) of the Act. Requests for review and notices of appeal must be filed within 24 months of the date of the decision being reviewed or appealed, in accordance with section 52 of the Act.

A worker may appeal directly to the WCAT any decision made under subsection 14(2) of the Act. Notice of the appeal must be filed within 24 months of the date of the decision by YWCHSB, in accordance with sections 52 and 54 of the Act.

ACT REFERENCES

Workers' Compensation Act, Sections 3, 14, 36, 40, 42(1), 52, 53, 54.
Occupational Health and Safety Act

POLICY REFERENCES

EN-02, "Merits and Justice of the Case"
EN-10, "Subsequent Disorders or Conditions Resulting From a Work-related Injury"
RE-03, "Mitigation of Loss"

HISTORY

HC-02, "Safe Use of Medications", effective January 1, 2010, revoked July 1, 2019.