Point of View: Avoiding Opioids in Patients With Work-related Lumbar Disc Herniation

Patients with work-related low back pain are more likely to have worse outcomes compared with those without work-related disability. For eligible individuals with injuries occurring at work, the workers’ compensation system covers lost wages and related health care costs. Workers’ compensation is regulated at the state level with widely varying eligibility criteria, oversight, and levels of monetary support, factors shown to affect the prescription of opioids. Though pain and function are the major outcomes for clinicians, return to work is the key measurable outcome for the workers’ compensation system. Worse clinical and return to work outcomes are associated with low back-related workers’ compensation claims regardless of treatments received, whether surgical or nonsurgical, or the underlying etiology, including specific conditions such as a lumbar disc herniation. Many predictors have been associated with worse outcomes among patients receiving workers’ compensation; however, this knowledge has not led to interventions that have improved outcomes of care.

It is with this background that a new study by O’Donnell et al examines predictors of return to work, specifically the negative effect of preoperative opioid use, in patients with workers’ compensation who underwent lumbar disc surgery in the state of Ohio. These investigators have previously reported on the negative impact of opioid therapy after fusion procedures in the lumbar and cervical spine. In the current study, they highlight that patients who received preoperative opioid therapy of increasing duration of use had lower return to work rates. Other predictors of delayed return to work included presence of comorbid psychiatric conditions, legal representation for their workers’ compensation claim, and longer time from injury to surgery. Patients receiving long-term opioids had time from injury to surgery that was over twice as long as patients not receiving opioids (656 vs. 257 days). Though increasing duration of opioid use and time to surgery were both independent predictors of return to work, the authors do not mention whether there was a significant interaction between these variables.

This study adds to our growing knowledge of the harms of opioid therapy, but it does not prove that opioid use caused the worse outcomes or that withholding opioids would improve return to work. So how should data from studies like this inform the care of patients with a symptomatic lumbar disc herniation who are receiving workers’ compensation? I would argue that clinicians should stick to what they know best, the clinical evaluation and management of lumbar disc herniation, without dwelling on how the workers’ compensation claim may impact outcomes of care. For patients with symptoms of less than 6 weeks, symptoms and examination findings are often sufficient to initiate conservative treatment with nonopioid medications, activity modification, and physical treatments, and identifying a few patients with severe neurologic findings who require urgent imaging and potentially surgery. For those whose symptoms are not controlled with initial conservative treatment or whose symptoms are persisting after 6 weeks, imaging to identify patients who may benefit from an epidural steroid injection or discectomy is warranted.

Though worker’s compensation status was not associated with longer time to surgery in one study, delayed referral to a spine specialist and initiating a treatment plan could impact outcomes. These delays may be reflected in the 9 months it took the study’s nonopioid treated patients and the 21 months it took long-term opioid users from injury to surgery. Randomized studies have shown that surgery remains an effective treatment for radicular symptoms even after 6 to 12 months, but that the magnitude of the benefit diminishes over longer periods. This may not only explain the poor outcomes for the patients with long-term opioid use (two patients in three did not return to work), but the fact that one patient in three with no opioid or short-term use also did not return to work.

Simply withholding opioid therapy without timely access to effective treatment options, including surgery, is unlikely to improve pain, function and return to work. For well-intentioned clinicians who want to help their patients with radicular pain because of a disc herniation without using opioids, it can be frustrating that the workers’ compensation system itself may contribute to delays in evaluation and treatment that contribute to poor outcomes. Prospective studies are needed to evaluate treatment plans that minimize exposure to opioids to assess whether the opioids are causing worse outcomes or reflecting the severity of the underlying etiology.
patient’s symptoms and potential delays in accessing other effective therapies.

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References