

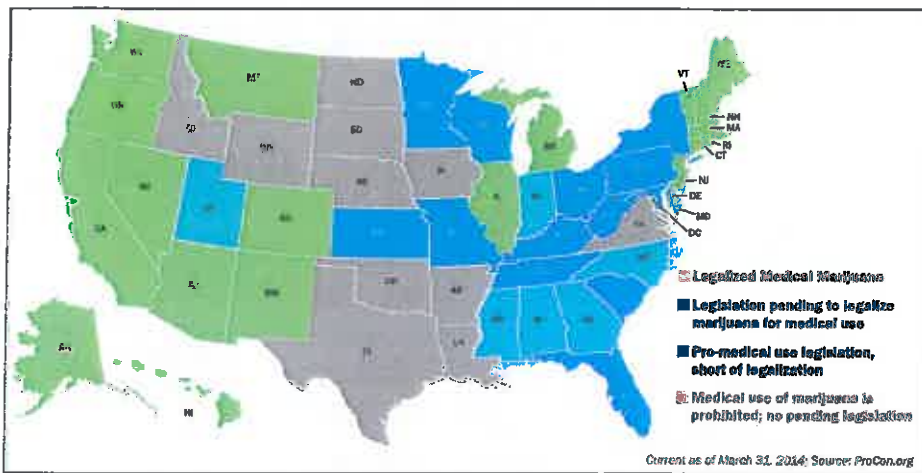
INSIGHTS

Sponsor's Message on Workers' Compensation



Watch videos at PMSITV.com

The Unique Challenge of Medical Marijuana in Workers' Compensation



through urine drug testing, thereby limiting the ability to determine if he or she has consumed the prescribed dose, or is in fact acutely intoxicated.

Plus, with the recent legalization for recreational use in both Colorado and Washington, employers may also need to clearly define (if not redefine) policies regarding the use of marijuana in the workplace and drug-free workplace requirements. Finally, due to the inability to control cost and utilization through electronic adjudication and clinical oversight, the potential for delayed return to work and side effects have the distinct ability to add cost to the system. Increased claims costs can negatively impact experience mods, which in turn can influence premium and collateral requirements.

Ongoing Discussion

The legalization of marijuana in multiple states across the country, for medical and recreational use, is generating conversation among all levels of stakeholders in the workers' compensation industry. The complexities of such discussions require careful review of the current knowledge and evidence from trusted sources across the healthcare spectrum, particularly with respect to the safety concerns and perceived effectiveness of marijuana when used for medical purposes. As the landscape continues to change and as the regulatory, medical and payor communities define their position on medical marijuana, a PBM can be a valuable ally in understanding the intricacies of this challenge.



Pharmacy
Critical Care
Settlement Solutions

877.ASK.PMSI
877.275.7674

www.pmsionline.com



Across the country, marijuana (*cannabis sativa*) is making headlines, as individual states pass laws to legalize its use medically and, in some cases, recreationally. Currently 20 states and Washington DC have passed laws legalizing medical marijuana, and 13 states have pending legislation. These actions have created a bit of a quandary, as marijuana is still classified as a Schedule I drug, and therefore illegal at the federal level.

In the workers' compensation industry, utilization of medical marijuana presents a unique challenge. For starters, there are significant barriers to safe prescribing and dispensing processes under the current system. As a Schedule I drug, marijuana does not have an assigned National Drug Code (NDC) and therefore cannot be electronically adjudicated. Additionally, state guidelines for the use of medicinal marijuana vary greatly, and in most cases, are vague. Further still, quality control and grading standards of marijuana have yet to be determined and established medical guidelines, such as the Official Disability Guidelines (ODG), do not support the prescribing of medical marijuana for the treatment of chronic pain due to the serious risks involved. ODG recommends "caution in the prescribing of medical marijuana for pain, especially in instances in which learning and memory are integral."

Stakeholder Concerns

Stakeholders throughout the industry are afraid that use of medical marijuana will impede recovery or harm the injured worker. According to the National Institute on Drug Abuse (NIDA), marijuana smoke contains a toxic mixture of gases and particulates that are known to be harmful to the lungs. Because marijuana contains up to 70% more cancer-causing chemicals than tobacco smoke and deposits four times as much tar in the lungs, it has the potential to promote cancer of the lungs and respiratory tract.

There is also worry about delayed return-to-work. In addition to increased heart rate while under the influence, users also experience short-term memory loss, impaired judgment and ability to focus, and lose coordination and balance function. Marijuana use is also linked to depression, anxiety, and decreased motivation.

Employer Challenges

For the employer, a heightened level of concern may understandably exist when an injured worker returns to a safety-sensitive occupation, such as driving or construction, while subject to the potential adverse cognitive and psychological effects of marijuana. Secondly, quantification of the amount of marijuana consumed by the injured worker is not available