SAMPLE CASE STUDY
Prescription Intervention Program

EK HEALTH

Clinical Case Summary
Ms. XXXX is a 55-year-old female clerk, who was picking up and carrying boxes while at work on XX/XX/XXXX, sustaining injuries to her shoulders and cervical spine. She is currently not working.

Mechanism of Injury
The claimant suffered a lifting trauma with resultant bilateral shoulder and cervical spine injuries.

Diagnosis
- Cervical degenerative disk disease
- Bilateral shoulder adhesive capsulitis
- Thoracic outlet syndrome

Summary Recommendations and Plan of Action
- Consider a trial of opioid taper.
- Routine monitoring with urine drug screens while patient is taking opioids.
- Routine monitoring of CURES while claimant is taking opioids.
- Routine objective assessment of functional status with Oswestry index, ADL assessments and VAS recording pre/post opiate administration while the claimant is using opioids.
- Consider taper or wean of butalbital-acetaminophen (Fioricet).
- During the peer to peer discussion, PTP agreed to continue reducing Oxycontin and then will address the Fioricet. PTP's plan for tapering Oxycontin is to reduce the dosage every couple months. Suggested the use of Oswestry Disability Questionnaire, which is recommended by MTUS guidelines for measuring objective functional levels.

Potential Cost Containment Impact
- Oxycontin 40mg, three daily ($5.2381 per tablet)
  Lifetime Cost: $147,085.85

- Promethazine HCL 25mg, two daily ($0.4510 per tablet)
  Lifetime Cost: $8,442.72

- Butalbital-APAP-Caffeine 50/325/40mg, six daily ($1.9415 per tablet)
  Lifetime Cost: $109,034.64

TOTAL LIFETIME COST: $264,563.21

COST SAVINGS AND SUCCESS

- Medication reduction or discontinuation achieved through peer to peer teleconference: Oxycontin 40mg TID was discontinued and transitioned to Oxycodone 5mg TID for a **cost savings of $132,293.30.**

- Brand name Oxycontin was discontinued and switched over to generic Oxycodone.

- Morphine Equivalent Dosage (MED) was reduced from 180mg/day to 22.5mg/da.