

## A MESSAGE FROM MARK FARRELL



I am honored to be the new president of Intracorp and proud to introduce this latest edition of *IntraSpectives*. I joined Intracorp because of its rich history and expertise in the managed care industry. For over 38 years Intracorp has been a leader in the market and was recently named the largest case management company by *Business Insurance* for the ninth consecutive year.

Intracorp is often recognized for our work in helping employers and carriers maximize their workers' comp and disability benefits programs to enhance the well-being and productivity of their workforce. We strive to not only meet but exceed the expectations of our customers.

In this edition of *IntraSpectives* we feature a discussion around chronic pain management and strategies we are developing to combat the issue. Chronic pain is not a new problem in the workplace, but it is a significant problem and one that, despite the industry's best efforts to date, is not going away. In fact, the National Institute on Health estimates the cost of chronic pain in the United States at \$100 billion annually.

In this article we will discuss solutions for targeting "cold cases" and analyze a successful example of how a consumer-centric and integrated approach to cold-case management benefited one of our customers, removing him from the cycle of chronic pain.

I look forward to communicating with you in each issue of *IntraSpectives* and seeing many of you at the upcoming RIMS conference in San Diego.

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## COLD CASE FILES

*Forensic Strategies for Resolving Long-term Chronic Pain Disabilities*

**By Betsy Robinson, Vice President, Products and Marketing**

Disabilities caused by chronic pain continue to deplete the financial reserves of employers, insurers, and government programs as well as to severely diminish the quality of life of the afflicted individuals and their families, despite increased focus on treatment over the last two decades. Too many cases turn "cold." Months, and often years, after the initial injury or illness, the employee remains unproductive and is still suffering a reduced quality of life. Increasingly, we are coming to understand that chronic pain is a vicious cycle: pain, lost productivity, depression, more pain, and, too often, substance abuse. The claim remains open, and the costs for medical care and wage replacement accumulate. The longer the status quo continues, the less likely it is to change.

In most situations, clinical case management and return-to-work programs do help people who are suffering from pain associated with an injury to recover their productive function and ability to work. Certain outlier cases, however, may require a different approach.

### A Large and Painful Problem

According to the National Institutes of Health, an estimated 76.2 million Americans suffer chronic pain.<sup>1</sup> While chronic pain can take many forms, including joint disorders, migraines, and fibromyalgia, back pain is the most common, with more than 26 million Americans between the ages of 20 and 64 experiencing frequent back pain.<sup>2</sup> It is also the leading cause of disability in Americans under 45 years old.<sup>3</sup>

Chronic pain costs an estimated \$100 billion each year and drives direct and indirect costs—which are felt by both the employee and the employer.<sup>4</sup> The Workers Compensation Research Institute (WCRI) recently analyzed data from claims with an average of three years experience in 14 states and found that nonspecific back pain represented one in seven cases and 11 percent of medical payments in those states.<sup>5</sup>

Direct costs—for physician visits, medications, physical therapy, and wage replacement—are high, but they are just a fraction of the indirect costs. The cost of lost productivity often dwarfs the direct costs and the numbers don't lie. Each year more than 50 million workdays are lost due to pain.<sup>6</sup> In fact, an Integrated Benefits Institute study found that lost productivity due to pain-related absence represented nearly half of employers' costs for group health, workers compensation, and disability.<sup>7</sup>

But productivity also suffers as a result of presenteeism—the result of employees who show up for work, but do not perform



well. A study based on data from 28,900 working adults found that overall workers lost an average of 4.6 hours per week of productive time due to pain.<sup>8</sup> The same study estimated that the cost of lost productive time from common painful conditions was \$62.1 billion per year; it found that 76.6 percent of lost productive time was due to reduced work performance, not absenteeism.<sup>9</sup> That shouldn't be surprising. Forty percent of those with pain say that their pain interferes with their productivity and ability to work.<sup>10</sup>

Beyond the costs associated with lost productivity due to both absenteeism and presenteeism, employers face medical- and pharmacy-related costs too. The National Pharmaceutical Council recently funded a study of health-related lost productivity relative to medical and pharmacy costs and found that back/neck pain was the second highest driver of costs, behind cancer, costing employers an average of approximately \$170,000 per 1,000 full-time employees annually.<sup>11</sup> But when the study looked at combined medical, pharmacy, and lost productivity costs, back/neck pain rose to the top of the list, and each year back and neck conditions cost employers an average of more than \$500,000 per 1,000 full-time employees.<sup>12</sup> Second on the combined list was depression, which was in tenth place on the list of medical cost drivers and fifth on the list of pharmacy drivers.<sup>13</sup> Combined medical, pharmacy, and lost productivity costs for depression averaged more than \$400,000 per 1,000 full-time employees per year.<sup>14</sup>

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## CATASTROPHIC CASE MANAGEMENT PROVIDING SECURITY, COMFORT AND PEACE OF MIND IN TIMES OF CHAOS

### The Case

In the early morning hours of November 2007 Intracorp received a referral for Field Case Management in response to a helicopter crash with three persons on board. Intracorp's case manager, Janice Gregory, immediately traveled to the hospital to meet with the pilot, Danny Kelly and his wife. The pilot had sustained a pelvic fracture, a deep thigh laceration, rib fractures, and an ankle injury that resulted in a fracture and tendon tear to the ankle. Upon her arrival Janice gathered medical information from the hospital staff and relayed that information to the claims representative. For the next several days, Janice was in close contact with The Kellys, the hospital staff, and his physicians.

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*"When I can sense the appreciation that the claimant and family have for our involvement it's just extremely rewarding."*

Janice Gregory,  
Intracorp Field Case Manager

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### The Recovery

Janice coordinated home health issues and arranged for medical care with a trauma surgeon to repair Mr. Kelly's displaced pelvic fracture. He also developed an infection in his thigh laceration, so Janice arranged a referral to an infectious disease physician and a plastic surgeon. Janice negotiated discounts with DME providers, arranging for equipment including a wheelchair, hospital bed, and other supplies which were delivered to the patient's home.

During the next several months, Janice continued to provide case management services to Mr. Kelly and maintained weekly updates to his claims representative. During his recovery period, an additional ankle trauma was identified and Janice coordinated referral to a foot/ankle specialist in the same practice as the trauma surgeon. Her coordination saved considerable time, money, and recovery time for the patient. Janice arranged therapy at a facility close to the patient's home.

### The Outcomes

As a result of Intracorp's interventions Mr. Kelly was released to modified return to work less than four months after his second ankle surgery. Then less than one year after sustaining multiple, severe, and life threatening injuries, Mr. Kelly was released from medical care by all of his providers. He was placed at Maximum Medical Improvement (MMI) and released for full duty work.

The customer saved over \$60,000 on this case and Mr. Kelly experienced a safe, timely recovery process which allowed him to return to a full and productive life.

## MARK FARRELL NAMED PRESIDENT OF INTRACORP

On April 7, 2008, Intracorp announced that Mark Farrell was named president of the organization. Mr. Farrell has more than 20 years experience in the health care industry, most recently with Commerce Insurance Services.

"Intracorp has been a leader in managed care providing employers with disability case management solutions for more than 38 years," said Karen S. Rohan, president of CIGNA Group Insurance and CIGNA Dental. "I am confident in Mark's ability to lead the organization and position it for continued growth. His industry knowledge, expertise and impressive background in sales, marketing and business development make him the ideal candidate for this leadership role."

Mr. Farrell is a seasoned industry professional. Before joining Intracorp Mark served as Vice President of Sales for Commerce Banc Insurance Services in Philadelphia. He was responsible for new business production and geographic expansion of the employee benefits practice. His former industry experience includes leadership roles at Concentra and IOA RE in sales, marketing and business development. Mark started his career at CIGNA as a marketing/account executive in CIGNA HealthCare. Mark earned his bachelor's degree in business administration from Muhlenberg College.



Intracorp employees hold a pep rally in Philadelphia to promote the March of Dimes.

## INTRACORP EMPLOYEES RALLY IN SUPPORT OF THE MARCH OF DIMES

Both Intracorp and the March of Dimes share the common goal of improving health. That's why Intracorp and our parent company, CIGNA are now in our 14<sup>th</sup> year as a national sponsor of the March of Dimes annual fundraising campaign.

The March of Dimes is the leading nonprofit organization for pregnancy and baby health. They are dedicated to improving the health of babies by preventing birth defects, premature birth and infant mortality through research, community services, education and health advocacy. March of Dimes researchers, volun-

teers, educators, outreach workers and advocates work together to give all babies a fighting chance against the threats to their health: prematurity, birth defects, low birth weight.

This spring Intracorp employees will walk in support of the March of Dimes at "March for Babies" walks across the country. When we consider that nearly a half-million babies are born premature in America each year, and that prematurity is the leading cause of infant death, it becomes clear that every step we take is a step toward a solution to this terrible problem.

While participating in a walk-event is a big part of the March for Babies, the campaign also spotlights the need for greater public awareness and education about infant health and wellness. To learn more about the March for Babies visit [www.marchforbabies.org](http://www.marchforbabies.org).



## **BUSINESS INSURANCE RANKS INTRACORP FIRST IN CASE MANAGEMENT FOR NINTH CONSECUTIVE YEAR**

For the ninth consecutive year, Intracorp has been named the nation's leading case management services provider by *Business Insurance* magazine in their annual ranking published March 10, 2008.

"Case management services help individuals regain their health and well-being during a very difficult time in their lives," said Mark Farrell, Intracorp president. "We are pleased to once again be recognized as an industry leader by *Business Insurance*."

For this ranking, *Business Insurance* defines case management as coordinating and monitoring treatment for catastrophic, complex or prolonged illnesses and injuries—including discharge planning, onsite or telephone case review and/or patient referrals—as well as managing communication among patients, providers and payers throughout the course of a claim.

"Intracorp is dedicated to finding innovative ways to help people recover from disabilities, and to help employers better manage their overall health and productivity costs," says Farrell. "We are very proud to have been recognized by *Business Insurance* once again for this work."

### **UPCOMING EVENTS!**

Visit [Intracorp.com](http://Intracorp.com) for more information and a complete listing of industry events and conferences.

**Chicago Claims Association Midwest Claims Conference**  
May 14–16, 2008

**Texas Self-Insurance Association Educational Conference and Annual Meeting**  
June 2–4, 2008

**New York Self Insurers Association Spring Seminar**  
June 12–13, 2008

**Ohio Self Insurers Association Annual Conference**  
June 18–20, 2008

**Florida Workers' Compensation Institute Annual Educational Conference**  
August 17–20, 2008

*Cold Case Files, cont. from page 2*

### **Beyond Costs: Exploring the Human Element of Chronic Pain**

The impact of chronic pain goes beyond costs and productivity. At the core of the issue are the employees who are left to cope with these unexpected situations. Most employers' current approach to addressing an individual's chronic pain issues is to intervene through clinical case management during the acute phase of the injury or illness, generally within the first 30 days. Many employers, insurers, and third party administrators (TPAs) have such early intervention case management models in place, and in most instances, the approach works well.

The employee returns to work or is deemed medically stable, and the case is closed. But some cases are never resolved. Perhaps these individuals were misdiagnosed initially or didn't get the quality of care they might have; maybe there was no clinical case manager engaged to coach and counsel the individual to be compliant with care and take responsibility for his or her recovery. For whatever reason, two-thirds of pain sufferers in a 1999 study said they had lived with their pain for more than five years.<sup>15</sup> The pain continues, the employee suffers, and—in many states—the insurer is looking at a lifetime of medical payments as the case turns "cold." The challenge in managing these types of cases is to use a multi-disciplinary approach that is flexible in addressing a problem with as many different faces as there are individuals who suffer chronic pain.

#### **Challenges to Successful Resolution**

So how do we manage these chronic pain cases to successful resolution? Despite the growing knowledge about pain, the large number of outlying chronic pain cases reflects the continuing challenge at hand. There are many ways to treat chronic pain. Providers who treat pain include anesthesiologists, internists, orthopedists, neurologists, physiatrists, chiropractors, and psychologists. Each has a different perspective and a different approach, and not every approach is effective for every patient.

One in four chronic pain patients in a 1999 study made at least three changes in doctors, primarily because he or she still had pain after treatment.<sup>16</sup> Two-thirds of chronic pain sufferers surveyed for the 2003 Pain in America study could not perform routine tasks due to pain, despite their use of medications.<sup>17</sup> The problem is not necessarily that any given approach is better than another, or that a particular approach is wrong for a patient. The issue is the extreme complexity of the pain experience, which frequently calls for an approach to treatment that may integrate multiple medical specialties along with a behavioral health component.

Some pain management providers are beginning to offer a comprehensive approach that includes psychologists, nutritionists, and alternative medical practitioners, along with more traditional medical/surgical specialists. It would be desirable to identify the most effective of these comprehensive pain management providers and ensure that injured or ill employees have access to them in the network.

Sometimes the problem does lie with treatment. The underlying cause of the pain may have been overlooked or misdiagnosed. The patient may not respond to the first therapy—or the second or the third. Ibuprofen may be adequate for one individual's lower back pain but not provide any relief for another—even though both present with the same injury.

The patient, as the end consumer of these treatment and intervention services, plays a key role in the outcome that occurs. Some injuries require

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**Forty percent of those with pain say that their pain interferes with their productivity and ability to work.**

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lifestyle adaptations that the patient may be unable or unwilling to adopt. Compliance may be an issue if the patient is concerned with the medication's side effects, which can range from ulcers to addiction. If the chronic pain patient fails to take responsibility for reversing the cycle of pain and disability, then this change cannot occur. In a very real sense, the best outcomes for cold chronic pain cases are those that are consumer-centric.

#### **Emotional and Social Factors**

Until relatively recently, the roles of emotions and attitude in managing chronic pain have largely been ignored. Today, an overwhelming 84 percent of adults surveyed believe that a person's state of mind influences the experience of physical pain a great deal or a fair amount, suggesting that a person can control his or her pain.<sup>18</sup> Co-morbid depression, anxiety, and anger have an impact in the brain that can stand in the way of an improved outcome. As a result, a patient who believes that there is no hope for a successful treatment could be less likely than an optimistic individual to continue to seek a solution or to comply with a treatment regimen. An employee who harbors anger against the boss or the company that he or she holds responsible for a debilitating injury is also less likely to hold hope of a successful treatment. It doesn't matter whether the affective disorder existed prior to the precipitating injury or illness or whether it exists subsequent to the experience of chronic pain. Many believe that medical treatments will have limited success when the patient does not demonstrate a readiness to change.

Gain is another issue that may need to be addressed. A number of complex psychosocial factors that impede successful resolution may be at work. Depending on the structure of the workers compensation or disability claim, it may be financially attractive to remain out of work. As a result of his or her limitations, the patient may receive sympathy, care, and attention from family members. Addiction-prone personalities may not want to—or be able to—give up prescribed narcotic

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pain relievers. For individuals like these, the perceived benefits at some level outweigh the pain, and so they are not highly motivated to get better.

With all this in mind, it makes sense to integrate behavioral health concepts and resources into a solution designed to close cold chronic pain cases.

### Solution: A Consumer-centric Approach

Current perspectives on the nature of pain and chronic pain point to one conclusion—each chronic pain case is representative of a unique individual with highly complex problems. Therefore, the approach that is most likely to achieve successful resolution is consumer-centric, personalized, and multidisciplinary. A specialized case management program designed for chronic pain could incorporate a wide range of resources and techniques, including cognitive-focused interventions and coaching programs; physician advisors, including behavioral health specialists; pharmacy and narcotics management programs; coordination with other disease management and health advocacy programs; and more.

A specialized chronic pain program utilizing a new case management model to determine the genesis of the pain and coordinate an individualized treatment plan in a multidisciplinary program can work. Nurses and counselors who conduct a case-by-case root-cause analysis can identify key issues and determine who can actually benefit from such an intervention when all prior attempts have failed. In all instances of long-term unresolved chronic pain, the first forensic test is to evaluate the individual's ability and interest in changing his or her life circumstances. For cases selected for management, a comprehensive evaluation to identify a history of the pain and of the medical management is required, as well as an analysis of the claimant's desire to return to productivity at home and at work.

Not every cold case can or will be solved. It is critical to be able to quickly identify those individuals who can reverse the cycle if given the right support.

### Successfully Resolving the Cold Case

In September 1999, Tom, a 22-year-old construction worker, injured his lower back at work.<sup>19</sup> Tom was diagnosed with a herniated lumbar disc that prohibited him from returning to work. The condition worsened with time, and in June 2002, doctors performed a lumbar laminectomy and disc excision. He remained out of work and his back pain continued. Two years later, in June 2004, he had bilateral foraminotomies and L5-S1 fusion. Neither surgery improved his condition. Tom's physicians diagnosed him with failed back syndrome with chronic pain. He started taking numerous pain medications, was then diagnosed with depression, and became severely deconditioned after losing a significant amount of weight. Believing he was disabled for life, Tom retained an attorney who began arguing for a permanent total classification.

In January 2006, over five years after the initial injury, Tom's case was referred to a nurse case manager. The case manager met with Tom and his doctors and also sought the advice of a vocational case manager on the case. Tom expressed both a desire to have a better life as well as a sense of failure with all he'd tried to do through medical interventions. Through the help of his doctors and nurse case manager, Tom was weaned off all narcotics and entered an extensive work hardening program.

Upon completion of the program, he was granted a return-to-work release in a medium-to-heavy capacity. Tom successfully returned to work in July 2006, seven months after entering into a multidisciplinary case management program.

In just seven months, Tom's life was turned around. At 27 years old, he thought he could never work again, but with the right mix of case management, vocational training, drug rehabilitation, and work hardening, he was able to change his life for the

## 76.2 million Americans suffer chronic pain.

better. Additionally, the success of this case saved the insurer over \$18,000 on an annual basis and upwards of \$200,000 in reserves. This positive outcome was the result of the combined impact of Tom's readiness to change and an effective plan of care.

### What Defines a Pain Management Specialist?

There are many chronic pain programs and specialists practicing today. Tom was treated by pain management specialists, and his physicians did not recognize or react to his addictions. Currently, there are no nationally recognized pain management specialty provider networks. So how do we locate and recognize qualified, credentialed pain management specialists to deliver the best possible care?

The National Committee for Quality Assurance (NCQA) is a private, not-for-profit organization that is starting to address the issue of recognizing best-in-class pain management providers. NCQA's Healthcare Effectiveness Data and Information Set (HEDIS) is currently the most widely used performance measurement tool in the health-care industry. Their new Back Pain Recognition Program (BPRP), launched in April 2007, seeks to recognize physicians and chiropractors who deliver superior care to millions of Americans who suffer from low back pain. The BPRP program consists of 13 clinical measures and three structural standards, such as the elements of the physical exam and advice for the return to normal activities. These requirements address the broad spectrum of low back pain and focus on underuse, misuse, and overuse of treatment modalities.

NCQA developed BPRP requirements from widely accepted medical evidence, with significant input from physician specialists and health plan and employer representatives. Eligible physicians will abstract data from the charts of 35 low back pain patients and submit this information to NCQA for review along with documentation of patient education and evaluation of patient experience.

This is the first attempt of its kind to deal with setting national standards for evaluating clinicians on their best practices and outcomes in treating chronic pain for the low back. Until now, the practice of pain management has been variable in approach and impact to patients.

### Measuring Success

The multifaceted and subjective nature of chronic pain disorder makes measuring the impact of a management program a challenge. What works very well for one person may not work for someone else

with the same pain profile. There are several variables that could make that difference—attitude, education, expectations, genetics, support network, faith, and life and work circumstances. Still, a number of validated tools exist that can provide objective scoring of pain. For example, the Semmes-Weinstein evaluation measures sensitivity of nerve endings. Progress can also be measured by changes in the patient-reported McGill Pain Rating Index. Tools such as the Waddell Non-Organic Findings test can be used to help identify psychosocial issues involved in low back pain, and many other psychometric tests can be adapted to measure changes in the patient's perception of pain. Tracking long-term outcomes will require collaboration with employers and insurers in order to review pre- and post-program claim data and trends.

The impact of an aggressive, integrated chronic pain program that is consumer-centric is likely to be clear as patients who have suffered for months or years experience improvement and require less medical treatment. Depending on the actual severity of the injury, some long-standing cases may reach resolution. While early intervention and identification of those at risk for persistent chronic pain is a key management strategy, there remain thousands of individuals like Tom who have missed that window but who can still regain the quality of life they desire. In our work to encourage prevention of chronic pain as a best practice, we should not overlook those who can still be served. ♦

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### Endnotes

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Editor: Melanie Izzo

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(800) 345-1075

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