Workers' Comp

Ask The Pharmacist: How Drugs Are Administered for Pain Management in Workers' Compensation

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How do drug delivery choices affect pain, side effects, and time away from work?

When an injured employee needs medication, choosing how to take it can be just as important as which drug you use. A medication's route of administration is simply how it should be taken, such as oral, injectable, transdermal patch, inhaled or topically. Each route has a different onset to begin working, duration of use and risk profile. By understanding the advantages and limitations of each route, providers can help tailor therapy to the injured employee's unique needs to support safer, faster recovery. Here are common drug administration methods claims professionals may encounter with injured employees and how they differ.

Oral

Oral medications are common and convenient. Most patients can take them with minimal training. They are widely available and often cost effective, with tablets, capsules and liquids that work well for long-term therapy. In workers' compensation, common oral options include non-steroidal anti-inflammatory drugs (NSAIDs) like ibuprofen and naproxen, opioids such as oxycodone and hydrocodone and muscle relaxants like cyclobenzaprine and baclofen.

Considerations: Onset can be slower. Reduced effectiveness due to processing by the liver. Oral therapy may not suit patients who have swallowing issues or gastrointestinal conditions. Food interactions can also complicate some antibiotics.

Injectable

Injectable medications include intravenous (IV, into a vein), intramuscular (IM, into a muscle) and subcutaneous (SC, under the skin).

- IV provides immediate delivery and precise dosing. It's valuable in emergencies but also requires trained professionals and carries infection and vein-irritation risks.
- IM allows faster absorption than SC and can handle larger volumes. Pain at the injection site is possible.
- SC provides slower, sustained absorption. Many patients can self-inject after training. Examples include insulin and migraine prevention agents such as Emgality, Ajovy and Aimovig.

Injectables can be essential after acute trauma or surgery. As the injured employee stabilizes, plan to transition to less invasive routes when appropriate. For chronic conditions like migraines that coexist with an injury, self-administered SC options can support independence during rehab.

Transdermal

Transdermal systems use patches to deliver medication through the skin into the bloodstream. This approach bypasses processing by the liver while maintaining stable drug levels. Examples include fentanyl patches that provide up to 72 hours of pain control for patients with chronic pain who are already taking opioids and lidocaine patches (Lidoderm) that provide relief for localized nerve or muscle and joint pain.

Considerations: Only certain drugs work transdermally. Skin irritation can occur. Heat and heavy activity can affect adhesion and absorption, which matters for patients returning to physical jobs.

Inhalation

Inhaled therapy delivers medication directly to the lungs for rapid onset and minimal effects on the rest of the body. It is central to asthma and COPD management.

Considerations: Technique drives results. Metered-dose inhalers, dry-powder inhalers and nebulizers all require proper training, which many patients find challenging. Injured employees exposed to respiratory irritants may benefit from rescue inhalers but reinforce technique at every touchpoint.

Topical

Topical medications act locally with minimal systemic absorption. They help with skin conditions, local inflammation or pain. Diclofenac 1% gel (Voltaren) can target arthritis or acute muscle and joint injuries. Lidocaine creams provide localized numbing. These options are useful for injured employees with localized pain who need to maintain function while minimizing whole-body side effects.

Considerations: Effects stay near the application site. Absorption varies with skin condition. To avoid transfer, advise patients to wash hands after application and cover treated areas when appropriate.

Putting It Into Practice

Selecting the optimal route means balancing drug properties, patient factors, work demands and recovery goals. When you understand and apply each route's strengths and tradeoffs, you help the care team tailor therapy to the individual injured employee. That can provide outcomes, reduce complications and support safer, faster return to function.

This information is meant to serve as a general overview, and any specific questions should be fully reviewed with a health care professional such as the prescribing doctor or dispensing pharmacist.

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