

POLICY NUMBER: POL-153

Chapter:

CLAIMS

Subject:

MEDICAL CANNABIS

Effective Date:

October 25, 2018

Last Update:

October 25, 2018

PURPOSE STATEMENT

The purpose of this policy is to explain how the Workers Compensation Board determines approval for medical cannabis to treat a compensable injury or disease.

REFERENCE:

Workers Compensation Act R.S.P.E.I. 1988, Cap. W-7.1, Section 18(1), 18(2), 18(3)

Workers Compensation Board Policy, POL-64, Health Care Providers

Workers Compensation Board Policy, POL-120, Medications

DEFINITION:

In this policy:

“Cannabidiol” (CBD) means the second major chemical compound in cannabis plants and is more sedating and less psychoactive with minimal intoxicating effects.

“Medical cannabis” means dried, topical and oil forms of cannabis authorized to treat a medical condition. The term is interchangeable with medical marijuana. The term represents the non-pharmaceutical form of medicinal cannabis. Medical cannabis products do not have a drug identification number (DIN).

“Neuropathic pain” means pain caused by damage or disease affecting the somatosensory nervous system.

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“Pharmaceutical cannabinoids” means drugs derived from either synthesis in manufacturing or from plant sources that are approved by Health Canada and have a DIN (drug identification number) with known strengths and recommended dose ranges.

“Tetrahydrocannabinol” (THC) means the primary psychoactive (intoxicating) chemical compound in cannabis plants.

POLICY:

General

1. The Workers Compensation Board does not generally approve medical cannabis, specifically the forms of cannabis that do not have a drug identification number (DIN), as a treatment for a workplace injury or disease. This policy sets out the specific circumstances and conditions under which the Workers Compensation Board may consider approval of cannabis.
2. This policy does not apply to the approval of pharmaceutical cannabinoids that have a drug identification number issued by Health Canada. Approval for pharmaceutical cannabinoids will be considered under Workers Compensation Board Policy, POL-120, Medications.
3. The Workers Compensation Board will review this policy on a regular basis to ensure that it aligns with accepted medical practices and the growing body of medical research related to the use of cannabis as a treatment option.

Criteria for Approval

4. The Workers Compensation Board will only consider approval of medical cannabis where:
 - it is for the treatment of compensable injuries or diseases as set out in this policy;
 - it is authorized by a single health care provider, as recognized by the Workers Compensation Board, who has conducted an in-person assessment of the worker; and
 - there is objective medical evidence that standard treatment options, including pharmaceutical cannabinoids, have been tried and have been unsuccessful, as

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set out in the most recent guidelines issued by the College of Family Physicians of Canada for prescribing medical cannabinoids.

5. The Workers Compensation Board will not approve dried cannabis leaves for the purpose of smoking because of known respiratory and cardiovascular risks of smoking, except in exceptional instances of end of life care.
6. If medicinal cannabis is to be inhaled, the Workers Compensation Board will cover reasonable costs of the vaporizer.
7. The medical cannabis must be supplied by a producer approved by the Workers Compensation Board and will be approved at a rate determined reasonable by the Workers Compensation Board, typically no higher than \$8.50 per gram.
8. The maximum amount of cannabis that the Workers Compensation Board will approve is 3 grams of dried leaves, or the equivalent, per day of a Cannabidiol (CBD) rich preparation. Generally, the Tetrahydrocannabinol (THC) content of the medical cannabis must be no greater than 1% to be considered for approval, but higher THC content may be considered if there are exceptional medical circumstances as determined by the Workers Compensation Board.
9. While medical cannabis rich in CBD and low in THC should not impair the injured worker, they are obligated to disclose possible impairment to their employer.

Compensable Injuries or Diseases

10. The Workers Compensation Board may approve medical cannabis for the following injuries and occupational diseases:
 - Spasticity due to spinal cord injury;
 - Nausea and vomiting associated with cancer chemotherapy;
 - Loss of appetite in cancer patients and patients with HIV/AIDS; and
 - Symptoms encountered in palliative/end of life care.

Approval of Medical Cannabis for Other Compensable Injuries or Diseases on a Trial Basis

11. On a case by case basis, the Workers Compensation Board may consider a three-month trial of medical cannabis for the following:

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Chronic Neuropathic Pain

- There must be an objectively identified source of the chronic neuropathic pain.
- Medical cannabis will only be considered for approval if the chronic neuropathic pain has not responded to standard treatment options, as per the most recent guidelines issued by the Canadian Pain Society for prescribing medical cannabis.
- A functional assessment must be conducted prior to approval of medical cannabis, the results of which will be used as a baseline for determining the effectiveness of the treatment.

Opioid/Narcotic Harm Reduction

- Medical cannabis may be considered as part of a harm reduction strategy for those injured workers on excessive doses of opioids/narcotics.
 - Continued approval will require objective evidence of opioid reduction from the Provincial Drug Information System (DIS) or pharmacy records.
12. The Workers Compensation Board will only consider trial approval of medical cannabis for chronic neuropathic pain and opioid reduction if a detailed risk assessment is completed by the authorizing physician.
13. The Workers Compensation Board will consider the circumstances of each case when determining approval. Approval will be provided only for those cases that meet the criteria set out in this policy and only where the potential benefits of medical cannabis outweigh the potential harms as determined through the risk assessment.

Factors that must be considered in the risk assessment include, but are not limited to, the effects of medical cannabis on:

- young brains (under 25 years);
- those with a history or a family history of psychosis;
- cognitive function;
- pregnancy and breastfeeding;
- cardiovascular and respiratory disease;
- addiction with possible substance abuse; and
- potential impairment in driving or safety sensitive work.

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14. The authorizing physician must:
- provide the WCB with ongoing reports monitoring function and symptoms within three months, including
 - whether the goals of the treatment are being met,
 - assessment of polysubstance abuse or diversion, and
 - confirmation of acceptable random toxicology screens;
 - provide the WCB with the signed therapeutic agreement, including restrictions on recreational use;
 - register the cannabis authorization with the PEI College of Physicians and Surgeons.
15. The Workers Compensation Board may consider approval beyond the three-month trial period, if objective medical evidence demonstrates that the treatment goals are being met. Indicators of a successful trial period include:
- effective management of symptoms;
 - improvement in function;
 - progress towards return to work; or
 - reduction in opioid/narcotics use, if applicable.

Workers Compensation Board Monitoring Requirements

16. The Workers Compensation Board will monitor the worker's treatment plan and goals to ensure that medical cannabis continues to be necessary and effective in treating the compensable injury.
17. The Workers Compensation Board may suspend or discontinue approval of payment for medical cannabis where:
- objective medical evidence indicates that the treatment goals are not being met;
 - the medical cannabis results in significant, serious side effects;
 - the medical cannabis is harming or impeding the worker's recovery, improvement in function, or return to work; or
 - there is evidence the medical cannabis is being misused, or used in a manner not intended by the authorizing physician or inconsistent with the intended purposes of the treatment.
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HISTORY:

Board of Directors Approval Date: October 25, 2018