

Geographic variation in patterns of gabapentinoid , opioid utilization and physical therapies among injured workers

Ting Xia¹, Mahbod Alian Fini¹, Fiona Newton², Erica Brady², Michael Di Donato³, Suzanne Nielsen¹

¹ Monash Addiction Research Centre, Monash University

² Department of Marketing, Monash Business School

³ Healthy Working Lives Research Group, School of Public Health and Preventive Medicine, Monash University

Disclosure of Interest

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PROBLEM

Low Back Pain (LBP) is the most common musculoskeletal condition globally and the leading cause of disability; accounts for 18% of workplace injuries in Australia

Effective and affordable
Linked to poorer outcomes in workers' compensation at high doses

Opioids

Off-label use
Limited evidence on the effectiveness.
Depression and overdose risk

Gabapentinoids

First-line for chronic pain
Costly and less accessible

Physical therapy

OBJECTIVES

1

Treatment strategies for managing LBP pain at different phases post-injury

1m, 3m, 6m, 12m and 24m

2

Geographic variation in pain management treatment strategies

Major cities vs Regional area

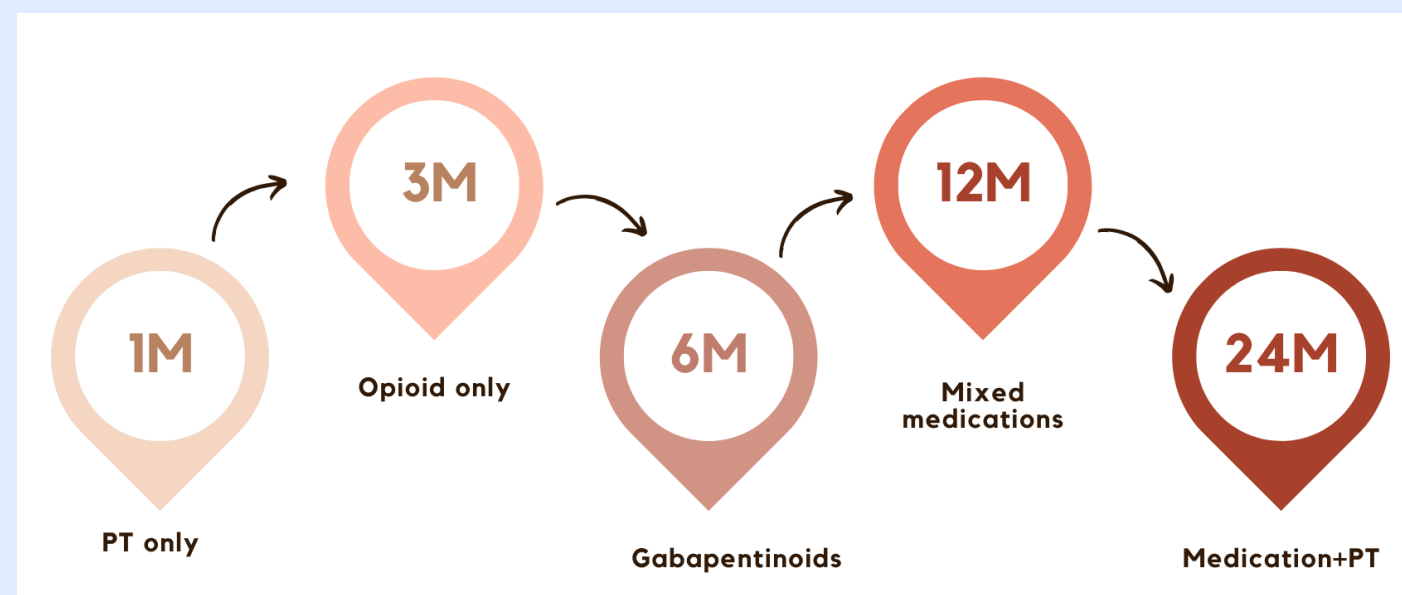
METHODOLOGY

Study design and data source

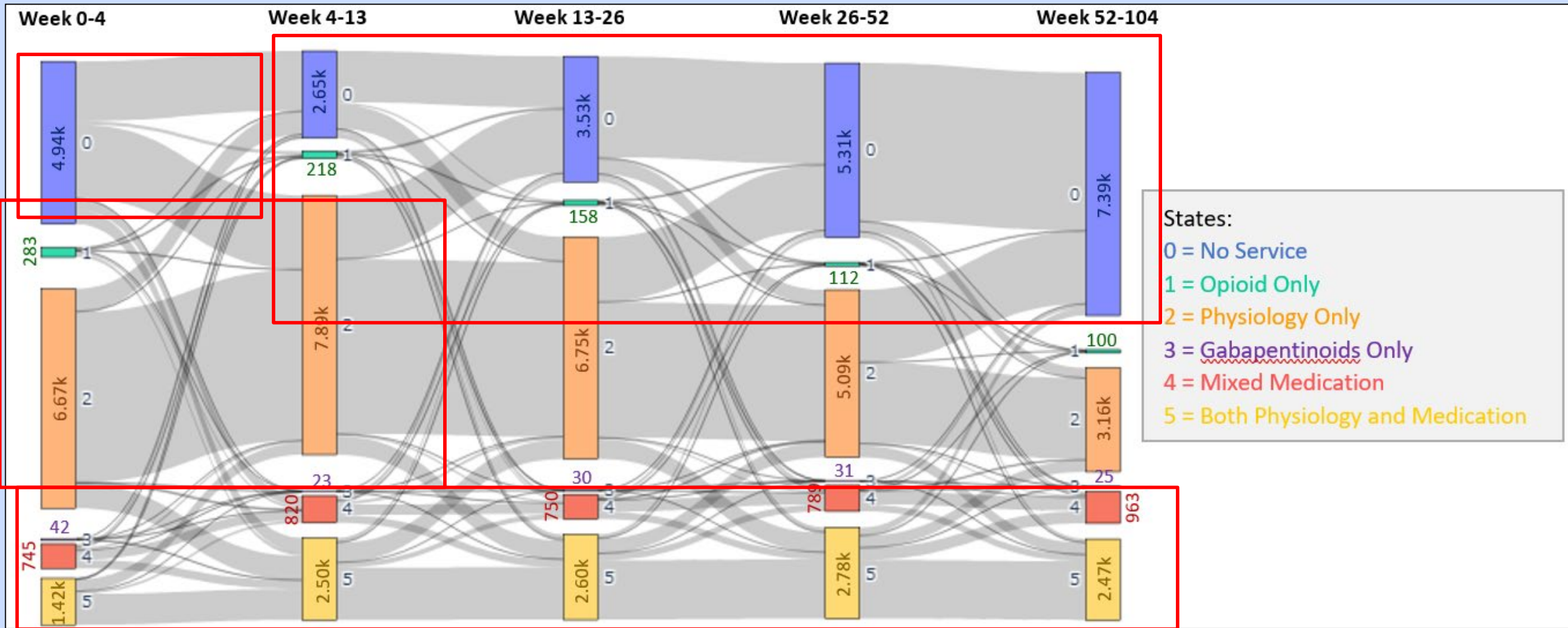
- WorkSafe Victoria Workers Compensation data
- Low back pain claims 01/01/2010 to 30/06/2017 with 24 month follow up

Analysis

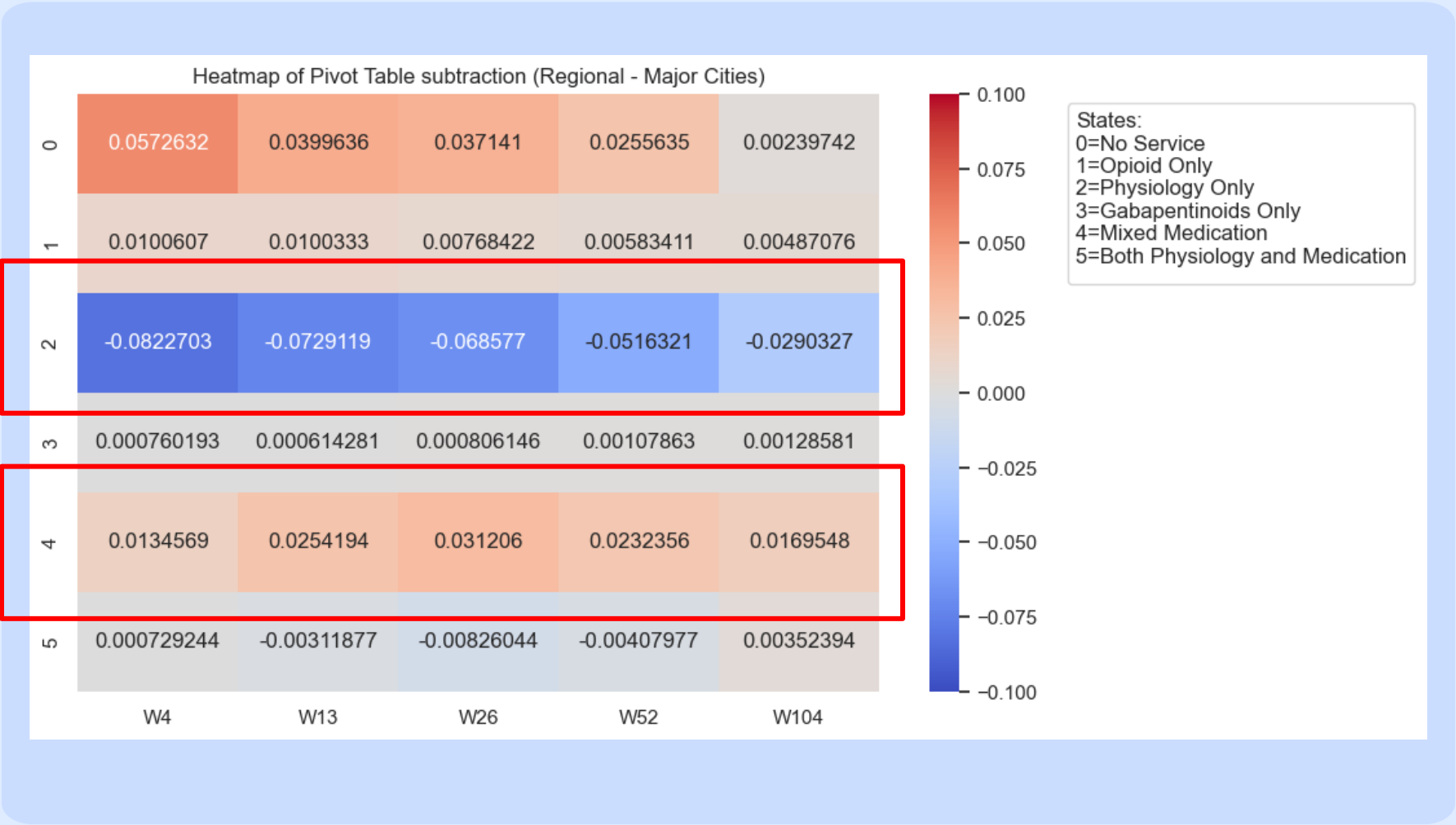
- Markov transition matrix
- Opioids, Gabapentinoid, PT, Medication only, Medication with PT



RESULTS



RESULTS



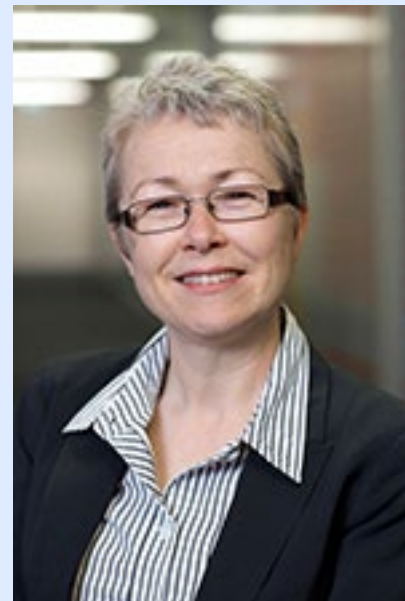
CONCLUSION

- Treatment for low back pain under the compensation scheme generally aligns with clinical guidelines.
- Gabapentinoids are often combined with opioids, and opioids are more frequently prescribed.
- Workers in regional areas are more likely to receive pharmacological treatments than those in major cities

Thanks to my colleagues and coinvestigators



Professor
Suzanne Nielsen



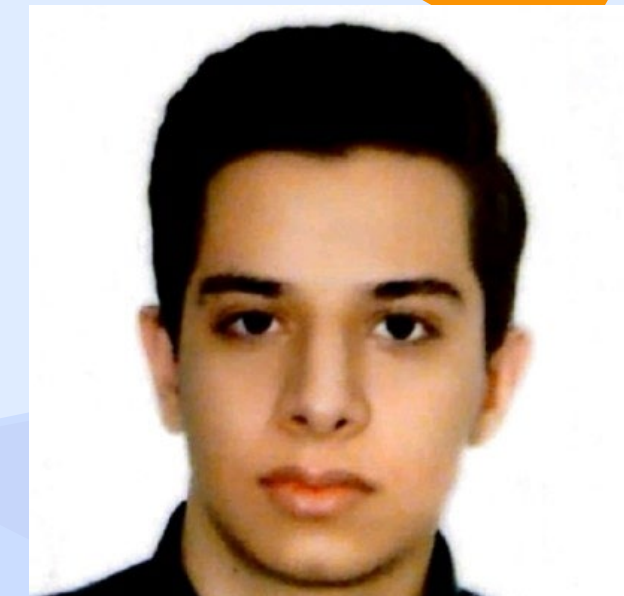
A/Professor
Fiona Newton



Dr Erica Brady



Dr Michael Di Donato



Mr Mahbod Alian Fini