

# CHRONIC PAIN & WCB POLICY: Towards Better Treatment and Fairer Compensation

OH & S Webinar: June 24,2026

Presenters: Janet Patterson & Kevin Love

# Agenda:

- Part I (Janet):
  - Refresher on Chronic pain (CP) policy & practice in B.C.
  - Consequences of this approach for injured workers with CP
  - The Revolution in Pain Science & B.C. policies
  - The New Science and Language of Chronic Pain
    - Pain Classification
    - Types and Pathways of Chronic Pain
    - “The Pain Experience”
    - Diagnosis and Treatment
  - Challenges for the Compensation System

# References for the New Science of Pain

- International Association of Pain (IASP) = research body with detailed summaries of current research on CP.
- International Classification of Diseases (ICU) = coding tool for world-wide standardization of the diagnosis and treatment of medical conditions.
- The Canadian Pain Task Force
  - Working Together to Better Understand, Prevent, and Manage Chronic Pain: What We Heard (October, 2020)
  - Chronic Pain in Canada: Laying a Foundation for Action (June 2019)

# Resources (cont'd)

- Pain B.C. = a non-profit organization at [www.painbc.ca](http://www.painbc.ca)

With education, resources & advocacy to help have better outcomes and support for CP.

- Empowered Relief – 2 hour skills based webinar to help workers and supporters develop pain relief skills and plans
- Pain Support Line – offers guidance on treatment & resources & answers questions from workers and advocates

# References (cont'd)

- McMaster University has become a Centre of Excellence for the study of Chronic Pain generally. McMaster initiated a large cross-jurisdictional study of the impacts of WCB policies for CP on health, social and economic outcomes. The findings of this large study can be found in a synthesis at [www.mcmasterforum.org](http://www.mcmasterforum.org).
- Canadian Centre for Occupational Health & Safety (CCOHS) outlined a practical approach to CP in the workplace in “Chronic Pain at Work” at [www.ccohs.ca/oshanswers/diseases/chronic\\_pain\\_at\\_work.pdf](http://www.ccohs.ca/oshanswers/diseases/chronic_pain_at_work.pdf).

# Refresher on Chronic Pain (CP): policies and practices in B.C.

- **Temporary CP:** Policies #C3-22.00 and 22.20 lay out a policy definition of CP a compensable consequence of a work injury or disease. It is when
  - Pain persists for 6 months after an injury AND
  - Pain is “beyond the usual time for a recovery of that injury”
- **Permanent CP:** Policy #C6-39.10 sets out the criteria for acceptance of permanent CP and distinguishes between
  - **Specific CP** – pain when there is a clear medical cause
  - **Non-Specific CP** – “no clear medical cause”

# Practice Directive #C3-1 - guidelines

- 1. Pain is a symptom, not a diagnosis. Therefore, it is only accepted when it meets the policy definition. But some diagnoses, like permanent ASTDs, are immediately considered synonymous with CP.
- 2. For permanent CP, the distinction between “specific” and “non-specific” CP is actually a distinction of impairment.
  - Specific CP (with a medical cause) is coupled with another condition with impairment and while the pain is disproportionate, the impairments are measured together (Jozipovic)
  - 
  - Non-specific CP is not so coupled and so is not associated with impairment.

# Practice Directive - guidelines (cont'd)

- 3. RTW and rehabilitation will be more beneficial to the worker than a medical explanation for their pain. Therefore, officers should ask workers to focus on RTW rather than seeking a medical explanation.
- 4. Re-openings for a CP condition are possible but it is hard to get evidence of a “significant change” in a pain condition.

# Consequences for Injured Workers

- McMaster Study:
  - Injured workers have about 6x the rate of CP as the general population
  - Workers who develop CP after a work injury and their families experience a significant burden, including out of pocket expenses & loss of productive work.
  - There is a poor understanding of how WCB policies and practices can harm workers with CP. Concerning practices include:
    - Lack of early Intervention & Prevention
    - Requiring RTW earlier than recommended by health care providers
    - Results include: high rate of reinjury, stigma, reduction of work hours, challenges with co-workers, instability & income precarity.

# Globe & Mail Investigation – 2020

*“How Workers’ Comp fanned the Flames of the Opioid Crisis”*

*“Experts say a key factor in triggering many addictions is a WCB rule that injured workers must get back on the job promptly, often within days of getting hurt and even in some cases where their doctor says they need more time to heal.”*

# ***“Work Injuries, chronic pain and the harmful effects of WCB compensation denial”***

- This article by Dr. Cecil Hershler was published in the CCPA Journal in June 2015. Based on his 25 years of practice, hundreds of patients and 9 case studies, Dr. Hershler identified key harmful practices:
  - On and off compensation, delays, depletion of finances
  - Mental Health impacts (including suicide attempts) from
    - Wrestling with disbelief
    - Frequent changes of CM
    - Pressure of RTW and job search when not able to do so

# The New Science of Pain:

- The ICU Definitions of Pain:
- **Chronic Primary Pain** – pain that persists or recurs for longer than 3 months and is associated with significant emotional distress or functional disability & not better accounted for by another condition.
- **Chronic Secondary Pain** – syndromes which are linked to other diagnoses as the underlying cause and for which pain may be initially regarded as a symptom. According to the ICU this would include musculoskeletal pain, as well as cancer, post-surgical and neuropathic pain.

# Types and Pathways of Chronic Pain

- **Nociceptive Pain** – caused by actual or threatened damage to non-neural tissue. The pain is due to the activation of nociceptors, which send signals to the brain which are interpreted as pain.
- **Neuropathic Pain** – caused by lesions or disease of the nervous system where damage to the nerves themselves send these signals.
- **Nociplastic Pain** – caused by altered nociception where the brain receives these signals despite no ongoing damage or disease.

Chronic Pain usually involves all three.

# The Pain Experience

- The IASP defines pain as “an aversive sensory and emotional experience” which consists of 3 identifiable components:
- **Sensory Experience** (what it feels like)
- **Cognitive Experience** (what it means)
- **Affective Experience** (how much it bothers you)

Metaphor of Fire Alarm – If its going off all the time, what does it mean (fire? No fire?) and how do you live with the noise?

# Challenges for the Compensation System:

- 1. New Definition of CP is not based on “expected recovery times”.
- 2. The self-report model of their “Pain Experience” – ongoing issue of questioning credibility & harm that is done
- 3. Pain disability is exacerbated by early RTW and fuels addictions. The McMaster study recommended removing RTW policies that incentivize RTW over wellness.
- 4. Workers with CP need ongoing treatment & management of the CP condition.
- 5. CP leads to stigma in the workplace – affecting RTW and employment.
- 6. Fluctuations in permanent CP are common but re-openings of claims are difficult to impossible.
- 7. Permanent Chronic Pain needs acceptance and assessment, as well as compensation.

# Permanent Chronic Pain – what is needed?

Over to you, Kevin.