



## On the Job. The Problem of Playing Through the Pain

By Mark Pew

While baseball might still be “America’s Pastime,” football is America’s national sport, at least based on viewership, sponsorship, and fan passion. While the sport’s popularity seems to reach new highs each year, its reputation has taken a few hits recently. Concussion-related injuries have been in the news, with an increasing focus on keeping players from exacerbating concussions by continuing to play. The concussion concern has had a major impact on football, all the way from pee-wee leagues to college to the National Football League (NFL), as well as other sports, including hockey and soccer. However, an additional issue has arisen that might make concussions take a back seat: the over-prescribing of prescription drugs to manage football players’ acute and chronic pain.

A lawsuit has been filed in California against the NFL alleging that from 1968 to 2008, it routinely had physicians and trainers provide narcotics and other controlled substances to keep players on the field. As of June 4, 2014, 750 players had joined the lawsuit. The players assert that they have suffered a host of difficulties, including drug addiction, homelessness, renal failure, nerve damage, arthritis, asthma, and heart problems.

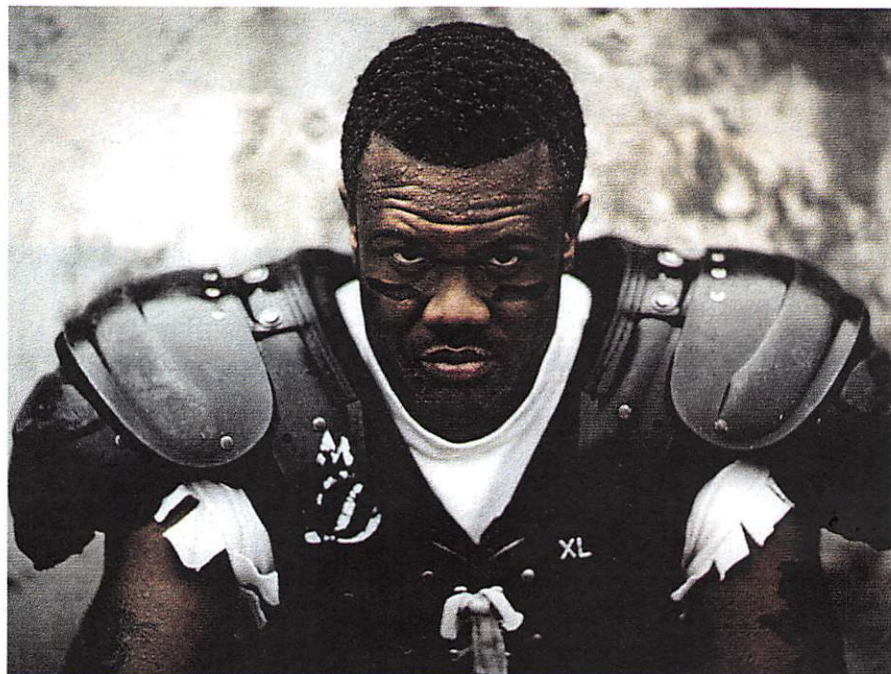
The story is complicated, as stories always are when the abuse of prescription drugs is involved. However, given that players may be employees and thus their on-the-job (field) injuries and

treatment have implications for workers’ compensation, this issue provides an interesting case study in human motivations.

Compared to the typical workers’ compensation situation, there are higher incentives for NFL players to “return to work.” Everything on a football team, especially in the professional ranks, is based on competition. If the player wants to play—and keep playing—he has to be the best. That means players have to be on the field during practice and games, in the gym for workouts, and in the meeting room to study the playbook. If

they are sitting in the training room or on the sideline, they cannot show the coaches that they deserve to play, which could lead to coaches selecting someone else. Players are motivated to return to the field whether they are hurt or not, whether they are 100 percent healthy or not, and whether they are relying on drugs to mask the pain or not.

In addition, football has a warrior mentality of toughness. Tony Romo of the Dallas Cowboys suffered broken ribs and a punctured lung during a 2011 game, but stayed in to lead the Cowboys to victory. Jack Youngblood of the Los Angeles Rams broke his leg in the



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1979 playoffs, but told the trainers to “tape it up” and kept playing. Robert Griffin III, quarterback of the Washington Redskins, was obviously hobbled by a knee injury during a 2012 playoff game, but continued playing anyway. In so doing, he damaged his



knee further and required reconstructive surgery. He wanted to play, his coach wanted him to play, the team doctors cleared him to play, and that desire to win at all costs led him onto the field. Nobody should accuse these players of being "soft," but at what expense?

Since football players have an extremely high motivation to play through pain, they are susceptible to methods that keep them on the field. The CDC has classified the overuse of prescription drugs as an epidemic in U.S. culture, and that label also could describe the NFL culture. Combining zealous players who don't want to be left behind, physicians and trainers who are paid to keep players playing, and coaches who are paid to win and win now creates a very challenging environment.

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Do the drug brand names Vicodin, Percocet, and Ambien ring a bell to anyone in workers' compensation? Does the term "drug cocktail" sound familiar? How about creating dependency and addiction? J.D. Hill, a Pro Bowl player with the Buffalo Bills, told Fox News in May 2014 that the NFL turned him into a homeless addict once he retired.

Are some physicians (and, in this case, trainers) responsible for over-prescribing for pain? Based on the allegations in the

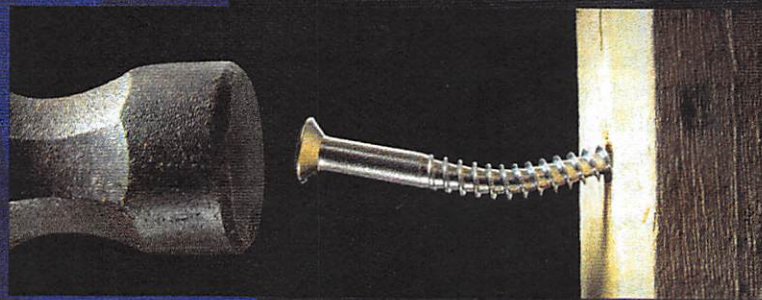
lawsuit, the answer is "yes." Are some patients (in this case, players) responsible for not being educated consumers of health care and just accepting whatever treatment is offered? Based on statements by former players, the answer to this question also is "yes." Is the system or policies of an employer (in this case, the NFL) responsible for creating an environment that fostered inappropriate care? The jury is still out. So who's to blame, then? Potentially, everybody.

The outcome of this lawsuit, and its repercussions on how medical treatment

is provided in the NFL, will be an interesting development over the next months. Just as the concussion discussion has had a wide-ranging impact on how sports and society view head injuries, the dialogue associated with the overuse of painkillers in the NFL might serve as yet another clarion call for reassessing how pain is managed. **CM**

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