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## **PRESCRIPTION MEDICATIONS**

### **Introduction**

If you are injured on the job, generally the Department or your Self-Insured employer will pay for prescription medications necessary for treatment of accepted conditions, if it serves a curative or rehabilitative purpose. If the treatment has plateaued, the Department or the employer will usually stop coverage. In some situations, the Department will pay for prescription medications for conditions not accepted under the claim if those non-related conditions are interfering with the recovery of the industrial injury.

To properly assist you in getting your medications, we would greatly appreciate you having the following information available:

- 1) Name of the medication.
- 2) Who wrote the prescription.
- 3) Pharmacy name and phone number.

### **Opioid and controlled substance**

As far as prescription medications go, coverage of opioids or controlled substances (drugs that could potentially be dangerous and addictive) are the most frequently denied. The Department has several concerns regarding long term use of opioids, including:

- Addiction and misuse,
- Secondary market for the medications,
- A factor in development of long term disability,
- Respiratory depression,
- Potential for overdose and death

The Department notes "Washington State has one of the highest rates of death from drug overdose in the whole country. The increase in drug overdose death rates is largely because of prescription opioid pain killers." The State also notes "the number of deaths from prescription drug overdose is more than heroin and cocaine combined."

That said, the Department will usually cover pain medications during the acute and sub-acute periods, generally this is two to four months from the date of injury or surgery. Outside the sub-acute period (after two to four months), the prescribing medical provider

must adequately (in the Department's eyes) state why the medications are needed and how they increase function, to obtain coverage.

When prescribing opioids for chronic, non-cancer pain, the Department requires the attending physician to submit an "Opioid Progress Report Chronic, Non-Cancer Pain" form, or its equivalent, at least every 60 days. The Department prefers the provider completes this form after every visit. Attached is a copy of this form. Additionally, the Department requires the provider to obtain a signed Opioid Agreement to be submitted every six months. No matter the situation, the Department will not pay for opioids once the worker has reached maximum medical improvement for the accepted condition.

Payment for opioid medications are often denied for the following:

- Missing or inadequate documentation.
- Non-compliance with the treatment plan.
- No substantial improvement in pain and functional status after three months of opioid treatment.
- Written by a doctor/provider who doesn't have prescription authority.

### **Emergency Room Visits for Pain Medication**

As with any treatment, the Department should cover reasonable and necessary treatment for the industrial injury. However, the claims manager may deny emergency room visits for pain medication. From our experience, the Department usually covers a few visits to the emergency room, but if it appears it is being abused, then they will deny the visits.

### **Off Label Use of Medication**

Your doctor can write prescriptions for off label use if there is evidence, such as a published study or written report, showing why the drug was chosen, that it is safe and effective for your condition.

### **Reimbursement for Out of Pocket Prescription Costs**

If the Department determines prescription medications are appropriate, the Department will reimburse you for out of pocket costs. To request reimbursement, you must complete and submit the attached "Statement for Pharmacy Services". Be sure to get the pharmacist's signature and attach the medication information to this form. From a practical standpoint, injured workers frequently pay out of pocket for medications and then seek reimbursement later, rather than waiting on the Department to cover it. This reimbursement process takes about three to four weeks.

### **Concurrent Care**

Prescriptions are frequently denied because someone other than the attending physician prescribed the medications. This can happen in several scenarios.

- 1) When multiple body parts are involved, requiring multiple specialists,
- 2) The injury requires pain management specialists and/or psychiatric care,
- 3) A physician's assistant or ARNP, who is working under your attending physician, prescribes the medications.

For example, the attending physician may refer the injured worker to a surgeon, who prescribes medication before or after surgery. Additionally, many attending physicians will refer an injured worker to a pain management specialist to manage their prescriptions.

Generally, these problems with concurrent care can be easily solved by adding the provider on as a prescribing or concurrent care provider, along with the attending physician.

### **Weaning Off Medications**

The Department will usually allow time to wean you off your medications. If you have reason to believe the Department will stop covering the medications, then you should discuss weaning with your doctor. Upon the attending physician's request, the Department will often extend coverage of the medications to assist with the weaning process. In certain situations, the Department will cover chemical dependency and detoxification programs.

### **Fentanyl Duragesic Patches**

If your doctor recommends a pain medication patch, there is a good chance the Department will deny it. Your doctor will need to show how you meet criteria set by the Agency Medical Directors Group, an organization established to provide medical guidelines for several state agencies including the Department Labor and Industries.

First, you must have a good reason why oral medications are not being used. The most common reasons involve a digestive disorder, such as reflux, ulcers, irritable bowel syndrome, renal failure or jaundice. Oral pain medications can aggravate these problems.

Second, your doctor will need to supply a time limited treatment program stating what will need to change before you can be placed on oral medications, and when the doctor plans to check on progress to moving you back to oral medications.

This sounds complicated, but really would be just a statement similar to this:

Jane Doe has developed upper gastric pain with the use of \_\_\_\_\_ medication. I will refer her for an upper GI diagnostic test, and will prescribe \_\_\_\_\_ patch (and perhaps an ulcer medication) to be used for two weeks until we review the results of the test. At that time I will assess her condition to determine if she can return to her normal medications.

It is common for the claim manager to consult an in-house occupational nurse consultant, so the approval process will likely take a few days.

One notable exception to this process is Fentanyl patches, which are usually reserved for patients who have been on Methadone for greater than one week. Before this medication can be approved the claim manager must have the request reviewed by an in-house occupational nurse, who may ask a doctor's opinion. This process can take two weeks or longer.

**Drug Coverage Policies:**

Attached is a list of policies relating to drug coverage, including limitations, criteria for coverage and treatment guidelines for certain medications. Of course, these policies are constantly changing. An updated list is published on the Department's website and can be found at <http://lni.wa.gov/ClaimsIns/Providers/TreatingPatients/Presc/Policy/default.asp>.



**OPIOID PROGRESS REPORT  
 CHRONIC, NON-CANCER PAIN**

Billing code 1057M  
 Provider information on back

<b>WORKER</b>	Worker's Name	Worker's Signature	Today's Date	Claim Number
	<p>1. On average, how bad was your pain last week? (circle number)          0= no pain 10= worst possible pain      0 1 2 3 4 5 6 7 8 9 10</p> <p>2. What activities are most difficult because of pain? Activities may include sitting, standing, walking, reaching overhead, climbing stairs, etc.</p> <p>Pick 2 activities and mark the changes from your last doctor visit.  <b>Please use the same activities each time you complete this form.</b></p> <p>Activity 1: _____ I can do: <input type="checkbox"/> more <input type="checkbox"/> less <input type="checkbox"/> no change</p> <p>Activity 2: _____ I can do: <input type="checkbox"/> more <input type="checkbox"/> less <input type="checkbox"/> no change</p>			

<b>PROVIDER</b>	<p><b>PROGRESS REPORT (check all that apply)</b></p>			
	<p><input type="checkbox"/> Estimate worker's function on opioids (circle number)          0= severe impact on function 10= returned to level of function prior to injury          0 1 2 3 4 5 6 7 8 9 10</p> <p><input type="checkbox"/> Worker has a signed opioid agreement within past 6 months          Last date of agreement: _____ (If new agreement, please submit copy)</p> <p><input type="checkbox"/> Is there concern about opioid use? <input type="checkbox"/> Yes <input type="checkbox"/> No <b>If yes, check all that apply</b>  <input type="checkbox"/> Misuse <input type="checkbox"/> Tolerance <input type="checkbox"/> Dependence <input type="checkbox"/> Toxicity/side effects</p> <p>Have you requested a random drug test? If so, please submit a copy  <b>Random drug screening is recommended and does not require pre-authorization</b></p>			
<p><b>RECOMMENDATION/TREATMENT PLAN (check all that apply)</b></p>				
<p><input type="checkbox"/> Worker has reached maximum medical improvement (MMI)</p> <p><input type="checkbox"/> I will continue to prescribe opioids and monitor</p> <p><input type="checkbox"/> I have started to wean worker from opioids and will finish by _____</p> <p><input type="checkbox"/> I referred for pain management consultation to Dr. _____ Date: _____</p> <p><input type="checkbox"/> I need additional resources to assist me in managing this worker's pain. Please specify:</p> <p><input type="checkbox"/> Other (please explain)</p>				

<b>SIGN</b>	Signature: <input type="checkbox"/> Doctor <input type="checkbox"/> ARNP <input type="checkbox"/> PA-C	Phone Number:	Date:
	Print Name:	Provider or NPI Number :	

## INSTRUCTIONS FOR OPIOID PROGRESS REPORT CHRONIC, NON-CANCER PAIN

### **BILLING TIPS:**

- Complete relevant sections of the form.
- Send chart notes and reports as required.
- Make sure information is legible.
- Use billing code 1057M.

### **DOCUMENTATION TIPS:**

- To measure function, ask the worker to describe the same activities at each visit.
- To estimate the worker's level of function consider all relevant data including: information that is self-reported – worker's response to activities, and information from another observer such as a consulting physician or a physical capacities examination by a physical therapist.
- Document any changes in the level of function and pain.

When prescribing opioids for chronic, non-cancer pain, the attending physician must submit this form, or an equivalent form giving the same information, at least every 60 days.

- Providers are encouraged to submit this form after each visit.
- A signed opioid agreement must be submitted every 6 months.
- L&I will not pay for opioids once the worker has reached maximum medical improvement for the accepted condition.

### **PAYMENT FOR OPIOID MEDICATIONS MAY BE DENIED FOR:**

- Missing or inadequate documentation.
- Noncompliance with the treatment plan.
- No substantial improvement in pain and functional status after three months of opioid treatment.
- Evidence of misuse of opioids or other drugs, or noncompliance with the attending provider's request for a drug screen.

### **If you need more information:**

**On-Line:** [www.lni.wa.gov](http://www.lni.wa.gov) and search for opioids. WAC 296-20-03019 through WAC 296-20-03024. [www.agencymeddirectors.wa.gov](http://www.agencymeddirectors.wa.gov) for helpful resources to manage chronic non-cancer pain

**Call:** Provider Hotline: 1-800-848-0811

### **Send reports to:**

**State Fund:** Dept of Labor and Industries – Claim Section  
PO Box 44291, Olympia WA 98504-4291

**FAX:** Choose any number:

360-902-4292	360-902-4565	360-902-4566	360-902-4567
360-902-5230	360-902-6100	360-902-6252	360-902-6460

**Self-Insurance:** Contact the Self-Insured Employer/Third Party Administrator.

**On-Line:** [www.lni.wa.gov/download/Selfins/Rpt4097d.txt](http://www.lni.wa.gov/download/Selfins/Rpt4097d.txt)



# OPIOID TREATMENT AGREEMENT

Patient Name: \_\_\_\_\_

Claim No. \_\_\_\_\_

Opioid (narcotic) treatment for chronic pain is used to reduce pain and improve what you are able to do each day. Along with opioid treatment, other medical care may be prescribed to help improve your ability to do daily activities. This may include exercise, use of non-narcotic analgesics, physical therapy, psychological counseling or other therapies or treatment. Vocational counseling may be provided to assist in your return to work effort.

I, \_\_\_\_\_, understand that compliance with the following guidelines is important in continuing pain treatment with Dr. \_\_\_\_\_.

1. **I understand that I have the following responsibilities:**
  - a. I will take medications only at the dose and frequency prescribed.
  - b. I will not increase or change medications without the approval of this provider.
  - c. I will actively participate in Return to Work (RTW) efforts and in any program designed to improve function (including social, physical, psychological and daily or work activities).
  - d. I will not request opioids or any other pain medicine from providers other than from this one. This provider will approve or prescribe all other mind and mood altering drugs.
  - e. I will inform this provider of all other medications that I am taking.
  - f. I will obtain all medications from one pharmacy, when possible. By signing this agreement, I give consent to this provider to talk with the pharmacist.
  - g. I will protect my prescriptions and medications. Only one lost prescription or medication will be replaced in a single calendar year. I will keep all medications from children.
  - h. I agree to participate in psychiatric or psychological assessments, if necessary.
  - i. If I have an addiction problem, I will not use illegal or street drugs or alcohol. This provider may ask me to follow through with a program to address this issue. Such programs may include the following:
    - 12-step program and securing a sponsor
    - Individual counseling
    - Inpatient or outpatient treatment
    - Other: \_\_\_\_\_

2. **I understand that in the event of an emergency, this provider should be contacted and the problem will be discussed with the emergency room or other treating provider. I am responsible for signing a consent to request record transfer to this doctor. No more than 3 days of medications may be prescribed by the emergency room or other provider without this provider's approval.**
3. **I understand that I will consent to random drug screening. A drug screen is a laboratory test in which a sample of my urine or blood is checked to see what drugs I have been taking.**
4. **I will keep my scheduled appointments and/or cancel my appointment a minimum of 24 hours prior to the appointment.**
5. **I understand that this provider may stop prescribing opioids or change the treatment plan if:**
  - a. I do not show any improvement in pain from opioids or my physical activity has not improved.
  - b. My behavior is inconsistent with the responsibilities outlined in #1 above.
  - c. I give, sell or misuse the opioid medications.
  - d. I develop rapid tolerance or loss of improvement from the treatment.
  - e. I obtain opioids from other than this provider.
  - f. I refuse to cooperate when asked to get a drug screen.
  - g. If an addiction problem is identified as a result of prescribed treatment or any other addictive substance.
  - h. If I am unable to keep follow-up appointments.

Patient Signature

Date

Provider Signature

Date

**PLEASE READ AND SIGN REVERSE SIDE**

**Provider:**

**Keep signed copy in file, give a copy to patient and send a copy to L&I.  
Must renew Agreement every 6 months.**

# OPIOID TREATMENT AGREEMENT

**Patient Name:** \_\_\_\_\_

**Claim No.** \_\_\_\_\_

### Your safety risks while working under the influence of opioids

You should be aware of potential side effects of opioids such as decreased reaction time, clouded judgment, drowsiness and tolerance. Also, you should know about the possible danger associated with the use of opioids while operating heavy equipment or driving.

### Side effects of opioids

- Confusion or other change in thinking abilities
- Nausea
- Constipation
- Vomiting
- Problems with coordination or balance that may make it unsafe to operate dangerous equipment or motor vehicles
- Sleepiness or drowsiness
- Breathing too slowly – overdose can stop your breathing and lead to death
- Aggravation of depression
- Dry mouth

**These side effects may be made worse if you mix opioids with other drugs, including alcohol.**

### Risks

**Physical dependence.** This means that abrupt stopping of the drug may lead to withdrawal symptoms characterized by one or more of the following:

- Runny nose
- Abdominal cramping
- Rapid heart rate
- Diarrhea
- Sweating
- Nervousness
- Difficulty sleeping for several days
- Goose bumps

**Psychological dependence.** This means it is possible that stopping the drug will cause you to miss or crave it.

**Tolerance.** This means you may need more and more drug to get the same effect.

**Addiction.** A small percentage of patients may develop addiction problems based on genetic or other factors.

**Problems with pregnancy.** If you are pregnant or contemplating pregnancy, discuss with your provider.

### Payment of medications

State law forbids L&I from paying for opioids once the patient reaches maximum medical improvement. You and your provider should discuss other sources of payment for opioids when L&I can no longer pay.

### Recommendations to manage your medications

- Keep a diary of the pain medications you are taking, the medication dose, time of day you are taking them, their effectiveness and any side effects you may be having.
- Use of a medication box that you can purchase at your pharmacy that is already divided in to the days of the week and times of the day so it is easier to remember when to take your medications.
- Take along only the amount of medicine you need when leaving home so there is less risk of losing all your medications at the same time.

I have read this document, understand and have had all my questions answered satisfactorily. I consent to the use of opioids to help control my pain and I understand that my treatment with opioids will be carried out as described above.

<b>Patient Signature</b>	<b>Date</b>	<b>Provider Signature</b>	<b>Date</b>
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**PLEASE READ AND SIGN REVERSE SIDE**

<b>Provider:</b> Keep signed copy in file, give a copy to patient and send a copy to L&I. Must renew Agreement every 6 months.
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NO STAPLES IN  
BAR CODE AREA

Dept. of Labor and Industries  
PO Box 44269  
Olympia WA 98504-4269

# STATEMENT FOR PHARMACY SERVICES

Instructions for completing form on the reverse side.

DO NOT  
WRITE IN  
SPACE

Pharmacy name & address		L&I Provider no. / NPI	Worker's soc. sec. no. (for i.d. only)	Claim no.
NCPDP No			Worker's name (last, first, middle) print or type	
			Worker's mailing address	
			City	State ZIP
			Pharmacy billing date	Employer

Is this a request to reimburse the injured worker?  YES  NO

Is this a private insurance co-payment?  YES  NO

We do not reimburse for a private insurance co-payment. Call L&I at 1-800-848-0811 for instructions.

**Prescription (RX) Information**

Print Or Type All Information

DX Code (ICD-9)	S/B	Date of injury	Date Rx written	Prescribing Provider's name			Prescribing Provider Number (L&I#, License#, DEA# or NPI)		
Prescription #		Date Rx filled	Refill Number (0 - 99)	Days Supply	Quantity (units)	Dispensed as written product selection code (DAW) (0, 1 or 6)			
National Drug Code			Drug name			DUR codes CNFLT:          INTRV:          OUTCM:			
Remarks						Prescription clarification code (Refill-too-soon)		Total prescription cost	\$

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Remarks						Prescription clarification code (Refill-too-soon)		Total prescription cost	\$

Reimburse the injured worker: Pharmacist's signature is required.

<input type="checkbox"/>	The injured worker has paid for the above services and prescription(s).
Pharmacist's Signature	Print Name
X	X

When you submit this bill, you are certifying that the prescription information is correct.

L&I must receive this statement within 12 months of the date of service or claim allowance.



Department bill forms are furnished at no charge to the vendor, and may be obtained at: <http://www.lni.wa.gov/FormPub/results.asp?Keyword=provider+billing&Submit=Search> or by calling the local department service location.

### Instructions for completing "Statement for Pharmacy Services" form

Do not complete this form for reimbursement of a private insurance co-payment. Call L&I at 1-800-848-0811 for instructions

#### Types of Insurance

##### STATE FUND INDUSTRIAL INSURANCE

Claim numbers are six digits, beginning with a "B, C, F, G, H, J, K, L, M, N, P, X, Y or double alpha followed by 5 digits." Send bills for Industrial Insurance claims to:

Department of Labor and Industries  
PO Box 44269  
Olympia WA 98504-4269

##### CRIME VICTIMS

Claim numbers are six digits beginning with a "V", or five digits preceded by a "VA, VB, VC, VH, VJ, VK, VL or VS." Send bills for Crime Victims claims to:

Department of Labor and Industries  
PO Box 44520  
Olympia WA 98504-4520

##### SELF-INSURANCE

Claim numbers are six digits beginning with an "S, T, W", or double alpha (SA-SZ, TA-TZ, WA-WZ). Department of Energy claims are now Self-Insured. Claim numbers are seven digits beginning with "7, 8 or 9." Send bills to the employer or their service company.

#### Pharmacy address changes

##### PHARMACY NAME AND ADDRESS:

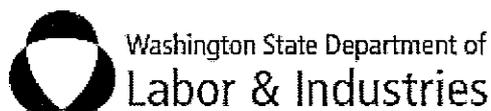
If any of this information changes, call 1-800-848-0811 immediately. (Simply indicating a new address on the bill will not change L&I's record of address for the provider.)

For further information, find us at:

[www.lni.wa.gov/claimsinsurance/providerpay/billing/provider](http://www.lni.wa.gov/claimsinsurance/providerpay/billing/provider)

#### Prescription Information

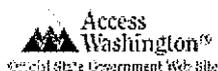
<p><b>L&amp;I PROVIDER NUMBER / NPI:</b> The specific Provider number / NPI issued to the pharmacy.</p> <p><b>NCPDP NO:</b> The 7-digit number assigned by National Council for Prescription Drug Programs.</p> <p><b>REIMBURSE INJURED WORKER:</b> Place "X" in applicable box.</p> <p><b>S/B (SIDE OF BODY):</b> Designate "L" (left), "R" (right) side of body or "B" (bilateral), to indicate location of injury.</p> <p><b>DATE OF INJURY:</b> This is important and must be included. One worker may have several claims, so it is vital the proper claim be identified and charged for services provided.</p> <p><b>PRESCRIBING PROVIDER NUMBER (L&amp;I#, LICENSE#, DEA# OR NPI):</b> Provider number issued to the prescribing physician by L&amp;I, a WA state license#, a DEA# or NPI. (not pharmacy's provider#).</p> <p><b>REFILL NUMBER:</b> Enter the refill number (0-99), if prescription is a refill otherwise "0" to identify the original prescription.</p> <p><b>DAYS SUPPLY:</b> Using quantity dispensed and directions for use (sig) on the prescription, calculate the number of days supply. If the directions say as needed or have a dose range, estimate days supply using the maximum dosage per day.</p> <p><b>QUANTITY:</b> The total units of medication prescribed. Use the (NCPDP) billing unit standard format, e.g., "each", "ml" or "gm".</p>	<p><b>DISPENSED AS WRITTEN PRODUCT SELECTION CODE:</b> Code indicating whether or not the prescriber's instructions regarding generic substitution were followed.</p> <p>Valid values are: 0 = No product selection mandated; 1 = Substitution not allowed by prescriber; 6 = Override for emergency supply - This value is used only by in-state pharmacies when dispensing an emergency supply of a non-preferred drug prescribed by a non-endorsing practitioner.</p> <p><b>NATIONAL DRUG CODE:</b> National drug identification code. This code must be entered in a 5-4-2 format: e.g., if the NDC format listed in your pricing book is 0005-3250-23, enter 00005 3250 23. If the NDC format is 50419 127 12 enter 50419 0127 12</p> <p><b>DUR CODES:</b> Enter the appropriate conflict, intervention and outcome code.</p> <p><b>PRESCRIPTION CLARIFICATION CODE:</b> Enter the appropriate value for a refill-too-soon.</p> <p><b>TOTAL PRESCRIPTION COSTS:</b> Total charge for the filled prescription. (Drug cost + professional fee + applicable tax).</p> <p><b>REIMBURSE THE INJURED WORKER:</b> Signature of pharmacist who supplied the prescription is required.</p>
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# Drug Coverage Policies

Below is a list of policies relating to drug coverage, including limitations, criteria for coverage and treatment guidelines.

Covered by workers comp?  For more information, select the link below or call the Preferred Drug List Hotline at 1-888-443-6798.	Yes			No
	With proper documentation	Only with pre-authorization	On a case-by-case basis	
<a href="#">Antiepileptic drugs (AEDs) for neuropathic pain</a>	X drug limitations			
<a href="#">Benzodiazepines, see WAC 296-20-03014(4)</a>	X time limitations			
<a href="#">Botulinum toxin</a>		X		
<a href="#">Buprenorphine products</a>		X		
<a href="#">Buprenorphine (Butrans) Transdermal System</a>			X	
<a href="#">Compounded drug products</a>		X		
<a href="#">Carisoprodol products</a>				X
<a href="#">Fentanyl transmucosal products</a>				X
<a href="#">Fentanyl transdermal products (Duragesic ®)</a>			X	
<a href="#">Hyaluronic acid</a>		X		
<a href="#">Local anesthetics - Lidocaine patch (Lidoderm ®) and lidocaine / prilocaine cream (EMLA ®)</a>		X		
<a href="#">Medical food or "co-pack" products</a>				X
<a href="#">Post-exposure Prophylaxis (PEP)</a>	X			
<a href="#">Opioids for non-cancer pain</a>	X			
<a href="#">Sedative-hypnotics</a>	X time limitations			
<a href="#">Smoking cessation products</a>			X	
<a href="#">Tramadol products</a>	X			



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