

Cannabis relieves chronic low-back pain

A prominent European study published in October 2025 in *Nature Medicine* suggests cannabis can relieve chronic low-back pain and offers patients better sleep, improved physical function, and a higher quality of life.

The cannabis used was a specific, pharmaceutical-grade extract under investigation (called VER-01), and not the cannabis found in over-the-counter products or in recreational cannabis. Researchers note cannabis plants exhibit substantial heterogeneity and varying levels of bioactive constituents and cautioned against extrapolating findings obtained with one cannabis extract to others.

The TH in VER-01 is very low compared to what's available in gummies, chocolate bars, and other products sold at marijuana dispensaries in the U.S. Researchers say patients in the trial didn't show any signs of drug abuse, dependence, or withdrawal. The other two main pharmaceutical options for treating chronic pain – NSAIDs and opioids – pose well-documented hazards.

In the recently reported study, VER-01, a full-spectrum extract of cannabis, was compared with a placebo containing sesame oil, cannabis aroma, and colorants to mimic the appearance and sensory characteristics of VER-01. Patients who received cannabis had, on average, about a 30% drop in pain after 12 weeks compared to their baseline, while those who took the placebo experienced a 20% reduction.

“Most of the medications that we have at our disposal for treating chronic pain are in that range. So, it's not panacea, it's not a compound that is going to treat all chronic pain,” notes Simon Haroutounian, PhD, MSc., a pain expert at the Washington University Pain Center in St. Louis. He made his comments in an interview with *NPR*.

Nevertheless, the study adds to the evidence cannabis can play a role in treating chronic pain, even though such evidence remains sketchy primarily because of small sample sizes, short treatment durations, inconsistent dosing regimens, heterogeneous outcome measures, and variability across cannabis-based preparations.

Observers are optimistic research into marijuana's benefits will receive a boost from President Donald Trump's recent executive order reclassifying marijuana from a Schedule I substance – no accepted medical use, high potential for abuse – to a Schedule III drug, which are drugs considered to be medically useful and less likely to be abused.

The White House said its decision was based in part on “a finding by the FDA of credible scientific support to substantiate the use of marijuana in the treatment of pain, anorexia related to certain medical conditions, and nausea and vomiting induced by chemotherapy. The National Institute on Drug Abuse concurred with the FDA's recommendation that marijuana be rescheduled from Schedule I to Schedule III of the CSA.”

The National Safety Council applauded the move as it would expand research but cautioned it must come with substantive risk mitigation. “Because cannabis impairs psychomotor skills and cognitive ability, no level of cannabis use is safe or acceptable for drivers or for employees who work in safety-sensitive positions,” it said.

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No Proof, No Disability: The Court's Message in *Hall v. Jones* – COA 25-59

By: Jaden Grimes and Tracey Jones

Late last year, the Court of Appeals reinforced a key principle of the NC Workers' Compensation Act: an injured worker must prove they are disabled. Not just from the pre-injury job, but from any job. At its core, *Hall v. Jones* COA25-59 (2025) underscores a fundamental rule: the plaintiff carries the burden of proof. In an unpublished opinion, the Court affirmed in part, vacated in part and remanded the case back to the Industrial Commission for further findings of fact. The central question in the case was whether the Full Commission improperly shifted the burden to Defendants to show that Plaintiff was disabled from all employment. The Court of Appeals concluded that the Commission did not address whether Plaintiff had proven that he was incapable of earning wages in employment outside the Defendant-Employer, and as a result, remanded the case back so additional findings of fact could be addressed.

By way of background, the Plaintiff was injured while working for a facilities management company. After being assessed at maximum medical improvement (MMI) and assigned a 25% permanent partial impairment (PPI) rating, Plaintiff returned to his pre-injury engineering job with some modifications. Plaintiff alleged that even with the modifications, the job was outside his restrictions and was not available in the competitive marketplace, making the job "unsuitable."

The Full Commission and the Court of Appeals agreed with Plaintiff, concluding that the job exceeded Plaintiff's restrictions and that Defendants failed to show that the job was available in the competitive marketplace. The Commission then stated Plaintiff was allowed to quit the unsuitable job and collect TTD until suitable employment was found, which assumes Plaintiff prevailed in showing disability. **Importantly, there were minimal to no findings that Plaintiff searched for or was unable to find work elsewhere within his permanent restrictions.**

The Court first noted that disability as defined under the Workers' Compensation Act is "the incapacity because of injury to earn the wages which the employee was receiving at the time of injury in the same *or any other employment*." N.C. Gen. Stat. § 97-2. Only after Plaintiff shows they are disabled does the burden shift to Defendants to establish that suitable employment is available. *Johnson v. S. Tire Sales & Serv.*, 358 N.C. 701, 708 (2004).

Referencing the *Hilliard* elements, the Court stated that while the Full Commission correctly found Plaintiff was unable to



earn wages in the "same" employment, it failed to answer whether Plaintiff could earn wages in "any other employment". *Hilliard v. Apex Cabinet Co.*, 305 N.C. 593 (1982). **In other words, Plaintiffs cannot prevail in showing disability by merely alleging the original job is outside their permanent restrictions and thus unsuitable. They must also provide evidence that they have searched for other jobs but have not been able to locate one after a reasonable job search.**

The Court's opinion reiterates that Plaintiff's have the burden of proving disability under the Workers' Compensation Act and conducting a reasonable job search is part of the analysis before disability benefits can be awarded.

Hall v. Jones Lang LaSalle, Inc. (COA25-59) is a useful example of how North Carolina appellate courts strictly enforce the statutory definition of disability under workers' compensation law. The decision underscores that Industrial Commission awards must *explicitly* establish an injured worker's reduced wage-earning capacity *across all employment*, not just with the original employer, before awarding disability benefits.

Issues surrounding suitable employment and ongoing disability are common issues in workers' compensation cases that can significantly increase the value of claims. Defendants should be well versed in the burden of proof required when litigating disability issues and highlight Plaintiff's lack of a reasonable job search when fighting these issues. The *Hall* case firmly establishes that a Plaintiff cannot successfully argue that the job he is doing for the Defendant-Employer is unsuitable thereby proving he is disabled without also conducting a job search for other employment within his work restrictions.

For employers and carriers evaluating similar disability disputes, a careful review of job search evidence and wage-earning capacity across all employment remains critical.

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HeroWear product

Exosuits Reduce Strains & Sprains

Distribution centers using back-exoskeletons cut their total strain and sprain injury rate by 62%, according to a study by HeroWear, which makes the product.

The company says its comprehensive longitudinal study analyzed over 311,000 hours of warehouse work and has provided the first large-scale evidence that exosuits significantly reduce back strain and sprain injuries without transferring injury risk to other parts of the body.

Five distribution centers opted to share total strain and sprain data with HeroWear after adopting Apex 2 back-assist exosuits. To avoid biasing the results, HeroWear did not pay any companies to participate – the companies purchased the Apex 2 exosuits and workers were not compensated for using the exosuits or for providing feedback or testimonials.

Distribution centers tracked and provided their own historical injury data before and after exosuit deployment based on their recordable musculoskeletal incident rates. Historically, these distribution centers would have expected 15.9 total strains and sprain injuries amongst workers over the 311,000 work hours monitored, but only six such injuries occurred after workers began using exosuits—a 62% reduction, none of which were back injuries, according to HeroWear.

Spun off from Vanderbilt University in 2019, HeroWear is a leading player in the occupational exoskeleton field. Its Apex 2 is a back-assist exosuit worn by thousands of workers in physically demanding jobs, and the company says the exosuit is particularly well-suited for material handling and repetitive lifting jobs in warehouses and distribution centers. The Apex 2 contains no motors or batteries - the exosuit's elastic bands function like an artificial set of back muscles that reduce strain and make lifting easier. It has a modular design, adjustable assistance levels, and multiple sizes to ensure comfortable fit and proper performance for women and men of varying size and shape. HeroWear says its exosuits are being used in over 30 countries.

Travis Erickson, director of operations for Plymouth Inc., one of the companies that participated in the study, noted a night shift employee typically picks up an average of 60,000 pounds a night. The exosuits have kept them from suffering strains and sprains. Plymouth Inc. operates a warehouse and distribution center for meat products on the West Coast.

Beyond back-support exoskeletons, there's a rapidly expanding category often called "smart wearables," "connected PPE," or "industrial wearables." These focus less on adding strength and more on monitoring, predicting, and preventing risk in real time.

Some high-impact (and near-future) examples:

Smart helmets (Augmented reality + hazard awareness)

What they are: Hard hats with augmented reality displays, cameras, and sensors.

What they do:

- Overlay hazards, wiring, or structural data onto the worker's view
- Provide remote expert guidance via live video
- Detect impacts, fatigue, or unsafe conditions

Why they matter:

They reduce human error and improve situational awareness—especially in complex or high-risk environments like construction or utilities.

Smart vests & biometric clothing

What they are: High-visibility vests or garments embedded with biometric and environmental sensors.

Capabilities:

- Monitor heart rate, body temperature, hydration, fatigue
- Detect heat stress or overexertion
- Alert supervisors in real time

Why they matter:

They shift safety from reactive → proactive. Wearables can detect physiological strain before injury occurs, helping prevent incidents like heatstroke or exhaustion.

Smart belts & posture sensors (AI ergonomics)

What they are: Lightweight wearables (belt, clip, or patch) that track movement and posture.

What they do:

- Detect unsafe lifting, bending, twisting
- Provide real-time feedback (vibration, app alerts)
- Generate analytics for safety teams

Example concept: Systems like AI-powered smart belts analyze motion patterns to identify high-risk tasks and reduce injury rates.

Why they matter:

Musculoskeletal injuries are one of the largest causes of workplace injury costs, and these devices directly target that problem.

coming up

Wednesday, March 31 - Friday, April 2, 2022
NCASI Annual Conference 2027

Holiday Inn Resort Lumina on Wrightsville Beach

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Employers Face Rising Healthcare Costs

Healthcare costs are expected to increase 9.1% in 2026, marking the highest increase in more than two decades, according to a recent survey by WTY, a global advisory, broking and solutions company. The recent surge would follow healthcare cost increases of 7.0% in 2024 and 8.1% in 2025.

"Healthcare costs are surging again, and U.S. employers are on the front lines. Can employers bend the spending curve? The prospects are, at best, uncertain," writes David Blumenthal, former president of the Commonwealth Fund, in an online article published in December 2025 in the Harvard Business Review. The Commonwealth Fund is a national philanthropy engaged in independent research on health and social policy issues.

"Solutions to the healthcare cost problem start with understanding its causes. The basic logic couldn't be simpler: It's a matter of Ps and Qs. Total costs are the product of the price of healthcare services times the quantity consumed. Both are currently accelerating," he adds.

Part of the difficulty in tackling an intractable, chronic problem is the lack of competition in healthcare. "Consolidation among providers is rampant: As many as 90% of metropolitan hospital markets are considered highly concentrated. Large hospital systems are gobbling up physician practices, adding to their negotiating leverage," Dr. Blumenthal writes.

Another complexity is increasing use of healthcare services by an aging, overweight population with high rates of diabetes, hypertension, heart disease, and cancer. GLP-1 drugs may eventually have a favorable impact but in the short term they raise costs.

But the crux of the matter is healthcare costs are still marginal to the financial welfare of many companies. "Health insurance amounts to only about 4% of total operating expenses. Even a 20% increase in 4% of total costs is only a 0.8% increase in overall enterprise expenses," he concludes.