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community
Workers' Compensation

Long-term Opioid Use Practice Tips

MORE THAN 90 DAYS

When?

When is long-term opioid use appropriate?

- When alternatives have failed
- To maintain functional improvement
- When objective findings explain the pain

Type?

What type of opioid should you prescribe?

- Lowest effective dose/strength

Screens?

When should you screen for addiction or abuse?

- At the beginning of any long-term opioid therapy or upon physician request

Goals?

What are treatment goals?

- To stay at work
- To resume normal activities
    - Set expectations and document

Follow up?

What should you consider when following up with a patient on long-term therapy?

- Check Prescription Drug Monitoring Program (PDMP) at first visit
    - www.orpdmp.com
- Stay at lowest possible dosage/strength that maintains improved function
- Check PDMP at least every six months
- Encourage normal activity levels and document expectations

Agreement?

When should you make an opioid therapy agreement?

- At the start of long-term therapy

Consultation?

When should you consider a psychological or pain-management consultation? When…

- No objective findings explain continued pain
- Difficulty patient may have when tapering from long-term, high-dose opioids
- Patient is anxious or shows significant signs of depression
- Patient is on antidepressants or sedatives

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Long-term opioid use

(3 months or longer)

When should you initiate long-term opioid therapy?

- When the medical diagnosis is supported by objective findings to explain the presence of the pain
- When the patient has measurable functional physical or medical limitations that are expected to improve with reduced pain
- When other therapies have failed to improve function
- When you have set patient expectations that opioid therapy will continue only as long as the therapy contributes to improved function

What are the treatment goals?

- Patient demonstrates improved function
- Patient stays at work or is able to return to work; resumes normal activities

Note: Set expectations with patient and document

What type of opioids should you prescribe?

- Lowest effective dose/strength

When should you screen for possible addiction or opioid abuse?

- When there is a history of prolonged disability
- When current or prior alcoholism or other substance abuse exists
- When the Prescription Drug Monitoring Program (PDMP) shows multiple, concurrent prescribers
  - www.orpdmp.com
- When the patient requests early refills, or reports lost or stolen medications
- When the patient shows an overwhelming focus on opioids at visits
- When psychological conditions including depression and personality disorders are present

When should you change opioid dosage?

- When the current dosage has led to functional improvement that you expect will continue with a small increase in dosage
  - Consider consultation with pain management expert before increasing dosage/strength
- If increased dosage doesn't provide the expected functional improvement, then go back to lower dosage/strength
- When the patient has demonstrated increased function and decreased pain, consider decreasing the opioid dosage/strength to the lowest effective dose
- If decrease of dosage results in decreased function and increased pain, medication dose can be reinstated until patient has stabilized

When should you make an opioid therapy agreement?

- Whenever you start a patient on long-term opioid therapy

How should you follow up with a patient on long-term opioid therapy?

An office visit for patients on long-term opioid therapy should never be a routine visit

- Encourage return to normal activities and discuss the status of those activities
- Measure progress toward improved function while maintaining the lowest possible dosage/strength
- On a regular basis, discuss effective reduction or end of opioid therapy; document discussion
- Check the PDMP for evidence of multiple prescribers at first visit and at least every six months
  - www.orpdmp.com

When should you order a urine drug screen?

- At initial visit when beginning long-term opioid therapy
- If initial drug screen was not performed while on the short-term opioid therapy
- Random drug screens should be performed at least once a year, unless there is clinical justification for additional screenings

What should you do when there's evidence of misuse or abuse?

- If confirmatory drug screen shows no opioids in system, immediately reconsider therapy
- If drug screen shows inconsistent, inappropriate opioid use, reconsider opioid therapy
- If drug screen shows overuse of opioids, remind patient of opioid agreement and discuss alternatives to continuation of opioid therapy, such as drug treatment programs
- If PDMP shows multiple prescribers, contact other prescribers; decide which provider will manage the opioid therapy
- Address findings with patient and document in chart notes

When should you consider a psychological or pain management consultation?

- When tapering from long-term, high-dose opioids expected to be difficult; when prior tapering attempts have failed
- After long duration opioid therapy – when there are no objective findings to explain the patient's continued pain
- Patient is anxious, shows signs of depression, or patient is on antidepressants or sedatives
  - May need to contact insurer regarding payment for consultation services

Workers' Compensation Division
Short-term and Long-term Opioid Use Guidelines

References

1. Oregon Health Authority Opioid Resources, https://public.health.oregon.gov/PreventionWellness/SubstanceUse/Opioids/Pages/index.aspx
2. American College of Occupational and Environmental Medicine (ACOEM), "*Guidelines for the Chronic Use of Opioids*," 2011
3. California Workers' Compensation Institute, "*Prescribing Patterns of Schedule II Opioids in California Workers' Compensation*," March 2011
4. *IAIABC Opioid Policy Guide*, July 8, 2013, IAIABC 2013
5. Mayo Clinic's "*Comprehensive Pain Rehabilitation Center – Program Guide*," 2006
6. National Conference of Insurance Legislator (NCOIL), "*Proposed Best Practices to Address Opioid Abuse, Misuse, and Diversion*," July 12, 2013
7. *Southern Oregon Opioid Prescribing Guidelines*, A Provider and Community Resource
8. Veterans Affairs/Dept. of Defense, "*VA/DoD Clinical Practice Guideline for Management of Opioid Therapy for Chronic Pain*," May 2010
9. Washington State Department of Labor and Industries, Medical Treatment Guidelines, "*Guideline for Prescribing Opioids to Treat Pain in Injured Workers*"
   a. Opioid Dose Calculator
10. Western Occupational and Environmental Medical Association (WOEMA), "*Chronic Opioid Use: Comparison of Current Guidelines*," Aug. 15, 2011
11. Work Loss Data Institute, "*Just the facts on Opioid Management*"

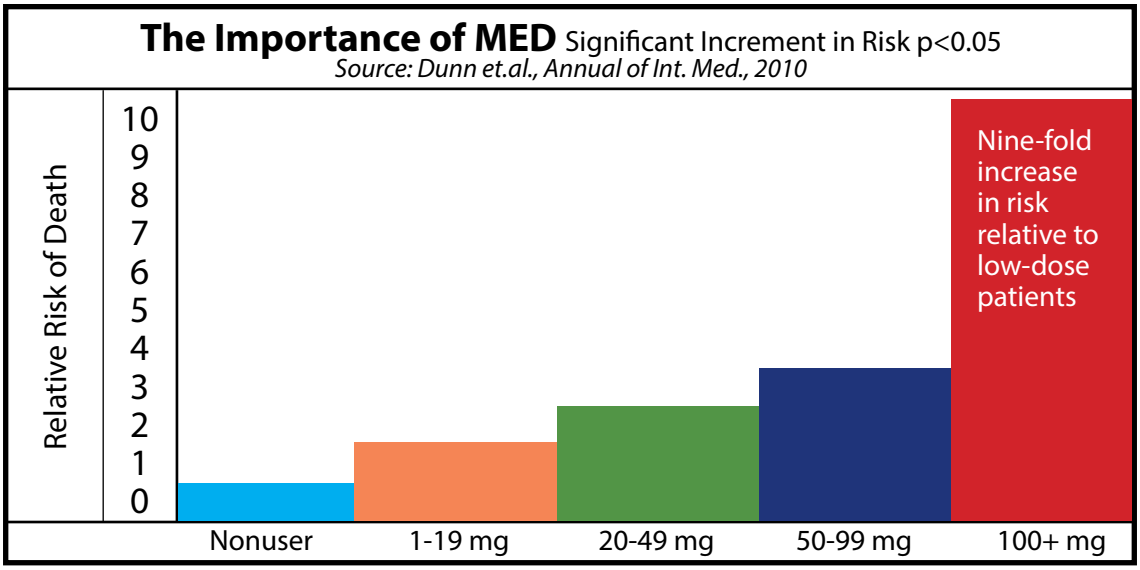
Provider Tools

MEDs for Commonly Prescribed Opioids
10 mg of Morphine Corresponds to:

Opioid	Approximate Equianalgesic Dose (oral and transdermal)
Codeine	67 mg
Fentanyl transdermal	4.15 mcg/hr
Hydrocodone	10 mg
Hydromorphone	2.5 mg
Methadone chronic	1.3 mg
Oxycodone	6.7 mg
Oxymorphone	3.3 mg

Methadone exhibits a nonlinear relationship due to its long half-life and accumulates with chronic dosing (MED may increase depending on the dose). Note: The Oregon Prescription Drug Monitoring Program (PDMP) uses a factor of 3.

Methadone chronic	Factor	10 mg of Morphine Corresponds to:
Up to 20mg per day	4	2.50 mg
21 to 40mg per day	8	1.2 mg
41 to 60mg per day	10	1.00 mg
> 60mg per day	12	0.83 mg



From the WA State L & I website, the following are useful tools for providers:

Access for all tools listed below: http://www.agencymeddirectors.wa.gov/Files/OpioidGdline.pdf

1. Guidance for Seeking Consultative Assistance
   FIND: Table 1. Page 4
2. Before you decide to prescribe opioids for chronic pain (1 page)
   FIND: Page 5
3. Using Urine Drug Testing (UDT) to Monitor Opioid Therapy for Chronic Non-cancer Pain
   FIND: Page 5
4. Graded Chronic Pain Scale (Figure 2)
   FIND: Page 7
5. Recommended Frequency of UDT (Table 2)
   FIND: Found on Page 8
6. Principles for safely prescribing chronic opioid therapy (1/2 page)
   FIND: Page 8
7. Tapering or Discontinuing Opioids (1/2 page)
   FIND: Page 10
8. Recognizing and managing behavioral issues during opioid tapering (1/2 page)
   FIND: Page 11
9. Reasons to discontinue opioids or refer for addiction management
   FIND: Page 13
10. Dosing Threshold for Selected Opioids (Table 4)
    FIND: Page 16
11. Opioid Risk Tool
    FIND: Page 19
12. Sample Doctor-Patient Agreements for Chronic Opioid Use
    FIND: Appendix G, Page 43