



# Long-term Opioid Use Practice Tips

M O R E T H A N 9 0 D A Y S

## 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](http://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

# Long-term opioid use (three 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](http://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](http://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

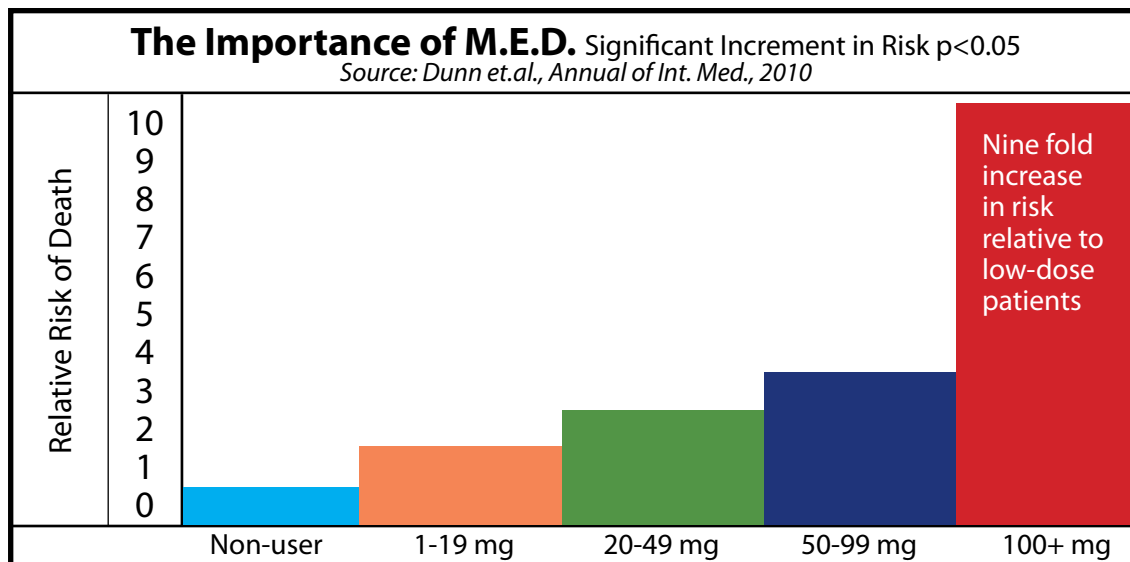
### References

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 Legislators (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"

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### Provider Tools

<b>MEDs for Commonly Prescribed Opioids</b>	
<b>10 mg of Morphine Corresponds to:</b>	
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



**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