



Short-term Opioid Use Practice Tips

LESS THAN 90 DAYS

When?

When should you initiate opioids?

- When alternatives are not expected to help
- For severe or post-surgery pain
- If history of substance abuse or chemical dependency, discuss opioid usage, expectations, and risks with patient
 - Document conversation in chart notes

Type?

What type of opioid should you prescribe?

- Short-acting opioids only
- Lowest effective dose/strength

Screens?

When should you screen for addiction or abuse?

- If history of prior misuse or abuse
- If Prescription Drug Monitoring Program (PDMP) shows more than one prescriber (check at least every six months)
 - www.orpdmp.com
- Any prescription over 28 days

How long?

What's the maximum supply?

- Max supply of seven-day prescription

Goals?

What are treatment goals?

- Improved function
- Return to normal activities

Note: Agree on expectations and document in chart notes

Options?

When to prolong or consider other options?

- Prolong if progress toward treatment goals is made
- Re-evaluate therapy if there is lack of progress toward treatment goals

Agreement?

When to enter into an opioid therapy agreement? When...

- Opioid prescription exceeds 28 days
- There is a history of substance abuse
- The PDMP shows multiple opioid prescribers
- Drug screen shows inconsistency or misuse of opioids

Short-term opioid use

(0 – 3 months after injury or surgery)

When should you initiate opioids?

- When acute, severe pain exists following injury or surgery
- When alternate treatments such as NSAIDs and nonpharmacologicals are not expected to be effective
- If no history of substance abuse

Note: Discuss alternatives, expectations, and risks with patient – thoroughly document discussion in chart notes

What are the treatment goals?

- Improved function; continue opioid therapy when functional improvement continues
- Return to or stay at work and resume normal activities

Note: Discuss goals and expectations with patient and document

What type of opioids should you prescribe?

- Lowest dose/strength that effectively improves function
- Use clinical experience to determine, adjust dosage
- Short-acting opioids only, no long-acting

What potentially indicates opioid addiction or abuse?

- History of prolonged disability
- Current or prior alcoholism or other substance abuse
- Prescription Drug Monitoring Program (PDMP) shows multiple, concurrent prescribers
 - www.orpdmp.com
- Overwhelming focus on opioids at office visits
- Inconsistent urine drug screen
 - If inconsistent, whether positive or negative, always have a confirmatory test

What is the maximum supply per prescription?

- Seven-day supply

When should you extend opioid therapy or consider other options?

- If progress toward treatment goals is made during the initial prescription, consider prescription renewal at follow-up office visit
- If no progress toward treatment goals is being made, evaluate the dosage/strength and consider other types of therapy

When should you and the patient enter into an opioid therapy agreement?

- When opioid therapy exceeds 28 days
- History of misuse
- After checking the PDMP you find multiple prescribers for opioids (within past six months)

When should you order a urine drug screen?

- At start of opioid therapy (i.e., no later than 28 days after first prescription)
- If you suspect misuse
- If you find potential indicators of opioid addiction, abuse, or misuse

Note: If drug screen shows inconsistency with prescribed medications, possibly refer to pain management specialist for further evaluation

How should you approach a patient that is already on opioids?

- Confer with the other prescriber to coordinate opioid therapy
- Refer to long-term opioid therapy guidelines

Workers' Compensation Division

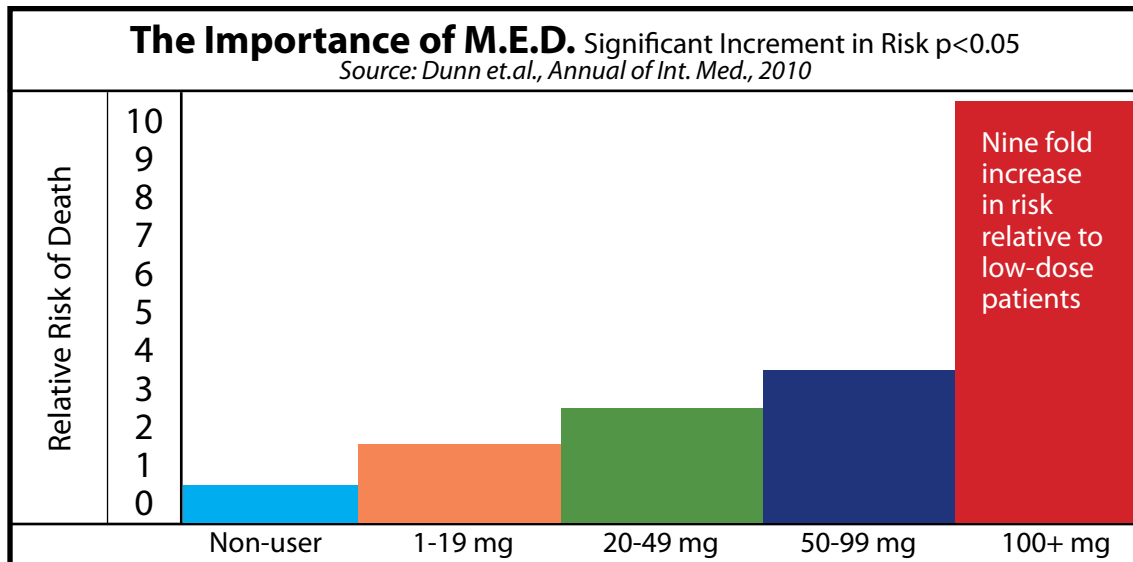
Short-term and Long-term Opioid Use Guidelines

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"

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



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