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community
Workers' Compensation

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 more than 28 days

How long?

What's the maximum supply?

- 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?

- 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

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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 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*"

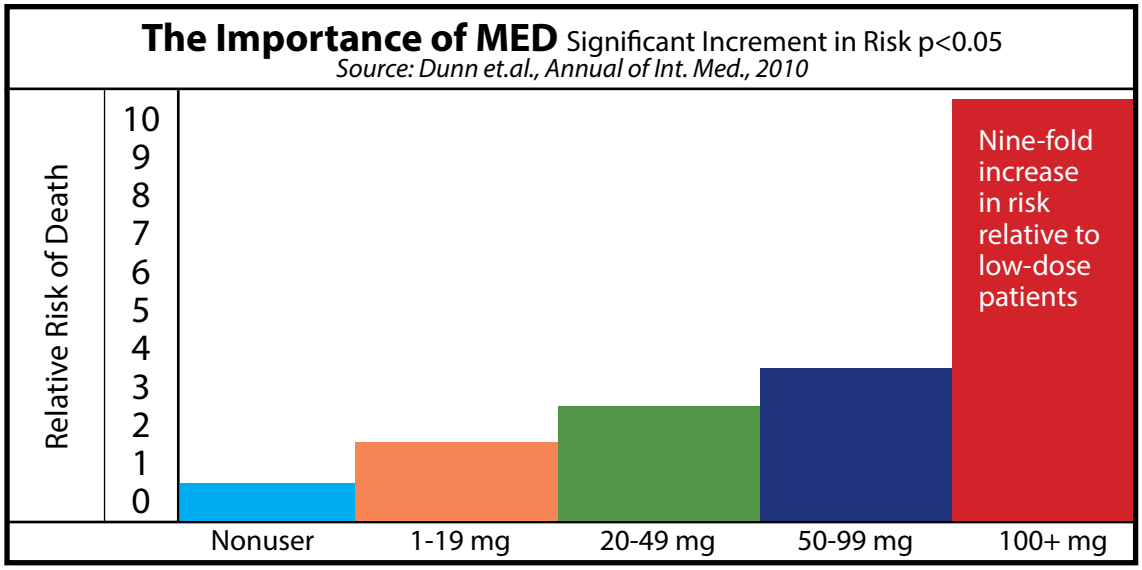
Provider Tools

Morphine Equivalent Dose 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
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