CLINICAL GUIDELINE:

PRESCRIBING OPIOIDS FOR CHRONIC PAIN
Managing Controlled Substances

Physician Clinical Integration Network, LLC

Scope

Opioid overdoses were responsible for more than 47,000 deaths in 2017, including prescription opioids, heroin, and illicitly manufactured fentanyl. The U.S. Department of Health and Human Services declared a public health emergency in 2017 to combat the crisis. The Centers for Disease Control and Prevention (CDC) estimates the total "economic burden" of prescription opioid misuse in the U.S. is $78.5 billion per year, including the costs of healthcare, lost productivity, addiction treatment, and criminal justice involvement [1].

Population Included

Adults ≥18 years of age treated for:

- chronic pain (>3 months)
- pain lasting longer than the time of normal tissue healing

Exclusions

- Patients with pain lasting less than 3 months
- Patients in active cancer treatment, palliative care, or end-of-life care (as defined by ICD-10 codes)

Guidance

The PCIN Quality Committee and its designees reviewed the available information in the medical literature and societal guidelines on the evaluation and management for prescribing opioids in the Primary Care setting, as well as information derived from their clinical practices to devise these guidelines.

The CDC Guideline for Prescribing Opioids for Chronic Pain provides recommendations for the prescribing of opioids and other treatment options to improve pain management, patient safety, and reduce risks associated with long-term opioid therapy [2].

Recommendations

- ✓ Nonpharmacologic therapy and non-opioid pharmacologic therapy are preferred for chronic pain.
- ✓ Before prescribing controlled substances, clinicians are required to check their state's prescription monitoring program and findings documented in the patient's electronic medical record [3].
- ✓ Clinicians should establish treatment goals, including realistic goals for pain and function, and should consider how therapy will be modified or discontinued if benefits do not outweigh risks. Therapy with controlled substances should continue only after a relationship has been established between clinician and patient, and only if there is clinically meaningful improvement in pain and function that outweighs risks [3].
- ✓ When starting opioid therapy for chronic pain, clinicians should prescribe immediate-release opioids instead of extended-release or long-acting opioids at the lowest effective dosage.
- ✓ Long-term opioid use often begins with treatment of acute pain. When opioids are used for acute pain, clinicians should prescribe the lowest effective dose of immediate-release opioids and should prescribe a quantity no greater than needed for the expected duration of pain severe enough to require opioids. Three days or less is often sufficient; more than seven days will rarely be needed.
- ✓ Before starting, and periodically during ongoing opioid therapy, clinicians should evaluate risk factors for opioid-related harm. Naloxone should be offered when factors indicate increased risk for opioid overdose, such as history of overdose, history of substance use disorder, higher opioid dosages (>50MME/day), or concurrent benzodiazepine use.
- ✓ Utilize urine drug testing before starting opioid therapy and consider testing at least annually to assess for medications prescribed to the patient as well as medications taken without a prescription and for illicit drugs.
- ✓ Clinicians should evaluate benefits and issues with patients within four weeks of starting controlled substance therapy for chronic pain or changing doses of controlled substances. Re-evaluation should occur at least every three months, and more frequently as appropriate [3].
- ✓ Avoid prescribing opioid pain medication and benzodiazepines concurrently whenever possible.
- ✓ Evidence-based treatments should be arranged for patients with opioid use disorder (usually medication-assisted treatment with buprenorphine or methadone in combination with behavioral therapies).

Rationale

To ensure patients have access to safer, more effective chronic pain treatment while reducing the risk of opioid use disorder, overdose, and death [4].

References

1. National Institute on Drug Abuse. (2019, January 22). Opioid Overdose Crisis. Retrieved June 4, 2019, from https://www.drugabuse.gov/drugs-abuse/opioids/opioid-overdose-crisis
2. Dowell D, Haegerich TM, Chou R. CDC Guideline for Prescribing Opioids for Chronic Pain—United States, 2016. *JAMA.* 2016;315(15):1624–1645. doi:10.1001/jama.2016.1464
3. HSHS Medical Group – Chronic Controlled Substance Medication Management policy
4. Centers for Disease Control. (2019, April 17). Opioid Overdose. Retrieved June 7, 2019, from https://www.cdc.gov/drugoverdose/prescribing/guideline.html

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