Rx Safe Del Norte Opioid Prescribing Guidelines for Non-Cancer Pain

For All Pain Phases:

- Use non-opioid therapies, such as behavioral intervention, physical activity, and non-opioid analgesics. Determine etiology and nature of pain whenever possible.
- Avoid opioids if patient has significant respiratory depression, current substance use disorder, history of prior opioid overdose, or a pattern of aberrant behaviors.
- Assess and document function and pain using a validated tool at each visit where opioids are prescribed
- Don't prescribe opioids with benzodiazepines, carisoprodol, or sedative-hypnotics or in patients with known heavy alcohol consumption.
- Be clear with patients about the goals and expectations of pain treatment; complete elimination of pain is not usually a reasonable goal.

Acute Phase (0-6 weeks)

- Check a CURES report for the patient before prescribing
- For high-risk clients (personal and/or family history of substance abuse or psychological condition), perform a baseline urine toxicology screen
- Don't prescribe opioids for non-specific back pain, headaches, or fibromyalgia
- Prescribe the lowest effective dose, usually for 3 days but not more than 7 days, avoiding long-acting opioids. Avoid prescribing more than 20 tablets.
- Avoid refilling acute opioid prescriptions without a face-to-face re-evaluation

Perioperative Pain

- Evaluate thoroughly preoperatively; check CURES and assess risk for over-sedation and difficult-to-control pain
- Discharge with acetaminophen, NSAIDs, or very limited supply (2-3 days) of short-acting opioids for some minor surgeries.
- If patient is on buprenorphine before surgery/admission, continue the same dose and add short-acting opioids to it as needed.
- For patients on chronic opioids, taper to preoperative doses or lower within 6 weeks following major surgery.

Subacute Phase (6-12 weeks)

- Don't continue opioids without clinically meaningful improvement in function (CMIF) and pain.
- Screen for comorbid mental health conditions and risk for opioid misuse using validated tools.
- Recheck CURES and do a urine drug test (UDT) if you plan to prescribe opioids beyond 6 weeks.

When and How to Discontinue Opioids

- Help the patient understand concepts of tolerance and hyperalgesia, and explain that chronic pain is complex and opioids cannot eliminate pain.
- Taper or discontinue if there has been an overdose event or other severe adverse outcomes.
- Discontinue if there is not sustained clinically meaningful improvement in function.
- Discontinue if aberrant behaviors or substance use disorder are identified; this may include breach of your medication and treatment agreement with your patient.
- Taper opioids first if patient are also on benzodiazepines.
- Unless safety considerations require a more rapid taper, start with 10% total dose reduction per week and adjust based on the patient's response.
- Don't reverse taper; it can be slowed or paused as needed.
- Consider using buprenorphine for chronic pain if patient will need indefinite treatment.
- Help patients get medication-assisted treatment (buprenorphine), including behavioral therapy.

Chronic Phase (>12 weeks)

- Continue to prescribe opioids only if there is sustained CMIF and no serious adverse events, risk factor, or contraindications
- Repeat CURES check and UDT at frequency determined by the patient's risk category.
- Prescribe in 7-day multiples to avoid ending supply on a weekend
- In an opiate-naïve patient, if there is no pain relief at 50 MME/day, begin to consider that this may be a treatment failure. Do not increase dose above 90 MME/day without a specialist consultation and careful justification and documentation of individual benefit and thorough risk mitigation.
- Prescribe naloxone and offer overdose-recognition training to contacts of high-risk patients (dose >90 MME/day, concurrent use of benzodiazepines, alcohol, or other sedatives, or other evidence/history of substance use disorder).

Resources and References

- www.CHCF.org for info on Opioid Safety Coalitions and archived webinars
- www.partnershiphp.org for tools and education (under Provider tab) on their Managing Pain Safely project.
- www.AgencyMedDirectors.wa.gov for free online CME, opioid dose calculator, etc.
- www.cdc.gov for their extensive report on Prescribing Guidelines for Chronic Pain (under MMWR weekly report for 3-18-16)
- www.icsi.org The Institute for Clinical Systems Improvement has numerous detailed and regularly updated guidelines, including ones for Chronic Pain, Acute Pain, Headache, and Low Back Pain. These contain clear algorithms and suggestions and appendices full of tools and sample forms.