PRESCRIBE SAFE MONTEREY COUNTY

Best practices for CHRONIC PAIN MANAGEMENT

Identifying patients

1. Determine if patient is experiencing **chronic or acute pain** and establish a diagnosis supported by diagnostic studies. If patient is experiencing acute pain, refer to the Safe Prescribing for Acute Pain toolkit.
2. **Review medical history**, including records from previous providers before prescribing. Check **CURES** prior to prescribing schedule II-IV medications and every four months thereafter as long as the medication is part of the patients' treatment, per Health and Safety Code section 11165.4(a)(1)(A)(i).
3. Determine if patient is exhibiting **signs of opioid use disorder (OUD)**. Use these tips for assessing for opioid use disorder to develop a care plan.
4. **Assess patient's risk of future opioid misuse** or abuse using validated screening tools such as ORT or SBIRT.
5. Have patient fill out a **pre-visit questionnaire** to identify changes in functional or behavioral factors that would affect the treatment plan.

Statement on co-prescribing Naloxone: Co-prescribing Naloxone is strongly recommended with any opioid prescription to prevent opioid overdose and begin a conversation with patients regarding the risks involved in opioid therapy. As of January 1, 2019, Assembly Bill No. 2760 requires prescribers to offer naloxone to patients considered to be at high risk of overdose including patients on 90 Morphine Milligram Equivalents (MME) per day, patients prescribed benzodiazepines along with opioids, and patients that present to prescribers as having an increased risk of overdose. Prescribers are also required to provide education on overdose prevention and the use of naloxone for the complete or partial reversal of opioid overdose to one or more persons designated by the patient, or if the patient is a minor, to the minor's parent or guardian. For more information about this requirement, please consult with your local liability carrier or local county medical society.

If your patient has or may have opioid use disorder

- Utilize communication strategies to avoid the stigmatizing language strongly associated with opioid use disorder
- Evaluate the risks and benefits of continued chronic opioid treatment
- Strongly consider treatment for OUD that includes medication assisted treatment (MAT)
- Educate patients on the short term and long term benefits of tapering off opioids and transitioning to non-opioid pain management and recommended alternatives provided by the Centers for Disease Control and Prevention
- Refer patients with OUD for MAT when necessary
  - » California American College of Emergency Physicians offers resources for addressing MAT services in the Emergency department
  - » Refer patient to a treatment program by utilizing SAMHSA, Sam's Resources, or 2-1-1 Monterey County to locate the best treatment facility
  - » Buprenorphine treatment practitioner locator helps locate practitioners with a valid x-waiver who can assist with MAT
  - » Guide for patients beginning Buprenorphine treatment at home
  - » UCSF Clinician Consultation Center substance use management offers clinician to clinician telephone consultations focusing on substance use evaluation and management for providers
  - » Check CURES
- Educate patients on the merits of MAT for the treatment of OUD
- Co-prescribing Naloxone is particularly important to consider for patients with OUD due to their increased risk of overdose

If patient is already engaged in long-term opioid pain reduction therapy

- Assess functional improvement on opioids (with a validated tool such as PEG), and compare results to baseline function and pain
- Consider referral to pain management specialist/physiatry for adjunctive interventions and procedures
- Use patient communication strategies to avoid stigmatizing language, and more effectively discuss transitioning to non-opioid alternatives or alternative therapies to decrease discomfort
- Educate patient on the evidence supporting short-term and long-term benefits of tapering off opioids and transitioning to non-opioid pain management
- Continue co-prescribing Naloxone with any long-term opioid prescription
- Consider using patient agreement contracts as a tool to discuss risks and responsibilities of continued opioid therapy
- Consider periodic urine toxicology monitoring to assess for adherence to prescribed medications and for other substance use on a monthly, or quarterly basis
- Continually reassess for worrisome behaviors and side effects
- Track conditions that increase risks of opioid therapy such as age, cognitive status, respiratory status, other prescriptions, and personal/family history of substance use disorder
- Review tips for assessing for opioid use disorder, and the aberrant drug-taking behaviors information sheet to monitor for signs of opioid use disorder (OUD)
- Be aware of Medical Board of California and Centers for Disease Control guidelines on high-risk MME dosages and evaluate risks and benefits of continuing opioid therapy at greater than 50 MME per day
- Use extreme caution with concomitant prescription of opioids with benzodiazepines or other sedatives

Prior to considering initiating long term opioid therapy

- Perform a physical exam to determine baseline function and pain
- Perform warranted imaging and consider consultation with pain management or physiatry to evaluate root cause of pain prior to initiation of pharmaceuticals (referral appropriate prior to initiation of opiates and prior to surgical referral in the vast majority of cases).
- Educate patients on the evidence supporting the benefits of using non-pharmacological pain management adjuncts
- Be aware that clinical trials show that opioids are not more effective in controlling chronic pain than non-opioid modalities
- Create a plan of treatment with the patient that incorporates non-opioid interventions as much as possible
- Consider starting with a few days' supply while documenting, then bring patient back for in-depth discussion and history review at follow-up appointment
- Consider using patient agreement contracts as a tool to discuss risks and responsibilities of opioid therapy
- Track conditions that increase risks of opioid therapy such as age, cognitive status, respiratory status, and other prescriptions
- Discuss an opioid therapy exit plan with patients
- Conduct a urine toxicology screen prior to initiating opioid therapy

Website links and additional resources can be found at chomp.org/prescribesafe