Pain Management Treatment Options

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Pain Management Treatment Options

- Prescribing Opioids for Subacute & Chronic Pain:
  - If and When?
  - How Long & How Many Pills?
- How Can the CURES Database Help?
- Alternative Treatment Modalities to Opioids

Chronic Opioid Analgesic Therapy (COAT)

- No evidence to support long term efficacy
- Ample evidence of significant risk for harm
- Opioid therapy associated with
  - Side-effects
  - Tolerance common
  - Physical dependence
  - Can result in addiction
- Proceed with caution when considering whether to initiate opioids or transition to COAT

Opioid Facts

- For chronic pain, opioids are not superior in decreasing pain or disability compared to
  - NSAIDs, acetaminophen
  - Tricyclic antidepressants (e.g., amitriptyline, etc.)
  - Anticonvulsant drugs (e.g., gabapentin, etc.)

Opioid Induced Side-effects

- Nausea and vomiting
- Constipation
- Drowsiness, lethargy and cognitive impairment
- Depression
- Hormonal changes
- Sexual dysfunction
- Urinary retention
- Hypotension and peripheral edema
- Respiratory depression

Opioid Facts

- Increase risk of opioid misuse with
  - high daily doses (>50-80 mg/day MED)
  - greater daily supply of pills
- The longer the opioid prescription, the greater chance of being on an opioid a year later
- Strong association between chronic daily opioid use and mortality, even at intermediate doses

Risk Factors for Misuse & Abuse

- History of addiction to opioids, alcohol and/or other drugs
- Personal or family substance abuse history
- Adverse childhood experiences (ACE)
  - Neglect
  - Physical, emotional, sexual abuse
- Comorbid psychiatric disorders

MTUS ACOEM Opioids Guideline

- Not the first line of treatment for pain
- Avoid in patients with opioid abuse risk factors
- Should not in general be used for mild injuries
- Only prescribe at the lowest dose that provides pain relief, for a limited time (1 - 2 week for acute injuries or post-operatively), and with no refill, prior to re-assessment

MTUS Guideline for the Use of Opioids

- Patient should be educated about opioids and adverse possible adverse events – expectation should be clear for use only short-term
- For chronic usage
  - Monitor function, not just pain reduction
  - Repeated weaning trials recommended

Guidelines for the Use of Opioids

- Use screening tools for risk factors & addiction
  - e.g., ORT: Opioid Risk Tool
- Opioid treatment agreement
- Random urine drug testing
- **P**rescription **D**rug **M**onitoring **P**rogram (PDMP)
  - CA: **C**ontrolled Substance **U**tilization **R**eview and **E**valuation **S**ystem (CURES) https://oag.ca.gov/cures

Warning Signs of Substance Use Disorder

- Intoxication & aberrant behavior
- Reports of lost or stolen prescriptions
- Failure to achieve pain reduction
- Failure to improve in function
- Acquisition of opioid prescriptions from multiple physicians - CURES
- Failed urine drug testing (UDT)

Medical Treatment Utilization Schedule (MTUS)

- Switched to ACOEM Guidelines as of December 1, 2017
- MTUS Drug Formulary as of January 1, 2018

MTUS Drug Formulary

- Drug MUST be used in conjunction with MTUS
- Opioid use is moderately not recommended for treatment of subacute and chronic nonmalignant pain
- Max. daily opioid dose recommended for 50 MED
- Opioid weaning/tapering recommended – safely
- Select group of patients benefit from opioids

Legacy Cases (< 1/1/2018)

- Transition cases
- 04/01/2018 - Formulary “Phase-In”

MTUS Opioid Guideline

Acute Pain (up to 4 Weeks)	Routine Use of Opioids for Treatment of Non–Severe Acute Pain	Strongly Not Recommended
	Opioids for Treatment of Acute, Severe Pain	Recommended
Postoperative Pain (up to 4 Weeks)	Limited Use of Opioids for Post–Operative Pain	Recommended
Subacute (1-3 Months) and **Chronic Pain** (> 3 Months)	Routine Use of Opioids for Subacute and Chronic Non–Malignant Pain	Moderately Not Recommended
	Opioids for Treatment of Subacute or Chronic Severe Pain	Recommended

Criteria for Prescribing Opioids

- Limited to cases in which other treatments are insufficient and criteria for opioid use are met

- Efficacy (pain relief & increased function)
- No or manageable side-effects

- Physician must be documented opioid benefit

Weaning
Tapering
Detoxification

- Should never be abrupt
- Best done slowly
- Consideration for conversion to Suboxone
- Patients who have been on long-term chronic opioids may be difficult to completely wean
- Provide pain treatment alternatives

MTUS Supported Treatment Alternatives

- Non-opioid medications including
  - Certain Antidepressants
  - Certain Anticonvulsants
  - Analgesics
  - Certain Muscle Relaxants (but not Valium or Soma)
- Psychological evaluation and approaches including
  - Cognitive behavior therapy (CBT)
  - Biofeedback
- Physical therapy approaches
  - Exercise and work conditioning
- Other
  - Acupuncture
  - Aquatics therapy
  - Yoga

What Does the MTUS Chronic Pain Guideline Recommend?

- Early Intervention & Functional Restoration approaches
- Treat with a biopsychosocial FR approach
    - Physical (Pathophysiology)
    - Psychological state
    - Consider all factors including IWs belief and expectations and childhood and life experiences
- Focus of treatment
    - Medication optimization with weaning of meds
    - Locus of control IW based
    - Increased function with return to life and work activities

ACOEM Chronic Pain Guideline

Summary of Recommendations

Laboratory Tests for Chronic Persistent Pain	**Recommended**
Needle EMG and Nerve Conduction Study to Diagnose	**Recommended**
FCEs For Chronic Persistent Pain	**Recommended**
Aerobic Exercise for Chronic Persistent Pain	**Recommended**
Strengthening Exercise for Chronic Persistent Pain	**Recommended**
Aquatic Therapy for Chronic Persistent Pain	**Recommended**
Yoga for Other Chronic Persistent Pain	**Recommended**
Oral NSAIDs for Chronic Persistent Pain	**Recommended**
Acetaminophen for Chronic Persistent Pain	**Recommended**
Gabapentin and Pregabalin for Chronic Persistent Pain	**Recommended**
Duloxetine (Cymbalta) for Chronic Persistent Pain	**Recommended**
Muscle Relaxants for Acute Exacerbations of Chronic Persistent Pain	**Recommended**
Topical NSAIDs for CPP When Target Tissue Superficial	**Recommended**
Lidocaine Patches for Chronic Persistent Pain	**Recommended**
Acupuncture for Chronic Persistent Pain	**Recommended**
Psychological Evaluation for Chronic Persistent Pain	**Recommended**
Biofeedback	**Recommended**
Cognitive Behavioral Therapy	**Recommended**
Pain Programs	**Recommended**

Should You Prescribe Chronic Opioids?

- Maybe; an individual choice
- If yes, must follow guidelines to avoid problems
    - Opioid Agreement
    - Urine Drug Testing
    - CA PDMP CURES
        - Prescription Drug Monitoring Program
        - Controlled Substance Utilization Review and Evaluation System
    - Monitor compliance and document efficacy
    - Treat side-effects
    - Regular weaning/tapering trials
- If no; refer to Pain Specialist

QUESTIONS?