

## Ongoing Management of Opioids

Effective Date: 07/18/2005

Revised Date: 09/25/2020

Responsible Department: Utilization Review

Reviewed Date: 09/25/2020

### Introduction

Workforce Safety & Insurance (WSI) utilizes ODG by MCG's treatment guideline involving the ongoing management of opioids. The following policy is an excerpt from ODG by MCG's pain section last accessed 09/25/2020.

### Policy

WSI will enforce the following treatment guideline involving ongoing management of opioids.

### Recommendation

Actions should include:

- a) Prescriptions from a single practitioner taken as directed, and all prescriptions from a single pharmacy.
- b) The lowest possible dose should be prescribed to improve pain and function.
- c) Office: Ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Pain assessment should include: current pain; the least reported pain over the period since last assessment; average pain; intensity of pain after taking the opioid; how long it takes for pain relief; and how long pain relief lasts. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of [function](#), or improved quality of life. Information from family members or other caregivers should be considered in determining the patient's response to treatment. *The 4 A's for Ongoing Monitoring*: Four domains have been proposed as most relevant for ongoing monitoring of chronic pain patients on opioids: pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant (or nonadherent) drug-related behaviors. These domains have been summarized as the "4 A's" (analgesia, activities of daily living, adverse side effects, and aberrant drug-taking behaviors). The monitoring of these outcomes over time should affect therapeutic decisions and provide a framework for documentation of the clinical use of these controlled drugs. ([Passik, 2000](#))
- d) Home: To aid in pain and functioning assessment, the patient should be requested to keep a pain diary that includes entries such as pain triggers, and incidence of end-of-dose pain. It should be emphasized that using this diary will help in tailoring the opioid dose. This should not be a requirement for pain management.
- e) Use of drug screening or inpatient treatment with issues of abuse, addiction, or poor pain control. ([Webster, 2008](#))
- f) Documentation of misuse of medications (doctor-shopping, uncontrolled drug escalation, drug diversion).
- g) Continuing review of overall situation with regard to nonopioid means of pain control.
- h) Consideration of a consultation with a [multidisciplinary pain clinic](#) if doses of opioids are required beyond what is usually required for the condition or pain does not improve on opioids in 3 months. Consider a psych consult if there is evidence of depression, anxiety or irritability. Consider an addiction medicine consult if there is evidence of substance misuse. ([Sullivan, 2006](#)) ([Sullivan, 2005](#)) ([Wilsey, 2008](#)) ([Savage, 2008](#)) ([Ballantyne, 2008](#))