PMG NW Specialty Clinics - Pain Management Recommendations: Opioid Therapy for Non-Cancer, Non-Palliative/Non-End-of-Life Pain

Role of Opioid Analgesics: Opioids should be reserved only for moderate or severe pain.

Per the Agency Medical Directors' Group (AMDG) guidelines for perioperative pain, "The goal of opioid therapy is to prescribe the *briefest, least invasive and lowest dose regimen* that minimizes pain and avoids dangerous side effects" (emphasis added). Therefore, PMG NW recommends that, if opioids are used:

- Use only at the lowest dose and shortest duration of time possible
- Use only as part of a multimodal regimen (use concomitantly with NSAIDs, acetaminophen, and non-pharmacologic therapy, when appropriate)
- Limit to a single opioid agent (i.e., do not combine multiple immediate-release or extended-release agents)
- Extended-release formulations are not appropriate for acute pain
- Initiate bowel regimen (e.g., senna + docusate)
- Avoid initiation of benzodiazepines, sedative-hypnotics, or other central nervous system depressants

Set Expectations:

- If patient is already on chronic opioids, ensure that patient has a pain contract with PCP (or other pain prescriber) prior to surgery and coordinate care/contact PCP or pain prescriber
- Prescribing prior to surgery
    - If no definitive diagnosis and surgery is not scheduled, or is scheduled but >4 weeks away, PCP (or pain prescriber) will continue prescribing opioids
    - If definitive diagnosis and surgery is scheduled within 4 weeks, specialist will take over prescribing opioids
- Realistic timeline for recovery, pain improvement, and pain management goals
- Limits of opioid therapy, including that it is unlikely that pain will be eliminated entirely
- Explain who will be prescribing analgesic medications.
- **For chronic opioid patients**, "acute post-surgical opioids should be tapered off during the first few weeks after surgery. Continuation of previous [chronic opioid analgesic therapy] upon hospital discharge should be the responsibility of the outpatient prescriber" (AMDG).
    - Patient should be aware of plan for timely return to preoperative (or lower) opioid dose
    - Must have a follow-up appointment with PCP (or pain prescriber) 7-10 days post-surgery, if the surgeon will not be prescribing opioids after the immediate post-op period (appointment to be scheduled at the same time as operation is scheduled)
    - Specify when the PCP (or pain prescriber) would resume prescribing

References:
Washington State Agency Medical directors' Group (AMDG) et al. Interagency Guideline on Prescribing Opioids for Pain. http://www.agencymeddirectors.wa.gov/guidelines.asp. June 2015.

Created by Dr. Deb Nalty, MD; Irina Goldstein, PharmD; and Kate Choiniere, PharmD, in collaboration with the PMG NW Pain Committee.

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Acute Non-Surgical Pain

If prescribing opioid therapy:

- ≤3-7 day supply of immediate-release opioid (i.e. 10-15 tablets)
- Decline further refills. Refer patient to PCP (or pain prescriber) if further prescriptions are needed.

Chronic opioid patients:

- Notify PCP (or pain prescriber) via staff message that short supply of opioids was given.
- If MED now ≥50, on concurrent benzo, or have medical condition increasing overdose risk (untreated sleep apnea, uncontrolled COPD/asthma, etc.) prescribe naloxone (if not already prescribed)

Post-Operative Pain

Prior to surgery, recommend checking PMP and assessing risk for over-sedation and difficult-to-control pain (see tool).

If prescribing opioid therapy:

- Limit to ≤2 week supply (consider 2-3 days' supply, 10-15 tablets when appropriate) of opioids when moderate or severe pain is expected. If more is needed, patient would benefit from re-evaluation.
- Per AMDG guidelines, "for some minor surgeries, it may be appropriate to discharge patients on *acetaminophen or NSAIDs only* or with only a very limited supply of short-acting opioids (e.g. 2-3 days) – even if they were taking opioids preoperatively" (emphasis added).

Chronic opioid patients:

These patients are at risk for over-sedation, respiratory depression, and difficult-to-control postoperative pain.

- If MED now ≥50 or on concurrent benzo, or have medical condition increasing overdose risk (untreated sleep apnea, uncontrolled COPD/asthma, etc.) prescribe naloxone (if not already prescribed).
- Taper to preoperative doses, or lower, within 6 weeks following major surgery.
    - Per AMDG guidelines, "Most patients with major surgeries should be able to be tapered to preoperative doses or lower within 6 weeks (approximately 20% of dose per week although tapering may be slower in the 1st week or 10 days and then become much more rapid as healing progresses)."

Consultative Physiatry

Request from primary care:

- Clear statement that all appropriate interventions have been attempted.
- Clear statement as to whether or not chronic opioid therapy is appropriate.
- Opioids should not be initiated by physiatry unless specialist plans on managing.
- Avoid recommending opioid therapy ≥50 MED if the plan is for primary care provider to manage. PMG NW Pain Recommendations endorse limiting chronic opioid therapy to <50 MED.

References:
Washington State Agency Medical directors' Group (AMDG) et al. Interagency Guideline on Prescribing Opioids for Pain. http://www.agencymeddirectors.wa.gov/guidelines.asp. June 2015.

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Post-Operative Opioid Quantity Recommendations

Specialty	Surgery Type	Recommended Opioid Tablet* Limit
General Surgery	Cholecystectomy	#30
	Lumpectomy	#20
	Colon Surgery	#0-10
	Nissen/PEH	#30-60
Vascular Surgery	Minor	#20
	Major	#30
Neurosurgery	Surgery for Chronic Opioid Patients	Max of 150% of *baseline* MED
Plastic Surgery	Hand	#10
	Breast	#30
ENT	Any	Minimal Use
OB/GYN	Vaginal Delivery	#0-10
	C-Section	#20
	Hysterectomy	#20
	Laparoscopy	#10
Ortho	Arthroscopy	#10
	Shoulder	#60
	Joint Replacement	#60

***Tablets of hydrocodone-APAP 5-325 mg, oxycodone-APAP 5-325 mg, or APAP-codeine 300-30 mg**

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Washington State Agency Medical directors' Group (AMDG) et al. Interagency Guideline on Prescribing Opioids for Pain. http://www.agencymeddirectors.wa.gov/guidelines.asp. June 2015.

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