Principles for Ensuring the Safe Management of Pain Medication Prescriptions by Occupational and Environmental Medicine Physicians

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Millions of Americans have debilitating and non-cancer-related chronic pain — a health concern that can have serious implications for patients and their families. In recent years, the treatment of chronic pain in the United States has become severely complicated by the growing problem of opioid abuse and misuse. From 1999-2014, more than165,000 overdoses have been reported related to opioid pain medication. The Drug Abuse Warning Network estimates that more than 420,000emergency department visits were related to narcotic pain reliever misuse or abuse.

Both of these issues — chronic pain and opioid abuse and misuse — are of importance to occupational and environmental medicine (OEM) physicians, who often treat or manage patients with chronic pain related to workplace injury and illness. For some of these patients, debilitating pain can be partially relieved through the use of opioids. As an organization representing the nation's OEM physicians, the American College of Occupational and Environmental Medicine (ACOEM) is committed to raising awareness in the occupational health community of these issues and advocating for practices and policies that can help ameliorate them.

Addressing both the treatment of non-cancer-related chronic pain and the potential abuse and misuse of opioids in the United States requires a combination of steps that includes improved education for physicians and patients on potential issues related to treatment, expanded research on the impact of opioids on patients, better utilization of tools aimed at reducing abuse such as prescription drug monitoring programs, and the use of evidence-based, best-practice guidelines regarding chronic-pain treatment.

While the American College of Occupational and Environmental Medicine (ACOEM) continues to advocate for national policies to help address opioid abuse and chronic pain treatment, it is imperative that individual physicians also take steps within their own practices that can help. The ACOEM *Practice Guidelines*, aimed at physicians who work in occupational health settings, for example, offer a framework of clinical practices that can help decrease the inappropriate and harmful use of opioids — while recognizing the need to treat patients with non-cancer chronic pain.

The ACOEM *Practice Guidelines* address the best evidence-based and multi-specialty approved care for non-cancer chronic pain, recommending that treatment should primarily focus on aerobic exercise/endurance, active strengthening therapy, and self-management of pain — including techniques such as cognitive behavioral therapy, functional goals, and appropriate use of non-opioid medication.

ACOEM's *Practice Guidelines* support and advocate the following measures for physicians and health care systems, intended to decrease the inappropriate and harmful use of opioids for non-cancer-related chronic pain:

- Physicians should use evidence-based treatment guidelines that address the appropriate use of prescription medications, including the use of opioids and other Schedule II medications.
- Physicians are strongly encouraged to take advantage of continuing medical education opportunities focusing on the safe prescription of pain medications, as well as other effective approaches for managing chronic pain.
- Physicians should use principles of informed choice with patients before starting opioid therapy, advising patients about the risks in relation to the potential benefit.
- When prescribing opioids for acute pain, physicians should set expectations for discontinuation, and limit quantities of prescriptions to what is clinically needed. In most non-operative cases opioids should be limited to several days, preferably less than a week and not to exceed 2 weeks.
- Long-term opioid use, greater than 4 weeks in the absence of clear recurrent physiological issues such as care for extensive burns or repeated surgical procedures, should only occur after careful patient evaluation, discussion of the risks and benefits, and a clear explanation of rules for safe use. Other therapeutic measures should be exhausted before beginning a chronic opioid trial.

The following should occur prior to a trial of opioids for chronic use or after 4 weeks of opioid use:
  - Comprehensive history and physical
  - Screening for abuse potential and psychological associated issues
  - Baseline and random drug screening with appropriate interpretations and action
  - Doctor-patient agreement
  - Doses not exceeding 50 morphine equivalents per day in opioid naïve patients
  - Regular functional assessments to determine the success of opioid use — providers must understand the patient's job duties to determine if they present a hazard to the patient when using opioids
  - Continuation of active therapy, cognitive behavioral or other supportive psychological therapy as prescribed
  - Benzodiazepines as well as other sedating medications should generally not be prescribed with opioids as the increase the risk for respiratory depression
- During the course of treatment, prescribing physicians should regularly consult their state's prescription drug monitoring program (PDMP).
- PDMPs should be required to: 1) interact over state boundaries; 2) allow trained and registered provider staff to access information to assist providers when prescribing opioids; and 3) integrate with EHRs as consistent with other federal requirements.
- Functional goals should be addressed with patients from the outset and assessed at every visit and functional improvements documented to assure that patients have the highest quality of life.
- Drug screening for drugs of abuse and metabolites of the drug being prescribed are also essential at intervals to assure safe medication use and identify non-use, diversion, and other substance use which would require the opioid to be withdrawn.
- Providers should always be especially vigilant of patients on doses of 50 or greater morphine equivalent milligrams per day or greater as they are at a high risk of unintentional deaths.
- Additional research should be conducted under the auspices of the federal government on the long-term efficacy of opioids for chronic non-cancer pain to provide an evidence-based foundation to inform public policy.

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