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Opioids: Trouble in Paradise Part II

CareMark Comp has completed our new Treatment Standard for Chronic Opioid Therapy (COT) and will be distributing the forms needed to comply with this Standard in mid-August. Implementation of the Standard for SAIF workers enrolled in CareMark Comp is scheduled for **September 1, 2011**. The Standard specifically addresses the appropriate medical use of long-acting opioids.

The Standard was **not** developed in isolation, but in consultation and review of National and State recommendations and included:

1. Oregon Medical Board ¹
2. National Institute of Drug Abuse Recommendations ²
3. American Pain Society-American Academy of Pain Medicine Guidelines ³
4. Consultations with community physicians/specialists including:
 - Anesthesiology
 - PMR
 - Pharmacy
 - Orthopedic Surgery
 - Neurosurgery
 - Occupational Medicine
 - Psychiatry
5. Joint Medical Committee (CareMark Comp)
6. Interagency Guideline of Opioid Dosing for Chronic Noncancer Pain: 2010 Update: Agency Medical Directors Group: State of Washington.

The Standard provides a structure to effectively treat pain associated with on-the-job injuries safely and with clinical correlation with the severity of the worker's **Accepted Condition**.

The Standard is based on the most recent studies that support that the development of habituation/addiction of opiates is related to sustained dopamine release in the nucleus accumbens (center of pleasure located in the basal ganglia). ^{4 5}

¹“ OMB Guidelines for Pain Management.” Oregon Medical Board Report, 3-6: Winter 2011

² “Curtailing Diversion and Abuse of Opioid Analgesics Without Jeopardizing Pain Treatment.” Volkow, N.D., McLellan, T.A. JAMA. 305(13): 1246-7, 2011 Apr 6.

³ “Clinical Guidelines for the Use of Chronic Opioid Therapy and Chronic Noncancer Pain.” American Pain Society-American Academy of Pain Medicine Opioids Guidelines Panel. Chou, R., Fanciullo, G.J., Fine, P.G., et al. The Journal of Pain. 2009; (2): 113-130.

⁴“A General in the Drug War.” Zuger, A. New York Times. June 13, 2011

⁵“Dopamine in Drug Abuse and Addiction: Results of Imaging Studies and Treatment Implications.” Volkow, N.D., Fowler, J.S., Wang, G.J., Swanson, J.M., Telang, F. Archives of Neurology. 64 (11) he’s: 1575-9, 2007 Nov.

Sustained exposure to increased dopamine at these receptor sites has the potential to permanently alter the brain structure contributing to opioid habituation/addiction. Subsequently we are recommending the opioid plan to specifically include:

- Choosing the appropriate opioid for pain management commensurate with the severity of the **Accepted Condition**.
- A plan to discontinue the opioid and utilize other non-narcotic medications to treat residual pain.
- Routine monitoring of functional improvement associated with the use of the opioid.
- Clinical consultation with an appropriate pain specialist to address complex clinical presentations.

For example:

1. Short-acting opioids would be considered appropriate for pain management for:
 - a. Lumbar strain
 - b. Cervical strain
 - c. Shoulder strain
2. Long-acting opioids would be considered appropriate for pain management for:
 - a. Complex Regional Pain Syndrome
 - b. Multi-Trauma
 - c. Burn
3. Long-acting opioids would not be considered appropriate for:
 - a. Cervical strain
 - b. Lumbar strain

Summary: The Standard will include the following key points effective September 1, 2011:

1. Short-acting opioids (SAO):*

Generally, there is no pre-certification process for the use of SAO, not exceeding a MED* of 120 mg/day, but it is recommended that the treatment have a defined start and stop goal. The Attending Physician should monitor the dose of the SAO as there is also a risk of habituation/addiction associated with prolonged use of SAO. Consider time contingent scheduling of the opioid versus pain contingent scheduling. Doses of SAO should not exceed a MED of 120 mg/day.

*Morphine Equivalent Dose

2. Long-acting opioids (LAO)*

The initiation of any LAO will require a precertification process to include documentation of the following:

- Opioid Risk Assessment
- Baseline Urine Drug Analysis
- Signed Material Risk Notice
- Signed Medication Agreement
- Documentation of an initial visual analog scale with accompanying functional assessment scale.⁶

⁶Dunn, K.M., Saunders, K.W., Rutter, C.M., Banta-Green, C.J., Merrill, J.O., Sullivan, M.D., Weisner, C.M., Silverberg, J.J., Campbell, C.I., Psaty, B.M., Von Korff, M. "Opioid Prescriptions for Chronic Pain and Overdose: A Cohort Study." *Annals of Internal Medicine* 2010; 152:85-92.

*See accompanying list of short-acting opioids and long-acting opioids. Appropriate forms and agreements will be forthcoming in August 2011.

3. In complex cases a consultation with a Pain Specialist may be required to assist in determining an appropriate opioid treatment program for the **Accepted Condition**. The following physicians will be assisting us as consultants:

- Thomas Schrattenholzer, MD
- Bradford Lorber, MD
- Matthew McGhee, MD

4. Post-operative pain:

Surgeons who prescribe LAO for management of post-operative pain will be required to identify the LAO to be used, dosage, and the number prescribed as part of the surgery precertification process. This authorization will be for **only 7 days following surgery** and any additional prescriptions will require a precertification authorization.

Summary: Effective September 1, 2011, new prescriptions of LAO for SAIF insured workers enrolled in CareMark Comp will not be filled at the pharmacy unless approved by CareMark Comp.

5. Dose Levels:

Short and long-acting opioids with doses exceeding 120 mg MED are associated with increased risk of habituation/morbidity/diversion and dosing exceeding these levels may require the following:

- Precertification of dosing exceeding 120 mg Med
- DPC I
- Pain Specialist Consultation

The treatment of pain associated with on-the-job injuries is critical in the treatment of the worker, but the choice of the opioid should be commensurate with the severity of the Accepted Condition.

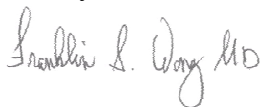
The choice and the continued use of the opioid should also be done with caution recognizing that these groups of medications carry a significant risk of morbidity, habituation/addiction and even death at high doses.

We believe this Standard brings all these factors into the clinical choice to achieve these goals.

In mid-August, you will be provided with a packet of forms and precertification surgery request forms to meet the Standard for Chronic Opioid Treatment.

If you have any questions, please contact me at 503-413-5800.

Sincerely,



Franklin Wong, M.D.
Medical Director

Enclosure

**CAREMARK COMP
LONG-ACTING OPIOID MANAGEMENT PROGRAM**

Effective: September 1, 2011 for SAIF Corporation Enrolled Workers

Short-Acting Opioids (SAO)

Following are examples of commonly prescribed SAOs. List is not all-inclusive.

- Codeine
- Demerol
- Oxycodone
- Percocet
- Vicodin

Long-Acting Opioids (LAO)

Long-Acting Opioids include all opioids with extended release capabilities or prescribed Q 8hrs or less. In addition, following are examples of commonly prescribed LAOs. List is not all-inclusive.

- Fentanyl
- Fentora
- Kadian
- Methadone
- Morphine SR
- MS Contin
- Opana
- OxyContin
- Suboxone