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Opioids: Trouble in Paradise
Part IV

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Mark Twain once said "Education is the path from cocky ignorance to miserable uncertainty." This is certainly true as we have all gained more education about the efficacy and risks involved with the use of opioids for chronic non-cancer pain.

It is now 2 years since I wrote Part I of "Opioids: Trouble in Paradise," alerting our physicians of the risk of utilizing opioids for chronic non-cancer pain. The pendulum has clearly now swung again as noted in the recent publications by the OMA and the Oregon Medical Board.

- Oregon Medical Board Report: Winter 2013
  - "The Pendulum of Chronic Opioid Therapy."
- Oregon Medical Association: Medicine in Oregon: Winter 2013
  - "Confronting a Crisis: Opioid Abuse in Oregon."

We now know that the remarkable increase of the use of opioids for chronic non-cancer pain was not based on randomized controlled studies that supported the use of opioids for chronic non-cancer pain, but rather on the following factors:

- Good intentioned physicians who attempted to destigmatize the use of opioids for non-cancer pain and stated that there was minimal risk when utilizing these medications for chronic pain. These physicians now recognize and acknowledge that there are significant morbidity and mortality risks associated with chronic opioid utilization.
- Governing and licensing organizations, who not only recommended the use of opioids for chronic non-cancer pain, but encouraged it.
- Increased public acceptance for opioid use in treating non-cancer pain.
- Effective opioid marketing by pharmaceutical companies.

Summary: The United States now consumes 99% of the world's consumption of hydrocodone and 82% of the world's consumption of oxycodone. Per capita sales of opioids over the last 10 years have increased 600%. More people in America die of prescription drug abuse than deaths from heroin and cocaine overdose combined. In Oregon, the cost of opioid medications for injured workers was over $8 million in 2011.

The CDC just announced that for the 11th consecutive year, overdose prescription deaths related to opioids have increased.[1] In 2010 there were over 16,600 deaths related to opioids nationally. In 2011, there were over 200 deaths related to prescription painkillers in the state of Oregon. These mortality numbers are likely underestimated as the data is limited to that included specifically in death certificates.[2]

[1] Centers for Disease Control and Prevention. National Vital Statistics System. 2010 Multiple Cause of Death File. Hyattsville, MD: Department of Health and Human Services, Centers for Disease Control and Prevention: 2012

[2] Wysowski DK. Surveillance of prescription drug-related mortality using just certificate data. Drug Saf. 2007; 30(6):533-540.

Note: [Death certificates are the sole source of detailed death information at the national level. Analysis was limited at the national level as 25% of the death certificates did not identify the specific drug involved due to lack of toxicological testing or failure to record the results of the test on the death certificate. This likely is also true for Oregon's statistics]

Additional statistics related to our state include: [3]

- Oregon now ranks #1 in residents aged 12 years and older who abuse opioid painkillers.
- Overdose deaths in Oregon increased by 73% from 218 in 2004 to 378 in 2011.
- There are currently over 3,000 workers receiving opioids at or more than 120mg MED in Oregon.[4]

We now recognize that:

- With rare exception there is little scientific evidence to support the use of chronic opioids for chronic non-cancer pain.
- At doses of an MED [Morphine Equivalent Dose] greater than 100 mg/day, the risk of overdose increases substantially.
- The risk of dependency, addiction, and diversion increases with the chronic use of opioids.

It took CareMark Comp one year after our initial letter of April 11, 2011 to implement our opioid management program. We focused on working closely with the attending physicians to initiate practices and protocols based on well-researched and accepted data.

I would like to take a brief moment and summarize our accomplishments:

- Post-surgery pain management: CareMark Comp has established a program to allow the treating surgeon to utilize long-acting opioids for the first 7 days following a surgical procedure. After the first 7 days, the treating surgeon discontinues the long-acting opioid and transitions the worker to a short-acting opioid or to non-opioid alternatives.
- Opioid doses of n MED greater than 120 mg/day: CareMark developed a tracking mechanism to monitor the use of opioids in doses of greater than 120 mg/day. We are working closely with attending physicians to assist them with those workers who are interested in decreasing the amount of opioids to the lowest dose possible if not discontinue them.

  In some cases, following discussion with the attending physician, the opioid dose has been frozen pending a consultation with a pain specialist.
- Opioid usage less than an MED of 120 mg/day: Data tracking allows us to monitor increases or decreases of the opioids. Here again we are assisting attending physicians in minimizing or decreasing the use of the opioids for their patients.

CareMark Comp is now seeing a trend of decreased new prescriptions for both short and long-acting opioids over the past 9 months.

[3] Substance Abuse and Mental Health Services Administration, 2010-2011 Annual Survey, January 2013

[4] The Opioid Epidemic in the Oregon Workers Compensation System, April 2013

There is <u>one area</u> however that we have not formally addressed that I would like to discuss. The continued use of opioids after the first 4 weeks following an on-the-job injury.

Studies have shown that the process of developing tolerance, dependency, and possible addiction starts on the very first dose of the opioid.[5] Fortunately that typically does not create a significant problem for short-term use. We support the use of opioids acutely, but recommend tapering the dose within 3-4 weeks thereafter and transitioning to non-opioid medications. This, we believe, will decrease the number of workers who will become physically tolerant and dependent on these medications.

There will always be exceptions, but in our experience few injured workers require chronic opioid medications for their accepted conditions beyond one month. If continued use of opioids is still clinically indicated, the attending physician should clearly document the rationale in the worker's chart, ensure the appropriate forms are used to document ongoing monitoring (CareMark Comp LAO Opioid Precert Packet) would provide this documentation and is available on our website: www.mhninc.com.

<u>Harry Truman</u> once said "It is amazing what you can accomplish if you don't care who gets credit."

CareMark Comp, like all of you, is committed to providing quality healthcare for injured workers. We are also committed to avoid the inappropriate utilization of opioids, which are associated with significant morbidity and mortality.

We as physicians should continue to utilize opioids for acute pain management, but avoid using them for chronic pain conditions. As always, I and the staff at CareMark Comp are available to help you find solutions for CareMark Comp enrolled workers, 503-413-5800.

[5] Jaffee JH. Drug addiction and drug abuse. In: Gilman AG, Rall TW, Nies AS, et al. Goodman and Gilman's the pharmacological basis of therapeutics, 8th ed. New York: Pergamon Press, 1990: 485-521.