

OPIOID USE IN WORKERS' COMPENSATION

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SETTING THE STAGE

What has changed in the past seven years?

CDC: GUIDELINES FOR PRESCRIBING OPIOIDS FOR CHRONIC PAIN

Available at:
https://www.cdc.gov/drugoverdose/pdf/guidelines_factsheet-a.pdf

Determining When to Initiate or Continue Opioids for Chronic Pain

Nonpharmacologic therapy and nonopioid therapy is preferred for chronic pain.

- Risks and benefits of use should be weighed

Determining When to Initiate or Continue Opioids for Chronic Pain

Goals should be established before starting opioids

Opioids should only be continued if there is evidence of clinically meaningful improvement in pain and function.

Determining When to Initiate or Continue Opioids for Chronic Pain

Risks and benefits should be discussed periodically

Opioid Selection, Dosage, Duration,
Follow-Up and Discontinuation

Initial treatment should be with
immediate-release opioids

Opioid Selection, Dosage, Duration,
Follow-Up and Discontinuation

Use caution at > 50 mg MME/day
Avoid increasing to > 90 mg MME/day
Be able to justify an increase over 90
mg

Opioid Selection, Dosage, Duration,
Follow-Up and Discontinuation

Long-term use begins with use for acute
pain
Lowest dose
Three days or less is generally
recommended
No more than 7 days

Opioid Selection, Dosage, Duration, Follow-Up and Discontinuation

Re-evaluate in 1 to 4 weeks of starting chronic therapy or when dose escalation occurs

Followup is then recommended at 3 months or more frequent if required

Keep evaluating risks/benefits

Assessing Risk and Addressing Harms of Opioid Use

Before starting and then periodically evaluate for risk factors for opioid-related harm

Use state prescription drug monitoring programs

Assessing Risk and Addressing Harms of Opioid Use

Urine drug testing: before starting and then at least annually

Assessing Risk and Addressing Harms
of Opioid Use

BENZODIAZEPINES

DON'T GIVE THEM WITH OPIOIDS
IF POSSIBLE

Assessing Risk and Addressing Harms
of Opioid Use

Offer treatment (usually medication-
assisted in combination with
behavioral therapies) for patients
with opioid use disorder

WISCONSIN MEDICAL
EXAMINING BOARD OPIOID
PRESCRIBING GUIDELINES

Available at:
http://dsps.wi.gov/Documents/Board%20Services/Other%20Resources/MEB/MEB_Guidelines.pdf

Wisconsin Medical Board

- Identify and treat cause of pain
 Use non-opioid therapies
- Start low and go slow
- Close followup

Wisconsin Medical Board

- One physician
- Use the Wisconsin Prescription Drug Monitoring Program data-
 required as of April, 2017
- The use of oxycodone is discouraged

Wisconsin Medical Board

- Drug screens at least once a year
 for low risk
- Periodic pill counts
- Opioid Agreements
- Informed Consent

Wisconsin Medical Board

You can't just cut someone off!

- If there is evidence of risk of imminent danger (overdose, addiction) – discontinue and treat for withdrawal as needed

Wisconsin Medical Board

All practitioners are expected to provide care for potential complications of the treatments they provide, including opioid use disorder.

Wisconsin Medical Board

Assist in obtaining addiction treatment

- Provide it directly
- Refer for addiction treatment

Simply discharging is not acceptable

Wisconsin Medical Board

Discontinuing opioid therapy

- They don't work- discontinue
- Increased risk – wean/discontinue
- At risk of danger- discontinue and treat for withdrawal
