
	<b>Effective Date:</b>	May 19, 2008
	<b>Revised Date:</b>	August 18, 2015
	<b>Approved by:</b>	Thomas M Tocher, MD, MPH, Chief Clinical Officer 
	<b>Policy Number:</b>	MED Policy 313
	<b>Title:</b>	Pain Management—Long Term Opioid Use

**POLICY**

It is the policy of CHC that persistent, non-malignant pain will be managed in a safe, consistent and evidence-based manner.

**DEFINITIONS**

- Long term opioid therapy: Opioid therapy that lasts greater than 3 months.
- Non-malignant pain: Pain that is not caused by cancer or its secondary effects.
- Opioid Oversight Committee (OOC): A committee whose purpose is to review requests to start patients on long term opioid therapy; review patient terminations from pain agreements; and review requests from patients to be reinstated on pain agreements after terminations. The duties of the OOC are described in its charter, and the group reports to the Risk Management Team.
- Persistent pain: Pain that has lasted longer than 3 months.
- Short term opioid therapy: Opioid therapy that lasts less than 3 months.

**PROVISIONS**

1. All patients at CHC being managed for persistent pain will have a signed, up-to-date pain agreement.
2. Primary care providers are not to start patients new to CHC on long term opioid therapy for persistent, non-malignant pain at the first patient visit, even on an interim basis.
3. CHC providers will not manage patients with long term opioids who are also on other scheduled drugs, whether prescribed by CHC or an outside provider, including benzodiazepines, stimulants used for Attention Deficit Disorder/Attention Deficit Hyperactivity Disorder, and Marijuana, regardless of whether it is legally obtained Marijuana for medicinal or recreational use. Providers will not prescribe long term opioid therapy for patients with active, ongoing alcohol abuse (see *Temporary Pain Agreement-MED Form 313C* and *Long Term Opioid Pain Agreement-MED Form 313D*).
4. For the purposes of this policy, Tramadol will be treated as an opioid medication.
5. Primary care providers who manage patients with long term opioids will read and complete *Provider Opioid Management Protocol Acknowledgement-MED Form 313L* and agree to abide by its terms.
6. The maximum number of patients on long term opioids managed by any individual primary care provider will not exceed 30 at any given time.
7. When managing persistent pain with long term opioids, CHC providers will not prescribe a total daily dose in excess of 120 Morphine Equivalents per Day (MED).

- a. For patients who are on over 120 MED, the CHC provider will either initiate a taper of the dose to 120 MED or below, or arrange for a pain management specialist to assume long term opioid prescribing.
8. Once a patient has violated a pain agreement, and the violation has been reviewed and upheld by the OOC, the violation is in effect permanently from that time forward, with no expiration date, and holds at all current and future CHC locations and providers until such time as the patient is reinstated after a prescribed waiting period and review by the OOC.

## PROCEDURES

1. For established patients on long term opioid therapy without a prior pain agreement, or a pain agreement written before 1/1/15, the PCP and the care team will undertake the following steps:
  - a. The PCP will review whether ongoing long term opioid therapy is appropriate, using the criteria listed under “Indications and Contraindications” in *CHC Provider Toolkit for Managing Persistent Pain*.
    - i. If long term therapy is not appropriate, then the PCP will discontinue long term opioids, either immediately or by using a taper, depending on the clinical circumstances.
    - ii. If long term opioid therapy is appropriate, then the PCP will review the terms of the new pain agreement and patient responsibilities with the patient.
    - iii. The PCP and patient will sign *Temporary Pain Agreement-MED Form 313C* and *Long Term Opioid Use: Patient Responsibilities-MED Form 313B* and a copy of each will be provided to the patient and scanned into the electronic health record (EHR).
    - iv. The provider or Medical Assistant will set the alert in the EHR “Patient on a pain agreement” with the corresponding date.
  - b. The PCP will refer all patients on long term opioid therapy for a Behavioral Health Assessment.
    - i. All patients on long term opioid therapy will participate in ongoing behavioral health activities, either in group therapy or individual sessions, as part of their patient responsibilities.
    - ii. The Behavioral Health Specialist will screen all patients on long term opioid therapy for substance abuse risk and disorders using the Screening, Brief Intervention, Referral and Treatment (SBIRT) tool.
    - iii. Patients who have evidence of a significant mental or active substance abuse disorder will be discontinued from long term opioid therapy, and referred to the appropriate mental health or substance abuse treatment program.
  - c. The PCP will obtain a urine drug screen (UDS) at the first visit under the new pain agreement, and then on a monthly basis for the next 2 months (see *CHC Provider Toolkit for Managing Persistent Pain*, for details on obtaining the UDS).
    - i. Once the patient is in an established routine, the PCP will obtain UDS at random intervals, but no less frequently than every 3 months.
  - d. The PCP and care team will complete the Pain Management template in the EHR, including the *Aberrant Behavior Flowsheet-MED Form 313I* (see *CHC Provider Toolkit for Managing Persistent Pain*). **After completion of the BHS assessment and SBIRT, all patients on Temporary Pain Agreements will be referred to the OOC after completing *Request for Approval for Patient to Start Long Term Opioid Therapy- MED Form 313J*, with a recommendation from the primary care provider and pertinent medical documentation. The OOC will review the documentation and render the final decision to continue pain management with long term opioids within 3 months of the initial referral.**

- e. If the OOC agrees with the recommendation for long term opioid therapy, then the PCP and care team will manage the patient as below.
  - f. If the OOC recommends against long term opioid therapy, then the PCP will notify the patient and either initiate withdrawing the patient from long term opioid therapy or facilitate alternate treatment options for the patient (see *CHC Provider Toolkit for Managing Persistent Pain*).
2. At the first visit following the OOC review and approval, the PCP and patient will review and sign the *Long Term Opioid Pain Agreement-MED Form 313D*, and a copy of each will be provided to the patient and scanned into the EHR along with the completed *Request for Approval for Patient to Start Long Term Opioid Therapy-MED Form 313J* from the OOC.
    - a. The provider or Medical Assistant will set the alert in the EHR “Patient on a pain agreement” with the corresponding date.
  3. At subsequent visits, the PCP will update the Pain Management template, paying close attention to functional status, behavioral health rating scales and aberrant behaviors.
  4. At any time, the PCP can request the patient to bring in all their opioid medications for a pill count, either as part of a routine visit, or at random. Once the patient has been notified about the pill count, he or she has 48 hours to come into clinic. Failure to do so within the requested timeframe constitutes a violation of the pain agreement and grounds for termination (see *CHC Provider Toolkit for Managing Persistent Pain* for additional detail on grounds for termination from a pain agreement).
  5. If a patient is requesting an early refill of opioid medication or refill with a different quantity of medication, the clinic staff or provider will have the patient complete *Patient Pain Medication Exception Request Form-MED Form 313M*. The form will be reviewed by the patient’s PCP and submitted to two colleagues for review. The providers will then come to a consensus as to whether to honor the patient’s request, complete the form and notify the patient within 2 business days.
  6. The PCP will review the monthly Pain Panel Report for patients without Pain Agreements and patients with Pain Agreements due to expire.
  7. The PCP will review all Pain Agreements signed after 1/1/15 on an annual basis, and before making the decision to renew the agreement, review the *Aberrant Behavior Flowsheet-MED Form 313I* and review whether the patient is progressing in his or her treatment goals.
    - a. If the patient is not progressing in his or her treatment goals, or displaying worrisome aberrant behavior, then the provider will terminate the Pain Agreement and discontinue long term opioids (see *CHC Provider Toolkit for Managing Persistent Pain*).
    - b. If the patient is meeting treatment goals and not displaying worrisome aberrant behavior, then the PCP will initiate a new Pain Agreement and review and sign it with the patient as above.
  8. For patients new to CHC, and for established patients with persistent pain, who, in the judgment of the PCP, require long term opioid therapy, and for whom there are no other treatment options, the PCP can then submit a request to the OOC for review using *Request for Approval for Patient to Start Long Term Opioid Therapy-MED Form 313J*.
    - a. The PCP will request all of the patient’s outside records regarding pain management, (including Prescription Monitoring Reports), obtain a complete history and physical, UDS, Behavioral Health Evaluation and SBIRT screen, provide the patient with a copy of the Long Term Opioid Use: Patient Responsibilities, and refer the patient to the OOC as above.
    - b. The OOC will make the final decision on whether the patient should receive long term opioid therapy from a CHC provider.
  9. The OOC will systematically review all CHC patients who have been on opioid therapy for 3 or more months, regardless of whether the PCP has submitted them for review to the OOC, and

determine whether their care meets the criteria laid out in this policy and the *CHC Provider Toolkit for Managing Persistent Pain*.

- a. Using the *Opioid Oversight Committee Review Form-MED Form 313N*, the OOC will notify the PCP whether the long term opioid therapy has been approved as presented; approved with modifications; or denied.
  - b. The OOC will follow up with the PCP in 90 days after the initial review to ensure that treatment recommendations have been carried out.
10. When a patient has been found to be in violation of the terms of his or her pain agreement, and the provider has decided to terminate the agreement (see *CHC Provider Toolkit for Managing Persistent Pain*) the provider will initiate the following process:
- a. The provider will notify the patient, either in person or by telephone, of the violation.
    - i. If the provider has made 2 unsuccessful attempts to reach the patient by phone, then the provider or his or her designee will send a *Notice of Pain Agreement Termination-MED Form 313D* by mail.
  - b. The provider or designee will set the alert in the EHR to “Pain agreement violation” with the corresponding date of violation.
  - c. The provider will update the patient’s Chronic Problem list in EHR with a notation that the patient has had a pain agreement violation, with the date and reason for termination.
  - d. The provider will create a chart note or telephone note on the day of termination which states in the plan that the pain contract has been terminated and reasons for termination.
  - e. The provider will forward the case to the OOC for review and to finalize the termination of the contract using *Request for Patient Termination from Pain Agreement-MED Form 313K*.
  - f. If termination is upheld by the OOC, the patient is sent a *Final Termination Letter for Long Term Pain Agreement-MED Form 313F*.
  - g. If the termination is overturned by the OOC, the case is referred back to the patient’s provider as documented on *Request for Patient Termination from Pain Agreement-MED Form 313K* with recommendations on future treatment which may include a behavior contract, referral to a pain specialist, or transfer to another provider at CHC.
  - h. For serious behavioral violations, the PCP will review whether the patient meets criteria for termination from all care at CHC.
  - i. A formal notification of termination, using *Notice of Pain Agreement Termination MED Form-313E* will be sent to the patient via mail, if not done so already as in 9.a.i above.
  - j. The provider will cease prescribing opioid medications to the patient, either immediately or after an appropriate taper, as clinically indicated (see *CHC Provider Toolkit for Managing Persistent Pain*).
  - k. Once the final opioid prescription has been written for the patient, the provider will update all opioid prescriptions in the EHR with the following text in the comments section: “Pain agreement violation on XX/XX/XXXX, do not refill”.
  - l. The provider will offer to continue to treat the patient with non-opioid pain management modalities and provide the patient a list of pain management specialists in the area, with a disclaimer that this does not constitute a referral and that the patient is responsible for scheduling the appointment. The provider will also explain to the patient that there is no guarantee or expectation that the pain specialist will take over chronic opioid prescribing for the patient.

- m. If indicated, the provider or designee will notify the patient's insurance monitoring program of the pain agreement violation (see *CHC Provider Toolkit for Managing Persistent Pain*).
- n. Following termination from the pain agreement, the patient may make a formal request to the OOC after a 1 year waiting period to have a pain agreement violation reviewed for possible reinstatement using *Request for Approval for Patient to Start Long Term Opioid Therapy-MED Form 313J*.

<b><u>RELATED FORMS</u></b>
<p><i>Long Term Opioid Use: Patient Responsibilities-MED Form 313B</i></p> <p><i>Temporary Pain Agreement-MED Form 313C</i></p> <p><i>Long Term Pain Agreement-MED Form 313D</i></p> <p><i>Notice of Pain Agreement Termination MED Form-313E</i></p> <p><i>Final Termination for Long Term Pain Agreement-MED Form 313F</i></p> <p><i>Aberrant Behavior Flowsheet-MED Form 313I</i></p> <p><i>Request for Approval for Patient to Start Long Term Opioid Therapy-MED Form 313J</i></p> <p><i>Request for Patient Termination from Pain Agreement-MED Form 313K</i></p> <p><i>Provider Opioid Management Protocol Acknowledgement-MED Form 313L</i></p> <p><i>Patient Pain Medication Exception Request Form-MED Form 313M</i></p> <p><i>Opioid Oversight Committee Review Form-MED Form 313N</i></p> <p><i>CHC Provider Toolkit for Managing Persistent Pain</i></p>