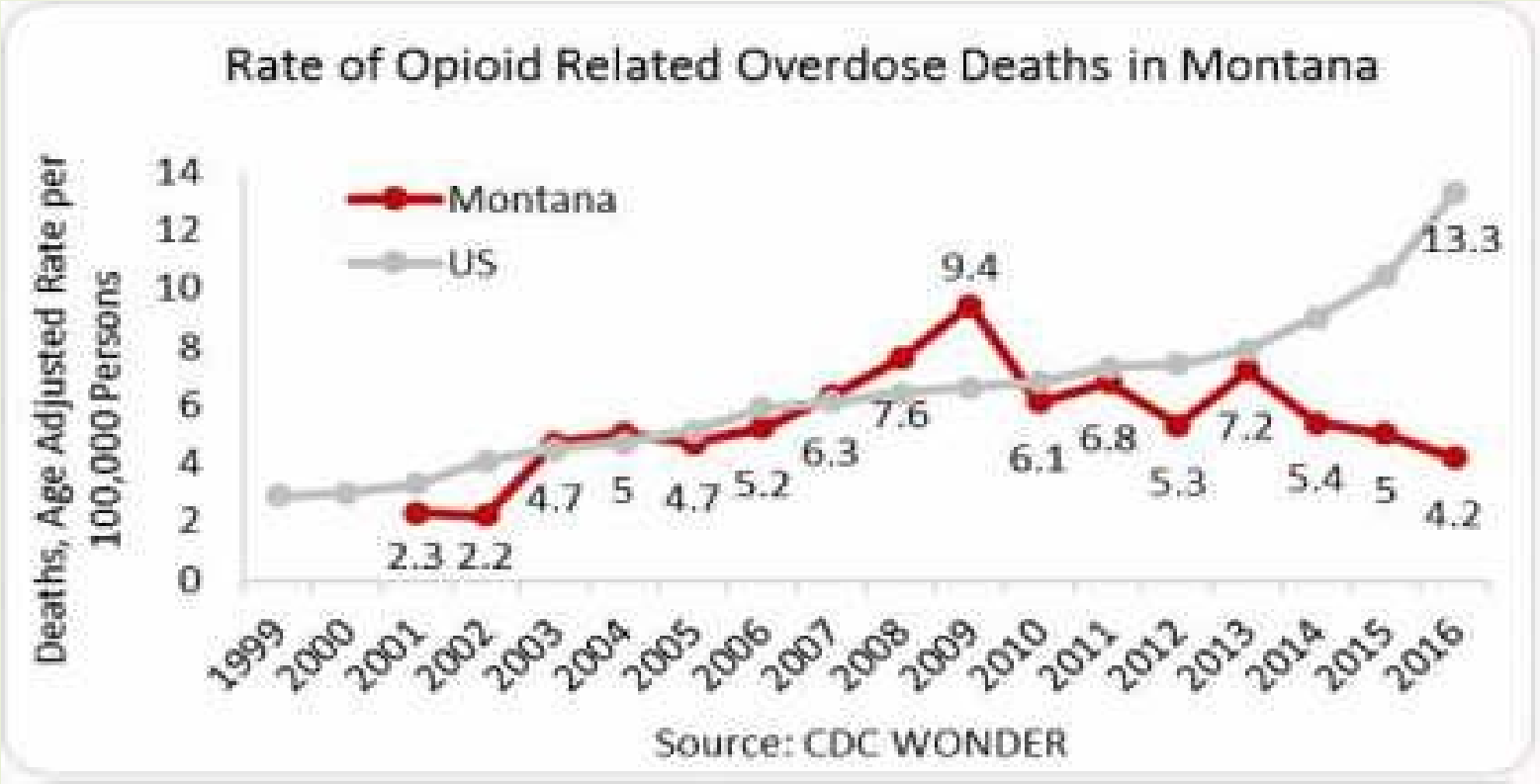
Benefis Pain Clinic

The Process

- Physical assessment including imaging, labs
- Psych eval
- Case review with pain management committee
- Recommendations that could include:
  - ✓ Thriving with pain class
  - ✓ PT
  - ✓ Interventions – ESI, rhizotomy, spinal stimulator
  - ✓ Outpatient psychotherapy
  - ✓ Chemical dependency eval
  - ✓ Addictionologist referral
  - ✓ Surgery consult

Montana Overdose



Montana Prescription Drug Registry Policy

The Montana Prescription Drug Registry (MPDR) is an online tool to provide a list of controlled substance prescriptions to health care providers to improve patient care and safety. The program may also be used to identify potential misuse, abuse and/or diversion of controlled substances. By searching the MPDR database, providers can review their patients' prescription use patterns and confirm their medication history of controlled substances.

Benefis Pain Management Center recommends reviewing the MPDR **every time** a controlled prescription is written.

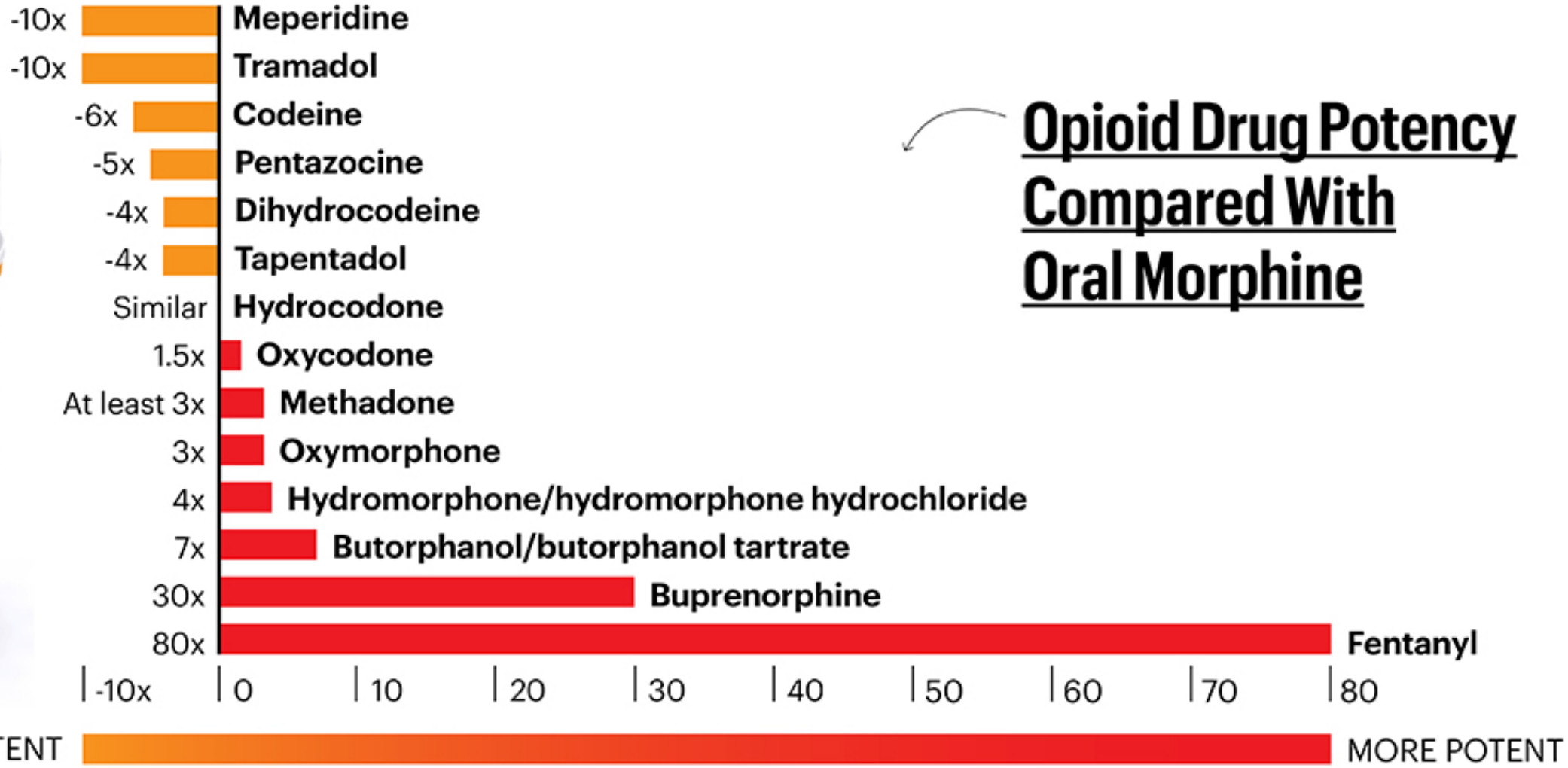
https://app.mt.gov/pdr

THE DRUGS

THE FDA HAS APPROVED 18 OPIOID DRUGS

The generic names are listed here. Drugs primarily used in surgery (such as alfentanil and remifentanil) were not included.

Opioid Drug Potency Compared With Oral Morphine



*Opioid Dosing Policy

MME - the amount of daily morphine milligram equivalents (MMEs) prescribed to better gauge the abuse and overdose potential of opioids. Morphine is widely regarded as the 'gold standard' for the treatment and management of moderate to severe pain and, therefore, is used as the reference point for other opioids.

2016 CDC Guideline recommends maximum daily dosing = 90 MME

Benefis Pain Management Center recommends primary care providers maximum daily dosing = 45 MME; **refer** any patient to a pain management center for dosing over 45 MME.

Benefis Pain Management Center maximum daily dosing = 90 MME. Dosing levels above 90 MME must have consensus approval by the Benefis Pain Committee, and the chart reviewed annually thereafter.

Reduced 45 MME Dosing Protocol

- Hepatic Disease, elevated LFTs
- Renal Insufficiency, GFR <60%
- Age over 65
- Age younger than 25
- COPD
- OSA
- Medical condition requiring Oxygen
- Seizure Disorder
- CVA / TIA
- CAD
- History of Substance Abuse, i.e. ETOH, Medications, THC

Contraindications to Opioids Protocol

Substance Abuse Contraindications:

- -History of alcohol use disorder, and still drinking within the last 6 months
- -History of any use of Methamphetamines, Cocaine, Heroin
- -Non-compliance with medical regimen

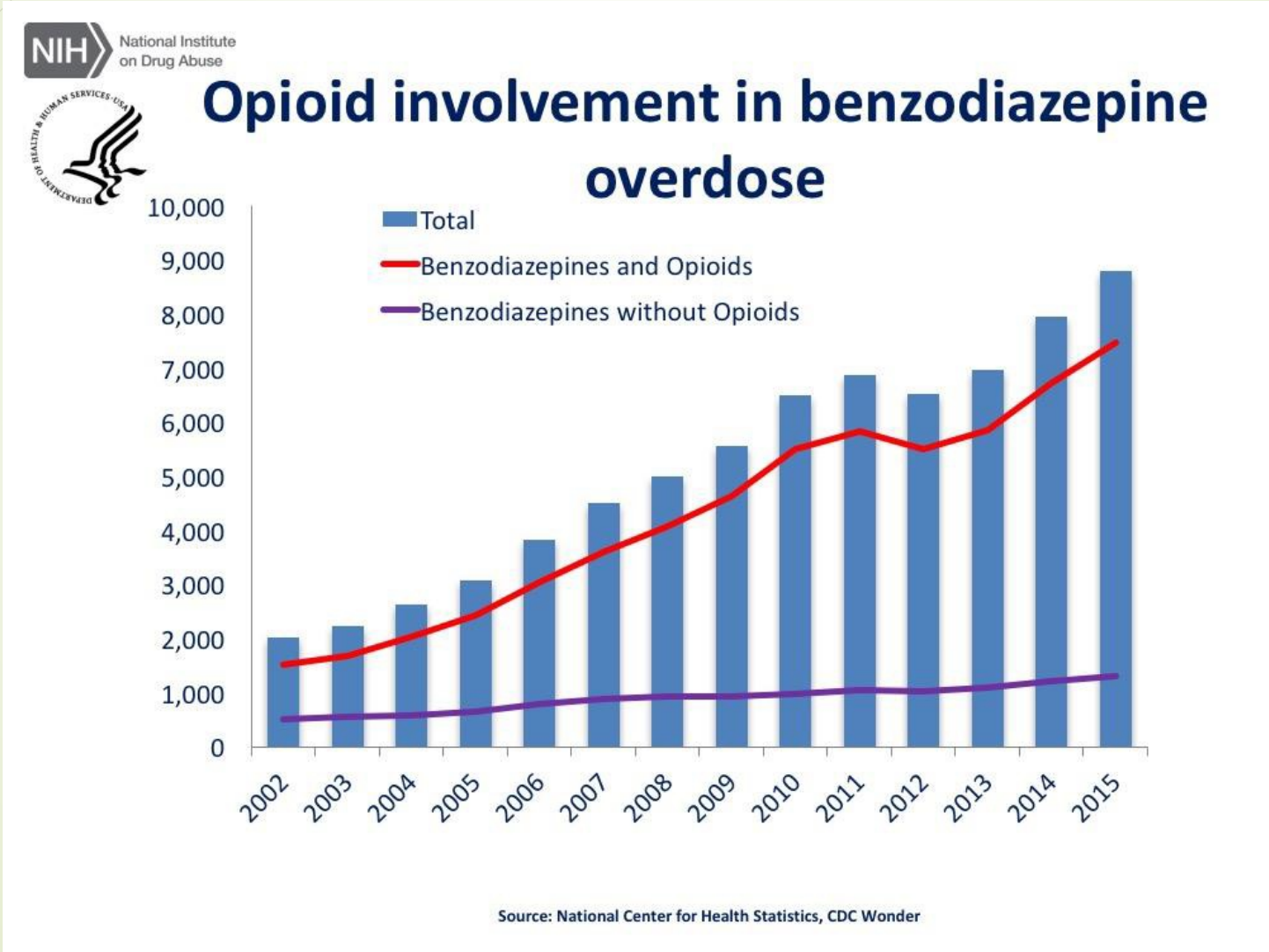
Mental Health Contraindications:

- -Suicide attempt, within the last 6 months
- -Uncontrolled Mental Health Disease
- -Non-compliance with medical regimen

Dosing Contraindications Protocol

- **NO** combining long and short term OPIOIDS
- **NO** combining benzodiazepines with OPIOIDS
- **NO** combining sleeping medications with OPIOIDS
- **NO** combining alcohol with OPIOIDS
- **NO** combining illicit or medical THC with OPIOIDS
- **NO** combining certain muscle relaxers (flexeril, soma, baclofen) with OPIOIDS

Benzodiazepines and Opioids



Benzodiazepines Policy

Based on the 2016 recommendations of CDC guidelines for prescribing opioids for chronic pain, we do not support concurrent use of benzodiazepines and opioids.

It is associated with a quadrupling of risk for overdose death compared with opioid prescription alone.

We recommend that the mental health provider taper the patient off by reduction of the benzodiazepine dose by 25% every 1-2 weeks.

Indications Discontinue Opioids Therapy Protocol

- Severe unmanageable adverse effects
- Serious non-adherence to the treatment plan or unsafe behaviors
- Misuse suggestive of addiction to prescribed medication
- Lack of effectiveness of therapy or a desire on the part of the patient to discontinue therapy

Pill Count Policy

Pill counts are one kind of strategy that can be very helpful for confirming medication adherence and helping to reduce the risk of diversion.

If someone fails to show up for a pill count, DO NOT continue to prescribe. This represents High Risk Aberrant Drug Related Behavior.

Urine Drug Test Mismatch Administrative Policy

We currently do not support the combination of illicit drugs, non-prescribed opioids, Alcohol or benzodiazepines with chronic opioid therapy. A list of banned substances includes; Marijuana, ETOH, Methamphetamines, Cocaine, non-prescribed Methadone, non-prescribed Buprenorphine, or any Benzodiazepines.

In an effort to help identify and support treatment of Opioid Substance Abuse, the patient will be addressed at an administrative level to help navigate a multidiscipline treatment plan.

Urine Drug Test Mismatch Administrative Policy cont.

UDT positive for Methamphetamines, Cocaine, Heroin, non-prescribed Methadone, non-prescribed Buprenorphine

1- UDT is positive for any of the above substances; the UDT program manager will make a copy of the confirmation report, and submit it to the Nurse Navigator, Pain Management Clinic Manager, and Pain Management Medical Director of the respective clinic.

2- The Nurse Navigator will call the patient and be referred to substance abuse counselor.

3- They will be given a prescription for Narcan if not already prescribed.

4- The patient will be given an appointment to follow up with Medical Director to review the case and long-term recommendations.

UDT positive for Benzodiazepines, Alcohol, Marijuana

1- UDT is positive for any of the above substances; the UDT program manager will make a copy of the confirmation report, and submit it to the Pain Management Clinic Manager, and Pain Management Medical Director of the respective clinic.

Clinicians should offer or arrange evidence-based treatment (usually medication-assisted treatment with buprenorphine or methadone in combination with behavioral therapies) for patients with opioid use disorder.

(Recommendation category A: Evidence type: 2)

Recommendation #12