

PAIN CLINIC CLOSURES

Helping patients relieve chronic pain

www.doh.wa.gov/pain

RECOMMENDATIONS

Treating chronic pain with opioids.

By state law, patients taking less than 120 mg. MED per day do not require a consultation.

[Experts note](#) that patients tapering opioids after taking them for years might require very slow opioid tapers as well as pauses in the taper to allow gradual accommodation to lower opioid dosages.

Clinicians should empathically review benefits and risks of continued high-dosage opioid therapy and offer to work with the patient to taper opioids to lower dosages.

Clinicians should assess patients on more than 90 mg MED or who are on combination therapy for overdose risk. Prescribe or provide naloxone. More on this topic is in the [New England Journal of Medicine](#).

Unless addiction or drug diversion is apparent, or if there is an elevated risk of overdose, rapidly stopping opioids is not recommended.

The [U.S. Centers for Disease Control and Prevention](#) specifically advises against rapid taper for people taking more than 90 mg MED per day.

PAIN MANAGEMENT RULES

Treating patients consistent with [Washington's Pain Rules](#).

Patients whose daily dosage is **at or above 120 mg. MED** (orally) require a consultation with a pain management specialist, **unless one of several exceptions** applies (WAC 246-919-861):

- The patient is following a tapering schedule;
- The patient requires treatment for acute pain which may or may not include hospitalization, requiring a temporary escalation in opioid dosage, with expected return to or below their baseline dosage level; or
- The practitioner documents reasonable attempts to obtain a consultation with a pain management specialist and the circumstances justifying prescribing above 120 mg MED (orally) per day; or
- The practitioner documents the patient's pain and function is stable and the patient is on a non-escalating dosage of opioids.
- ❖ Special attention should be given and a [consult](#) considered for patients less than 18 years of age, patients with complex comorbidities or multiple medications, and patients with other complications.

A pain consultation must include **at least one** of these steps:

- An office visit with the patient and the pain management specialist; **or**
- A telephone, electronic, or telemedicine consultation between the pain management specialist and the patients' practitioner; **or**
- An audio-visual evaluation conducted by the pain management specialist remotely, where the patient is present with either the practitioner or a licensed healthcare practitioner designated by the practitioner or the pain management specialist.
- To find a pain management specialist, contact the patient's healthcare plan.

Prescribers of extended-release or long-acting opioids including methadone, need to take a 4-hour training about these types of opioids. There are several ways to meet this requirement including: the state's [free, on-line](#) 2015 Interagency Guideline on Prescribing Opioids for Pain (free online CME – takes about 4 hours); or, UW's ["COPE REMS](#) - Treating chronic pain, managing risk, restoring lives"; or by participating in UWTelePain (3 sessions, each 1.5 hours).

RESOURCES ON PAIN RULES

Find [frequently asked questions on pain rules](#) and their interpretation.

Use the [Prescription Monitoring Program](#) to check for other prescriptions from different providers.

The [University of Washington TelePain program](#) provides a free service to support primary care providers in the management of patients who have complex cases or on high-dose opioids.

WITHDRAWAL

Patients have been on high doses of opioids for years and are likely physiologically dependent. If your evaluation suggests reducing or eliminating opioids to be an appropriate strategy, a slow taper is likely to be the most successful strategy rather than an abrupt stop, which will lead to withdrawal. According to the Washington State Agency Medical Directors Group (AMDG), opioid withdrawal symptoms are rarely life threatening.

For patients on long-term benzodiazepines: AMDG recommends tapering off high-dose opioids before addressing benzodiazepine use.

If you have concerns that a patient has developed substance use disorder, including use of benzodiazepines or opioids, consult an addiction medicine specialist or the Washington Recovery Help Line at 1-866-789-1511, or via the Web at <https://www.warecoveryhelpline.org/>. Consider a referral for case management or care coordination through the patient's managed care plan.

FACTS

Chronic pain and opioid use.

Chronic pain is one of the most common conditions seen in primary care.

1/3

of all adults cope with chronic pain.

Most patients treated with opioids are not addicted to or abusing their medication. Although drug diversion occurs, it is the exception, not the rule.

8%

of all patients on opioids are addicted.

15% - 25%

of people prescribed opioids misuse or abuse them.

More information can be found at [New England Journal of Medicine](#).

RESOURCES FOR WASHINGTON PROVIDERS

University of Washington [TelePain](#) is available for consultation about chronic pain management.

Washington State Medical Quality Assurance Commission has [pain management and opioid use resources](#) for MDs, DOs, ARNPs, and PAs.

Washington State Agency Medical Directors Group [guideline](#).

[CDC Guideline for Prescribing Opioids](#) has recommendations for chronic opioid cases.

[Washington Prescription Monitoring Program \(PMP\)](#) is a tool providers should use to monitor the total quantity of all controlled substances, including opioids, dispensed to a patient.

Email us with questions or concerns at SPC_closure@doh.wa.gov.
Find more info, including a list of pain clinics taking new patients:

www.doh.wa.gov/pain