Policy for Use of Opiates in Chronic Nonmalignant Pain Management
January, 2011 – Belgrade Regional Health Center

The purpose of this policy is to establish guidelines for the assessment and treatment of chronic nonmalignant pain that may involve the use of opiate medications. Our goal is to help manage our patients’ pain to improve their quality of life while at the same time maximizing patient safety in terms of side effects or other risks of medication therapy.

Chronic pain is defined as pain persisting for a minimum of three months that does not have likelihood of substantial improvement without therapy.

Initial assessment of chronic pain should involve a thorough history and physical exam, including psychosocial assessment, and a review of previously attempted therapies. Work-up of the condition will be based on the patient’s history and physical exam findings.

Treatment plans will be developed collaboratively with patients, and may involve both pharmacologic and non-pharmacologic interventions. Behavioral health consultation may be employed.

Chronic pain management with pharmacologic agents may include opiate therapy in certain situations. Prior to initiating chronic opiate therapy, providers may use risk assessment tools to evaluate whether patients are at increased risk of opiate abuse (see attached).

Chronic opiate therapy requires informed consent on behalf of the patient and completion of a patient/provider contract. It is at the provider’s discretion as to whether he or she will engage with a patient in a patient/provider contract. **If a patient has been receiving opiate medications for three months**, the provider will then assess whether a narcotics contract is appropriate or if a change in therapy is necessary.

**Patients under treatment for chronic nonmalignant pain managed primarily by providers at BRHC will be seen with a frequency of every 3-4 months** to assess whether the treatment plan is effective. Chronic opiate therapy comprises only one component of any treatment plan, and adherence to the entire treatment plan will be monitored.

Inadequate response to treatment plans may result in alteration of the treatment plan or referral to a pain management specialist.

Monitoring opiate therapy with **urine drug screens** will occur at random **at least twice yearly**. Other techniques, such as pill counts, may also be used. Providers will maintain a list of patients who are under treatment with chronic narcotic therapy to facilitate monitoring of treatment efficacy and adherence. In addition, providers will access PMP data to obtain further information regarding a patient’s prescription drug history.