Benefis Hospitals
Clinical Policy/Procedure

TITLE: **Benefis Pain Management Maximum Opioid Dose Policy**

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AREAS AFFECTED: **Primary Care Pain Clinic, Chronic Pain Clinic, Physical Medicine**

POLICY: Benefis reduces the likelihood of patient harm associated with the over use or misuse of opioid medications. Safe dosing levels are the number one concern with chronic pain patients within the Benefis Health System. **The maximum accepted dosing level for all patients in the Benefis Chronic Pain Management Clinic is 200mg opioid morphine dose equivalents or (MEQ's) in 24 hours.** These guidelines are recommended by the American Academy of Pain Management (http://www.aapainmanage.org/) and have been proven to improve patient safety and maintain provider care comfort. Some of these levels have been adjusted by request of provider leadership for safety.

MAX POLICY DOSES:

Codeine	**600mg**
Fentanyl	**100 mcg/1 hr**
Hydrocodone	**60 mg (Due to Tylenol)**
Hydromorphone	**42 mg**
Methadone	**90 mg (recommended 20mg)**
Morphine	**200 mg**
Oxycodone	**120 mg**
Oxymorphone	**60 mg**
Tramadol	**400 mg**

GENERAL:

I. **Patients on doses higher than Maximum Policy Dose:**

A. All patients who come to the clinic on dosing levels higher than the maximum policy dose levels will be presented to the Benefis Pain Committee for review with a likely opioid wean to follow.

B. All patients in the clinic who were on higher than the maximum policy dose levels **prior** to initiation of this policy will be presented to the Benefis Pain Committee for review with a likely opioid wean to follow.

C. Should the provider of the patient up for review disagree with a wean initiation based on patient history and pathology, these concerns must be vocalized at the Benefis Pain Committee prior to a wean initiation and can be postponed following appropriate interventional and diagnostic studies.

D. All patients at or above the maximum policy dose are to be reviewed in detail at the Benefis Pain Committee where recommendations are given **prior** to an increase in any opioids or other high risk medications provided by our clinic.

E. All decisions made by the Benefis Pain Committee are final once addressed in an open forum. Should a patient status change, the Committee liason can bring the patient case forward for a secondary review to discuss a possible retraction of previous recommendations made.

F. Chronic use of opioid therapy can alter endocrine function, metabolic function, hormone levels and GI motility.

1. Blood work should be performed a minimum of once a year with more frequent testing contingent upon the lab results

2. Labs should screen testosterone levels, kidney, and liver function

II. The Benefis Pain Committee:

A. The Benefis Pain Committee is to consist of a minimum of three providers and one leadership role at all committee meetings.

B. The Benefis Pain Committee invites all multidisciplinary health care staff and providers to attend.

C. The Benefis Pain Committee will consist of all providers within the Chronic Pain Management and Physical Medicine realms of the clinic.

D. Any provider, staff member, leader, or patient within the Benefis Health System can nominate a patient to be discussed at the Benefis Pain Committee

E. A provider can refuse to participate in the Benefis Pain Committee if they **do not** have any patients above dosing levels or being reviewed and are not in a leadership role within the clinic. Failure of the provider to come to Pain Committee when their patient is being presented at Pain Committee may result in disciplinary action.

F. The Benefis Pain Committee will meet a minimum of once a month and providers are asked to attend a minimum of six committee meetings a year to be considered part of the board.

G. Failure to comply with recommendations made by the Benefis Pain Committee and/ or failure of the provider to attend Benefis Pain Committee when their patient is being discussed can result in disciplinary action.

a, Providers will be given three months to comply with committee recommendations, depending on severity of the patient case which will be addressed by Pain Committee during the time of case review.

III. Urine Drug Testing & Genetic Testing:

A. All patients on dosing levels at or higher than the maximum policy dose MUST be submitted for genetic testing to ensure appropriateness of medication therapy in use and potential risks the patient may be predisposed to at dosing levels.

B. Medication regimen and dosing levels are to be immediately addressed with patient and the Benefis Pain Committee following genetic test results.

C. All patients at or above the maximum policy dose will be considered high risk and should have a minimum of one urine drug test every two months.

D. Use of illegal substances or copious alcohol levels will not be tolerated while on opioid therapy at any dosing level and will result in an immediate wean from opioid therapy.

1. Use of high risk illicit drugs such as methamphetamine, heroin, cocaine, bath salts, or ecstasy will not be tolerated and will result in an immediate removal from opioid therapy.
2. Should any time the risks of opioid therapy outweigh the benefits or patient safety become of concern by provider, nursing, or administrative staff, the patient may be removed from opioid therapy.

E. Opioid therapy is not to be used for patients who utilize medicinal marijuana or THC products for chronic pain management

a, The patient will be asked for a copy of their medicinal marijuana card to ensure patient safety

b, All patients noted to be using medicinal marijuana or THC products will be given the option to choose which is the most efficacious in control of their chronic pain needs.

c, Any patient desiring to continue use of medicinal marijuana or THC products will be placed on an immediate opioid wean from opioid therapies.

d, Interventional therapies can still be provided for all patients using medicinal marijuana or THC products for pain relief.

IV. Poly-Pharmacy and/or Co-morbidities in Opioid Patients:

A. All patients on dosing levels at or higher than the maximum policy dose will be reviewed by the provider for potential co-morbidities and poly-pharmacy that could exacerbate risks of chronic opioid therapy.

B. Should the risks of opioid therapy outweigh the benefits at any time during care, the patient should be placed on an immediate opioid wean with consideration of removal of other medications pending Benefis Pain Committee review.

C. According to the American Academy of Chronic Pain Management and CDC guidelines, use of benzodiazepines and/or muscle relaxants is contraindicated in the use of opioid therapy and should be avoided at all costs.

D. No prescription for benzodiazepines exceeding a one week supply will be prescribed by this office and must be provided by a psychiatric provider with approval for use with any opioid therapy.

E. All patients on opioid therapy taking any benzodiazepines and/or muscle relaxants must be evaluated by the Benefis Pain Committee for risk levels.

V. Attendance:

A. All patients at or above the maximum policy dose level will be required to be seen a minimum of every two months by the provider.

B. Frequent no-shows or reschedules on the patient's behalf may result in an immediate removal from opioid therapy for failure to comply with care recommendations.

C. All patients have the right to refuse recommended therapies by a provider. However, failure to comply with most recommended therapy measures, except opioids, may result in an immediate removal from opioid therapy.

VI. Montana Drug Registry:

A. All patients within the Chronic Pain Management and Physical Medicine clinic will be reviewed on the Montana Drug Registry at every appointment to ensure compliance with prescribed medication regimen.

B. Any patient noted to receive opioids from another provider for chronic pain needs on an outpatient basis may be removed from opioid therapy provided by this clinic.

C. All patient medications will be added to the patient EHR and verified with necessary updates at every appointment.

D. Failure to report any prescribed high risk medications noted to be on the Montana Drug Registry will be addressed at the patient appointment by clinical staff.

VII. Patient Care Continuity:

A. All patients at or above the maximum policy dose will asked to establish and maintain care with a primary care provider.

B. All patient recommendations, notes, committee decisions, medication changes,

C. Medical records will be requested for all patients at or above the maximum policy dose every three to six months to ensure patient safety and continuity of patient care.

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