



Office for Oregon Health Policy and Research  
Oregon Pain Management Commission

John A. Kitzhaber, MD, Governor

Oregon  
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Authority

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Dear Oregon Health Care Provider:

The Oregon Pain Management Commission (OPMC) is an advisory commission created by 2001 legislation. One of the goals of the OPMC is to improve pain management in the State of Oregon through education. You are receiving this letter and the enclosed document as an OPMC educational outreach effort.

In recent years, Washington State created guidelines that were then legislated into rule intended to promote the safe use of opioids for chronic pain. It has come to the attention of the OPMC that there is some general misunderstanding about both the intent of the Washington legislation and the impact of the Washington legislation on the practice of Oregon health care providers.

The enclosed document titled, "The Oregon Pain Management Commission's Review and Recommendations Regarding Washington State's Guidelines for Prescribing Opioids for Chronic Pain" is being sent as a resource for your use. This document provides information about the intent and background of the Washington legislation. It also provides some general principles for sound opioid prescribing and promotes OPMC solutions for a multi-disciplinary approach in the management of chronic pain. In addition, the document provides some footnote links to additional information such as the Washington Agency Medical Directors Group Interagency Guideline on Opioid Dosing for Chronic Non-cancer Pain (online website), the Oregon Prescription Drug Monitoring Program (online website) and a variety of other websites or articles.

If you have questions or concerns, please contact Kathy Kirk, RN, OPMC Coordinator, as noted on this letterhead or via e-mail: [kathy.m.kirk@state.or.us](mailto:kathy.m.kirk@state.or.us).

Sincerely,

Kathryn Hahn, PharmD  
Chair, Oregon Pain Management Commission

# Oregon Pain Management Commission's Review and Recommendations Regarding Washington State's Guidelines for Prescribing Opioids for Chronic Pain

## Introduction

Washington State created guidelines that were then legislated into rule intended to promote the safe use of opioids for chronic pain.<sup>1</sup> The Oregon Pain Management Commission (OPMC) commends the goal of this guideline. However, the OPMC is concerned that an unintended effect of this guideline is to increase clinician avoidance of using opioids for chronic pain when appropriate. The OPMC recommends Oregon clinicians approach chronic pain in a manner that differs in some aspects from the guidelines set out in rule by Washington State.

## Background on Washington State's Legislation

Washington State House Bill (HB) 2876 specifies education and guideline use of opioids for chronic pain.<sup>2</sup> HB 2876 requires:

- Access to specialty pain management care when client pain/function is not improved;
- Clinicians to measure pain, function, mood and monitor risk; and to track opioid use through the state's Prescription Drug Monitoring Program.
- Clinicians to evaluate clients for pain and document this evaluation in the client's health record;
- Clinicians to develop a written treatment plan;
- Clinicians to obtain client informed consent;
- Clinicians to obtain a written agreement for high risk and perform a periodic review tied to risk;
- Clinicians to measure and track outcomes with each client visit; and
- Clinicians to document prescription indication when for episodic care.

Clinicians must also seek consultation with a pain management specialist for clients with morphine equivalent doses (MED) equal to or greater than 120 mg. The rule states clinicians are exempt from this provision for: "*Circumstances under which repeated consultations would not be necessary or appropriate for a patient undergoing a stable ongoing course of treatment for pain management,*" or if the clinician has a level of pain management expertise as demonstrated by completing 12 hours of Continuing Medical Education (CME) every 2 years.

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<sup>1</sup> Agency Medical Directors Group (AMDG) Interagency Guideline on Opioid Dosing for Chronic Non-cancer Pain: An educational aid to improve care and safety with opioid therapy  
<http://www.agencymeddirectors.wa.gov/Files/OpioidGdline.pdf>

<sup>2</sup> Washington State House Bill 2876-2009-10:<http://apps.leg.wa.gov/billinfo/summary.aspx?year=2010&bill=2876>

## Oregon Pain Management Commission’s Review and Recommendations

- Recent studies have shown an increased risk for opioid related overdose<sup>3</sup> and overdose death for persons on morphine exceeding 100 mg morphine equivalents doses (MED).<sup>4</sup>
- High MEDs exceeding those doses described herein—as well as all opioid prescribing—warrant clinicians proceed with due diligence in documenting patient functional response to such doses. Clinicians also need to evaluate for side effects of such treatment. This should be done using a standardized approach to evaluating treatment, for example use of the “4A’s”: Analgesia, Activity, Adverse Effects, and Aberrancy.
- However, there is no documentation of risk of overdose for persons with chronic pain taking opioids exceeding 100 mg MED for those clients who are maintaining a good functional response and who are not manifesting adverse effects or aberrancy. The OPMC and the Washington guidelines would assume that these clients are at low risk for an adverse outcome. The OPMC is concerned that clinicians might simplify matters regarding opioid prescribing by assuming a rule of not exceeding 120 mg MED or foregoing opioid use altogether even when an individualized treatment plan supports the use of opioids or supports an MED above 120 mg for a specific client.
- Increased scrutiny of opioid prescribing has not been accompanied by an increased scrutiny of client barriers to participating in multi-modal treatment plans and accessing non-pharmacologic therapies for chronic pain. There are community models that offer clients with chronic pain the opportunity to learn coping strategies for self-managing chronic pain. These models also offer clinicians feedback about non-opioids therapies to optimize pain management. One such model of care was offered in a clinical trial at the Portland Veterans Administration.<sup>5</sup> The OPMC supports such models and advocates use of and reimbursement for non-pharmacologic treatment of chronic pain, including physical therapy, occupational therapy, chiropractic or osteopathic care, acupuncture, massage, exercise programs, cognitive behavioral treatment/biofeedback, mindfulness treatments, self-help support.

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<sup>3</sup> Dunn, Kate M., et al, *Annals of Internal Medicine*. 2010; 152:85-92)

<sup>4</sup> Bohnert, Amy SB, et al, Association between opioid prescribing patterns and opioid-related deaths. *JAMA*. 2011; 305 (13):1315-1321

<sup>5</sup> Dobscha, SK et al, Collaborative care for chronic pain in primary care: a cluster randomized trial, *JAMA*. 2009 March 25; 301 (12): 1242-1252

- It is important for Oregon clinicians to understand the provisions of Washington State HB 2876. It is equally important to understand that HB 2876 does *not* set an absolute MED ceiling, does *not* require that all chronic pain clients be referred to a pain management specialist and that HB 2876 is *not* an Oregon law and therefore it does not dictate practice in Oregon.

### Conclusion

OPMC recommends that Oregon clinicians approach chronic pain in Oregonians in a manner that differs in some aspects from the guidelines set out in rule by Washington State and believes pain management does not need to be accomplished using legislation. The commission recommends the following solutions:

- Promote collaborative models of pain management between primary care clinicians and sources of pain treatment expertise.
- Promote services to assist clients with self-management of chronic pain with community programs such as Living Well with Chronic Conditions<sup>6</sup>, etc.
- Identify barriers to non-pharmacologic treatments for chronic pain that promote a bio-psycho-social treatment approach to chronic pain with the goal of improved patient well-being and self-management.
- Promote the use of and reimbursement for non-pharmacologic multi-modality treatment services for chronic pain.
- Avoid setting arbitrary dosage limits, but rather develop and closely monitor individualized written treatment plans and document assessment, risk evaluation, informed consent, and measure and track pain management outcomes and client function.
- Treatment plans—including prescription medications doses—should be individualized for each specific client. Use Oregon’s Prescription Drug Monitoring Program to monitor for aberrant prescription patterns.<sup>7</sup>

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<sup>6</sup> <http://public.health.oregon.gov/diseasesconditions/chronicdisease/livingwell/Pages/Index.aspx>

<sup>7</sup> <http://www.orpdmp.com/>

## Mission

The mission of the Oregon Pain Management Commission (OPMC)<sup>8</sup> is to improve pain management in the State of Oregon through education, development of pain management recommendations, development of a multi-disciplinary pain management practice program for providers, research, policy analysis and model projects. The Commission shall represent the concerns of patients in Oregon on issues of pain management to the Governor and the Legislative Assembly. The Commission shall develop a pain management education program curriculum and update it biennially. The Commission shall provide health professional regulatory boards and other health boards, committees or task forces with the curriculum and work with health professional regulatory boards and other health boards, committees or task forces to develop approved pain management education programs as required.

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<sup>8</sup> <http://www.oregon.gov/oha/ohpr/pages/pmc/index.aspx>