(PBL) Chronic Pain Management: Taming the Opioid Dragon

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Dr. Munzing has been a family physician with Kaiser Permanente Orange County for 31 years and has directed the family medicine residency program for 28 years. He is the 2017 recipient of the Nikitas J. Zervanos Outstanding Program Director Award and the California Academy of Family Physicians (CAFP) Hero of Family Medicine Award. In addition to serving on the Accreditation Council for Graduate Medical Education (ACGME) Review Committee for Family Medicine, he is on the core planning team for the developing Kaiser Permanente School of Medicine in Pasadena, California. Dr. Munzing is a national expert on appropriate opioid prescribing who has served as an expert reviewer for the U.S. Drug Enforcement Administration (DEA) and the Medical Board of California. He has been an invited speaker on the subject of appropriate opioid prescribing for the DEA and other state and federal law enforcement, as well as for prosecutors and physicians.
Learning Objectives

1. Practice applying new knowledge and skills gained from Chronic Pain Management sessions, through collaborative learning with peers and expert faculty.

2. Identify strategies that foster optimal management of chronic pain within the context of professional practice.

3. Formulate an action plan to implement practice changes, aimed at improving patient care.

Associated Sessions

• Chronic Pain Management: Taming the Opioid Dragon
Poll Question #1

Describe your feelings about managing patients with pain on opioids who see you for the first visit

A. It is my passion – I love it
B. It’s difficult, but family physicians take care of patients, even when it is difficult
C. I’m done – I’m no longer going to prescribe opioids
Poll Question #2

Describe your competency level in prescribing opioid medications
   A. Very competent – bring it on
   B. Competent
   C. Probably competent – but not sure
   D. Not competent – help!

Poll Question #3

Approximately how many people died in the US in 2018 of a drug over dosage?
   A. 100,000
   B. 70,000
   C. 50,000
   D. 30,000
Poll Question #4

U.S. prescription opioid drug overdose deaths are:
A. Increasing
B. Decreasing slightly
C. Remaining stable

CASE #1

- 60 year old male with chronic back pain x 10 years, HTN, BMI 27
- New to the area – wants to establish with you
- No recent imaging
- Current Medications – without change x years
  - Hydrocodone-Acet 10-325 mg – 2 tablets qid
  - Fentanyl patch 25 mcg/hour – every 3 days
  - Temazepam 15 mg at bedtime
History – What Do You Want to Know?

Table Discussion

Poll Question #5

MME Calculation of the following medications:
Current Medications – without change x years
• Hydrocodone-Acet 10-325 mg – 2 tablets qid
• Fentanyl patch 25 mcg/hour – every 3 days
• Temazepam 15 mg at bedtime

A. 180
B. 140
C. 125
D. 70
Poll Question #5 - Clarification

MME Calculation of the following medications:

Current Medications – without change x years
  • Hydrocodone-Acet 10-325 mg – 2 tablets qid = 80 mg/day +
  • Fentanyl patch 25 mcg/hour – every 3 days = 60 mg/day
  • Temazepam 15 mg at bedtime

A. 180
B. 140
C. 125
D. 70

Poll Question #6

Which one of the following is NOT a risk for opioid abuse in the future

A. Patient smokes 1-1/2 packs per day of cigarettes
B. Patient’s brother has cocaine use disorder
C. Patient’s sister was laid off her work and is now homeless
D. Patient’s deceased mother had bipolar disease
Poll Question #7

History – What information is least important in managing the patient? (One answer)
A. Drug / alcohol use / history
B. Mental health history
C. Educational history – highest level attained (e.g. high school, college, etc.)
D. Chronic illness listing and status

Additional Information

• Pain level 2/10 with medications; 6/10 without medications
• Exam – tender lumbar muscles, negative straight leg raising, range of motion mildly reduced flexion
• Neuro exam – normal
• Heart, Lung, Abdomen, etc. Exam - normal
Plan

• What do you do next???

Table Discussion

Poll Question #8

The opioid dosage (MME-MED mg/day) known to be safe is:

A. 90
B. 50
C. 20
D. 0
CASE #2

• 25 year old skier comes to your office after falling
• Imaging shows proximal fibular chip fracture
• Pain 8/10 without medications
Poll Question #9

When starting an opioid on a patient you need to do the following except:

A. Discuss potential risks/benefits
B. Start with a low dose and slowly titrate up as needed
C. Formulate a proposed tapering / exit strategy
D. Require an Opioid Contract be signed by the patient
E. Check the PDMP

Poll Question #10

The risk of opioid use in one year increases after _______ of regular use after an injury

A. 3 days or less
B. 1 week
C. 1 month
Next Steps

Table Discussion
Case #3

• Long-time 55 year old male patient
• Chronic low back pain – no red flag symptoms
• Exam with minimal symptoms
• Work – construction – medication allows him to work full-time, tried to cut back and he could not do his work
• No aberrant findings
• Medications
  • Hydrocodone – Acet 10-325 mg qid
  • Robaxin as needed

Poll Question #11

Would you continue the patient’s opioids?
A. Yes
B. No
C. Maybe
Poll Question #12

Opioid monitoring recommendations include all the following except:
A. PDMP Check - periodically
B. UDT Check – periodically
C. Periodic updated history / examination
D. LFT / Creatinine lab testing at least twice yearly

Poll Question #13

MME Calculation of the following medications:
Oxycodone – Acet 10-325 mg qid
Hydrocodone – Acet 10 mg bid
Alprazolam 0.5 mg bid
A. 40
B. 60
C. 80
D. 100
Poll Question #14

The patient was started on Selegiline for Parkinson’s disease. On a UDT 3 months later the test was positive for opioids and Methamphetamine. Next action – pick one:

A. Stop all controlled substance medications
B. Discuss the results with the patient and document prior to deciding next steps
C. Ignore the result as Selegiline can turn the UDT positive for Methamphetamine

Poll Question #15

You obtain a UDT one year later that is negative for all drugs tested. The reason of this is:

A. Patient hoarding
B. Drug diversion
C. The patient’s pain improved and the patient skipped some dosages
D. Unclear
It’s Complicated

• A Urine Drug Test is positive for THC – what do you do???
• TCH use is legal in your state for use recreationally by adults

Table Discussion

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PDMP Exercise: Identify Red Flags

Table Exercise
PDMP Exercise

• Early refills
• Multiple doctors
• Multiple pharmacies
• Escalating dosages
• MED > 100 mg/day
• Multiple concurrent opioids
• Opioids and Benzodiazepines
• “Holy Trinity” combination

Poll Question #16

Naloxone prescription is indicated for all but which one of the following:

A. Patient on Oxycodone 30 mg tid
B. Patient using Hydrocodone 10 – 325 mg/day qid + Alprazolam 0.5 mg bid
C. Patient using Hydrocodone 5-325 mb bid
D. 75 yo patient with CAD, COPD on Hydrocodone 10 – 325 mg bid to qid prn pain
Poll Question #17

The following are opioid potentiators except:
A. Ciprofloxacin
B. Gabapenoids
C. Benzodiazepines
D. HIV treatment medications

Poll Question #18

Describe your competency level in prescribing opioid medications
A. Very competent – bring it on
B. Competent
C. Probably competent – but not sure
D. Not competent – help!
Books

- Dreamland: The True Talk of America’s Opiate Epidemic; Author: Sam Quinones
- American Pain: How a Young Felon and His Ring of Doctors Unleashed America’s Deadliest Epidemic; Author: John Temple
- Drug Dealer, MD: How Doctors were Duped, Patients Got Hooked, and Why It’s So Hard to Stop; Author: Anna Lembke

Physician Guide to Appropriate Opioid Prescribing for Noncancer Pain
(Dr. Tim Munzing SCPMG)
May 1, 2017
Opioid Prescribing Review

- Author – Timothy Munzing, MD
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Questions