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State:
Observers Optimistic about CDC Opioid Guidelines : Top [2015-09-18]

The U.S. Centers for Disease Control and Prevention is developing guidelines for using opioids to treat chronic pain in a move that some say could help standardize best practices for using the powerful painkillers.

There's no shortage of opioid treatment guidelines available today. State licensing boards and regulatory agencies throughout the country as well as national organizations, such as the American College of Environmental and Occupational Medicine and Work Loss Data Institute, all have publications offering guidance on when these drugs are appropriate and best practices to avoid turning patients into addicts.

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And while most – if not all – guidelines in circulation have similar recommendations, they are not all identical.

Dr. Gary Franklin, chairman of the Washington state Agency Medical Directors' Group and medical director of the Department of Labor and Industries, said Thursday that a comprehensive set of guidelines from an agency such as the CDC could go a long way toward having state and federal health regulators all working from the same playbook. Franklin is a member of the panel advising the CDC in the development of its guidelines, and he was a key figure in the guidelines that were adopted for all state health agencies in Washington.

"I think it's going to be huge from several standpoints," he said. "It can provide a consistent framework for other guideline development efforts, if they're even necessary. It's possible this will provide enough fodder for states and insurers, commercial payers and others to say it looks like the CDC guideline is the best thing since sliced bread and we're going to go with that."

Franklin called opioids "the worst man-made epidemic possibly in the history of medicine."

He said the reason the country is facing problems of abuse and misuse of opioids is people who wanted to liberalize the use of these drugs were cognizant of the fact that health care is generally regulated at the state level. They focused their lobbying efforts on key states and were successful in pushing laws that shielded doctors from disciplinary action regardless of how excessive their opioid-prescribing patterns might be.

For example, California Gov. George Deukmejian in 1990 signed a bill creating the Intractable Pain Treatment Act. The act declared that no physician or surgeon shall be subject to disciplinary action by the Medical Board of California for prescribing a controlled substance in the course of treating a person with intractable pain. Intractable pain is defined as "a pain state in which the cause of pain cannot be

removed or otherwise treated and which in the generally accepted course of medical practice no relief or cure of the cause of the pain is possible or none has been found" after reasonable efforts to do so.

Franklin said these kinds of laws made it difficult for state medical boards to do anything about doctors with questionable prescribing patterns. The laws are still on the books in most states, including California. The CDC developing opioids guidelines could send the signal to states that it's time to reconsider these safe havens, he said.

Franklin said the conversation about opioids has shifted in a more positive direction since Washington state first published its opioids guidelines in 2007. At the time, skeptics said the problem was a substance abuse issue caused by a handful of problem patients.

"Nobody is saying that anymore," he said. "We've come a long way and I think the CDC guidelines are extremely timely in moving the whole thing forward."

On Wednesday, the CDC held a webinar to discuss its recommendations. But the agency is being a bit cagey about disclosing details of its proposals.

A spokeswoman for the CDC on Thursday responded to WorkCompCentral's request for information about 12 recommendations that were discussed during the webinar by sending a link to a CDC web page with information about the process for developing the guidelines.

The website says the purpose of the guideline is to provide recommendations for the prescribing of opioid pain medication for patients 18 and older, with a focus on the use of opioids in treating chronic pain outside of end-of-life care. And it lays out clinical practices that will be addressed, such as discussions doctors should have with patients, dosage considerations and the use of urine drug testing.

According to the nonprofit Pain News Network, the 12 recommendations that were discussed Wednesday include:

- Doctors should consider alternatives to opioids first, and only think about using opioids if the benefits are expected to outweigh the risks.
- Doctors should identify treatment goals before starting opioids and continue use of the drugs only if the patient has clinically meaningful improvement in pain and function.
- Doctors should discuss with the patients potential risks before using opioids.
- Initial prescriptions should be for short-acting opioids.
- Doctors should start with the lowest dosage needed to alleviate pain. They should implement precautions at a dosage equivalent to 50 mg of morphine and should not exceed the equivalent of 90 mg of morphine.
- Short-acting opioids should be used for acute pain, and a prescription for three or fewer days will usually be all that is necessary for non-traumatic pain.
- Doctors should evaluate the patient within one to four weeks of starting opioids or increasing the dosage, and continue evaluating every three months.
- Doctors should check a patient's history of medications through a prescription drug-monitoring database before starting opioids.
- Patients receiving opioids should be drug tested at least once a year.
- Doctors should avoid prescribing opioids and benzodiazepines at the same time whenever possible.
- Behavioral therapies should be incorporated into treatment plans for patients on opioids.
- Doctors should develop plans to mitigate the risk of opioids, such as offering the opioid antagonist naloxone.

- Incorporate into management plan strategies to mitigate risk, including offering naloxone when there are present factors that increase risk for opioid-related harms.
- Incorporate behavioral therapies into treatment for patients on opioids.

Michael Gavin, president of Prium, said he doesn't understand why the CDC is treating the proposal like some kind of state secret, but he's happy to see the agency developing the guidelines.

"I think they are the preeminent public health agency and they should be taking a leadership role on this issue nationally," he said.

However, he said at this point, the agency's "approach is lacking."

The recommendations are more "guiding principles," he said, adding that "recommendations is far too strong a word to use."

He said the plan that CDC outlined Wednesday consisted of high-level suggestions that lack the specificity that caregivers need to take concrete action. As a first step, he said it's a good start. But more needs to be done.

For example, the CDC recommends doctors consider prescribing naloxone to all long-term opioids users. Gavin said it's not clear whether that's every single person receiving opioids for an extended period of time, or only some who have certain risk factors.

And the recommendation for urine testing doesn't specify whether it should be done in the office or at a lab.

Gavin said he hopes the CDC will continue refining the guidelines so they will be useful to people in everyday practice.

"If this is all the CDC is going to do, they have left practitioners with nothing but confusion with regards to national guidance," he said. "If this is all they do, they added their voice to a chorus of others. They have to do a lot more than this. We have to hear their voice above the others."

Gavin said he also sees an opportunity for the CDC to standardize how opioids are used.

Various opioids guidelines sometimes have different recommendations and that can be a source of confusion. For example, the CDC has a yellow flag dosage of 50 mg and a red flag of 90 mg. The California Division of Workers' Compensation is developing opioid guidelines with a yellow flag warning of 80 mg, the same that is in opioid rules the Medical Board of California promulgated in November. Washington state guidelines updated in June caution that no dosage is inherently safe, but recommend consultation before exceeding a dosage equivalent of 120 mg of morphine.

Gavin said there is "significant risk" in having clinical guidelines that vary from one jurisdiction to the next.

"I'd like to see (the CDC) reconcile and codify these nationally so a practitioner in Los Angeles or Boston or any place in between has a sense for what is appropriate and what is not," he said. "They have an opportunity as the preeminent public health agency in the country to codify and standardize the approach to prescribing opioids nationally."

The CDC is accepting public comments on the proposal until Friday at 5 p.m. Eastern. Comments can be sent to opioidcomments@cdc.gov.