


New Studies Confirm Risk of High-Dose Opioid Therapy

Opioid pain medications such as oxycodone and morphine are frequently used in workers' compensation patients. It is common knowledge among healthcare professionals, prescription drug payors, and patients that these medications are problematic in terms of cost and side effects. New data has emerged that illustrates the dangers associated with the use of high-dose opioids and the startling lack of monitoring that often accompanies their use.



A study published in the Journal of the American Medical Association identifies an increased incidence of accidental overdose in patients taking opioids at doses greater than 100mg of morphine equivalents each day. Daily morphine equivalents are determined by taking a patient's total dosage of any narcotic in a 24 hour period and converting it to an equivalent amount of morphine using a standardized conversion table. For example, 100mg of morphine equivalents would equal approximately 67mg of oxycodone per day. It is not impossible for a patient being treated for chronic pain to meet or exceed this daily dosage. According to this study, those patients would be 6 to 8 times more likely to overdose than patients taking 20mg of morphine equivalents daily.

Healthcare Solutions is very aware of the risks associated with high dose opioids and has developed strategies to proactively address this problem. In accordance with other state guidelines, we define high-dose opioid therapy as being greater than 120mg morphine equivalents daily. We routinely identify those patients meeting this threshold and flag their records for further review by medical professionals. Our goal is to ensure that high-dose opioids are being used appropriately and safely.

The use of high-dose or chronic opioid therapy is controversial and is not recommended without a demonstrated need and a plan for appropriate monitoring. The Washington State Opioid Guidelines recommend that patients not be prescribed greater than 120mg of morphine equivalents without first demonstrating improvement in function and pain or obtaining a consult from a pain management specialist. If the decision is made to begin high-dose opioid therapy, frequent monitoring to include quarterly urine drug testing, a physician-patient pain contract, and regular evaluation of the continued need for opioid therapy must be implemented to ensure patient safety.

Despite these recommendations, a 2011 study published in the Journal of General Internal Medicine found that only 8% of patients received appropriate urine drug testing and only 50% were visiting their primary care physician on a regular basis for monitoring and evaluation. Over 20% of patients were allowed to obtain early refills of opioids.

Healthcare Solutions recognizes that close monitoring of patients on high-dose opioid therapy is vital to patient safety. We routinely identify those patients who are ideal candidates for opioid monitoring and help to facilitate appropriate urine drug testing. We also use prospective drug monitoring to limit early refills of opioid medications.

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