Minimizing Risks Associated With Prescribing Pain Medications

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The management of chronic pain in the primary care setting has increased in volume and complexity over the last two decades. According to the Centers for Disease Control and Prevention (CDC), "Health care providers wrote 259 million prescriptions for painkillers in 2012, enough for every American adult to have a bottle of pills." Prescribing pain medications can be a risk for physicians. Similarly, taking pain medications can be risky for patients. Accordingly, both prescribing and taking pain medications should be approached with a measure of caution. As has been written:

Navigating the complexity of treatment guidelines provided by the FSMB (Federation of State Medical Boards), the U.S. DEA (Drug Enforcement Administration), and other health organizations can be confusing and intimidating. The difficulties in measuring pain, fear of regulatory issues, and legal risks are additional barriers to providing appropriate pain management.

A 2014 original research study concluded, "It seems that primary care physicians care for a complicated group of patients with chronic pain that rivals the complexity of those seen in specialized tertiary care pain management facilities." Unfortunately, many providers do not have ready access to pain management clinics or specialists to whom they can refer their chronic pain patients.

On one hand, providers have been admonished to take complaints of pain as genuine and to consider pain the "fifth" vital sign which needs to be assessed. On the other hand, the United States is in the midst of a prescription pain medication epidemic. The vast majority (71.3 percent) of the deaths related to pharmaceutical overdose in the United States involve opioid analgesics. According to the CDC, "Drug overdose death rates in the United States have more than tripled since 1990 and have never been higher." The prescription pain medication epidemic should prompt both providers and patients to raise many questions about the optimal treatment of chronic pain, particularly since the long-term use of opioids has not been clearly demonstrated to provide greater pain relief or a return to functional capacity for patients.

Although multiple tools and guidelines associated with the management of chronic pain exist, a 2014 journal article noted that a majority of opioid abuse stems from prescribed medications that patients obtained for chronic pain relief. Physicians need to reflect upon their prescribing practices and make sure that they are not contributing to opioid abuse by their patients. Clearly, evidence of opioid abuse suggests a "disconnect" between the management of chronic pain guidelines and current opioid prescribing practices. A recent study found one of several barriers to prescribers complying with recommendations was a sense that supervising pain management regimens was akin to "law enforcement." The study also found "that patients believed opioid adherence monitoring and ground rules for opioid prescribing to be acceptable when they trusted that the physician had their best interests in mind." This evidence suggests that providers can anticipate some patients will willingly comply with guidelines designed to protect against opioid abuse.

Current recommendations for the safe prescription and use of pain medications are based on the "cumulative weight of evidence [which] suggests that routine monitoring during treatment, use of structured opioid therapy, and appropriate opioid selection may decrease the risk of abuse in patients requiring ongoing analgesia." The following "list of nine distinct strategies for minimizing abuse and responding to aberrant drug-related behaviors" is offered to providers seeking to take reasonable precautions to protect their patients against opioid abuse:

1. Conduct a thorough patient assessment (history and physical).
3. Use a controlled-substance agreement.
4. Select an appropriate opioid and carefully titrate the dose.
5. Observe an opioid dose ceiling for most patients.
6. Use formulations designed to impede tampering.
7. Conduct compliance monitoring (e.g., pill counts and urine screening).
8. Adhere to practice guidelines.
9. Comply with regulatory and legal measures.

Providers should be aware of the dangers of opioid prescribing practices and employ strategies to minimize the risk of opioid abuse for patients who require long-term pain management. The consistent use of the risk assessments designed to identify patients who may become opioid abusers may help quell this national epidemic.

The management of chronic pain remains a complex clinical issue. The public health epidemic that has emerged clearly needs to be addressed at all levels. Providers can do their part by conducting an honest appraisal of their own practices when it comes to prescribing pain medications.

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References

8. Ibid.
10. Ibid.
12. Ibid.
13. Ibid.

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