

Opioid Management and Monitoring

The Colorado Division of Workers' Compensation (DOWC) Medical Treatment Guidelines, Chronic Pain Disorder, (Rule 17, Exhibit 9), requires monitoring opioid use and risk for misuse or addiction for chronic pain disorders. Opioid use greater than 90 days has been shown to be associated with significantly increased risk for dependence, addiction, and other adverse side effects.

Urine drug tests are required for subacute and chronic opioid management. The testing methodology must identify and quantify the parent compound and relevant opioid metabolites. Prior to the continuation of opioid prescribing beyond 90 days (and at least annually thereafter) the patient should have urine drug screening performed according to the methodology described below.

Urine drug testing

Appropriate urine drug screening and monitoring requirements to evaluate if:

- // The patient is actually taking the prescribed controlled substance medication(s)
- // The prescribed medications are present in the patient's system at, above, or below therapeutic or toxic levels;
- // The patient is taking any illicit and/or non-prescribed drugs

Along with the urine testing, the patient's functional status should be evaluated and appropriately documented. Any other issues should be evaluated and addressed including (but not limited to):

- // Any problems, side effects, or other concerns from the ongoing opioid use
- // Abnormal results noted on previous testing
- // Significant changes in function or pain frequency, intensity, or burden
- // Significant changes in opioid dosing and/or timing of use, and/or
- // Ongoing use of opioids in excess of 120 morphine equivalent dose (MED).

CLIA certified testing labs (presumptive in-office screening tests are not appropriate as confirmatory tests).

Testing methodology

Only definitive quantitative tests capable of identifying and quantifying the parent compound and relevant metabolites (in ng/mL) of the prescribed opioid are appropriate for urine testing. Acceptable methods include gas chromatography/mass spectrometry or liquid chromatography/mass spectrometry and they always include metabolites and specimen validity testing.

All drug class immunoassays or enzymatic methods are considered qualitative and presumptive and are **not** definitive. In office testing read by direct optical observation, instrument-assisted direct optical observation or instrumented chemistry analyzers are **not** appropriate for this monitoring. Examples of these inappropriate tests include dipsticks, cups, cards and cartridges.

Prescribing opioids

According to the DOWC, acute opioid prescriptions should be limited to three to seven days and 50 morphine milliequivalents (MME) per day. When physicians prescribe long-term opioids, they shall comply with the DOWC's Chronic Pain Disorder Medical Treatment Guidelines (Rule 17, Exhibit 9) and other relevant treatment guidelines, and review the Colorado Medical Board Policy #40-26 "Guidelines for the Safe Prescribing and Dispensing of Opioids."

Documentation

According to DOWC Rule 18, written reports are required to include the review of medical records, screening results, Prescription Drug Monitoring Program (PDMP) results, and assessment of the injured worker's past and current functional status (work, leisure activities and activities of daily living) recorded while on the prescribed levels of medication. In addition, it requires documenting the visit time and evaluating the risk of misuse and abuse initially and periodically. Any specific concerns and/or planned corrective actions must also be included in the reports.

Billing

// Z0771 Acute Phase: \$86.70 per 15 minutes, maximum of 30 minutes per report

// Z0765 Subacute/Chronic Phase: \$86.70 per 15 minutes, maximum of 30 minutes per report

Fee includes the review of medical records, the ordering and reviewing of drug tests, and checking PDMP results.

DOWC Definitions for use

Acute: prescription of opioid medications (single or multiple) for 30 days or less for non-traumatic injuries, or six weeks or less for traumatic injuries or post-operatively

Subacute: prescription of opioid medications for longer than 30 days for non-surgical cases and longer than six weeks for traumatic injuries or post-operatively

Chronic: prescription of opioid medications for longer than 90 days

References

Colorado Division of Workers' Compensation Medical Treatment Guidelines

<https://cdle.colorado.gov/medical-providers/medical-treatment-guidelines>

DORA Guidelines for the Safe Prescribing and Dispensing of Opioids

<https://cdle.colorado.gov/opioid-information>

Colorado Medical Board Policy 40-26 "Guidelines for the Safe Prescribing and Dispensing of Opioids"

<https://dpo.colorado.gov/Medical/LawsRulesPolicies>

Colorado Division of Workers' Compensation Rule 18-9(A)(1-2)

<https://cdle.colorado.gov/workers-compensation-rules-of-procedure>

Colorado Division of Workers' Compensation Rule 18-4(F)(3)

<https://cdle.colorado.gov/workers-compensation-rules-of-procedure>

Colorado Prescription Drug Monitoring Program (PDMP)

<https://dpo.colorado.gov/PDMP>

**If you have any questions or need additional information, please contact
Pinnacol Assurance at provider_management@pinnacol.com or 303.361.4945.**