

Clinix & Opioids

Written by Administrator

Wednesday, 14 March 2018 16:02 - Last Updated Wednesday, 21 March 2018 15:45

Clinix is making a commitment to help our patients and do our part to reduce the opioid-crisis in this country. Clinix will be implementing guidelines from the Centers for Disease Control and Prevention (CDC) for Pain Management regarding prescribing Opioids.

The guideline is intended to improve communication between providers and patients about the risks and benefits of opioid therapy for chronic pain, improve the safety and effectiveness of pain treatment, and reduce the risks associated with long-term opioid therapy, including opioid use disorder and overdose.

Opioids are not first-line or routine therapy for chronic pain at Clinix.

We will always start with Alternative Treatments such as:

- **Non-Opioid Medication** -
- Acetaminohen (APAP),
- Non-steroidal anti-inflammatory drugs (NSAIDs)
- Gabapentin/pregabalin, Tricyclic antidepressants (TCAs)
- serotonin/norepinephrine reuptake inhibitors (SNRIs)
- Topical agents (lidocaine, capsaicin, NSAIDs)

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- **Non-Pharmacologic Treatments** -
- Acupuncture
- Cognitive behavioral therapy
- Chiropractic Care
- Osteopathic Manipulations
- Massage Therapy
- Exercise therapy
- Weight Loss
- Patient education
- Healthy Activities - dancing/movement, brisk walking, water aerobics, or bicycling

Clinix's prescribing policy regarding Opioids:

- Before starting and periodically during opioid therapy, providers will discuss with patients known risks and realistic benefits of opioid therapy and patient and provider responsibilities for managing therapy.
 - When opioids are needed for acute pain, providers will prescribe no more than needed
 - Start LOW and go SLOW
 - Providers will use immediate-release opioids when starting
 - We will not prescribe extended-release opioids for acute pain
 - Providers may use urine drug testing to identify prescribed substances and undisclosed use
- Clinix will check the state prescription drug monitoring program (PDMP) for high dosages and prescriptions from other providers.
- There will be follow-ups within 1 to 4 weeks of starting opioid therapy for chronic pain or of dose escalation

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1. oRe-evaluate risk of harm; reduce dose or taper and discontinue if needed.
 - Providers will evaluate benefits and harms of continued therapy with patients every 3 months or more frequently.
 - Clinix will avoid concurrent benzodiazepine and opioid prescribing
 - Providers will arrange treatment for opioid use disorder if needed.

These Guidelines are not intended for patients who are in active cancer treatment, palliative care, or end-of-life care.