



Clinic Policy – Opioid Management

PURPOSE: To clearly distinguish rules and expectations between patients and providers regarding opioid management.

POLICY:

I. Patient and Provider

- Patients will not be prescribed opioid medication for acute pain, unless the provider deems appropriate
- Patient may receive opioid medications from providers outside their pain management clinic for acute conditions (surgery, injury, dental procedure, etc.) if the prescribing provider deems their condition necessitates treatment with opioid medications. Patient must notify their pain medicine provider of these medications
- Provider reserves the right to test for any additional substances (including gabapentinoids, alcohol, THC, Kratom) at the provider's discretion
- Patients will not be prescribed benzodiazepines or carisoprodol (Soma) with concurrent use of opioid medication due to the increased risk of respiratory depression and death
- Patients taking benzodiazepines concurrently with opioid pain medication will be required to change/discontinue one medication or the other unless otherwise approved by providers.
- New patients on MME/day >90 will be required to de-escalate daily MME to <90 within the first 3 months of becoming established with the department.
- Patients may be required to engage with behavioral health, physical therapy, or additional support services to continue care with the pain service.
- Patients with an MME/day >50 will be routinely monitored for the consumption of alcohol.
- Providers will provide all care within their scope ie opioid management as well as injections/procedures
- Services include comprehensive pain management inclusive of pain medications and procedures
- Patients may not receive routine procedures from another provider and pain management through Summit

II. Termination:

-Terminations are subject to the company policy through Patient Relations