

Scott Integrated Pain Management, LLC

1601 Walnut Street, STE 522 | 215-825-5979 | tomscott@scottpain.com

Policy on chronic daily opioid therapy for non-terminal pain

Scott Integrated Pain Management LLC is a specialty pain management practice dedicated to providing the best possible treatment for patients suffering with complex chronic pain conditions. Managing complex chronic pain conditions requires an individualized assessment and custom pain management plan that may sometimes include opioids. Chronic opioid therapy for non-terminal pain is inherently a high-risk strategy for patients. The data supporting the use of opioids for chronic pain is largely limited to short-term outcomes, meaning less than three months. Long-term outcomes generally show little, if any benefit, to opioids over non-opioid alternatives in terms of improving pain severity and function. Moreover, opioids expose patients to common and significant risks. These include but are not limited to non-life-threatening side effects such as constipation, nausea, itching, new sleep-disordered breathing, hormonal derangements (testosterone and Vitamin D deficiencies), and worsening pain (known as Opioid-Induced Hyperalgesia). They also include more serious but less common risks such as respiratory depression, opioid addiction, and death.

Given that this is a small, single-physician practice, and the large amount of evidence of harm with chronic opioid therapy and the lack of evidence supporting long-term benefit, it is our policy not to prescribe opioids to patients who wish to maintain opioid therapy at a stable dose indefinitely. We will manage opioid prescriptions for patients who wish to have their dose reduced, over time, to 90 morphine milligram equivalents (MME) or less or be weaned off opioids entirely. Our practice recognizes that for years many pain patients had their doses of opioids escalated in an effort to control their pain and now they may feel trapped at a very high dose of opioids and few, if any doctors are willing to prescribe opioids under these conditions. We hope to serve this patient population by getting patients to an acceptable opioid dose, 90 MME or lower, that can then be managed by a primary care physician. Patients seeking management of chronic opioid therapy should arrive with the following expectations in mind.

- **We will not provide an opioid prescription at the time of the first office visit.** The first visit will be to set goals and expectations for chronic opioid therapy, review your medical records, discuss the risks and benefits of opioid therapy and what non-opioid therapies will be a part of the management plan.
- **All patients must have a Urine Drug Screen prior to their initial opioid prescription** from this office and on an ongoing basis while receiving opioids.
- **Patients should expect to be seen each month.** Face-to-face visits each month should be expected while receiving opioid therapy. It is each patient's responsibility to make sure that he or she has a scheduled visit prior to opioid therapy running out.
- **We only prescribe opioids to patients who wish to reduce or eliminate their reliance on opioids.** We do not prescribe opioids to patients who wish to be maintained indefinitely on a stable dose of opioids.
- **Failure to follow-up or failure to obtain urine drug screen** unfortunately means that opioid therapy may have to be discontinued.

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- **We are unable to provide Medication Assisted Treatment** (MAT) for patients with opioid addiction at this time. We will, however, treat patients with opioid addiction and pain, but we will not prescribe opioids in this context.

Please contact our clinic with any concerns or questions regarding our chronic daily opioid policy.

Thomas H. Scott, MD

Physician Owner

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