



## **PBI Prescribing Course:** Opioids, Pain Management, and Addiction

IN JOINT PROVIDERSHIP WITH THE UNIVERSITY OF  
CALIFORNIA, IRVINE SCHOOL OF MEDICINE



**21 CME CREDIT HOURS\***

APPROVED FOR *AMA PRA CATEGORY 1 CREDITS™*

**RX-21 EXTENDED TO 33 CME CREDIT HOURS\***  
EXTENDED WEEKLY, RELAPSE PREVENTION POST-COURSE  
TELECONFERENCES TO ELEVATE ACCOUNTABILITY AND MINIMIZE POTENTIAL  
FOR VIOLATION.

Produced by  
PBI Education, a trade name of Professional Boundaries, Inc.

Faculty for this course is selected by PBI and approved by the University of California, Irvine School of Medicine Office of Continuing Medical Education

## Course Objectives

### Upon completion, physicians should:

- Implement safer, more effective treatment with improved outcome through the application of a comprehensive knowledge of the spectrum of pain medications
- Apply the prescribing laws and regulations into clinical practice for the safe and effective use of opioids and controlled substances
- Produce and maintain medical records documenting compliance prescribing laws and documenting appropriate management and treatment of chronic pain
- Differentiate opioid dependency and addiction to minimize abuse potential and maximize pain management

## Course Schedule & Outline

**Pre-course Component - 5 CME HOURS:** Prior to the live course, the participant will complete the following:

- Submit copies of their board order(s)
- Complete Prescribing Practice Self-Assessment Tool (PPSAT)
- Research their violation through review of state statutes and regulations
- Literature review of several articles
- Complete My Story assignment
- Participants who are taking this course proactively will have additional relevant published medical papers to read.

**THE COURSE BEGINS EACH DAY AT 8:00 AM AND CONCLUDES EACH DAY AT 5:30 PM. ALL OTHER TIMES MAY VARY.**

**This course is designed to be an interactive course with specific objectives to accomplish within the designated time frame. Attendee participation is required throughout. In order to qualify for the 21 CME credit hours, attendees must be present and participating each day from 8:00 am to 5:30 pm. Please make travel arrangements accordingly.**

## **LIVE COURSE, Day 1:**

### **8:00 AM - 8:30 AM**

Introduction, Goals, and Objectives

- Course Overview
- Review of ACCME protocols and UCI CME sponsorship. Participants must complete the entire course to receive their Certificate of Completion for this course
- Faculty financial disclosures - an ACCME requirement
- Why is this course important?
- Defining the goals and objectives of this course

### **8:30 AM - 9:00 AM**

Why are you here? (In detail) Introductions and explanations

### **9:00 AM - 9:30 AM**

Reviewing your Prescribing Practice Self-Assessment Tool

- PPSAT
- Gaining Insight into your prescribing patterns that puts you, your patients, and your practice in harm's way

### **9:30 AM - 10:30 AM**

Module 1 - Understanding Principles of Chronic Pain Management and Ethical Issues in Prescribing; the Healthcare Provider-Patient Relationship

- Definition of chronic pain
- Goals of chronic pain treatment
- Types of chronic pain
- Gold standard of assessing severity of chronic pain
- Treatment modalities for chronic pain
- Types of medications for chronic pain
- Role of a team approach - including family, pharmacist
- Ethical issues in treating chronic pain
- Healthcare provider-patient relationship
- Pharmacist's role
- Treating pain lacking clear objective signs

### **10:30-10:45 BREAK**

### **10:45 AM - 11:15 AM**

Module 2 - Special Issues in Chronic Pain: Fibromyalgia, headaches, backaches

- Fibromyalgia
  - definition
  - pathogenesis
  - associated symptoms
  - management
- Headaches
  - diagnosis
  - treatment

- Chronic back pain
  - causes
  - diagnosis
  - role of imaging
  - treatment

### **11:15 AM - NOON**

#### Module 3, Part 1 - Medications, Part 1: Non-opioids

- Non-opioid analgesics: acetaminophen, aspirin, NSAIDs, Cox-2 inhibitors, topical agents, nasal sprays, injection, antidepressants, muscle relaxants, anticonvulsants, stimulants, testosterone,
- Benzodiazepines
- Amphetamines
- Neuropathic pain
  - diagnosis
  - Canadian Pain Society guidelines for treatment
  - role of tricyclics
  - SNRIs
  - anticonvulsants
  - lidocaine patches
  - cannabinoids
  - tramadol
  - opioids including methadone

### **NOON - 1:00 PM**

LUNCH

### **1:00 PM - 2:00 PM**

#### Module 3, Part 2 - Opioids: Pharmacokinetics, Metabolism, Conversion, Drug-Drug Interactions, Indications, Side Effects

- Professionals barriers to opioid prescribing
- Adverse effects of opioid therapy and their treatment
- Opioids that can be used in patients with organ dysfunction
- Tolerance - definition and role in pain management
- Physical dependence on opioids - definition and role in pain management
- Principles of opioid prescribing
- Long-acting opioids - rationale for use, and specific formulations, pharmacokinetics
- Breakthrough pain - causes of and treatment rationale
- Initiation of opioid treatment and titration
- Opioid equipotency and rotation
- Methadone - pharmacokinetics, mortality causes, methadone conversion, safe initiation and titration, and its drug-drug interactions

### **2:00 PM - 3:00 PM**

- Prescribing laws, legal and disciplinary ramifications
- Board expectations

- Understanding the consequences of prescription violations
- Licensure and board certification impact
- Restrictions vs. regulation post-violation, working with your board for regulatory compliance

### **3:00 PM - 3:15 PM**

BREAK

### **3:15 PM - 4:00 PM**

Module 4: Addiction, Physical Dependence, Risk Assessment, and Safeguards

- Review of physical dependence
- Addiction: definition, diagnosis
- Pseudo-addiction (i.e., under-treated pain behaviors)
- Aberrant drug-related behavior less predictive of addiction
- Aberrant drug-related behaviors more predictive of addiction
- Differential diagnosis of aberrant drug-related behaviors
- Risk factors associated with opioid misuse
- Opioid risk assessment tools: Opioid Risk Tool, SOAPP
- Abuse deterrent opioids
- Chronic pain patient vs. addict

### **4:00 PM - 5:30 PM**

Module 5: Maintaining and Monitoring Compliance - Medical Record Keeping, Urine Drug Screens, Exit Strategies for Controlled Substances

- Elements of the opioid agreement
- Urine drug testing: what it tests, how to order it, how to interpret, cautions
- Patient education: About addiction and physical dependence, avoiding withdrawal, treating supervening unrelated acute pain, continued attention to bowel regimen, expect to be stigmatized if you're hospitalized
- Positioning opioid therapy
- Evaluating treatment outcomes: the four A's plus 1 (analgesia, activities of daily living, adverse effects, aberrant drug-related behaviors, affect); frequency of office follow-up visits, frequency of urine drug tests, frequency of physical exams
- Exit strategies in opioid treatment: reasons for stopping opioid treatment, how to do it
- The chronic pain patient who wants off opioids
- Disposal of unused medications
- Treating an addiction patient for pain with opioids - what to do and how to do it
- Position papers on opioid prescribing
- Model guidelines for use of controlled substances for chronic pain
- Documentation - importance, and how to do it

## **LIVE COURSE, Day 2:**

### **8:00 AM - 9:30 AM**

- Professional boundaries and prescribing
- Improving clinical / ethical decision making

- Utilizing Boundary / Ethics Formula for recognizing professional risk factors, personal vulnerabilities, and resistances that negatively impact decision making
- Creating and implementing a practice-based Stratified Boundary Protection Plan
- Learning to say “no” and establishing health boundaries for a balanced life and more fulfilling practice

**9:30 AM - 9:45 AM**

BREAK

**9:45 AM - 11:00 AM**

Module 6: Lawful Prescribing and Prevention of Diversion - State and Federal Guidelines, How to Write a Prescription for a Controlled Substance, etc.

- Principle of balance: analgesia vs. abuse
- Illicit drug initiates - data
- Sources of non-medical use of analgesics
- Intent of Federal Controlled Substances (CS) regulations
- Lawful prescribing - definition
- Legitimate medical purpose - definition
- “Detox” vs. “Taper”
- Issuing a legal prescription for a CS
- E-prescribing of a scheduled drug
- Midlevel practitioners - regulations
- Federal law regarding schedule II refills
- Issuance of multiple prescriptions
- Original prescription required
- Changing attitudes towards under-treated pain
- State vs. federal regulations
- Need for ongoing risk assessment
- Identifying drug-seeking patients & signs of drug-seeking behavior
- Need for informed consent, consultations, periodic review
- Prescription monitoring programs - now 48 states have passed laws!
- Medical records
- How to write a prescription to avoid tampering
- Abuse-deterrent technologies

**11:00 AM - 12:00 PM**

Module 7: Case Reviews and Scenario Simulations

- Case vignettes and patient simulations will be presented to illustrate the various problems associated with treating chronic pain patients

**NOON - 1:00 PM**

LUNCH

**1:00 PM - 2:00 PM**

- Managing the difficult patient
- Patient types and the interpretation of pain

- Co-morbidity: when pain is complicated by psychopathology
- Personality disorders and pain mood disorders
- Anxiety disorders
- Somatization disorders
- Treating the whole person - a team approach
- Special cases
- Demanding patients

### **2:00 PM - 3:00 PM**

#### Module 8: "Difficult Conversations"

- What to do if a new patient on high-dose opioids is about to run out, has no medical records, wants opioid refill.
- What to do if patient has psychological comorbidity but wants only opioid treatment
- How best to state your goals
- How to deal with noncompliant patients

### **3:00 PM - 3:15 PM**

BREAK

### **3:15 PM - 3:45 PM**

- Final Examination - Part One: Post-test and test review

### **3:45 PM - 5:30 PM**

- Developing a first draft of the Stratified Ethics Protection Plan
- Final Examination - Part Two: Oral presentation of your Personalized Protection Plan for feedback from classmates and faculty
- Following course evaluation, each participant will receive a CME certificate

### **5:30 PM**

ADJOURN

**--- EXTENDED EDITION - 12 ADDITIONAL CME CREDIT HOURS AVAILABLE ---**

#### **Teleconference Discussion**

- Telephonic Seminars (PBI Maintenance and Accountability Seminars): 12 hours (twelve 1-hour sessions)

## Post-course Education

**Several useful publications will be available online for post-course review and additional learning. These will include:**

- Chou R. Clinical Guidelines for the Use of Chronic Opioid Therapy in Chronic Noncancer Pain. *The Journal of Pain*, Vol 10, No 2 (February), 2009: pp 113-130. Available online at [www.sciencedirect.com](http://www.sciencedirect.com).
- Schneider: A Practical Guide to the Use of Opioids for Chronic Pain. *Practical Pain Management*, 2009
- Schneider: Oxycodone to oxymorphone metabolism. *Practical Pain Management*, 2007.
- Schneider: Urine Drug Tests in a Chronic Pain Practice. *Practical Pain Management*, 2008.
- Tennant F. Tennant Blood Study: Opioid Blood Levels in High-dose Chronic Pain Patients. *Practical Pain Management*, 2006.
- Schneider & Kirsch K. Defining Clinical Issues Around Tolerance, Hyperalgesia and Addiction. *Journal of Opioid Management*, 2010.
- Perrone & Nelson. Medication Reconciliation for Controlled Substances - An "Ideal" Prescription-drug Monitoring Program. *New England Journal of Medicine*, 2012.



## Accreditation Statement

This activity has been planned and implemented in accordance with the accreditation requirements and policies of the Accreditation Council for Continuing Medical Education through the joint providership of the University of California, Irvine School of Medicine and Professional Boundaries, Inc. The University of California, Irvine School of Medicine is accredited by the ACCME to provide continuing medical education for physicians.

## Designation Statement

The University of California, Irvine School of Medicine designates these live activities for a maximum of 33 *AMA PRA Category 1 Credits™*. Physicians should claim only the credit commensurate with the extent of their participation in activity.

## Disclosure Policy

It is the policy of the University of California, Irvine School of Medicine and the University of California CME Consortium to ensure balance, independence, objectivity and scientific rigor in all CME activities. Full disclosure of conflicts and conflict resolutions will be made prior to the activity in writing via handout materials, insert, or syllabus.

## California Assembly Bill 1195

This activity is in compliance with California Assembly Bill 1195, which requires continuing medical education activities with patient care components to include curriculum in the subjects of cultural and linguistic competency. For specific information regarding Bill 1195 and definitions of cultural and linguistic competency, please visit the CME website at [www.meded.uci.edu/cme](http://www.meded.uci.edu/cme)