



Indications for Consultation and Referral during Opioid Therapy

This factsheet accompanies the 2010 VA/DoD Clinical Practice Guideline for the Management of Opioid Therapy for Chronic Pain. It was created to aid with treatment of adult populations. Department of Veterans Affairs (VA) and Department of Defense (DoD) employees who use this information are responsible for considering all applicable regulations and policies throughout the course of care and patient education.

This factsheet serves as a guide in the management of opioid therapy (OT) in the DoD and VA when consultation and referral to specialty care are necessary. For most patients who adhere to their treatment agreements, OT may be managed in the primary care setting. Patients who manage chronic pain with OT should have **one designated primary care provider** who accepts primary responsibility for their overall medical care. This provider should coordinate consultation and communication among all providers involved in the patient's care. However, some patients may present with complicated medical or pain conditions which may require integrated care with specialists outside of the primary care setting. REMINDER: Document **ALL** of the patient's information from **ALL** clinicians involved in the patient's treatment.

Pain Medicine Specialty Care

Consultation and/or referral to **an advanced pain provider** should be considered:

- For patients with complex pain or polytrauma
- For patients with significant medical comorbidities that may negatively impact OT
- When opioid-induced hyperalgesia or opioid tolerance is suspected
- When high doses of medication provide no further improvement in function
- When a patient requires management beyond the expertise of the primary care provider
- When a patient is unable to tolerate increased pain or physical withdrawal symptoms that arise from opioid tapering when OT is discontinued

Addiction Specialty Care

Consultation and/or referral to an **addiction specialist** should be considered when a patient:

- Has an uncontrolled substance use disorder (excluding nicotine)
- Has difficulty tolerating opioids or is unable to tolerate taper with discontinuation of OT
- Presents with behaviors suggestive of opioid abuse or addiction to either opioids or other drugs. These include:
 - Rapidly escalating demands for dose increases or unusual increase in doses
 - Observed or reported intoxication or unexplained withdrawal symptoms
 - Frequent reports that opioid medication was lost, stolen or destroyed
 - Ingestion of opioids in ways other than prescribed (e.g., snorting, injecting)
 - Threat or harassment of staff
 - Repeatedly seeking prescriptions from other providers or emergency departments
 - Alteration, theft, sales of prescriptions or use of someone else's prescription

Special attention should be given to those patients who display moderate- to high-risk behavior and misuse their medications or those whose living arrangements may create a risk for medication misuse or diversion.

Behavioral Health Care

If a patient presents with suicidal ideation, refer to a behavioral health provider immediately, in accordance with your crisis plan. When significant psychosocial, emotional, behavioral, cognitive or occupational health factors complicate chronic pain treatment, referral to or consultation with interdisciplinary pain care that involves behavioral health specialists is appropriate.

Consider referral to or consultation with a **behavioral health provider** for evaluation and treatment if the patient exhibits or has any of the following behaviors or conditions:

- Exacerbation of an underlying psychotic disorder
- Uncontrolled, severe psychiatric disorder or emotional instability
- Demonstration of high-risk behaviors suggestive of suicidal ideation or verbalization of suicidal thoughts
- Psychosocial problems or comorbidities that may benefit from case management
- Adverse behavioral or cognitive effects of OT
- Co-occurring trauma related conditions (e.g., traumatic brain injury, posttraumatic stress disorder)
- Expressed interest in alternative approaches

Note: Refer patients with significant headache to a neurologist for evaluation and treatment. Also, consider consultation with occupational health specialty if the patient's occupation requires a high level of cognitive function.

Table: Risks for Opioid Misuse and Preferred Treatment Settings

Risk of Misuse	Condition/Situation	Treatment Setting for Therapy
Low	<ul style="list-style-type: none"> ■ No history of substance use disorder ■ No co-occurring psychiatric disorder ■ Prior good adherence to treatments with the primary care provider ■ Existence of social support system 	<ul style="list-style-type: none"> ■ Provide OT in primary care setting
Moderate	<ul style="list-style-type: none"> ■ History of substance use ■ History of co-occurring psychiatric disorder ■ History of suicide attempt ■ Any positive urine drug test ■ Any history of legal problems ■ Young age (less than 25) 	<ul style="list-style-type: none"> ■ Primary care with escalated monitoring and caution ■ Consider consultation with addiction specialist or behavioral health specialty
High	<ul style="list-style-type: none"> ■ Unstable or untreated substance use or behavioral health disorder ■ Persistent troublesome aberrant behavior or history of aberrant drug-related behavior 	<ul style="list-style-type: none"> ■ Consider an advanced structured pain clinic/program ■ Co-manage with substance use disorder or behavioral health specialty

Illegal, Dangerous and Criminal Behaviors

Illegal, dangerous and criminal behaviors have an impact beyond the patient and provider. These behaviors must be addressed at the time the action becomes apparent to the treatment team or provider. Behaviors that jeopardize the safety of the patient or society, or are illegal, may require immediate consultation and/or referral to a specialist. Providers should consider notifying law enforcement after consulting with legal counsel to clarify current confidentiality laws and regulations (e.g., VA/military police, risk manager, regional counsel). Remember, documentation is mandatory. These types of behaviors include:

Illegal or Criminal Behavior	Other Dangerous Behaviors
<ul style="list-style-type: none"> ■ Active diversion (selling or provision of drugs to others) ■ Prescription forgery ■ Theft or use of someone else's prescription 	<ul style="list-style-type: none"> ■ Motor vehicle crash/arrest related to opioid or illicit drug or alcohol intoxication or effects ■ Intentional or unintentional overdose or suicide attempt ■ Assaultive, aggressive, threatening or belligerent behavior inside or outside of the clinic

Conclusion

Contact a specialist if you have any questions about OT treatment. The patient should be referred to a specialist if any of the issues addressed in this factsheet are discovered. Due to the seriousness, or potential seriousness, of opioid use and abuse, do not hesitate to consult with a specialist. If your facility does not have a substance use disorder or addiction specialist available, please refer to and/or consult with a behavioral health provider who can assess addiction. For further education on OT for chronic pain, direct patients to the VA/DoD Patient Education Tool, "Taking Opioids Responsibly."