GUIDELINES FLOWCHART
FOR THE EVALUATION AND THE TREATMENT OF COMPLEX CHRONIC NON-CANCER PAIN

ASSESSMENT
- Review medical history, including records from previous providers.
- Administer a physical exam to determine baseline function and pain.
- What prior attempts were made to treat this pain with non-opioid modalities?
- Is the diagnosis appropriate for opioid treatment?
- Psychosocial and risk assessment: risk of medication abuse (e.g. ORT, SOAPP, etc.), psychiatric co-morbidity (e.g. PHQ 2,4, etc.).
- Sleep risk assessment (e.g. STOP BANG or equivalent).
- It is seldom appropriate to prescribe chronic opioids on the first visit.

NON-OPIOID OPTIONS
- Create a plan of treatment with the patient that incorporates non-opioid interventions.
- Patient lifestyle improvement: exercise, weight loss.
- Behavioral therapies: CBT, peer-to-peer or other peer support, case management, psychotherapy, and case management.
- Physiotherapy modalities: OT, PT, passive modalities.
- Medical interventions: pharmacological, procedural, surgical.

ESTABLISHED PATIENTS
- Use these guidelines with established patients.
- Reassess your patient and work your way through the flowchart.
- Continue to prescribe, or taper, as you do so.

AT EVERY VISIT
- Perform UDS prior to prescribing.
- Check for evidence of possible misuse (PDMP).
- Patient signs a material risk notice and a treatment agreement.
- Agree on an documentation treatment goals.

OPIOID TREATMENT
- Assess for changes in function and pain.
- Evaluate progress on treatment goals.
- Assess for aberrant behaviors.
- Assess for adverse side effects.
- If no improvement or if aberrant behavior or adverse side effects are observed, stop and reassess!

STOP! REASSESS.
- If you have concerns from your visit assessment, seek help from community partners or other specialists.
- CAUTION: Re-evaluate your treatment plan/seek help from specialists if you are:
  - prescribing more than 120 mg MED/day without obvious functional improvement.
  - prescribing opioids with benzodiazepines.
  - prescribing more than 40 mg of methadone/day.
  - or if your patient shows signs of significant misuse or illicit drug use.