Module A: Determination of Appropriateness for Opioid Therapy

Note: Non-pharmacologic and non-opioid pharmacologic therapies are preferred for chronic pain.

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Sidebar A: Components of Biopsychosocial Assessment
- Pain assessment including history, physical exam, comorbidities, previous treatment and medications, duration of symptoms, onset and triggers, location/radiation, previous episodes, intensity and impact, patient perception of symptoms
- Patient functional goals
- Impact of pain on family, work, life
- Review of previous diagnostic studies
- Additional consultations and referrals
- Coexisting illness and treatments and effect on pain
- Significant psychological, social, or behavioral factors that may affect treatment
- Family history of chronic pain
- Collateral of family involvement
- Patient beliefs/knowledge of:
  - The cause of their pain
  - Their treatment preferences
  - The perceived efficacy of various treatment options

For patients already on OT, include assessment of psychological factors (e.g., beliefs, expectations, fears) related to continuing vs. tapering OT

Sidebar B: Examples of Absolute Contraindications to Initiating Opioid Therapy for Chronic Pain
- True life-threatening allergy to opioids
- Active SUD
- Elevated suicide risk (see VA/DoD Suicide CPG)
- Concomitant use of benzodiazepines

Sidebar C: Consideration Checklist for LOT for Chronic Pain
- Risks do not outweigh potential modest benefits
- Patient is experiencing severe chronic pain that interferes with function and has failed to adequately respond to indicated non-opioid and non-drug therapeutic interventions
- Patient is willing to continue to engage in comprehensive treatment plan including non-opioid treatments and implementation of learned active strategies that meets his or her needs to be successful with plan of care
- Clear and measurable treatment goals are established
- Patient is able to access adequate follow-up for OT (see Recommendations 7-9)
- PDMP and UDT are concordant with expectations
- Review of recent medical records is concordant with diagnosis and risk assessment
- Patient is fully informed and consents to the therapy

Abbreviations: LOT: long-term opioid therapy; OT: opioid therapy; PDMP: Prescription Drug Monitoring Program; SUD: substance use disorders; UDT: urine drug test; VA/DoD Suicide CPG: VA/DoD Clinical Practice Guideline for the Assessment and Management of Patients at Risk for Suicide