American Academy of Physical Medicine and Rehabilitation
Position Statement
Opioid Prescribing

American Academy of Physical Medicine and Rehabilitation (AAPM&R) Position: AAPM&R is the national medical society representing more than 8,000 physiatrists, physicians who are specialists in the field of physical medicine and rehabilitation. Physiatrists treat adults and children with acute and chronic pain, persons who have experienced catastrophic events resulting in paraplegia, quadriplegia, traumatic brain injury, spinal cord injury, limb amputations, rheumatologic conditions, musculoskeletal injuries, and individuals with neurologic disorders or any other disease process that results in impairment and/or disability. With appropriate rehabilitation, many patients can regain significant function, live independently, and lead fulfilling lives.

Physiatrists are responsible for the care of patients with both temporary pain control needs (e.g., post-operative), and also long-term chronic pain management needs. The physiatrist's goal is to develop a treatment plan that reduces or eliminates pain and allows patients to maximize day to day functionality. There are several modalities physiatrists employ to treat pain, including therapies such as exercise and physical therapy. The treatment plan may also include the use of opioids and interventional pain medication, used in combination with other pain control methods. Opioids are an important tool for physiatrists treating acute and chronic pain when used appropriately.

However, like many, our specialty is concerned about the growing risk that opioids pose when not used appropriately or when used without the medical management of a physician. It is our goal to prevent these situations whenever possible to avoid the effect that the misuse of these medications has on individual patients, their families and our society. In the same vein, it is also important to preserve access to these important medications for patients who can be helped immensely by the appropriate use of this treatment. Physiatrists are committed to effectively managing the complex clinical, functional and psychosocial issues associated with chronic pain management. Our goal is always the restoration of function by minimizing pain.

It is critical that there be a suitable balance between managing risk and preventing addiction *and* allowing access to appropriate use of opioids for patients who truly need these important medications, it is AAPM&R's position that:

- **a commitment to patient safety-focused and Risk Evaluation and Mitigation Strategy (REMS)-compliant Continuing Medical Education (CME) be preserved.** We believe that physician education, including the FDA-mandated Risk Evaluation and Mitigation Strategies (REMS) for the safe use of opiate analgesics continues to be the most effective means of decreasing the risk of morbidity associated with the use of opiate analgesics. AAPM&R is committed to ensuring patient safety and supporting members as they navigate REMS industry standards and requirements.

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- **medications that contain abuse-deterrent formulas be utilized for treatment when possible**. Biochemical abuse deterrent formulas deter potential drug abuse by changing the consistency or chemical properties when crushed or mixed with a liquid and drawn into a syringe[1]. These changes deter drug misuse by limiting alternative methods of ingestion or inhibiting the effect of the drug when improperly ingested. These formulas are an important safeguard against some of the most common forms of prescription drug abuse.
- **appropriate monitoring be in place so that arbitrary labeling practices do not limit access to care for patients who need opioid therapy in order to regain function.** The three areas of greatest concern to our specialty on behalf of our patients are the arbitrary determination of mild, moderate and severe pain; limiting the use of opiates to 90 days and codifying a maximum daily morphine equivalent dosage. To assume that a patient with chronic nonmalignant pain will spontaneously achieve relief of their symptoms in 90 days denies currently accepted pathophysiology and clinical experience.
- **the definition of who can prescribe opioids at any Morphine Equivalent Daily Dose (MEDD) be appropriately broad as to include physicians with primary American Board of Medical Specialties (ABMS) certification in Physical Medicine and Rehabilitation.** Restricting the ability to prescribe in this capacity to physicians with subspecialty certification in pain medicine from ABMS, or Diplomates of the American Board of Pain Medicine is too restrictive and unnecessary and will negatively impact access to care for patients who need these treatments.
- **when treating acute or chronic pain, the first approach should be to assess a patient's functional status and design a means of obtaining functional goals rather than approaching a patient's symptomatology.** This comes about through a process of shared decision-making between the patient and his or her physiatrist. It is well recognized within the medical community that patients can benefit from a full range of pain management treatments.

There are patients who benefit and improve from a treatment plan that includes schedule II medications. Limiting access to opioids for appropriate use would limit the ability of physiatrists to provide high quality, monitored, responsible pain management in patients suffering from a wide array of catastrophic injuries or neurologic disorders.

Disclaimer
This AAPM&R Position Statement is intended to provide general information to physiatrists and is designed to complement advocacy efforts with payers and policymakers at the federal, state and regional levels. The statement should never be relied on as a substitute for proper assessment with respect to the specific circumstances of each case a physiatrist encounters and the needs of each patient. This AAPM&R statement has been prepared with regard to the information available at the time of its publication. Each physiatrist must have access to timely relevant information, research or other material which may have been published or become available subsequently.

Approved by Board of Governors, July 2, 2014

[1] http://www.fda.gov/downloads/Drugs/GuidanceComplianceRegulatoryInformation/Guidances/UCM334743.pdf

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