

WAC 296-20-03057 Opioid authorization requirement for the chronic phase (> 12 weeks). Before the department or self-insurer authorizes payment for opioids beyond the subacute phase, the provider must perform, verify, and document the following best practices:

- Clinically meaningful improvement in function has been established with opioid use in the acute or subacute phase. If the opioid dose is increased, clinically meaningful improvement in function must be demonstrated in response to the dose change. Effective chronic opioid therapy should result in improved work capacity and/or the ability to progress in vocational retraining; and

- Reasonable alternatives to opioids have been tried and have failed; and

- The worker and the provider have signed a pain treatment agreement; and

- A consultation with a pain management specialist must take place before the worker's dose is increased above 120mg/d morphine equivalent or consistent with exceptions in DOH's pain management rules. Additional appropriate consultations are recommended if the worker has a comorbid substance use or poorly controlled mental health disorder; and

- The worker has no contraindication to the use of opioids including, but not limited to, current substance use disorders (excluding nicotine) or history of opioid use disorder; and

- The worker has no evidence of or is not at high risk for having serious adverse outcomes from opioid use; and

- The worker has no pattern of recurrent (more than one) aberrant behavior identified by the prescription monitoring program database, urine drug testing, or other source; and

- A time-limited treatment plan that demonstrates how chronic opioid therapy is likely to improve the worker's work capacity and/or the ability to progress in vocational retraining (e.g., work hardening, vocational services).

[Statutory Authority: RCW 51.04.020 and 51.04.030. WSR 13-12-024, § 296-20-03057, filed 5/28/13, effective 7/1/13.]