

WAC 296-20-03030 Definitions associated with opioid authorization and payment. (1) Acute pain - Self-limiting pain that lasts from a few days to up to six weeks following an industrial injury or surgery.

(2) Catastrophic injury - A severe injury from which recovery of physical function is not expected, such as a spinal cord injury.

(3) Clinically meaningful improvement in function - Improvement in function of at least thirty percent as compared to baseline or in response to a dose change. Function can be measured using the two item graded chronic pain scale or other validated tools such as those referenced in the most current agency medical directors' group's inter-agency guideline on opioid dosing for chronic noncancer pain.

(4) Clinically meaningful improvement in pain - Improvement in pain intensity of at least thirty percent as compared to baseline or in response to a dose change. Pain can be measured using the two item graded chronic pain scale or other validated tools such as those referenced in the most current agency medical directors' group's inter-agency guideline on opioid dosing for chronic noncancer pain.

(5) Chronic noncancer pain - Continuous or intermittent pain arising from a noncancerous condition, injury or surgery and lasting longer than three months.

(6) Morphine equivalent dose - Conversion of various opioids to an equivalent morphine dose by using the most current recognized conversion tables, such as the agency medical directors' group's dose calculator.

(7) Step 1 taper - Discontinuing opioids via a gradual dose reduction of approximately ten percent of the original dose per week in a community care setting.

(8) Step 2 taper - Detoxification through a licensed chemical dependency center and/or discontinuing opioids through a structured intensive multidisciplinary program (see WAC 296-20-12055 through 296-20-12095).

[Statutory Authority: RCW 51.04.020 and 51.04.030. WSR 13-12-024, § 296-20-03030, filed 5/28/13, effective 7/1/13.]