

Eli's Rehab Report

Don't Be Reluctant With Pain Meds, DEA says

Opioid therapy should include ongoing evaluations

As long as your physiatrist regularly assesses intractable-pain patients undergoing opioid therapy, then there's no need to worry.

Many outpatient practices have been reluctant to prescribe opioid pain medications for fear of raising the Drug Enforcement Agency's ire, because the DEA has been known to prosecute physicians who treat pain **aggressively**.

Yet top pain experts and the DEA have released "Prescription Pain Medications: Frequently Asked Questions and Answers for [Health Care Professionals](#), and Law Enforcement Personnel," a new document that outlines what medical offices need to do in treating and documenting pain management.

Even if a physician finds a small proportion of patients to be appropriate candidates for opioid therapy, "nothing should be done to limit access to the drugs when they are needed, or to increase the reluctance of prescribers to recommend them," but at the same time, the DEA warns physicians that they should "obey laws and regulations and avoid contributing to diversion."

Heads-up: Opioid therapy should include ongoing evaluations (and documentation) of the following, according to the DEA:

1. pain relief
2. side effects
3. functioning (physical, psychosocial and overall quality of life)
4. problematic drug-related behaviors (which may suggest misuse, abuse, addiction or even diversion).

Editor's note: Written as a series of frequently asked questions, the document is available online at www.deadiversion.usdoj.gov/faq/pain_meds_faqs.pdf.