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CDC: Clinical Practice Guideline for Prescribing Opioids for Chronic Pain[1*], 2022

The CDC recently issued the 2022 **Clinical Practice Guideline for Prescribing Opioids for Pain**, an update to the 2016 edition that provides evidence-based recommendations for clinicians providing pain care, including those prescribing opioids, for outpatients aged ≥ 18 years.[1] The new guideline has been expanded to address different types of pain and to help improve clinician-patient communication about the benefits and risks of pain treatment.

The new guideline provides 12 evidence-based recommendations in 4 categories[1]:

- **Determining whether or not to initiate opioids for pain** (Recommendations 1, 2)
- **Selecting opioids and determining opioid dosages** (Recommendations 3, 4, 5)
- **Deciding duration of initial opioid prescription and conducting follow-up** (Recommendations 6, 7)
- **Assessing risk and addressing potential harms of opioid use** (Recommendations 8, 9, 10, 11, 12)

Recommendation 10: Toxicology testing

When prescribing opioids for subacute or chronic pain, clinicians should consider the benefits and risks of toxicology testing to assess for prescribed medications as well as other prescribed and nonprescribed controlled substances.[1]

Supporting information[1]:

- Before starting opioids and periodically (at least annually) during opioid therapy, **clinicians should consider the benefits and risks of toxicology testing**
- Clinicians **should consider toxicology test results as potentially useful data**, in the context of other clinical information, **for all patients**

*The full Clinical Practice Guideline was developed by CDC, and is available at the CDC website for no charge. This document is an excerpt and summary of 1 of the 12 Guideline recommendations.

Implementation considerations[1]

Patient care, minimizing bias, and practice policies

- Clinicians, practices, and health systems **should aim to minimize bias in testing** and should not apply this recommendation differentially. Practice policies regarding testing and frequency can help minimize bias
- Toxicology testing **should not be used in a punitive manner** but should be used in the context of other clinical information to inform and improve patient care. Clinicians should not dismiss patients from care on the basis of a toxicology test result
- If unexpected results from toxicology screening are not explained, **a confirmatory test on the same sample** using a method selective enough to differentiate specific opioids and metabolites **might be warranted**
- Clinicians **should use unexpected results to improve patient safety** and consider reevaluating more frequently

Testing information and best practices

- Toxicology tests **can provide information about drug use that is not reported by the patient**
- Limited toxicology screening can be performed with a **relatively inexpensive presumptive immunoassay panel.** False positive and false negative presumptive results are not uncommon, emphasizing importance of clinician education surrounding toxicology (drug) testing
- Toxicology screening for a class of drugs **might not detect all drugs in that class**

For example, fentanyl testing is not included in widely used toxicology assays that screen for opiates as a class.

- **Confirmatory testing should be used when:**
  - Toxicology results will inform decisions with **major clinical or nonclinical implications for the patient**
  - A need exists to **detect specific opioids or other drugs within a class**, such as those that are being prescribed, or those that cannot be identified on standard immunoassays; or a need exists to confirm unexpected screening toxicology test results

References

1. Dowell D, Ragan K, Jones CM, et al. CDC clinical practice guideline for prescribing opioids for pain—United States, 2022. *MMWR Recomm Rep*. 2022;71(3): 1-95. doi:10.15585/mmwr.rr7103a1

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