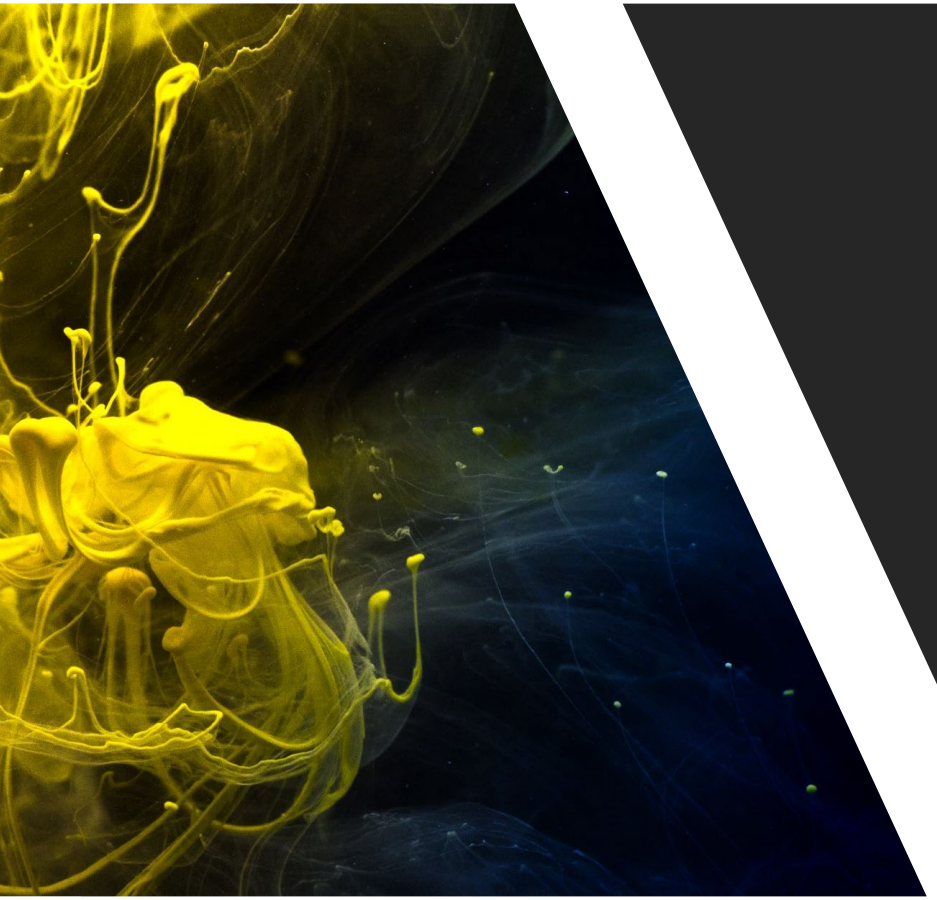

# Conflation and Collateral Damage

## The Dangers of MME Limits for Chronic Pain Patients' Access to Care

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# Conflation of pain with disease

The CDC's 90 MME guideline for opioid prescribing is being widely misapplied to limit the prescribing of opiate class medications

Medically fragile patients have lost, and continue to lose care, or suffer from grossly inadequate pain relief.

The focus on MME is a policy failure for the 20 million chronic pain patients of the nation, and their physicians:

- It conflates pain with the complex conditions and diseases associated with pain
- It focuses on medical use to prevent non-medical use, as law enforcement tracks providers by MME.

# Using MME: Individual vs Public Policy

MME can be used ethically only in the context of an individual patient's care plan.

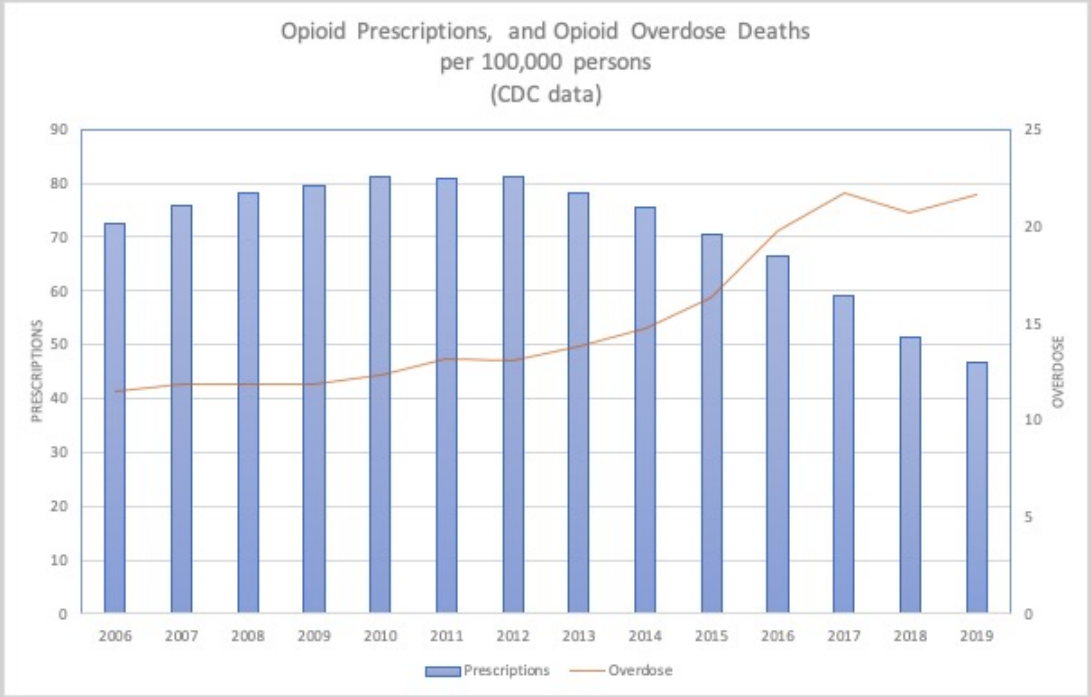
The current use of MME, as global cut-offs, is causing immense damage to both patients and physicians.

The inchoate threat of asset forfeiture makes a bad situation worse.

- There is wide *variation* in **patient** need, disease, and metabolisms.
- The global use of MME replaces the **physician**'s medical *judgement*.
- The *outcome* is less than optimal for the **patient**.

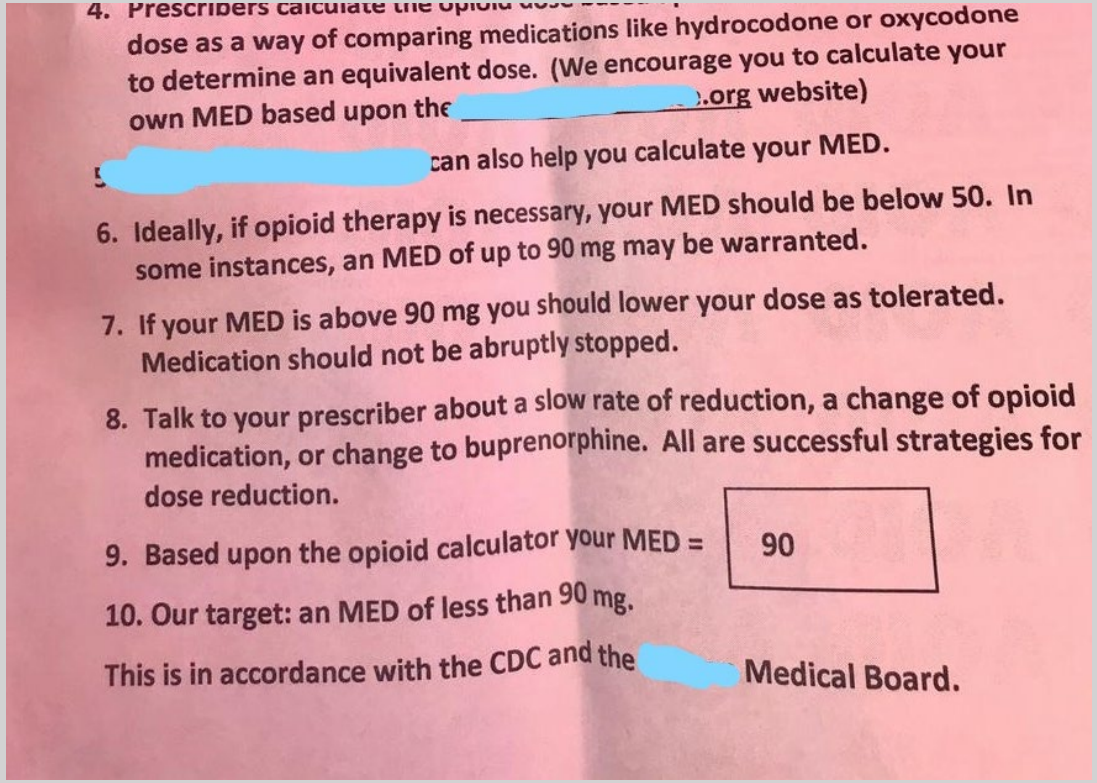
# Conflation yields poor policy

- The “opioid crisis” is rife with conflation
- ”opioids,” including heroin and illicit fentanyl analogs with prescribed medications
- Medical users with non-medical users
- Pain with the complex disease and conditions that result in pain
- The  2016 CDC Guidelines with regulation
    - the now infamous 90 MME



# The current use of MME

- The primary use of MME is no longer to titrate or rotate medication for an individual patient.
- It is a one-size fit all rule, with some states imposing limits as low as 50 MME.
- There is no room for individualized care.



4. Prescribers calculate the opioid dose ...
dose as a way of comparing medications like hydrocodone or oxycodone to determine an equivalent dose. (We encourage you to calculate your own MED based upon the [redacted].org website)

5. [redacted] can also help you calculate your MED.

6. Ideally, if opioid therapy is necessary, your MED should be below 50. In some instances, an MED of up to 90 mg may be warranted.

7. If your MED is above 90 mg you should lower your dose as tolerated. Medication should not be abruptly stopped.

8. Talk to your prescriber about a slow rate of reduction, a change of opioid medication, or change to buprenorphine. All are successful strategies for dose reduction.

9. Based upon the opioid calculator your MED = 90

10. Our target: an MED of less than 90 mg.

This is in accordance with the CDC and the [redacted] Medical Board.

# Consequences for pain patients and treating physicians

Patients

1. Forced tapers
2. Abandonment
3. Increased risk of suicide
4. Greater difficulty in accessing primary care

Physicians

1. Heightened law enforcement scrutiny
2. Increased risk and uncertainty
3. Loss of autonomy in exercise of medical judgment

# Selected Citations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- Elizabeth M Oliva et al, Associations between stopping prescriptions for opioids, length of opioid treatment, and overdose or suicide deaths in US veterans: observational evaluation BMJ 2020;368:m283 https://doi.org/10.1136/bmj.m283 (Published 04 March 2020).
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