Opioid Prescribing for Chronic Pain Patients

WASHINGTON Medical Commission
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The WMC is finalizing opioid prescribing rules for allopathic physicians (MDs) and physician assistants (PAs). These rules focus on exempting patients with Sickle Cell Disease, clarifying that not all chronic pain patients require tapering off opioids, and specifying that treatment decisions should not rely solely on a single aberrant biological test result.

During this rulemaking, we received numerous comments regarding forced tapering of chronic pain patients. When adjusting a chronic pain patient's opioid regimen, MDs and PAs should remember that there are no strict Morphine Equivalent Dose (MED) limits for pain management. You retain the flexibility to prescribe above recommended MED guidelines if necessary for the patient's care, provided the rationale is thoroughly documented in the patient's medical record to reflect the individual needs of the patient.

If prescribing a daily dose of 120 mg MED or higher, a consultation with a pain management specialist is required unless specific exemptions apply. This consultation can be fulfilled through an office visit, a remote or in-person discussion, an audiovisual evaluation with the patient, or other approved chronic pain assessment methods. Each consultation should be documented by the MD or PA in the patient's record.

When a chronic pain patient transitions to a new physician, it is generally appropriate for the new physician to initially maintain the patient's current opioid dose. Over time, the physician can assess whether tapering or other treatment adjustments are needed.

A physician treating a new high-dose chronic pain patient is exempt from the mandatory consultation requirements of WAC 246-919-930 (for MDs) or WAC 246-918-880 (for PAs) if:

1. The patient previously received opioids above 120 mg MED for the same chronic condition(s) under a written treatment agreement.
2. The dose is stable and non-escalating.
3. The patient has a documented history of compliance with treatment plans and written agreements, confirmed by medical records and PMP (Prescription Monitoring Program) checks.
4. The patient shows documented stability, pain control, or functional improvements at their current dose.

This exemption applies for the first three months of the new physician-patient relationship. In other words, an MD or PA should maintain the new patient's prescribing regimen for 90 days. Most importantly, the rules do not mandate tapering, giving MDs and PAs the flexibility to make individualized treatment decisions based on each patient's unique needs. MDs and PAs should also keep in mind that the 2022 CDC Clinical Practice Guideline for Prescribing Opioids for Pain clarified that the earlier (2016) guidance was misapplied in some instances. Specifically:

- 50 MME/day is presented as a threshold where providers should carefully evaluate the risks and benefits of continued opioid use but is not a strict ceiling.
- The guideline advises against abrupt discontinuation or forced tapering, recognizing that such actions can cause harm, including withdrawal symptoms, uncontrolled pain, or psychological distress.

The CDC encourages clinicians to:

- Collaborate with patients to create personalized pain management plans.
- Taper only when it is clinically appropriate and aligned with the patient's goals.
- Ensure that any tapering is gradual, often by 10% per month or slower, depending on patient tolerance.

These adjustments reflect an effort to balance the benefits of opioid use for chronic pain management with the risks of misuse and overdose.

Once the WMC's current rulemaking process is complete, a new rulemaking effort will begin to revise all Washington Administrative Codes (WACs) related to opioid prescribing for MDs and PAs. This initiative will focus on enhancing patient welfare and ensuring prescribing practices meet the needs of those in pain. If you are an MD or PA who prescribes opioids, we encourage your participation in upcoming workshops, where Commissioners and interested parties will work together to shape the final WAC language.

Please visit our rulemaking site and for continued updates on rule development, interested parties are encouraged to join the WMC's rules GovDelivery. WMC rulemaking comments or questions may be emailed to medical.rules@wmc.wa.gov.