
Week 3 CPGs Related to Opioid Prescribing

Introduce your client, their situation, and their medication regimen. Calculate and describe your client's daily morphine milligram equivalents (MME). Provide your calculations and a rationale for your answer.

Geraldine Marzec is a 60-year-old female currently managing chronic low back pain due to an old injury. Her current pain management regimen includes oxycodone ER (OxyContin) 20 mg taken orally twice daily (BID).

Discuss how your client's daily MME falls above or below the threshold for additional consideration. How do you know? The MME conversion factor for oxycodone is 1.5. Geraldine's daily oxycodone dosage: $20 \text{ mg} * 2 = 40 \text{ mg}$ per day. MME calculation: $40 \text{ mg} * 1.5 = 60 \text{ MME}$ per day.

Consider the need for additional considerations given the total MME, the limited information available in the case, and the risks for overdose. What other consultations, prescriptions, and education may be required given their current individual circumstances and medications?

According to the CDC guidelines, an MME of $\geq 50 \text{ MME/day}$ warrants additional precautions and risk mitigation strategies, while $\geq 90 \text{ MME/day}$ significantly increases the risk of overdose and requires careful reassessment of therapy. Geraldine's daily MME is **60 MME**, which surpasses the 50 MME threshold, indicating that extra precautions are necessary.

Consider the appropriateness of your client's medication regimen. According to the CPG, what other prescriptions may be more appropriate for their individual circumstances? If no change is needed or warranted according to the CPG, state that with support from the CPG.

Given Geraldine's MME level, the following steps should be considered:

Consultations: A pain management specialist should be involved in assessing her treatment plan. A pharmacist's review can help optimize her medication regimen, and consultation with a physical therapist may provide non-opioid pain management options.

Prescription Adjustments:

Consider opioid tapering if long-term opioid therapy is not yielding significant functional improvements.

Evaluate potential opioid-sparing strategies, such as adding adjuvant medications (e.g., gabapentin, duloxetine) to enhance pain relief.