

Case Introduction

Terrence Brown is a 71-year-old male managing neuropathic pain secondary to diabetic peripheral neuropathy. His current medication regimen includes oxycodone 10mg/acetaminophen 325mg (Percocet), taken four times daily (QID). Oxycodone is a semi-synthetic opioid prescribed for moderate to severe pain. Given his age and medical history, the case requires careful evaluation to ensure safe and effective pain management while minimizing risks.

Daily Morphine Milligram Equivalent (MME) Calculation:

Step 1:

Oxycodone dose per tablet: 10 mg

Frequency: 4 times daily (QID)

Total daily dose of oxycodone:

$10 \text{ mg/tablet} \times 4 \text{ tablets/day} = 40 \text{ mg/day}$

Step 2:

Conversion factor for oxycodone: 1.5

Daily MME:

$40 \text{ mg/day} \times 1.5 = 60 \text{ MME/day}$

Daily MME Rationale

Terrence's daily MME of 60 MME/day is below the 90 MME/day threshold set by the CDC for heightened risk of overdose and additional clinical considerations (Dowell et al., 2022). This indicates that his regimen may not pose a significant immediate risk of opioid-related complications, assuming he has no other risk factors. However, at 60 MME/day, Terrence is still within a range where careful monitoring is warranted, especially given his advanced age, as older adults are more vulnerable to opioid-related side effects, including respiratory depression, falls, and cognitive impairment.

Additional Considerations: Risks, Consultations, and Education

Given the total MME, further steps should be taken to ensure Terrence's safety and optimize pain management. A pain management specialist may evaluate whether alternative non-opioid options, such as adjunctive therapies, could better address his neuropathic pain. An endocrinologist will help ensure that his diabetes is optimally controlled to minimize the progression of peripheral neuropathy. A geriatrician may assess his overall health and medication regimen for age-related risks, including polypharmacy concerns.

Alternative medications for neuropathic pain are typically managed with first-line agents such as gabapentin, pregabalin, or antidepressants like duloxetine or amitriptyline, according to CDC guidelines, which have lower risk profiles compared to opioids.

Safe opioid use is vital for education. Proper usage, recognizing signs of overdose, and securely storing medication to prevent misuse are essential topics to address. Co-prescription of naloxone