

STATE OF CALIFORNIA
DEPARTMENT OF INDUSTRIAL RELATIONS
Division of Workers' Compensation

NOTICE OF MODIFICATION TO TEXT OF PROPOSED REGULATIONS

Workers' Compensation: Medical Treatment Utilization Schedule

TITLE 8, CALIFORNIA CODE OF REGULATIONS,
SECTIONS 9792.23, 9792.24.2 and 9792.24.4

NOTICE IS HEREBY GIVEN, that the Administrative Director of the Division of Workers' Compensation (hereinafter "Administrative Director") pursuant to the authority vested in her by Labor Code Sections 59, 133, 4600, 4604.5, 5307.3 and 5307.27, proposes to adopt or modify the text of the following proposed regulations:

Amend Section 9792.23(b)(1) Clinical Topics
Amend Section 9792.24.2 Chronic Pain Medical Treatment Guidelines
Adopt Section 9792.24.4 Opioids Treatment Guidelines

PRESENTATION OF WRITTEN COMMENTS AND DEADLINE FOR SUBMISSION OF WRITTEN COMMENTS

Members of the public are invited to present written comments regarding these proposed modifications. **Only comments directly concerning the proposed modifications to the text of the regulations will be considered and responded to in the Final Statement of Reasons.**

Written comments should be addressed to:

Maureen Gray
Regulations Coordinator
Department of Industrial Relations
P.O. Box 420603
San Francisco, CA 94612

The Division's contact person must receive all written comments concerning the proposed modifications to the regulations no later than 5:00 p.m. on December 19, 2015. Written comments may be submitted via facsimile transmission (FAX), addressed to the above-named contact person at (510) 286-0687. Written comments may also be sent electronically (via e-mail) using the following e-mail address: dwcrules@dir.ca.gov.

Due to the inherent risks of non-delivery by facsimile transmission, the Administrative Director suggests, but does not require, that a copy of any comments transmitted by facsimile transmission also be submitted by regular mail.

Comments sent to other e-mail addresses or facsimile numbers will not be accepted. Comments sent by e-mail or facsimile are subject to the deadline set forth above for written comments.

AVAILABILITY OF TEXT OF REGULATIONS AND RULEMAKING FILE

Copies of the original text and modified text with modifications clearly indicated, and the entire rulemaking file, are currently available for inspection at the Department of Industrial Relations, Division of Workers' Compensation, 1515 Clay Street, 17th Floor, Oakland, California 94612, between 9:00 A.M. and 4:30 P.M., Monday through Friday. Please contact the Division's regulations coordinator, Ms. Maureen Gray, at (510) 286-7100 to arrange to inspect the rulemaking file.

FORMAT OF PROPOSED MODIFICATIONS

Proposed Text Noticed for 45-Day Comment Period:

The proposed regulatory text was indicated by underlining, thus: added language. The proposed regulatory deletions are indicated by strikethrough, thus: ~~deleted language~~.

Note, underlined text in either the Chronic Pain Medical Treatment Guideline or the Opioids Treatment Guidelines, the documents incorporated by reference by these proposed regulations, do not indicate added language. Underlined text in the documents incorporated by reference was placed by the original publisher or merely indicates a hyperlink.

Proposed Text Noticed for First 15-Day Comment Period on Modified Text:

The proposed regulatory text as well as any changes made in either of the documents incorporated by reference was indicated by double underlining, thus: added language. Deletions are indicated by double strikethrough, thus: ~~~~deleted language~~~~.

SUMMARY OF PROPOSED CHANGES

Proposed Amendments to Section 9792.23. Medical Treatment Utilization Schedule - Clinical Topics.

- Subdivision (b)(1) is amended by deleting the phrase "that persists beyond the anticipated time of healing" and replaced with the phrase "lasting three or more months from the initial onset of pain" to consistently apply the definition of chronic pain set forth in section 9792.20 and used throughout the proposed Chronic Pain Medical Treatment guidelines.

Proposed Amendments to Section 9792.24.2. Medical Treatment Utilization Schedule – Chronic Pain Medical Treatment Guidelines

- Subdivision (b) is amended by deleting the phrase “as determined by following the clinical topics” and replaced with the phrase “as defined in section 9792.20” to clarify the proposed Chronic Pain Medical Treatment Guidelines apply when the patient has pain lasting three or more months from the initial onset of pain.
- Subdivision (c) is amended by deleting the phrase “is diagnosed with” chronic pain and replaced with the word “has” chronic pain because the definition of “Chronic Pain” set forth in section 9792.20 is not triggered by a treating physician’s diagnosis of chronic pain, but rather, if the pain lasts three or more months from the initial onset of pain. The lower case letters “c” and “t” are capitalized to “C” and “T” in the phrase “Clinical Topics” both times it is referenced because this is the name of a section in the MTUS. The letter “s” is deleted from the word “sections” to make it singular instead of plural and the phrase “of the MTUS” is added for clarity.
- Subdivision (d) is amended by adding the phrase “a patient has chronic pain and” for clarification and consistency with the language in Subdivision (c). The lower case letters “c” and “t” are capitalized to “C” and “T” in the phrase “Clinical Topics” because this is the name of a section of the MTUS. The phrase “or if the treatment is only addressed in the Chronic Pain Medical Treatment Guidelines, then” is added to address this additional situation when the Chronic Pain Medical Treatment Guidelines shall apply.

Proposed Amendments to the Chronic Pain Medical Treatment Guidelines incorporated by reference in Section 9792.24.2.

- Title page for the Medical Treatment Utilization Schedule (MTUS) Chronic Pain Medical Treatment Guidelines is amended by deleting “July 2015” and replaced with “[Insert Effective Date of Regulations]” because the Chronic Pain Medical Treatment Guidelines will be incorporated by reference into section 9792.24.2 on the effective date of these regulations.
- Table of Contents is amended by deleting the page numbers because page numbers inserted in the Table of Contents before the completion of the rulemaking process will not accurately reflect the page of the corresponding sections. The correct page numbers will be re-inserted into the Table of Contents when the final version is submitted to the Office of Administrative Law which will accurately reflect the page of the corresponding sections consistent with any changes made during the rulemaking process.
- Part 1: Introduction is amended by deleting the phrase “beyond the anticipated time of healing” and replaced with the phrase “three (3) months or longer from the initial onset of pain (i.e., 12 weeks or longer)” to be consistent with the definition of “Chronic Pain” as set forth in in section 9792.20 and used throughout the proposed Chronic Pain Medical Treatment guidelines. The phrase “clinical topics” is deleted and replaced with the phrase “Clinical Topics section of the MTUS (8 CCR § 9792.23)” to clarify that the term “Clinical Topics” refers to other guidelines in the Medical Treatment Utilization Schedule (MTUS) and to avoid confusion with the

procedure/topics section of the Chronic Pain guideline. The phrase “Upon ruling out a potentially serious condition, the physician should provide conservative management”, is clarified by adding the phrase “that is, a treatment approach designed to avoid surgical and other medical and therapeutic measures with higher risk of harm compared to benefit ” in order to clearly define what is meant by “conservative management”. The reference “(Singh, 2013)” is also added here and the full citation for the Singh, 2013 reference is added in the Reference for Introduction section. The letters “C” and “T” are capitalized in the phrase “Clinical Topics” in order to specify that the term refers to the Clinical Topics section of the MTUS.

- Part 1: Introduction, Definitions, Pain is amended by deleting the word “intensity” to clarify that there is no objective measurement or physiologic biomarkers for pain itself, not just pain intensity.
- Part 1: Introductions, Definitions, Types of Pain (Acute vs Chronic) is amended by deleting the phrase “more than” and replaced with the phrase “(3) or more” months “from the initial onset of pain (i.e., over 12 weeks)” to be consistent with the definition of “Chronic Pain” as set forth in section 9792.20 and used throughout the proposed Chronic Pain Medical Treatment guidelines. The phrase “following an injury” is deleted and replaced with the phrase “from the initial onset of pain” The word “also” is added to clarify the definition of chronic pain is consistently defined in the MTUS Opioids Treatment Guidelines as “pain lasting three or more months from the initial onset of pain”.
- Part 1: Introductions, Pain Mechanisms is amended to bold the section topic for emphasis, consistency of format and ease of reading.
- Part 1: Introduction, Models is amended by deleting the word “standards” and replaced with the phrase “guidance for” care to make clear these models are to assist providers by offering an analytical framework for the evaluation and treatment of injured workers but is not intended to mandate specific clinical practices.
- Part 1: Introduction, Models, Acute vs. Chronic Pain Model is amended by deleting the phrase “recognizes that the most clinically useful definition might be” and replaced with the word “states” so that the ACOEM definition of chronic pain is clearly stated yet does not conflict with the definition of “Chronic Pain” as set forth in section 9792.20 and used throughout the proposed Chronic Pain Medical Treatment guidelines. The phrase “The MTUS defines chronic pain lasting three or more months from the initial onset of pain” is added and the phrase “Therefore, it is a clinical decision to recognize chronicity or persistence of pain” is deleted to maintain consistency with the definition of “Chronic Pain” as set forth in in section 9792.20 and used throughout the proposed Chronic Pain Medical Treatment guidelines. The phrase “Additional clinical factors that aid in the diagnosis of chronic pain are:” is added to clarify the subsequent list of clinical factors aid in diagnosis but do not replace the definition of “Chronic Pain” as set forth in in section 9792.20. The phrase

“It often takes a number of months for the clinician to recognize when pain has become chronic” is deleted because it conflicts with the definition of “Chronic Pain” as set forth in in section 9792.20 and used throughout the proposed Chronic Pain Medical Treatment guidelines.

- Part 1: Introduction, Models, Acute vs. Chronic Pain Model and Illness Behavior Model is amended by deleting the extra space between the two sections to delete a typographical error.
- Part 1: Introduction, Risk Stratification, Importance of early identification is amended by changing the capital “S” in the word “Section” to a lower case “s” to correct a typographical error.
- Part 1: Introduction, Risk Stratification, Importance of early identification and Subacute Delayed Recovery is amended by deleting an extra space between the two sections to delete a typographical error.
- Part 1: Introduction, Pain Outcomes and Endpoints is amended by deleting “(“ before the word “Therefore” to correct a typographical error. The word “pain” is deleted in the second paragraph to correct a grammatical error.
- Part 1: References for Introduction is amended by adding the reference “Singh J, Dohm M, Borkhoff C. Total joint replacement surgery versus conservative care for knee osteoarthritis and other non-traumatic diseases. *Cochrane Database of Systematic Reviews* 2013, Issue 9. Art. No: CD010732. doi: 10.1002/14651858.CD010732” because this is the citation to the document used to define “conservative care.”
- Part 1: References for Introduction is amended by deleting the extra space between the reference “Turk D, Okifuji” and “Ung H. Brown” and between the reference “Ung H. Brown” and “Younger J. Shen” to correct a typographical error.
- Part 2: Procedure Summary – Pain, Procedure/Topic, Functional improvement measures is amended by deleting a comma between the words “Oswestry” and “pain” to correct a typographical error. A period is added after “etc.” on two of the three occasions it is used to correct a typographical error. A space is added between the period and the word “Approach” to correct a typographical error.
- Part 2: Procedure Summary – Pain, Procedure/Topic, Home health care services is amended by deleting the extra space between the sentence that ends in “documentation of:” and the sentence that begins “(1) The medical condition” which was inadvertently omitted. A bullet point is added before the phrase “The individual has trouble leaving the home without help” and a bullet point is deleted before the phrase “Leaving the home isn’t recommended because of the occupational illness or injury AND” to match ODG’s language and to be consistent with the Centers for Medicare & Medicaid Services’ (CMS) definition of “Homebound” that one of two

conditions needs to be present in the first bullet in addition to the two conditions in the second bullet.

- Part 2: Procedure Summary – Pain, Procedure/Topic, Hospital length of stay (LOS) is amended by deleting the phrase “See also MTUS chapters on specific body parts” and replaced with “Refer to the relevant Clinical Topics section of the MTUS for additional recommendations” as this more accurately and specifically describes the applicable section of the MTUS.
- Part 2: Procedure Summary – Pain, Procedure/Topic, Muscle relaxants (for pain) is amended by deleting the phrase “See also MTUS chapters on specific body parts” and replaced with “Refer to the relevant Clinical Topics section of the MTUS for recommendations” as this more accurately and specifically describes the applicable section of the MTUS.
- Part 2: Procedure Summary – Pain, Procedure/Topic, Surgery is amended by deleting the phrase “See also MTUS chapters on specific body parts” and replaced with “Refer to the relevant Clinical Topics section of the MTUS for recommendations” as this more accurately and specifically describes the applicable section of the MTUS.
- Part 2: Procedure Summary – Pain, Procedure/Topic, TENS, chronic pain (transcutaneous electrical nerve stimulation) is amended by deleting the phrase “See also MTUS chapters on specific body parts” and replaced with “Refer to the relevant Clinical Topics section of the MTUS for recommendations” as this more accurately and specifically describes the applicable section of the MTUS.
- Part 2: Procedure Summary – Pain, Procedure/Topic, Topical analgesics, Lidocaine is amended by deleting the phrase “See also MTUS chapters on specific body parts” and replaced with “Refer to the relevant Clinical Topics section of the MTUS for recommendations” as this more accurately and specifically describes the applicable section of the MTUS.

Proposed Amendments to Section 9792.24.4. Medical Treatment Utilization Schedule – Opioids Medical Treatment Guidelines

- Subdivision (b) is amended by deleting the phrase “alternative therapies do not provide adequate pain relief and” because it’s inclusion was being misinterpreted to mean opioids cannot be prescribed until a clinical history established inadequate pain relief after a trial of all the alternative therapies listed in the proposed Opioids Medical Treatment Guidelines. The amendment clarifies the Opioids Medical Treatment Guidelines apply when the use of opioid medication is being considered as part of the treatment regimen.

Proposed Amendments to the Opioids Medical Treatment Guidelines incorporated by reference in Section 9792.24.4.

- Title page for the Medical Treatment Utilization Schedule (MTUS) Opioids Medical Treatment Guidelines Part 1 is amended by deleting “July 2015” and replaced with “[Insert Effective Date of Regulations]” because the Opioids Medical Treatment Guidelines will be incorporated by reference into section 9792.24.4 on the effective date of these regulations.
- Table of Contents is amended by deleting the page numbers because page numbers inserted in the Table of Contents before the completion of the rulemaking process will not accurately reflect the page of the corresponding sections. The page numbers will be re-inserted into the Table of Contents when the final version is submitted to the Office of Administrative Law which will accurately reflect the page of the corresponding sections consistent with any changes made during the rulemaking process.
- Table of Contents, A. Summary Information is amended by adding the section title “A. Summary Information” to correct a formatting error in the Table of Contents.
- Table of Contents, A. Summary Information is amended by deleting the letter “A” from the section title and is replaced with “1. Executive Summary” to be consistent with the format of the document.
- Table of Contents, A. Summary Information is amended by deleting the letter “A” from the section title and is replaced with “2. Abbreviated Treatment Protocols” to be consistent with the format of the document.
- Table of Contents, A. Summary Information is amended by deleting the letter “A” from the section title and is replaced with “3. Background” to be consistent with the format of the document.
- Table of Contents, A. Summary Information, 3. Background is amended by adding “3.1 Burden of Pain” to be consistent with the format of the document.
- Table of Contents, A. Summary Information, 3. Background is amended adding “3.2 Workers’ Compensation Context” to be consistent with the format of the document.
- Table of Contents, A. Summary Information, 3. Background is amended by adding “3.3 Evidence of Effectiveness of Opioids Use in the Acute Period” to be consistent with the format of the document.
- Table of Contents, A. Summary Information, 3. Background is amended by adding “3.4 Evidence of Effectiveness of Long-Term Use” to be consistent with the format of the document.
- Table of Contents, A. Summary Information, 3. Background is amended by adding “3.5 Opioid Safety: Overdose, Serious Adverse Events, and Substance Misuse/Abuse” to be consistent with the format of the document.

- Table of Contents, A. Summary Information, 3. Background is amended by adding “3.6 Scope and Target Audience for the Opioids Medical Treatment Guidelines” to be consistent with the format of the document.
- Table of Contents, A. Summary Information, 3. Background is amended by adding “3.7 Core Concepts” to be consistent with the format of the document.
- Table of Contents, A. Summary Information, 3. Background is amended by adding “3.8 Goals and Objectives” to be consistent with the format of the document.
- Table of Contents, A. Summary Information, 3. Background is amended by adding “3.9 Evidence-Based Methods” to be consistent with the format of the document.
- Table of Contents, A. Summary Information, 3. Background is amended by adding “3.10 Guidelines Evaluated” to be consistent with the format of the document.
- Table of Contents is amended by adding the section title “B. Recommendations” to correct a formatting error in the Table of Contents.
- Table of Contents, B. Recommendations, 3. Opioids for Chronic Pain and Chronic Opioid Treatment, 3.3. Initiating and Monitoring Chronic Opioid Treatment, 3.3.1. is amended by adding “3.3.1.1. Screening for Drug Misuse/Abuse” to be consistent with the format of the document.
- Table of Contents, B. Recommendations, 3. Opioids for Chronic Pain and Chronic Opioid Treatment, 3.3. Initiating and Monitoring Chronic Opioid Treatment, 3.3.1. is amended by adding “3.3.1.2. Screening for Alcohol Misuse/Abuse” to be consistent with the format of the document.
- Table of Contents, B. Recommendations, 3. Opioids for Chronic Pain and Chronic Opioid Treatment, 3.3. Initiating and Monitoring Chronic Opioid Treatment, 3.3.1. is amended by adding “3.3.1.3. Screening for Additional Psychosocial Factors Contributing to Substance Misuse/Abuse” to be consistent with the format of the document.
- A. Summary Information, 1. Executive Summary first paragraph is amended by deleting the word “Guidelines” and replaced with the word “Schedule” in the phrase “Medical Treatment Utilization Schedule” to correct a typographical error.
- A. Summary Information, 1. Executive Summary ninth bullet point, the first use of the word “treatment” is deleted to correct a typographical error.
- A. Summary Information, 2. Abbreviated Treatment Protocols is amended by deleting the letter “A” in the section title to be consistent with the format of the document.
- A. Summary Information, 3. Background is amended by deleting the letter “A” in the section title to be consistent with the format of the document.

- A. Summary Information, 3. Background, 3.1 Burden of Pain is amended by deleting the letter “A” from the section title to be consistent with the format of the document.
- A. Summary Information, 3. Background, 3.2 Workers’ Compensation Context is amended by deleting the letter “A” from the section title to be consistent with the format of the document. The phrase “more than” is deleted and replaced with the phrase “(3) or more” months “from the initial onset of pain (i.e., over 12 weeks)” to maintain consistency with the definition of “Chronic Pain” as set forth in in section 9792.20 and used throughout the proposed Chronic Pain Medical Treatment guidelines and the Opioids Treatment guidelines.
- A. Summary Information, 3. Background, 3.3 Evidence of Effectiveness of Opioid Use in the Acute Period is amended by deleting the letter “A” from the section title to be consistent with the format of the document.
- A. Summary Information, 3. Background, 3.4 Evidence of Effectiveness of Long-Term Opioid Use is amended by deleting the letter “A” from the section title to be consistent with the format of the document.
- A. Summary Information, 3. Background, 3.5 Opioid Safety: Overdose, Serious Adverse Events, and Substance Misuse/Abuse is amended by deleting the letter “A” from the section title to be consistent with the format of the document. The second sentence of the second paragraph, is amended by adding the phrase “Alone or” to the beginning of the sentence to clarify that opioids can induce acute respiratory failure either alone or in combination with other central nervous system depressants. The upper case “I” is deleted and replaced with a lower case “i” in the word “in”.
- A. Summary Information, 3. Background, 3.6 Scope and Target Audience for the Opioids Medical Treatment Guidelines is amended by deleting the letter “A” from the section title to be consistent with the format of the document.
- A. Summary Information, 3. Background, 3.7 Core Concepts is amended by deleting the letter “A” from the section title to be consistent with the format of the document. An extra space is deleted between the end of 3.7 Core Concepts and the beginning of 3.8 Goals and Objectives to correct a formatting error.
- A. Summary Information, 3. Background, 3.8 Goals and Objectives is amended by deleting the letter “A” from the section title to be consistent with the format of the document. The second bullet point is amended to add the phrase “post-operative,” to clarify that the document includes best practices and universal precautions for safe and effective prescribing of opioids for post-operative pain as well.
- A. Summary Information, 3. Background, 3.9 Evidence-Based Methods is amended by deleting the letter “A” from the section title to be consistent with the format of the document. An extra space is deleted between the end of 3.9 Evidence-Based Methods and the beginning of 3.10 Guidelines Evaluated to correct a formatting error.

- A. Summary Information, 3. Background, 3.10 Guidelines Evaluated is amended by deleting the letter “A” from the section title to be consistent with the format of the document.
- B. Recommendations, 1. Opioids for Acute Pain (up to four weeks after injury or pain onset) is amended by reversing the order of section 1.1 with 1.2 to have a more logical flow of recommendations for opioids with acute injuries, that starts with mild injuries, followed by moderate injuries and then severe acute injuries. Section 1.1 is now “Mild Acute Injuries (e.g., musculoskeletal strains and sprains, muscle pain, tendonitis)” and 1.2 is now “Moderate to Severe Acute Injuries (e.g., severely sprained ligaments, severe sprains, moderate trauma, moderate to severe low back pain, moderate to severe radiculopathy)”.
- B. Recommendations, 1. Opioids for Acute Pain (up to four weeks after injury or pain onset), 1.2 Moderate to Severe Acute Soft Tissue Injuries (e.g., severely strained ligaments, severe sprains, moderate trauma, moderate to severe low back pain, moderate to severe radiculopathy) is amended by deleting the phrase “Soft-Tissue” from the section title to clarify that the recommendations that follow are not limited to soft-tissue injuries.
- B. Recommendations, 1. Opioids for Acute Pain (up to four weeks after injury or pain onset), 1.2. Moderate to Severe Acute Injuries (e.g., severely strained ligaments, severe sprains, moderate trauma, moderate to severe low back pain, moderate to severe radiculopathy) first paragraph, the first use of the word “acute” is deleted to correct a typographical error. The phrase “soft tissue” is deleted from this section to clarify that the following guidelines are not limited to soft-tissue injuries.
- B. Recommendations, 1. Opioids for Acute Pain (up to four weeks after injury or pain onset), 1.2. Moderate to Severe Acute Injuries (e.g., severely strained ligaments, severe sprains, moderate trauma, moderate to severe low back pain, moderate to severe radiculopathy) item 2 is amended by adding the phrases “particularly sleep apnea,” “cerebrovascular disease,” and “chronic hepatitis, cirrhosis,” to the list of conditions noted as relative contraindications to initiating opioids to maintain consistency with other similar lists of conditions in the document. The word “must” was deleted and replaced with the word “should” to clarify the Opioids Medical Treatment Guidelines along with the other guidelines set forth in the MTUS are designed to assist providers by offering an analytical framework for the evaluation and treatment of injured workers and is not intended to mandate specific clinical practices.
- B. Recommendations, 1. Opioids for Acute Pain (up to four weeks after injury or pain onset), 1.3. Severe Acute Injuries (e.g., fractures, crush injuries, major trauma, large burns, other injuries with significant tissue damage) item 4 is amended by deleting the word “must” and replace it with the word “should” to clarify the Opioids Medical Treatment Guidelines along with the other guidelines set forth in the MTUS are designed to assist providers by offering an analytical framework for the evaluation

and treatment of injured workers and is not intended to mandate specific clinical practices.

- B. Recommendations, 1. Opioids for Acute Pain (up to four weeks after injury or pain onset), 1.4. Opioids for Post-operative Pain first bullet point, first sentence is amended by deleting the phrase “management of” to correct a typographical error.
- B. Recommendations, 2. Opioids for Subacute Pain (1-3 months) item 4.b. is amended by adding the phrases “particularly sleep apnea,” “cerebrovascular disease,” and “chronic hepatitis, cirrhosis,” to the list of conditions noted as relative contraindications to initiating opioids to maintain consistency with other similar lists of conditions in the document.
- B. Recommendations, 2. Opioids for Subacute Pain (1-3 months) item 4.b. is amended by deleting the unnecessary extra space between items 4.b. and 5.
- B. Recommendations, 2. Opioids for Subacute Pain (1-3 months) item 6 is amended by deleting the word “narcotics” and replace it with the word “opioids” to maintain consistent wording throughout the document.
- B. Recommendations, 3. Opioids for Chronic Pain and Chronic Opioid Treatment is amended by deleting the phrase “longer than” and the word “months” and replaced with the phrase “or more” twice in this paragraph to maintain consistency with the definition of “Chronic Pain” as set forth in in section 9792.20 and used throughout the proposed Chronic Pain Medical Treatment guidelines and the Opioids Treatment guidelines.
- B. Recommendations, 3. Opioids for Chronic Pain and Chronic Opioid Treatment, 3.3. Initiating and Monitoring Chronic Opioid Treatment, 3.3.1. Screening for Risk of Addiction or Adverse Events, Prior to Chronic Opioid Treatment is amended by italicizing the heading to be consistent with the format of this document. Also, the entire section is amended by changing the font from Calibri to Arial to maintain a consistent font throughout the document.
- B. Recommendations, 3. Opioids for Chronic Pain and Chronic Pain Treatment, 3.3. Initiating and Monitoring Chronic Opioid Treatment, 3.3.1 Screening for Risk of Addiction or Adverse Events, Prior to Chronic Opioid Treatment, 3.3.1.1. Screening for Drug Misuse/Abuse item 3 is amended by deleting the word “only” and the word “and” followed by adding the phrase “only if” to correct a typographical error.
- B. Recommendations, 3. Opioids for Chronic Pain and Chronic Pain Treatment, 3.3. Initiating and Monitoring Chronic Opioid Treatment, 3.3.1 Screening for Risk of Addiction or Adverse Events, Prior to Chronic Opioid Treatment, 3.3.1.3. Screening for Additional Psychosocial Factors Contributing to Substance Misuse/Abuse item 1 is amended by deleting the word “to” and replace it with the word “and” to correct a typographical error.

- B. Recommendations, 3. Opioids for Chronic Pain and Chronic Pain Treatment, 3.3. Initiating and Monitoring Chronic Opioid Treatment, 3.3.2. Patient Treatment Agreement and Informed Consent is amended by italicizing the heading to conform to the format of the document. Item 3a. is amended by deleting the word “modified” and replace it with the word “modify” to correct a typographical error. Item 3b. is amended by deleting the phrase “update it” to correct a typographical error.
- B. Recommendations, 3. Opioids for Chronic Pain and Chronic Pain Treatment, 3.3. Initiating and Monitoring Chronic Opioid Treatment, 3.3.3. Initiation of Chronic Opioid Treatment is amended by italicizing the heading to conform to the format of the document. This section is further amended by deleting the bullet points and replacing them with the numbers “1., 2., 3., and 4.” respectively because they denote clinical practices that should be followed for the initiation of chronic opioid therapy. The sentence “The following clinical practices should be followed” is deleted because the previously bulleted points are now combined with the numbered items that follow this sentence. The clinical practices previously numbered “1. – 4.” are renumbered from “5. – 9.” to combine these items with items 1 through 4 which were the previously bulleted points.
- B. Recommendations, 3. Opioids for Chronic Pain and Chronic Pain Treatment, 3.3. Initiating and Monitoring Chronic Opioid Treatment, 3.3.4. Use of CURES to Ensure Safe and Effective Opioid Use is amended by italicizing the heading to conform to the format of the document.
- B. Recommendations, 3. Opioids for Chronic Pain and Chronic Pain Treatment, 3.3. Initiating and Monitoring Chronic Opioid Treatment, 3.3.5. Use of Tools to Monitor Patients on Chronic Opioid Treatment is amended by italicizing the heading to conform to the format of the document.
- B. Recommendations, 3. Opioids for Chronic Pain and Chronic Pain Treatment, 3.3. Initiating and Monitoring Chronic Opioid Treatment, 3.3.6. Use of Urine Drug Testing (UDT) is amended by italicizing the heading to conform to the format of the document. This section is further amended by deleting the extra spaces between the first paragraph and item 1, the end of item 3 and the beginning of item 4, and the end of item 4 and the beginning of item 5.
- B. Recommendations, 3. Opioids for Chronic Pain and Chronic Pain Treatment, 3.3. Initiating and Monitoring Chronic Opioid Treatment, 3.3.7. Monitoring Effectiveness of Chronic Opioid Treatment is amended by italicizing the heading to conform to the format of the document.
- B. Recommendations, 3. Opioids for Chronic Pain and Chronic Pain Treatment, 3.3. Initiating and Monitoring Chronic Opioid Treatment, 3.3.7. Monitoring Effectiveness of Chronic Opioid Treatment, 3.3.7.1. Tracking Pain and Function to Monitor Effectiveness of Chronic Opioid Treatment is amended by deleting the extra spaces between “3.3.7.1” and the section heading. In addition, two extra spaces were deleted between the first paragraph and item 1.

- B. Recommendations, 3. Opioids for Chronic Pain and Chronic Pain Treatment, 3.3. Initiating and Monitoring Chronic Pain Treatment, 3.3.8. Opioid Titration and Dosing Threshold is amended by italicizing the heading to conform to format of the document. Item 3 is amended by deleting the word “must” and replaced with the word “should” to clarify the Opioids Medical Treatment Guidelines along with the other guidelines set forth in the MTUS are designed to assist providers by offering an analytical framework for the evaluation and treatment of injured workers and is not intended to mandate specific clinical practices. Item 3.e. is amended by deleting the word “required” and replaced with the word “recommended” to clarify the Opioids Medical Treatment Guidelines along with the other guidelines set forth in the MTUS are designed to assist providers by offering an analytical framework for the evaluation and treatment of injured workers and is not intended to mandate specific clinical practices.
- B. Recommendations, 3. Opioids for Chronic Pain and Chronic Pain Treatment, 3.3. Initiating and Monitoring Chronic Pain Treatment, 3.3.8. Opioid Titration and Dosing Threshold item 6 is amended by deleting the phrase “Due to lack of sufficient evidence to guide outpatient care, the routine prescription of naloxone to patients on chronic opioid treatment is not recommended” to reflect evolving scientific knowledge regarding recommended use of naloxone to treat opioid overdoses. This change also ensures that the Opioid Treatment Guidelines are consistent with the MTUS Chronic Pain Medical Treatment Guidelines.
- B. Recommendations, 3. Opioids for Chronic Pain and Chronic Pain Treatment, 3.3. Initiating and Monitoring Chronic Pain Treatment, 3.3.9. Maintenance of Chronic Opioid Treatment is amended by italicizing the heading to conform to the format of the document. Item 2.d. is amended by deleting the word “required” and replace it with the word “recommended” to clarify the Opioids Medical Treatment Guidelines along with the other guidelines set forth in the MTUS are designed to assist providers by offering an analytical framework for the evaluation and treatment of injured workers and is not intended to mandate specific clinical practices.
- B. Recommendations, 3. Opioids for Chronic Pain and Chronic Pain Treatment, 3.3. Initiating and Monitoring Chronic Pain Treatment, 3.3.10. Treating Breakthrough Pain (BTP) is amended by italicizing the heading to conform to the format of the document.
- B. Recommendations, 4. Tapering Opioids, 4.1 Indications for Tapering Opioids first paragraph is amended by deleting the word “reducing” to correct a typographical error.
- B. Recommendations, 4. Tapering Opioids, 4.1 Indications for Tapering Opioids item 1 is amended by adding an additional bullet point that includes pregnancy as a condition for tapering opioids as indicated by guidelines developed by the Medical Board of California that states, “Pregnancy (refer to the Medical Board of California Guidelines for Prescribing Controlled Substances for pain for additional information).”

- B. Recommendations, 4. Tapering Opioids, 4.1 Indications for Tapering Opioids item 2 is amended to add the phrase “storage and disposal” to correct an omission error.
- B. Recommendations, 9. Managing Peri-Operative Pain in Workers on Chronic Opioid Treatment Undergoing Elective Surgery an extra space is deleted from items 1d. and 1.e.
- B. Recommendations, 10. Opioid Use in Catastrophic Injuries item 4.c. is amended by deleting the word “must” and replaced with the word “should” to clarify the Opioids Medical Treatment Guidelines along with the other guidelines set forth in the MTUS are designed to assist providers by offering an analytical framework for the evaluation and treatment of injured workers and is not intended to mandate specific clinical practices.
- Appendix A. Brief, Validated Tools is amended by un-italicizing the heading to conform to the format of the document.
- Appendix A2a. Pain Numeric Rating Scale item 4. is amended by adding the visual numeric scale from “0” to “10” to correct an omission error.
- Appendix A2c. Graded Chronic Pain Scale (GCPS)(Longer Survey) items 1., 4., 5., 6., and 7., are amended by deleting the word “facial” to correct a typographical error.
- Appendix B. Written Opioid Treatment Agreement (Sample) is amended by un-italicizing the heading to conform to the format of the document and by deleting the word “or” and replaced with the word “for” to correct a typographical error in the following listed agreement: “I understand that lack of improvements in function or a later loss of those functional benefit(s) are reasons for my prescriber to discontinue opioid medications.”
- Appendix C. Guidance on Conducting and Interpreting Urine Drug Testing (UDT) is amended by un-italicizing the heading to conform to the format of the document and by adding the phrase “Chronic Non-cancer Pain” to clarify the meaning of the acronym “CNCP”. The acronym “CNCP” is amended by placing it in parentheses.
- Appendix C. Guidance on Conducting and Interpreting Urine Drug Testing (UDT), Clinical Usefulness of UDS, Baseline Measure of Risk is amended by deleting the heading number “2.2.” and replaced with the number “2.1” to correct a typographical error.
- Appendix C. Guidance on Conducting and Interpreting Urine Drug Testing (UDT), 2.2. Monitoring for Compliance is amended by adding the phrase “Long-term Opioid Therapy” to clarify the meaning of the acronym “LTOT.” The acronym “LTOT” is amended by placing it in parentheses.
- Appendix C. Guidance on Conducting and Interpreting Urine Drug Testing (UDT), 4. Interpreting Unexpected Results of UDS row 3 in the Table, under the column Possible Explanations is amended by adding the phrase “using medical marijuana”

to correct a formatting error that had mistakenly hidden this text from view in the 45-Day Comment Period version.

- Appendix D. Select Black Box Warnings: Important Safety Information on Long-Acting Opioids, Morphine Long Acting Products: Avinza the table is amended un-italicizing the heading and by adding a single space between the following words in the second paragraph: between “capsules” and “are” and in the third paragraph: between “on” and “avinza”; “use” and “prescription”; “containing” and “alcohol”; and “alcohol” and “while” to correct typographical errors.
- Appendix E. Opioid Dose and Risk of Morbidity and Mortality is amended by un-italicizing the heading to conform to the format of the document.
- Appendix F. Opioid Dose Calculations is amended by un-italicizing the heading to conform to the format of the document.
- Appendix G. Summary of Screening and Monitoring Recommendations is amended by un-italicizing the heading to conform to the format of the document.
- Acronyms. The list is amended by adding “CNCP Chronic Non-cancer Pain;” and “LTOT Long-term Opioid Therapy” to define acronyms used in the text of the document:
- Title page for the Medical Treatment Utilization Schedule (MTUS) Opioids Medical Treatment Guidelines Part 2 is amended by deleting “July 2015” and replaced with “[Insert Effective Date of Regulations]” because the Opioids Medical Treatment Guidelines will be incorporated by reference into section 9792.24.4 on the effective date of these regulations.