

**WAC 296-20-03075 When to discontinue opioids.** The prescriber must discontinue opioids under the following circumstances:

- The worker requests opioid discontinuation; or
- The attending provider, because of concern for potential adverse outcomes, requests opioid discontinuation; or
- The worker is maintained on opioids for at least three months and there is no sustained clinically meaningful improvement in function, as measured by validated instruments; or
- The worker's risk from continued treatment outweighs the benefit; or
- The worker has experienced an opioid overdose event related to aberrant behavior or substance use disorder (except nicotine) or a prescribing pattern that is not in compliance with DOH's pain management rules, L&I's rules, the agency medical directors' group's guideline or L&I's guideline for prescribing opioids to treat pain in injured workers or the worker has experienced any other severe adverse outcome; or
- There is a pattern of recurrent (more than one) aberrant behaviors (including, but not limited to, inconsistent urine drug test result, lost prescriptions, multiple requests for early refills, multiple prescribers, unauthorized dose escalation, apparent intoxication); or
- Use of opioids is not in compliance with DOH's pain management rules, L&I's rules, the agency medical directors' group's guideline or L&I's guideline for prescribing opioids to treat pain in injured workers.

Under these circumstances, the department or self-insurer may pay for an opioid wean or detoxification to facilitate discontinuation of opioids (see WAC 296-20-03080, Weaning or detoxification). However, continued chronic opioid therapy is not payable.

[Statutory Authority: RCW 51.04.020 and 51.04.030. WSR 13-12-024, § 296-20-03075, filed 5/28/13, effective 7/1/13.]