



Opioids.Lni.wa.gov

Worker's name _____ Claim number _____

Has the worker's opioid dose increased since last authorization? Yes No

Opioids must result in clinically meaningful improvement in function (CMIF) in acute or subacute phase and sustained CMIF during chronic phase. This means improvement of at least 30% as compared to baseline or in response to a dose change.

Function assessment

Current pain interference — This scale's examples of activities at different levels are not meant to be exclusive. In the last month, how much has pain interfered with the worker's daily activities and functions? Circle number.
0 — No interference. Goes to work each day, has a social life outside of work, takes an active part in family life.
1 — Can work/volunteer, be active eight hours daily, takes part in family life, has limited outside social activities.
2 — Can work/volunteer for at least six hours daily, has energy to make plans for one evening social activity during the week, is active on the weekends.
3 — Can work/volunteer for a few hours daily, is active at least five hours daily, does simple activities on the weekends.
4 — Can work/volunteer limited hours, has limited social activities on weekends.
5 — Not able to work/volunteer, struggles with home responsibilities and outside activities.
6 — Does simple chores around home, has minimal outside activities two days a week.
7 — Gets dressed in the morning, has minimal activities at home, has contact with friends via phone or email.
8 — Gets out of bed but doesn't get dressed, stays at home all day.
9 — Stays in bed at least half the day, has no contact with the outside world.
10 — Unable to carry out any activities. Stays in bed all day, feels helpless and hopeless about life.

Date of first function assessment or before a dose change (baseline): _____ Baseline function: _____

If an alternative function scale is used, indicate name of scale: _____ Current function: _____

Screening

For free, easy to use, and validated screening tools and opioid calculator, visit www.agencymeddirectors.wa.gov/opioiddosing.asp.

Have you documented in the medical records the following. . .		
1. Tried to manage the worker's pain with non-opioids?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
2. Re-administered urine drug tests at frequency based on risk and verified the worker has no pattern of recurrent aberrant behaviors (e.g. presence of cocaine, amphetamine/methamphetamine, heroin, alcohol or non-prescribed drug; negative for prescribed opioids)? See instructions for how often to monitor.	Yes <input type="checkbox"/>	No <input type="checkbox"/>
3. Re-checked the state's prescription monitoring program at frequency based on risk and verified the worker has no pattern of recurrent aberrant behaviors (e.g. lost prescriptions, multiple prescribers, multiple early refills, unauthorized dose escalation)? See instructions for how often to monitor.	Yes <input type="checkbox"/>	No <input type="checkbox"/>
4. Signed a treatment agreement for chronic opioid therapy with the worker? Treatment agreement should be renewed yearly.	Yes <input type="checkbox"/>	No <input type="checkbox"/>
5. Re-assessed for potential contraindications to the use of opioids (e.g. substance use disorder excluding nicotine; history of opioid use disorder; confirmed presence of cocaine, heroin, alcohol, or amphetamine/methamphetamine)?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
6. Verified the worker has no known evidence of or is not at high risk for serious adverse outcome from opioid use (e.g. COPD, asthma, sleep apnea, apparent intoxication)?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
7. Obtained a pain management consult if opioid dose >120mg/d morphine equivalent dose (MED)? If consultation is exempted, explain in the medical records.	Yes <input type="checkbox"/>	No <input type="checkbox"/>

Dose

Current opioid	Dose (MED mg/d)
Current opioid	Dose (MED mg/d)
Total MED	

Sign

Provider name	L&I provider number/NPI	Phone number
Provider signature	Date	

Instructions for using the Chronic Opioid Request Form

Providers who treat injured workers are expected to follow the best practices outlined in the following:

- Pain management rules from the Washington State Department of Health.
- *Interagency Guideline on Opioid Dosing for Chronic Non-Cancer Pain*, Agency Medical Directors' Group, 2010.
- *Prescribing Opioids to Treat Pain in Injured Workers*, Labor and Industries, 2013.

How to use this form

- Use this form to request coverage of opioids beyond 12 weeks from the date of injury or surgery, or every 90 days for chronic opioid therapy.
- Complete *all* sections of the form.
- Submit the form at least 2 weeks before coverage ends to avoid abrupt stoppage in coverage.
- Send chart notes and reports as required.
- Use billing code 1078M.

How often to monitor workers on chronic opioid therapy

- Administer a urine drug test (UDT) and check the prescription monitoring program (PMP) database at intervals according to the worker's risk category.

Monitoring Schedule for Workers' on Chronic Opioid Therapy

Risk Category per Validated Tool	UDT	PMP	Function and Pain
Low Risk	1/year	1/year	Every 12 weeks
Moderate Risk	2/year	2/year	Every 12 weeks
High Risk or opioid doses >120mg/d morphine equivalent	4/year	4/year	Monthly (every visit)
Aberrant Behavior – lost prescriptions, multiple requests for early refills, opioids from multiple providers, unauthorized dose escalation, apparent intoxication			At time of visit

How to submit your request

State Fund

Mail: Department of Labor and Industries
PO Box 44291
Olympia WA 98504-4291

FAX: Choose any number
360-902-4292 360-902-4565 360-902-4566 360-902-4567
360-902-5230 360-902-6100 360-902-6252 360-902-6460

Self-Insurance

Contact the self-insurer or their third-party administrator.

For a list of self-insured businesses: www.Lni.wa.gov/ClaimsIns/Insurance/SelfInsure/EmpList/Default.asp