Pain Management for Patients With Opioid Use Disorder

Introduction

Pain and opioid use disorder (OUD) are tightly intertwined and highly comorbid. OUD arises in some patients who receive opioids as treatment for acute or chronic pain. Opioid misuse can provide potent analgesia, and opioid withdrawal can exacerbate pain. Treating chronic pain in patients with OUD is a challenge, but keeping the following principles in mind can be helpful.

Optimize Non-Opioid Analgesia

There are many classes of non-opioid analgesics, many of which can be combined to augment one another. Optimal treatment usually entails taking medications on a standing basis, and not just as needed. The doses listed are typical treatment ranges, though many of these medications require a titration at the beginning and a taper if they are discontinued. Consider liver and kidney function when choosing a medication and determining dose. Here are some to consider:

- *Acetaminophen:* up to 3000 mg daily in divided doses
- *NSAIDs:* ibuprofen (400–800 mg TID), naproxen (500 mg BID), meloxicam (5–10 mg daily)
- *SNRIs:* duloxetine (30–60 mg daily), venlafaxine (75–225 mg daily)
- *Tricyclics:* nortriptyline (25–75 mg QHS), amitriptyline (25–125 mg QHS)
- *Gabapentinoids:* gabapentin (300–1200 mg TID), pregabalin (150–300 mg BID)
- *Muscle relaxants* (for short-term use): cyclobenzaprine (5–10 mg TID), methocarbamol (up to 4.5 g daily in divided doses)
- *Topicals:* lidocaine cream, lidocaine patches, diclofenac gel, capsaicin cream, menthol

Don't Overlook Non-Pharmacological Interventions

Encourage patients to engage in non-pharmacological interventions that are both behavioral and cognitive, such as:

- Physical therapy
- Mindfulness
- Regular exercise
- Massage therapy
- Cognitive behavioral therapy for pain

Consider Injection Treatments

Consultation with a physiatrist, orthopedist, or neurologist can determine if certain percutaneous procedures may be beneficial. Some commonly performed interventions include:

- Local anesthetic
- Glucocorticoid injection
- Trigger-point injection
- Botox injection
- Radiofrequency ablation

Prescribe Buprenorphine

Though commonly used as a treatment for OUD, buprenorphine was in fact originally developed as an analgesic. Low-dose forms of buprenorphine (transdermal and buccal formulations) are approved for pain treatment but are insufficient for patients with OUD. Nonetheless, buprenorphine at typical OUD treatment doses, namely 16–24 mg, can be effective for pain. Consider dividing doses to multiple times a day, which provides better round-the-clock pain control compared to once-a-day dosing.

Prescribe Methadone

Like buprenorphine, methadone can provide significant pain control while treating OUD at the same time. Patients on methadone for OUD and pain treatment will still need to obtain medication through a federally regulated opioid treatment program and may require doses on the high end of the usual range (ie, >120 mg daily).

Consult With a Pain Specialist

If pain is still inadequately controlled despite your best efforts, consider consulting a pain specialist, who may have more expertise in treating comorbid OUD and chronic pain.