

**The Three Amigos Wade into the Fray**

**-or-**

**Tres amigos y enemigos ilimitados**

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**Albany College of Pharmacy & Health Sciences,**  
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**Disclosures – Jeffrey Fudin, PharmD, FCCP, FASHP, FFSMB**

Affiliation	Role
AcelRx Pharmaceuticals	Advisory Board, Speakers Bureau
Acutis Diagnostics, Inc	Speaker
Astra Zeneca	Speakers Bureau
BDSI	Advisory Board, Consultant
Daiichi Sankyo	Advisory Board, Speakers Bureau
Firstox Laboratories	Consultant
GlaxoSmithKline (GSK)	Advisory Board
Quest Diagnostics	Advisory Board
Scilex Pharmaceuticals	Advisory Board, Speakers Bureau
Salix Pharmaceuticals	Advisory Board

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**I've been asked to address 3-questions...**

› Objectives:

- Are there flaws to MEDD?
- Given that CDC suggests UDM without standards on interpretation, has this created a problem?
- CDC mentions in-home naloxone, but have they fallen short on guidance?

› Answers: Yes, yes, and yes!!!

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# Are there flaws to CDC's MEDD?

Woe is me!

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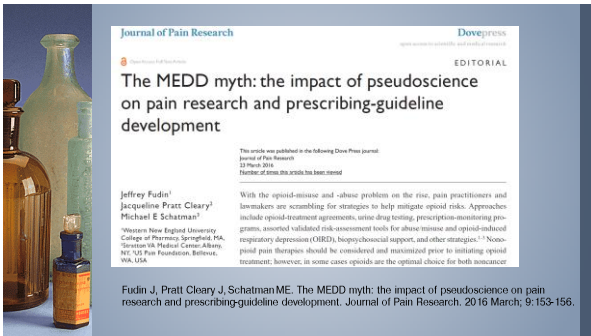
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Journal of Pain Research Dovepress  
Open Access to Scientific and Medical Research

EDITORIAL

## The MEDD myth: the impact of pseudoscience on pain research and prescribing-guideline development

This article was published in the following Dove Press journal  
 Journal of Pain Research  
 12 March 2016  
 Number 27 (this article probably has been altered)

Jeffrey Fudin<sup>1</sup>  
 Jacqueline Pratt Cleary<sup>2</sup>  
 Michael E Schatman<sup>3</sup>

<sup>1</sup>Western New England University, College of Pharmacy, Springfield, MA, <sup>2</sup>Georgetown Medical Center, Albany, NY, <sup>3</sup>US Pain Foundation, Bellevue, WA, USA

With the opioid-misuse and -abuse problem on the rise, pain practitioners and lawmakers are scrambling for strategies to help mitigate opioid risks. Approaches include opioid-treatment agreements, urine drug-testing, prescription-monitoring programs, assorted validated risk-assessment tools, for abuse misuse and opioid-induced respiratory depression (OIRD), biopsychosocial support, and other strategies.<sup>1-3</sup> Non-opioid pain therapies should be considered and maximized prior to initiating opioid treatment; however, in some cases opioids are the optimal choice for both analgesic

Fudin J, Pratt Cleary J, Schatman ME. The MEDD myth: the impact of pseudoscience on pain research and prescribing-guideline development. Journal of Pain Research. 2016 March; 9:153-156.

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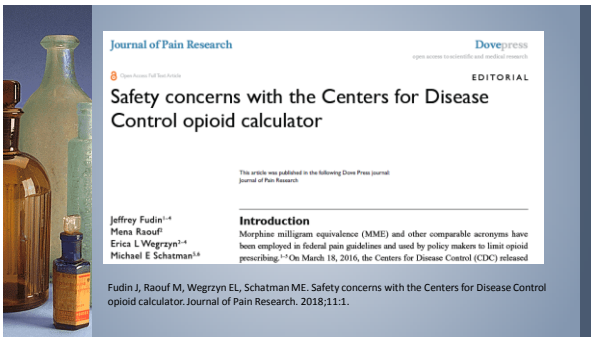
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Journal of Pain Research Dovepress  
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EDITORIAL

## Safety concerns with the Centers for Disease Control opioid calculator

This article was published in the following Dove Press journal  
 Journal of Pain Research

Jeffrey Fudin<sup>1,4</sup>  
 Mena Raouf<sup>2</sup>  
 Erica L Węgrzyn<sup>1,4</sup>  
 Michael E Schatman<sup>1,4</sup>

**Introduction**  
 Morphine milligram equivalence (MME) and other comparable acronyms have been employed in federal pain guidelines and used by policy makers to limit opioid prescribing.<sup>1-4</sup> On March 18, 2016, the Centers for Disease Control (CDC) released

Fudin J, Raouf M, Węgrzyn EL, Schatman ME. Safety concerns with the Centers for Disease Control opioid calculator. Journal of Pain Research. 2018;11:1.

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### Variability in Opioid Equivalence Survey

- Sept 13 thru December 31, 2013.
- 411 Respondents, adjusted after stats to 319
- RPhs, MD/DOs, NPs, PAs
- Convert to Daily MEQ:
  - Hydrocodone 80mg; Fentanyl 75mcg/hr;
  - Methadone 40mg; Oxycodone 120mg;
  - Hydromorphone 48mg

Rennick A, Atkinson TJ, Cimino NM, Strassels SA, McPherson ML, Fudin J. Variability in Opioid Equivalence Calculations. Pain Medicine. 2016;17:892-898.

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### What do you think were the most outrageous results?

Specialty	Fentanyl	Hydrocodone	Hydromorphone	Methadone	Oxycodone
Pain Management (n=35)	108 ± 115 (150)	85 ± 43 (80)	191 ± 68 (192)	162 ± 111 (120)	167 ± 45 (180)
Palliative Care (n=35)	108 ± 17 (150)	84 ± 17 (80)	188 ± 67 (192)	253 ± 188 (240)	104 ± 38 (180)
None of the Above (n=247)	177 ± 124 (150)	88 ± 43 (80)	191 ± 50 (192)	169 ± 115 (160)	177 ± 37 (180)

Rennick, A., Atkinson, T., Cimino, N. M., Strassels, S. A., McPherson, M. L., & Fudin, J. Variability in opioid equivalence calculations. Pain Medicine. 2016;17:5:892-898.

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### Available Online Opioid Conversion Calculators

- Med Calc
- WA State Agency
- Pain Research
- Pain Physicians
- Hopkins
- Palliative Care
- Global RPh
- Practical Pain Management (PPM)

Ref: Shaw K, Fudin J. Evaluation and Comparison of Online Equianalgesic Opioid Dose Conversion Calculators. Practical Pain Management. 2013 August;13(7):61-66.

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Genetic variables?

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UDM Interpretation without Standards is like...

- > Aunt Jemima pancakes, without the syrup
- > Spring without the Fall

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### Case Study | Chronic Back Pain

**What do these results mean?**

IA In-Office Results	
Test	Result
Opiate	Negative
Benzodiazepines	Negative
Methadone	Positive
PCP	Positive
Cannabinoids	Positive

- ✓ Venlafaxine (Effexor®) 250mg PO QAM
- ✓ Fentanyl (Duragesic™) 50mcg/hr changed Q72 hours
- ✓ Hydrocodone + APAP (Lortab®) 5/325, 1 PO Q4H PRN
- ✓ Alprazolam 0.5mg PO TID
- ✓ Quetiapine 200mg PO QHS sleep
- ✓ Naproxen 1000mg PO BID

Chromatography [send out] Results	
Test	Result
Fentanyl	Positive
Hydrocodone	Negative
Methadone	Negative
Alprazolam	Positive
PCP	Negative
Cannabinoids	Negative

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## Unexpected Results

**Negative for Prescribed Medications  
Positive for unprescribed and illicit**

- > Lack of hydrocodone PRN use
- > Pharmacokinetics (when was urine collected?)
- > Noncompliance (illegally obtained drugs)
- > Test is not specific for the drug tested (opiate vs. synthetic, in this case fentanyl)
- > False positive PCP
- > Drug-drug, drug-disease, drug-food/supplement interactions
- > Drug metabolic pathway
- > Genetic polymorphism

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**DO NOT FALSELY ACUSE PATIENTS  
WITHOUT EVIDENCE!**

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**In-home naloxone?**  
How does one decide who is a candidate for in-home naloxone if you need to be selective?

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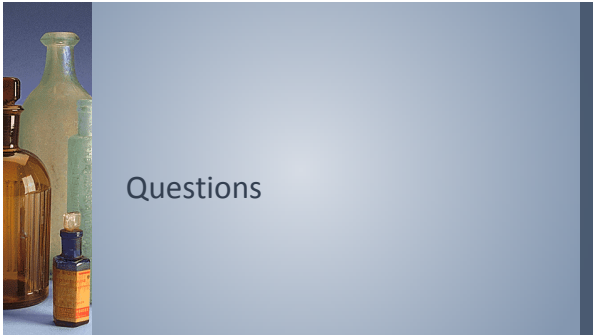
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