
Peer Review Plan for CDC Opioid Prescribing Guidelines for Chronic Pain

Title: CDC Opioid Prescribing Guidelines for Chronic Pain

Subject of Planned Report: The guidelines will provide clinical practice recommendations on the prescribing of opioids for treating chronic pain based on the best available evidence and expert opinion. The guidelines are intended for primary care providers (e.g., family practitioners, internists) who are treating patients for chronic pain in outpatient settings. Primary care providers account for the greatest number of opioid prescriptions compared to other specialists (e.g., surgeons, dentists, emergency physicians). Some of the recommendations may be relevant for acute care settings, but use in these settings is not the focus of the guidelines. The recommendations are also not intended for guiding medication-assisted treatment for substance use disorders. The guidelines apply to patients > 18 years with chronic pain (i.e., pain lasting longer than 3 months or past the time of normal tissue healing) outside of end-of-life care (e.g., in hospice). Patients include those with and without a current or previous diagnosis of cancer. Patients may or may not have a history of substance use disorder. Special populations (e.g. older adults, pregnant women) will be addressed in supporting text when relevant.

Purpose of Planned Report: The purpose of the guidelines is to provide recommendations for the prescribing of opioid pain relievers. The primary focus will be on the use of opioids in treating chronic pain. While the guidelines will not focus broadly on pain management, opioid use will be framed in the context of pain management strategies (including non-opioid pain medication, cognitive-behavioral therapy, physical therapy, interventional treatments, and multi-modal pain treatment). The guidelines will outline strategies for effective and safe use of opioids when evidence demonstrates their benefits outweigh their risks. Improving the way opioids are prescribed through clinical practice guidelines can ensure patients have access to safe, effective treatment while reducing the number of people who experience substance use disorder or overdose related to these drugs.

Type of Dissemination: Influential Scientific Information

Timing of Review (including deferrals): September 2015 – December 2015

Type of Review (panel, individual or alternative procedure): Individual

Opportunities for the Public to Comment (how and when): CDC has developed a tiered approach to stakeholder involvement. In the first phase of guideline development, during a closed panel meeting in June, 2015, a Core Expert Group (CEG) will consult and provide input on recommendation statements drafted by CDC to be included in the CDC Opioid Prescribing Guidelines. The CEG includes a limited number of primary care professional society representatives, subject matter experts, state agency representatives, and an expert in guideline development methodology. At the panel meeting, members will review the evidence related to the benefits and harms of opioid use for chronic pain, discuss patient values and preferences and health system costs, and provide individual consultation on draft recommendations. In the second phase of guideline development, a Stakeholder Review Group (SRG) that includes a larger group of interested parties will be responsible for reviewing the full draft of CDC guidelines and providing comments to improve the specificity, applicability, and implementability of the recommendations. In this group, there is representation from professional organizations that represent specialties by which opioids are commonly prescribed (e.g., internal medicine, obstetrics and gynecology, geriatrics, pain medicine, physical medicine and rehabilitation, and pediatrics). The group also includes representation from community stakeholders and advocacy organizations (e.g., pain management societies; societies focused on responsible opioid prescribing). In the final phase of the guideline development process, public engagement will be solicited through a webinar. This webinar will allow for broad public input on the guidelines and for CDC to consider public perspectives. Throughout the guideline development process, federal partners who have expressed an interest in opioid prescribing guidelines will be engaged and may provide input.

Peer Reviewers Provided with Public Comments before the Review:

Comments from peer reviewers will be obtained simultaneously with comments from the stakeholder review group and the public. Concurrent review is required to allow for rapid publication of the guidelines to address an urgent public health need.

Anticipated Number of Reviewers: 3

Primary Disciplines or Expertise: Peer reviewers have been selected based on expertise and diversity of scientific viewpoints, while addressing conflict of interest concerns and ensuring independence from the guideline development process. Peer reviewers were selected who have high scientific standing; appropriate academic training and relevant experience; and proven scientific excellence in opioid prescribing, addiction, substance use disorder treatment, and pain management.

Reviewers Selected by (agency or designated outside organization):
Centers for Disease Control and Prevention (CDC)

Public Nominations Requested for Reviewers: No

Charge to Peer Reviewers: The document that you will review is a draft of the guidelines document entitled “CDC Opioid Prescribing Guidelines, 2016.” The final recommendations will be posted on the website of the National Center for Injury Prevention and Control, Centers for Disease Control and Prevention: <http://www.cdc.gov/drugoverdose/index.html>. We request your expert opinion on several issues, in particular:

- The reasonableness of the recommendations, and the strength of the recommendations, based on evidence and expert opinion
- The clarity with which scientific uncertainties are identified
- The rationale, importance, clarity, and ease of implementation of the recommendations

At a later time, CDC will publicly post any comments you make (without attribution) and a summary of the comments from the public engagement webinar with a response on the NCIPC Peer Review Agenda website: <http://www.cdc.gov/injury/fundedprograms/peerReview.html>.

Peer Reviewers:

Jeanmarie Perrone, MD

Professor of Emergency Medicine, Hospital of the University of Pennsylvania
Director, Division of Medical Toxicology, Department of Emergency Medicine
University of Pennsylvania

Expertise: medication safety, emergency department prescribing, substance misuse, use of prescription drug monitoring programs, toxicology, provider education

Matthew J. Bair, MD, MS

Associate Professor of Medicine
Indiana University School of Medicine

Expertise: pain management, geriatrics, non-pharmacologic treatments, mental health, veterans' health

David Tauben, MD

Chief, Pain Medicine
Clinical Associate Professor, Department of Anesthesia and Pain Medicine
Department of Medicine Division of General Internal Medicine
University of Washington

Expertise: medical education, primary care, pain management

Additional elements to be added to the public posting as they become available:

- Peer reviewer and public comments
- CDC's response to peer review and public comments