Conflation and Collateral Damage
The Dangers of MME Limits for Chronic Pain Patients’ Access to Care

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Conflation of pain with disease

The CDC’s 90 MME guideline for opioid prescribing is being widely misapplied to limit the prescribing of opiate class medications.

Medically fragile patients have lost, and continue to lose care, or suffer from grossly inadequate pain relief.

The focus on MME is a policy failure for the 20 million chronic pain patients of the nation, and their physicians:

- It conflates pain with the complex conditions and diseases associated with pain.
- It focuses on medical use to prevent non-medical use, as law enforcement tracks providers by MME.
Using MME: Individual vs Public Policy

MME can be used ethically only in the context of an individual patient’s care plan.

The current use of MME, as global cut-offs, is causing immense damage to both patients and physicians.

- There is wide variation in patient need, disease, and metabolisms.
- The global use of MME replaces the physician's medical judgement.
- The outcome is less than optimal for the patient.

The inchoate threat of asset forfeiture makes a bad situation worse.
Conflation yields poor policy

- The “opioid crisis” is rife with conflation
- "opioids,” including heroin and illicit fentanyl analogs with prescribed medications
- Medical users with non-medical users
- Pain with the complex disease and conditions that result in pain
- The 2016 CDC Guidelines with regulation
  - the now infamous 90 MME

![Graph showing opioid prescriptions and overdose deaths per 100,000 persons (CDC data)]
The current use of MME

- The primary use of MME is no longer to titrate or rotate medication for an individual patient.
- It is a one-size fit all rule, with some states imposing limits as low as 50 MME.
- There is no room for individualized care.
Consequences for pain patients and treating physicians

Patients
1. Forced tapers
2. Abandonment
3. Increased risk of suicide
4. Greater difficulty in accessing primary care

Physicians
1. Heightened law enforcement scrutiny
2. Increased risk and uncertainty
3. Loss of autonomy in exercise of medical judgment
Selected Citations

• Ghei, Nita, Pain Patients: Collateral Victims of the War on Drugs (February 11, 2021). Available at SSRN: https://ssrn.com/abstract=3783560 or http://dx.doi.org/10.2139/ssrn.3783560


• Elizabeth M Oliva et al, Associations between stopping prescriptions for opioids, length of opioid treatment, and overdose or suicide deaths in US veterans: observational evaluation BMJ 2020;368:m283 https://doi.org/10.1136/bmj.m283 (Published 04 March 2020).