CMIF: (Clinically Meaningful Improvement in Function)

- Tracking function as well as pain is critical in determining the patient's ongoing response to opioids and whether any improvement is consistent with potential changes in opioid dosing.
- **2015 guidelines for prescribing pain meds require Functional assessment.**
- Because of the well-documented evidence of risk and the limited evidence of effectiveness beyond the period of acute pain, the use of opioids should result in clinically meaningfully improvement in function and pain and therefore, quality of life.
- It correlates periodic pain assessment with "periodic functional assessment "
- Clinically meaningful improvement is defined as an improvement in pain AND function of at least 30% as compared to the start of treatment or in response to a dose change.
- A decrease in pain intensity in the absence of improved function is not considered meaningful improvement except in very limited circumstances such as catastrophic injuries (e.g. multiple trauma, spinal cord injury, etc.).
- During the chronic phase, providers should routinely review the effects of opioid therapy on function to determine whether opioid therapy should continue.
- Continuing to prescribe opioids in the absence of clinically meaningful improvement in function and pain, or after the development of a severe adverse outcome (e.g. overdose event) is not considered appropriate care. In addition, the use of escalating doses to the point of developing opioid use disorder, as defined by DSM 5, is not appropriate.

Clinical Recommendations

1. Assess and document function and pain using validated tools at each visit where opioids are prescribed.
2. Expect patients to improve in function and pain and resume their normal activities in a matter of weeks after an acute pain episode. Strongly consider re-evaluation for those who do not follow the normal course of recovery.
3. Evaluate function and pain using brief validated instruments at these critical decision-making phases:
   a) At the end of the acute phase (6 weeks following an episode of pain or surgery), to determine whether continued opioid therapy is warranted.
   b) At the end of the subacute or perioperative phase (12 weeks following an episode of pain or surgery), to determine whether non-opioid treatment will help or if prescribing COAT is warranted.
   c) During chronic use with regular assessment and documentation of function and pain.
4. Use only validated instruments to measure clinically meaningful improvement in function and pain.
5. For pain assessment use Graded Chronic Pain Scale to assess pain intensity and pain interference.