

# Current Opioid Misuse Measure (COMM)<sup>®</sup>

## ABOUT THE CURRENT OPIOID MISUSE MEASURE (COMM)<sup>®</sup>

The Current Opioid Misuse Measure (COMM)<sup>®</sup> is a brief patient self-assessment to monitor chronic pain patients on opioid therapy. The COMM<sup>™</sup> was developed with guidance from a group of pain and addiction experts and input from pain management clinicians in the field. Experts and providers identified six key issues to determine if patients already on long-term opioid treatment are exhibiting aberrant medication-related behaviors:

- Signs and symptoms of intoxication
- Emotional volatility
- Evidence of poor response to medications
- Addiction
- Healthcare use patterns
- Problematic medication behavior

**The COMM<sup>™</sup> will help clinicians identify whether a patient, currently on long-term opioid therapy, may be exhibiting aberrant behaviors associated with misuse of opioid medications.** In contrast, the Screener and Opioid Assessment for Patients with Pain (SOAPP<sup>®</sup>) is intended to predict which patients, being considered for long-term opioid therapy, may exhibit aberrant medications behaviors in the future. Since the COMM<sup>™</sup> examines concurrent misuse, it is ideal for helping clinicians monitor patients' aberrant medication-related behaviors over the course of treatment. The COMM<sup>™</sup> is:

- **A quick patient-self assessment that is easy to administer;** 17 items and <10 minutes to complete
- **Simple to score** (see below)
- **Validated** with a group of approximately 500 chronic pain patients on opioid therapy
- **Ideal for documenting decisions** about the level of monitoring planned for a particular patient or justifying referrals to specialty pain clinic.
- **For clinician use only.** The tool is not meant for commercial distribution.
- **NOT a lie detector.** Patients determined to misrepresent themselves will still do so. Other clinical information should be used with COMM<sup>™</sup> scores to decide if and when modifications to a particular patient's treatment plan is needed.

It is important to remember that all chronic pain patients deserve treatment of their pain. Providers not comfortable treating certain patients should refer those patients to a specialist.

## SCORING THE COMM<sup>™</sup>

To score the COMM<sup>™</sup>, simply add the rating of all the questions. A score of 9 or higher is considered a positive.

Sum of Questions	COMM <sup>™</sup> Indication
9 or over	Positive
Below 9	Negative

## More about the COMM<sup>™</sup> Cutoff Score

As for any scale, the results depend on the cutoff score chosen. A score that is sensitive in detecting patients who are abusing or misusing opioid medication will necessarily include a number of patients who are not really abusing or misusing medication. The COMM<sup>™</sup> was intended to over-identify misuse, rather than mislabel someone as responsible when they are not. This is why a low cut-off score was accepted. We believe it is more important to identify patients with only a possibility of misusing medication, than to fail to identify those who are actually abusing medication. Thus, it is possible that the COMM<sup>™</sup> will result in false positives (patients identified as misusing medication when they are not).

**Using a cutoff score of 9 ensures that the provider is least likely to miss someone who is misusing prescription opioids.** However, remember that a low COMM<sup>™</sup> score suggests the patient is really at low-risk, while a high COMM<sup>™</sup> score contains a larger percentage of false positives (about 34%); at the same time retaining a large percentage of true positives. This could be improved, so a positive score has a lower false positive rate, but only at the risk of missing more of those who actually show aberrant behavior.



## SENSITIVITY AND SPECIFICITY OF THE COMM™

The table below presents several statistics that describe how effective the COMM™ is at different cutoff values.

Cutoff Score	9 or above
Sensitivity	.77
Specificity	.66
Positive Predictive Value	.66
Negative Predictive Value	.95
Positive Likelihood Ratio	3.48
Negative Likelihood Ratio	.08

**Clinically, a score of 9 or higher will identify 77% of those who actually turn out to be high risk.** The Negative Predictive Values for a cutoff score of 9 is .95, which means that most people who have a negative COMM™ are likely at low risk. Finally, the Positive Likelihood Ratio suggests that a positive COMM™ score (at a cutoff of 9) is about 3 1/2 times (3.48 times) as likely to come from someone who is actually abusing or misusing their medication (note that, of these statistics, the likelihood ratio is least affected by prevalence rates). These values suggest that the COMM™ is a sensitive test, better at identifying who is misusing their medication than identifying who is not misusing.