

Prescribing Opiates - A case-based discussion

James Mumford, MD

Vice Chair

Director , Inpatient Service

Department of Family Medicine

Beth Israel Medical Center

DPMPC & Family Medicine Grand Rounds

January 22, 2010

Case #1

RB 33 yo male

Sickle Cell Disease

Requiring 200 mg methadone q6hrs and
Dilaudid 6 mg q 4 hrs for pain

Admitted with a painful crisis

Urine Toxicology positive for Cocaine

Negative for Methadone

Case #2

- ⊕ JS 43 yo male reports h/o of herniated disk @ L4- L5 S1 diagnosed at MGH one year ago. Patient states that he fell off a ladder and hit his back side on the floor 2 days ago with recurrence of same pain
- ⊕ Ed Course- Tm- 98.4 P- 61-72 R- 18-20 BP- 137- 142/85-94
- ⊕ Requiring IV dilaudid for pain control, requests IV benadryl for itching
- ⊕ Patient was agitated, complaining of back pain on exam has bilateral paraspinal tenderness no spinal tenderness , patient has a steady gait
- ⊕ Phone call to MGH revealed no record of prior admission to MGH.

Case #3

- ⊕ PB 47 yo male
- ⊕ History of Protein C Deficiency with chronic leg pain
- ⊕ Poly Substance Abuse
- ⊕ Homeless, unemployed, uninsured
 - ⊕ Diagnosis based in part on Protein C level of <19 while admitted with a DVT and on Coumadin
 - ⊕ Requiring Fentanyl Patches 50 mcg, Oxycodone 5 mg q 6 hrs and Ativan 0.5 mg q 4 hrs
 - ⊕ States his Fentanyl patches and oxycodone were stolen from his locker requests refill

Case #4

- ⊕ MR 49 yo woman with a h/o Crohns Disease
- ⊕ Admitted with complaint of nausea and abdominal pain
- ⊕ Requiring Dilaudid 8 mg q 4 hours for pain
- ⊕ CT Abd - wnl

Case #5

- ⊕ AG 56 yo male recently released from prison gives h/o leg pain. No history or physical findings related to this complaint documented Oxycontin 20 mg bid prescribed. Patient returns for prior authorization for brand name drug
- ⊕ One month later oxycontin refilled by another provider pain not controlled
- ⊕ One week later patient reports he is taking 4 tablets (total 80 mg) twice daily which was his previous dose. Rx increased to 40 mg bid
- ⊕ One month later, dose increased to 80 mg bid brand name oxycontin
- ⊕ The estimated street value of one 40-milligram OxyContin pill is about \$40.

Pain Medicine Agreement

This agreement has 5 parts:

- Part 1 Tells you how and when to take your pain medicine.
- Part 2 Describes the goals of treatment.
- Part 3 Lists things you and your doctor agree to do.
- Part 4 Lists things that could happen if you do NOT do the things listed in Part 3.
- Part 5 Sign the form.
You and Dr. _____ must sign the form.



PART 1 MY PAIN MEDICINE



Medicine	Breakfast	Lunch	Dinner	Bedtime



PART 2: GOALS OF TREATMENT

I understand that my pain may not completely go away. I understand that the pain medicine may not work for me.

Goals for me are: _____

PART 3 THINGS I AGREE TO DO

I will

- only get my pain medicine from my doctor's office.
- take my pain medicine as listed in Part 1.
- tell all my other doctors that I am taking pain medicine.
- tell my doctor about ALL of the medicines (over-the-counter, herbs, vitamins, those ordered by other doctors) I am taking.
- tell my doctor about all of my health problems.



I will

- only ask for refills during office hours (Monday to Friday, 9:00 am to 5:00 pm).

- tell my doctor if I get pain medicine from another doctor or emergency room.

- keep my pain medicine in a safe place AND away from children.

- get my pain medicine from only _____ pharmacy.

Address:

Phone Number:

- bring all of my unused pain medicine in their pharmacy bottles to my office visits if my doctor asks me to. He or she may count the number of pills left in my bottle(s).

- allow my doctor to check my urine (pee) or blood to see what drugs I am taking.

- try all treatments that my doctor suggests, including physical therapy and mental health referrals if necessary





I will NOT

- share, sell or trade my pain medicine with anyone.
- use someone else's medicine(s).
- change how I take my medicine(s) without asking my doctor.
- ask my doctor for extra refills if I use up my supply before my next appointment.
- ask my doctor for extra refills if my medicine or prescription is lost or stolen.

My doctor will

- work with me to find the best treatment for my pain.
- ask me about side effects from my medicine and treat these side effects.
- make sure that there is someone available at the clinic to refill my medicine on time.



PART 4 I UNDERSTAND

- I may become addicted to my medicine
- If I drink alcohol or use street drugs while taking my medicine:
 - I may not be able to think clearly
 - I could become sleepy
 - I may injure myself or overdose
- If I need to stop this medicine, I need to do it slowly with my doctor's help or I may get very sick
- Driving while taking pain medicine is dangerous and I could be charged with driving under the influence (DUI)

If I ever steal or forge prescriptions, sell my medicine, or disrespect clinic staff, my doctor will stop ordering controlled pain medicine for me.

If my goals (in Part 2) are not reached, my doctor may change my pain medicine

If I do not follow this agreement, or if my doctor thinks that my medicine is hurting me more than it is helping me, my doctor

- will continue to be my primary care doctor but will stop my pain medicine in a safe way.
- will refer me to a specialist for treatment of pain and/or drug problems.



PART 5 SIGN THE FORM



Sign your name and write the date.

Sign your name

Date

Print your first name

Print your last name

Street

City

State

Zip Code

Doctor Name

Doctor Signature

Date

Adapted by Fox and Starrels, from:
Lorraine S. Wallace, Ph.D.©

References

- ⊕ <http://www.health.state.ny.us/nysdoh/phforum/nycrr10.htm>
- ⊕ *Responsible Opioid Prescribing: A Physicians Guide* <http://www.fsmb.org/>