

CHECKLIST #1

OPIOID MANAGEMENT

MANAGING PATIENTS WITH CHRONIC PAIN

The management of chronic pain through the prescription of controlled medication poses challenges and risks to both the patient and the healthcare provider. Common allegations against providers in pain management claims include:

- Liability for failure to adequately treat pain
- Liability for allegedly inappropriately prescribing controlled substances
- Potential for civil charges being brought against a physician or other provider for the patient's diversion of narcotics and/or drug abuse or overdose
- Liability for failing to recognize a patient's addiction and/or diversion and to refer the patient for treatment

		YES	NO
1.	A thorough initial evaluation of the patient is performed and documented. This includes: a history and assessment of the impact of the pain on the patient; the nature, type and causation of the pain; and a focused physical examination to determine if there are objective signs and symptoms of pain. The provider also reviews pertinent diagnostic studies, previous interventions and drug history and assesses the extent of co-existing medical conditions which impact the patient's pain. The names of all other providers the patient is seeing or has seen, and the pharmacies the patient uses are obtained.		
2.	A specific treatment plan is developed based upon the evaluation.		
3.	Accurate and complete medical records are maintained that clearly support the rationale for the proposed treatment plan.		
4.	A thorough informed consent discussion is performed regarding the plan of care, including the risks, benefits, and alternatives, and the risks of the alternatives, including no treatment with controlled substances.		
5.	The patient's consent is requested to obtain copies of the records of all prior treating providers, and these records are reviewed prior to prescribing controlled substances, to determine if there is a history of drug seeking behavior or abuse.		
6.	All prescriptions and prescription refills are documented and monitored.		

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MANAGING PATIENTS WITH CHRONIC PAIN (continued)		NO
7. The New York State Prescription Monitoring Program (I-STOP) registry is consulted prior to prescribing any controlled pain medications. It is documented either that the registry has been consulted, or the circumstances why a consultation was not performed.		
8. Prescription pads, if still utilized in your practice, are protected from unauthorized use. Staff access to computer-generated prescriptions is limited and monitored.		
 9. A written pain management agreement is used when prescribing controlled substances for patients with chronic pain. If the patient has a prior history of drug abuse, the patient is referred to a pain management practice or clinic, if possible. A pain management agreement outlines the expectations of the provider and the responsibilities of the patient, including: Baseline screening of urine/serum medication levels Periodic unannounced urine/serum toxicology screening Medications to be used, including dosage(s) and frequency of refills A requirement that the patient receive medications from only one physician and use only one pharmacy Frequency of office visits Reasons for discontinuance of drug therapy (e.g., violation of agreement). 		
10. Positive action is taken if we suspect patient addiction or diversion. (Public Health Law § 3372 requires a physician to report to the New York State Bureau of Controlled Substances any patient who is reasonably believed to be a habitual user or abuser of controlled substances by calling (518) 402-0707.)		
11. If appropriate, patients are referred for treatment of addiction, and this discussion with the patient is documented in the medical record.		

The law firm of Fager Amsler Keller & Schoppmann, LLP can provide sample pain management agreements or consultation when it is suspected that a patient may be selling or diverting narcotics. They can be reached at **(855) FAKS-LAW** (855-325-7529).