

# Example Clinical Policy

## Clinic Policy Regarding Patients on Long-term Controlled Substances (opioids, benzodiazepines and stimulants)

### New Patients with a History of Long-term Use of a Controlled Substance

Before a new patient with a history of long-term controlled substance prescription use receives the first prescription from a clinic physician, our clinic record must contain: the medical records, urine comprehensive drug scan, MAPS search results and, if long term use is anticipated, a completed controlled substance contract.

**Medical records.** These new patients must provide medical records documenting previous medical work-up regarding the complaint necessitating these prescriptions and notes from previous physicians that prescribed these medications.

Obtain relevant medical records from previous providers. The patient is responsible for having this information sent. This clinic will provide to the patient forms for release of information along with the fax number and mailing address of our clinic. The previous physician's office should send the information directly to this clinic. This clinic will also provide to the patient the clinic phone number to verify that the patient's medical records have been received and to make appointments.

The Initial clinic note should follow the suggested format outline and must be complete for elements of the Past, Family and Social histories that could put a patient at risk for medication problems. It should include a detailed prescription history (last time/date controlled substance taken).

**Urine comprehensive drug screen ("DRUG COMP").** DRUG COMP is combined immunoassay screening and gas chromatography/mass spectroscopy that together detect specific synthetic opioids along with morphine/codeine, benzodiazepines and drugs of abuse such as amphetamines, THC, and cocaine. It will also detect many common prescription meds such as tramadol, cyclobenzaprine, and TCAs. (A SAMHSA Drug 5 or Drug 6 immunoassay screen is inadequate due to difficulty of interpretation and problems with false positives and negatives.)

Order a DRUG COMP screen for all new patients. To avoid false negatives, inform the lab in the test order if a specific opioid should be present (particularly methadone, fentanyl and buprenorphine).

DRUG COMP specimen is collected in the clinic. Patients should not wear coats and other outer clothing or take purses, bags, backpacks into the bathroom. The nurse or provider should confirm promptly that the specimen is appropriately warm and should send it directly to the lab, not give it to the patient to deliver.

Check consistency between screen results and patient history and that no illicit drugs are present.

**Michigan Automated Prescription System (MAPS).** Search the state's online database of prescription fills controlled substances (MAPS: <https://sso.state.mi.us/>) for the patient's filling history. Physicians should register at <https://sso.state.mi.us> .)

**Controlled Substance Contract/Informed Consent – long term use.** At the visit when the first prescription is provided for a controlled substance, if long term use is anticipated the provider should initiate with the patient completion of the clinic's controlled substance contract/informed consent. The completed contract is scanned to the medical record, labeled "Controlled Substance Contract," and noted on the Problem List in the PSL (Problem Summary List).

## Established Patients Using a Controlled Substance

Use the attached Established Patient Visit Checklist (copy also in the UMHS Chronic Pain guideline).

**New patient criteria.** All established patients must meet the above criteria for new patients.

**Lost prescriptions:** No lost prescriptions will be replaced.

**Early refills.** No early refills will be given.

**Pill counts with urine screen.** Ask the patient to bring existing pill bottles (with remaining pills, for a pill count) and submit a urine comprehensive drug screen (DRUG COMP) in the following situations:

- Twice yearly for all chronic non-malignant pain patients receiving opioids – once during January-June and another July-December.
- Patient requesting early prescription – for example, “going on vacation, emergency trip out of state”, “had to change pharmacies.”
- Patient behavior concerning for intoxication by illicit drugs.
- Patient requesting refill on controlled substance we have never prescribed.
- Person other than patient requesting refill or picking up prescription.
- Patient cannot state directions as prescribed for taking medication.
- Patient not permitted to speak with physician alone (other people won’t leave examining room).
- Patient’s physical exam or history concerning for misuse of controlled substance or illicit drug use.
- Clinic receives information from a pharmacy or other health care provider concerning for patient obtaining controlled substances from multiple physicians.

**Problem results of urine comprehensive drug screen (“DRUG COMP”).** (Note: A “Drug 6 immunoassay” screen is inadequate.)

- Diversion – drug screen negative for drugs prescribed. If diversion is suspected, prescribing controlled substances is *illegal*. No prescription will be provided by any member our practice. A repeat test must be completed within 48 hrs.
- Multiple sources – drug screen positive for controlled substances not being prescribed by our practice. The patient appears to be receiving opioids from multiple physicians. Members of our practice will not continue to prescribe controlled substances for these patients.
- Illegal/illicit drugs– positive screen. Absolutely no controlled prescription will be prescribed. Controlled substances cannot be safely prescribed in patients taking illicit drugs, *including cannabis*.

**Disorderly behavior in clinic.** Abusive behavior toward clinic staff, or disruptive behavior interfering with the care of other patients will not be tolerated. Call a “yellow card” for any threatening behavior. The patient may be dismissed from our clinic permanently.

**Terminate controlled substance prescriptions.** The following patient behaviors will result in terminating these prescriptions. Note termination of controlled substances in the CareWeb PSL.

- Fails to comply with drug testing as requested, including second follow-up test in timely manner
- Fails to comply with medical evaluation of pain complaint: diagnostic tests requested (e.g., radiology tests, EMG, stress test) and referrals (e.g., neurology, neurosurgery, physical or occupational therapy, pain specialist/anesthesia, psychology or psychiatry).
- Does not report treatment with opioids/controlled substances by other physicians
- Has drug testing results not consistent with clinic physician’s prescription plan:
  - Prescriptions patient reports taking daily are not detected on screen.
  - Patient tests positive for controlled substances not prescribed by clinic.
  - Patient tests positive for illicit substances, particularly cocaine – patients should be referred for drug treatment.
- Misses more than two appointments (no show) per year without proper cancellation

## Visit Checklist for Established Patients on Long-term Controlled Substances

- Determine level of adherence to both pain and general medical management plans (medications, physical therapy, lifestyle interventions, etc.).
- Document progress toward functional goals and pain response.
- Evaluate for adverse effects of medications (NSAIDs, adjuvants, opioids)
- Assess for 'red flag' drug-taking behavior. Review written pain management agreement for patients at risk.
- Check MAPS quarterly.
- Order a urine comprehensive drug screen ("DRUG COMP") on all patients twice per year – once during January-June and another July-December,
- Review management plan: refine functional goals, titrate effective medications, stop ineffective medications (including NSAIDs and opioids), modify non-interventional modalities, review expectations.
- Assure that a Treatment Agreement (Contract) is scanned to the record, labeled "Controlled Substance Contract" and noted on the PSL Problem List.
- Evaluate for appropriate boundaries in therapeutic relationship.
- Consider referral to Comprehensive Pain Management Center for evidence of addiction behavior, failure to reach functional goals despite adherence to plan, rapidly escalating or very high dose opioid needs, or poor psychological adjustment to symptoms.