Background
Prescription drug abuse and misuse has been declared an epidemic by the Centers for Disease Control and Prevention (CDC). Drug overdose deaths greatly exceed deaths due to motor-vehicle accidents and the majority of drug related deaths involve prescription drugs.

Further, prescription drug addiction and drug-drug interactions associated with combinations of controlled medications are a major issue.

The following guideline is based on a collection of recommendations originally developed by the San Diego County Medical Society Prescription Drug Abuse Medical Task Force, published medical literature, and evidence-based recommendations from various professional organizations.

Goals
1. Providers will evaluate all patients who present with a complaint of pain and treat with the lowest dose of narcotic pain medication possible and for the shortest duration possible.
2. Providers will treat patients based on established safe prescribing practices and on a case-by-case basis. Non-narcotic pain medication alternatives will be explored as first-line treatment in all patients with pain.
3. Providers will treat patients with narcotics for greater than 30 days only after a definitive diagnosis for the pain is made, after exhausting narcotic alternatives (such as non-narcotic pain medications and other procedural and conservative treatment modalities), and under a medication management agreement as articulated in this guideline.

The recommendations below are guidelines, not absolute standards of care, and physician judgment is acknowledged as a key element in applying the guidelines to an individual patient.

CURES Reports
The California prescription drug monitoring database for controlled substances is the Controlled Substance Utilization Review and Evaluation System (CURES). This database contains prescription fill information for controlled substances II-IV that were dispensed in California. Note that the database may not contain information from VA system or military treatment facilities, and that information upload may be delayed by up to one week due to submission requirements. All providers who prescribe narcotic pain medications or other controlled substances should obtain access to CURES. To register visit: https://pmpdojo.ca.gov/pmpreg/RegistrationType_input.action.

Red Flags for Prescription Drug Abuse and Fraud
“Red flags” include, but are not limited to:
- Requesting specific controlled substances
- Repeatedly running out of medication early
- Loss or theft of medication
- Unscheduled refill requests
- Unwillingness to try non-opioid treatments
- Obtaining prescriptions from multiple sources (i.e. multiple providers or multiple pharmacies)
Precautionary Guidelines
a. Concomitant use of narcotics and benzodiazepines or barbiturates should be avoided due to the serious risk of drug overdose and addiction. Taper benzodiazepines and consider psychiatrist consultation if there is an anxiety, depression or non-physiologic component in the patient’s perception of pain.
b. Do not prescribe narcotics to patients who admit to the use of medical or recreational marijuana or other recreational drugs.
c. Do not use Phenergan® with codeine cough syrup due to its recreational abuse potential in a street drug known as “Purple Fizz”. Use alternative cough medications such as Cheratussin® or Hycodan® syrup.
d. Soma® (carisoprodol) should be avoided due to its high potential for abuse and diversion. Consider alternative muscle relaxants such as Flexeril®, Zanaflex®, Robaxin®, or baclofen.
e. Avoid use of tramadol. The medication may cause death in patients who are receiving tranquilizers and other CNS active drugs (eg. SSRI, TCA), and has a high potential for abuse. Tramadol is now a scheduled medication in California and many other states.
f. Long-acting agents: providers should not prescribe highly addictive, or long-acting pain medications for patients with non-cancer acute or chronic pain except under the conditions noted below. These medications include Oxycontint®, MS Contin®, Exalgo®, Opana ER®, fentanyl patches, or methadone.

Guidelines for Treatment of Acute Pain
1. Patients with acute pain who require opioids should receive short-acting preparations with the least number of pills needed to minimize potential diversion or sharing of medication. In the primary care setting prescribing 5-15 tablets of a short-acting opioid is usually sufficient.
2. Patients receiving narcotic pain medications should be asked about any history of abuse or addiction to alcohol, prescription drugs, or illegal drugs.
3. When dosing opioid naïve patients, start with a short-acting opioid with a maximum dose of one tablet four times daily. Do not exceed recommended daily maximum doses for acetaminophen from all preparations (max recommended dose=NTE 3000mg/day, max recommended dose with liver disease=NTE 2000mg/day). Examples of short acting options include:

<table>
<thead>
<tr>
<th>Brand</th>
<th>Generic</th>
<th>Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td>Tylenol® #3</td>
<td>codeine 30mg/APAP 300mg</td>
<td></td>
</tr>
<tr>
<td>Vicodin®</td>
<td>hydrocodone 5mg/APAP 300mg</td>
<td>Other strengths available</td>
</tr>
<tr>
<td>Norco®</td>
<td>hydrocodone 5mg/APAP 325mg</td>
<td>Other strengths available</td>
</tr>
<tr>
<td></td>
<td>hydrocodone 10mg/APAP 325mg</td>
<td></td>
</tr>
<tr>
<td>Vicoprofen®</td>
<td>Hydrocodone 5mg/ibuprofen 200mg</td>
<td></td>
</tr>
<tr>
<td>Ultram®</td>
<td>tramadol 50mg</td>
<td>Not recommended for patients with liver disease, renal disease, or concurrently taking an SSRI/TCA</td>
</tr>
</tbody>
</table>

Guidelines for Treatment of Chronic Non-Cancer Pain
1. Document the patient’s subjective level of pain, functional description of any limitations on the patient’s activities due to pain, the source of the patient’s pain and diagnosis.
2. Perform a risk evaluation using the Opioid Risk Tool or other standard tool.
3. Initiate a Medication Management Agreement.
4. Run a CURES report for all patients:
   - Requiring narcotic pain medication for more than 30 days
   - Entering into a medication management agreement
   - With non-cancer chronic pain requiring pain medication based on a pain specialist’s recommendation. A CURES report will be added to the patient’s chart every 90 days.
   - With a history suggesting “red flags” for controlled substance medication abuse, misuse, or diversion.
5. If “red flag” behavior is identified, the provider should consider seeking medical records from other providers caring for the patient and sharing concerns regarding potential medication abuse, misuse or diversion.

6. Providers should not treat any patient for acute or chronic non-cancer pain with opioid pain medications for more than 90 days without a documented pain management specialist consultation. Patients requiring dose escalation or a change in the treatment plan should be referred back to the pain specialist.

7. Under the guidance of a pain management specialist, the PCP may prescribe ongoing narcotic pain medication as recommended by the specialist. The patient must follow up with the pain management specialist every 12 months or more often as necessary.

8. The patient should be seen monthly by the PCP during chronic pain management using opioids.

9. A random drug screen should be run every 3-6 months with the identification of CURES discrepancies or “red flags”.

10. Patients who break the terms of their medication management agreement may be prescribed a final 30 day supply of medication and instructed to taper medication dosages to avoid symptoms of withdrawal. Although opioid withdrawal symptoms are uncomfortable, they are generally not life threatening.

**Cancer Related Chronic Pain**

1. Patients undergoing advanced cancer treatment associated with pain will be treated at the discretion of the physician with close monitoring of symptoms and side effects of therapy.

**Reporting to Law Enforcement**

a. Providers are encouraged to report suspected prescription fraud by a patient or provider to the DEA.

b. Examples of patient prescription fraud include:
   - Misrepresenting or concealing information to a doctor or pharmacist in order to inappropriately obtain controlled substances (i.e., reporting a lost prescription when not true, furnishing a false name, etc.)
   - Doctor shopping (i.e., using multiple providers and pharmacies to get multiple prescriptions for controlled substances without provider or pharmacy knowledge)
   - Forging or altering a prescription
   - Impersonating a prescriber in order to obtain a prescription (i.e., a non-prescriber calling in a prescription to a pharmacy)

**Pain Management and Addiction Referrals**

See attached resources

**References**


Medication Management Agreement

<table>
<thead>
<tr>
<th>Patient name:</th>
<th>DOB:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Medication name, dose, directions:</td>
<td>Qty per month:</td>
</tr>
<tr>
<td>Provider name:</td>
<td></td>
</tr>
<tr>
<td>Pharmacy name:</td>
<td></td>
</tr>
</tbody>
</table>

- I understand that taking narcotics for pain can cause physical dependence, addiction and serious side effects and, under certain circumstances, may even lead to death.
- I agree to take my medication only as prescribed by my doctor and will not take more than prescribed.
- I will stay within prescribed doses and intervals and will not request an increase in dosage or early refills.
- I will not get narcotics from anyone besides my doctor.
- I will not call the clinic/office for pain medication refills. It is my responsibility to schedule an appointment at least one week in advance of running out of my pain medications in order to get a refill.
- I give my doctor permission to give and receive information from other physicians treating me concerning my use, or possible misuse, of controlled medications.
- I understand that my provider will run and review a complete list of all controlled medications I take through the California Department of Justice, Controlled Substance Utilization Review and Evaluation System (CURES) database.
- I will, if asked, agree to submit urine, hair or blood tests for narcotic and other substances whenever my doctor requests. I also authorize the release of any drug test results to other health care providers involved in my care, or from whom I seek controlled medications in the future.
- I understand that if a drug test does not reflect the type and amount of medication prescribed by the office or if it shows any illicit substances, I will no longer be allowed to receive controlled medication from the clinic/office.
- If asked, I will bring all my unused medications to each clinic visit.
- I will have all of my controlled medication(s) filled at one pharmacy, to be agreed upon by me and my doctor.
- I will not sell or allow anyone else to use my medications, nor will I use anyone else's medications.
- It is my responsibility to safeguard my medications from others, including members of my household. I understand if my medication is lost or stolen it will not be replaced. Stolen or lost medications should be reported to local law enforcement authorities.
- I understand that if I break this agreement my medical provider may:
  1. Stop prescribing any controlled medications to me
  2. Require me to see a Pain Management specialist or a psychiatrist
  3. Refer me to a drug and alcohol abuse treatment program
  4. Send a copy of this agreement to my other doctors, emergency departments and urgent cares in the area, to local pharmacies and my health plan with a description of the breach in this agreement.

Patient Signature: ____________________________________________  Date: ______________
Provider Signature: ____________________________________________  Date: ______________

04202015
<table>
<thead>
<tr>
<th>Item</th>
<th>Mark each box that applies</th>
<th>Item Score If Female</th>
<th>Item Score If Male</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Family History of Substance Abuse</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Alcohol</td>
<td>[ ]</td>
<td>1</td>
<td>3</td>
</tr>
<tr>
<td>Illegal Drugs</td>
<td>[ ]</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>Prescription Drugs</td>
<td>[ ]</td>
<td>4</td>
<td>4</td>
</tr>
<tr>
<td>2. Personal History of Substance Abuse</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Alcohol</td>
<td>[ ]</td>
<td>3</td>
<td>3</td>
</tr>
<tr>
<td>Illegal Drugs</td>
<td>[ ]</td>
<td>4</td>
<td>4</td>
</tr>
<tr>
<td>Prescription Drugs</td>
<td>[ ]</td>
<td>5</td>
<td>5</td>
</tr>
<tr>
<td>3. Age (Mark box if 16 – 45)</td>
<td>[ ]</td>
<td>1</td>
<td>1</td>
</tr>
<tr>
<td>4. History of Preadolescent Sexual Abuse</td>
<td>[ ]</td>
<td>3</td>
<td>0</td>
</tr>
<tr>
<td>5. Psychological Disease</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Attention Deficit Disorder</td>
<td>[ ]</td>
<td>2</td>
<td>2</td>
</tr>
<tr>
<td>Obsessive Compulsive Disorder</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Bipolar</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Depression</td>
<td>[ ]</td>
<td>1</td>
<td>1</td>
</tr>
<tr>
<td>TOTAL</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Total Score Risk Category</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Low Risk 0 – 3</td>
<td>Moderate Risk 4 – 7</td>
<td>High Risk &gt; 8</td>
<td></td>
</tr>
</tbody>
</table>