



Recommendations for a Model Controlled Substance Policy for Family Practice

Submitted by the IAFP Public Health Committee, September 2011

- a. Family Physicians should adopt a reasonable Chronic Pain Medicine, Narcotic/Opioid and Controlled Substance Policy which fits their practice and patient population and follow it every day, for every patient and at each encounter.
- b. The policy need not be applied to prescriptions written for less than two weeks at a time, renewable only once (total of 28 days) for treatment of acute pain and other symptoms.
- c. Confirm the identity of all patients at registration. All patients should be checked for some form of legal identity at the time of check in process. Patient should be screened for different names/namesakes as well, if feasible.
- d. With few exceptions, post-surgical pain management should be continued by the surgeon who performed a given surgical procedure. For each exception, there should be a written consult, a letter or documentation of a phone conversation in the patient's medical record specifying the exception.
- e. For prescriptions beyond a total of 28 days, it is recommended that the medical record documentation include:
 - (a) Completion of appropriate evaluation including history and physical exam, nature and intensity of the pain, current and past treatments for pain, sleep, and depression, underlying or coexisting diseases or conditions, the effect of the pain on physical and psychological function, past history of substance abuse and investigation of the cause of symptoms.
 - (b) The presence of one or more recognized medical indications and relative contraindications for the use of the prescribed medicine/s.
 - (c) Recommendation and arrangement for consultation with appropriate specialists specializing in pain management, psychiatry, rehabilitation medicine, musculoskeletal disorders and nerve disorders etc. A written consult report or documentation of a phone conversation with the consultant should be available in the patient's medical record.
 - (d) Consideration and discussion with the patient regarding alternatives to requested or intended prescriptions for chronic pain medicine/s, narcotics/opioids and controlled substances including non-pharmacological and oral and topical non-opioid therapies.
 - (e) Illinois Prescription Information Library accession by prescribing physician or designated staff initially or every 90 days (www.ilpmp.org) and documentation in the patient's medical record.

- (f) Discussion with the patient of the indications and common potential side effects and risks of prescribed medicine/s, need to avoid alcohol and all illegal drugs, limit of no more than 28 day supply at a time with no possibility of replacement if lost or stolen, non-availability of phone prescription refills therefore requiring a face to face office/clinic visit and documentation of progress by the physician or clinician at least once every 28 days, safe keeping of all medicine/s for personal use only, agreement to not get narcotics/opioids and controlled substances prescriptions from any other physician, clinician or ER, agreement to use only one pharmacy, and availability for random urine and serum drug screen without advance notice. Alternatively, a "Narcotic Contract" or agreement developed to cover above expectations signed by the patient and witnessed preferably by a family member of the patient and placed or scanned in the patient's medical record will be acceptable.
- (g) Statement of a plan to try and wean off/taper the prescribed medicine/s.
- (h) Report of a standard Urine Drug Screen initially and every 90 days as a minimum. Additionally, Urine test for Oxycodone and a Serum Drug Screen test may be ordered based on the judgment by the prescribing physician.
- (i) Documentation and appropriate action in case of a positive drug screen for an unprescribed medicine, a negative drug screen for a prescribed medicine, missed scheduled appointments, violent or threatened behavior, hospitalization, alcohol intoxication, intervening acute or new illness, or other instances of non-compliance with agreement and recommendations.
- (j) Physicians should not avoid the prescribing of controlled substances in appropriate patients within the framework of such a policy.
- (k) Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. Objective evidence of improved or diminished function should be monitored and information from family members or other caregivers should be considered in determining the patient's response to treatment. Attempts to wean off or discontinue the medicine/s should match the documented progress in patient's medical record
- (l) If the patient's progress is unsatisfactory, the physician should assess the appropriateness of continued use of the current treatment plan and consider the use of other therapeutic modalities or referral to an appropriate consultant or rehabilitation facility for further care.