

LONG-TERM OPIOD THERAPY AGREEMENT

Agreement between _____ (patient name) and Coastal Pain and Spine Center.

This agreement between Coastal Pain and Spine Center and you, the patient, _____, is drawn up to prevent any misunderstandings about prescribing controlled substance medications (narcotics, barbiturates including Soma, and benzodazepines) for the treatment of your pain. This agreement is to protect your access to controlled pain medicines and to protect our ability to prescribe them for you. This will help both you and Coastal Pain and Spine Center comply with the law regarding the use of controlled medications.

The physician at Coastal Pain and Spine Center considers you an appropriate candidate for trial of controlled substance medication because it should improve your function, result in decreased pain, and improve your quality of life. It should be understood that any medical treatment is initially a trial, and that continued treatment is based on the benefit obtained. You need to be aware that there are limitations to using controlled substance medications. As with all medications, there are risks associated with their use, including, but not limited to: allergic reactions, slowed breathing, constipation, swelling, decreased sex drive, poor pain relief, depression, itching, sleepiness, memory loss, dizziness, difficulty urinating, nausea/vomiting, decreased mental ability, immune suppression, slowed reaction time.

Males only: Be aware that chronic narcotic use has been associated with low testosterone levels. This may affect your mood, stamina, sexual desire and physical and sexual performance.

Females only: If you plan to become pregnant or believe that you have become pregnant while taking this pain medication, your obstetrician must be notified immediately and this office must be informed. Should you carry a baby to delivery while taking narcotic or barbiturate medications, the baby will be physically dependent upon the drug. The risk of birth defects is not increased or decreased by the use of narcotic medications.

There are some additional concerns, however, when it comes to the use of controlled substance medications – such as tolerance, physical dependence and addiction.

Physical Dependence: This is not the same as addiction. You will develop physical dependence when taking controlled substance medications regularly. Therefore, you must not stop taking this drug abruptly or you will experience withdrawal symptoms such as: nausea and vomiting, sweating, goose bumps, abdominal pain and cramping, diarrhea, irritability, and general body aches. Should we decide to stop treatment, we will decrease the drug dose slowly before we stop the medication. Be aware that certain other medications such as nalbuphine (Nubain), pentazocine (Talwin), buprenorphine (Buprenex) and butorphanol (Stadol), may reverse the action of the narcotic used for pain control. Taking any of these other medications while you are taking narcotic medications can cause withdrawal symptoms.

Addiction: This is a psychological dependence on a medication. Addiction is defined as the use of a medication even if it causes harm (i.e.: cravings for a drug, feeling to need to use a drug, having a decreased quality of life, and doing things that are illegal or harmful to others to obtain the medication). A history of alcohol or drug abuse increased the risk of addiction.

Because these drugs have potential for abuse or diversion, strict accountability is necessary. Coastal Pain and Spine Center will prescribe narcotics for you only if you agree to the following rules.

You must agree to:

1) Maintain a primary care physician who is aware of and agrees with your use of long-term narcotic therapy for pain control and agrees to continue monitoring your medical needs while being treated with narcotics. My primary care physician is: _____.

2) Continue all other recommended forms of treatment, i.e.: physical therapy and psychological counseling. Understand that these therapies will be needed in addition to narcotics to provide better pain relief.

- 3) Notify our office of any new medications or medical conditions and any other physician or dentist from whom you are receiving any treatment and any adverse effects that you experience from any of the medications that you take.
- 4) Not attempt to obtain pain control medications or any type form any other doctor. If a new acute pain problem develops, such as an injury or surgery, the doctor taking care of you for that acute event may give you pain medications for a short time to cover the expected increased in pain. Emergency room (ER) visits for pain medications or taking your medication other than the prescribed dose and time will result in discontinuation of the drug. Notify the office within 72 hours of any ER visit.
- 5) Attend each scheduled appointment and follow-up examinations as directed by your physician. Failure to do so may result in your being unable to obtain your medications. You must be seen at least every 3 months or sooner as determined by your physician.
- 6) Not be involved in any activity that may be dangerous to you or someone else. Be aware that even if you do not notice it, your reflexes and reaction time may be slowed. Such activities include, but are not limited to: using heavy equipment or a motor vehicle, working at unprotected heights, or being responsible for another person who is unable to care for himself/herself. Do not drive, operate heavy equipment or serve in a capacity related to public safety if you feel tired or mentally foggy. Be aware that this is likely to occur at the onset of treatment and at any dosage adjustments.
- 7) Bring all unused pain medications and any other prescription medications in the original labeled container to the office for each visit. Agree and be aware of how many pain pills you have left. All prescriptions are recorded in the medical record.
- 8) We will not call in or write prescriptions after normal office hours, on weekends or holidays. We require 24 hour notice for all prescription refills. We will not mail prescriptions. Frequent phone calls for "emergency" or early refills suggests inappropriate usage of the controlled substance medication. Such unscheduled use may be grounds for a decision to switch to other medications and discontinuation of the controlled substance medication.
- 9) It is our policy not to replace a prescription for a misplaced, lost or stolen controlled substance medication.
- 10) If you personally cannot pick up a written prescription at the office, you must notify the office in advance of the name of your relative (not friend) picking up the prescription for you. That person will be required to sign and show ID to receive the prescription.
- 11) Do not share, sell or trade your medication with anyone for any reason. Keep your medications in a safe place away from others. Keep out of the reach of children.
- 12) Avoid alcohol in excess.
- 13) Never use illegal drugs such as cocaine, marijuana, methamphetamines, etc.
- 14) Never alter a prescription.
- 15) Allow my doctor to contact any healthcare provider or pharmacist who has treated me or is treating me for my pain.
- 16) Unannounced urine/serum medication level screening when requested to follow your compliance with medication use. If these tests are not covered by your insurance, you agree to pay for the cost. Presence of illegal drugs will result in recommendation for substance abuse evaluation/treatment and discontinuation of your controlled substance medication.

17) Allow my prescribing physician to discuss all diagnostic and treatment details with dispensing pharmacists, physicians and any other professionals who provide or have provided health care to you for purposes of maintaining accountability. This includes a record of any and all prescriptions filled or written.

18) If my doctor recommends, I will see a specialist to help determine whether I am developing an addiction.

19) Obtain all controlled substance medications from one pharmacy. List the name and phone number of the pharmacy.

_____ (pharmacy name) _____ (phone number)

20) Not engage in or have a family member engage in argumentative behavior or profanity toward the office staff. This will not be tolerated and will result in discharge for the practice.

Any violation of this agreement is grounds for discontinuation of the drug and possible discharge from the practice. The primary care/ referring physician will be notified.

I have read this form or have had it read to me. I understand all of it. By signing this form voluntarily, I give my consent for the treatment of my pain with controlled substance medications (i.e.: narcotics, benzodiazepines or barbiturates). A copy of this agreement has been given to me.

_____ (patient's name) _____ (patient's signature)

_____ (physician's signature) _____ (date)