

# **Wyoming Board of Medicine Policy**

**POLICY NUMBER:** 40-01

**Title:** Pain Management

**Date Issued:** February 13, 2009

**Date(s) Revised:**

**Reference:**

**Purpose:** Establishing model protocols and a general standard of care for treatment of chronic pain by physicians and physician assistants

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**POLICY:** The Wyoming Board of Medicine adopts and incorporates herein by reference the Wyoming Health Care Licensing Boards' Uniform Policy for the Use of Controlled Substances in the Treatment of Pain (see attached).

# Wyoming Health Care Licensing Boards' Uniform Policy for the Use of Controlled Substances in the Treatment of Pain

## ***Section I: Preamble***

The Wyoming state boards of Medicine, Nursing, Dental Examiners, Pharmacy, Podiatry, Optometry, and Veterinary Medicine<sup>1</sup> (“the Boards”), recognize that principles of quality health care practice dictate that the people of the State of Wyoming have access to appropriate and effective pain relief. The appropriate application of up-to-date knowledge and treatment modalities can serve to improve the quality of life for those patients who suffer from pain as well as reduce the morbidity and costs associated with untreated or inappropriately treated pain. For the purposes of this policy, the inappropriate treatment of pain includes nontreatment, undertreatment, overtreatment, and the continued use of ineffective treatments.

The diagnosis and treatment of pain is integral to the provision of health care. The Boards encourage all prescribers to view pain management as a part of quality practice for all patients with pain, acute or chronic, and it is especially urgent for patients who experience pain as a result of terminal illness. All prescribers should become knowledgeable about assessing patients’ pain and effective methods of pain treatment, as well as statutory and regulatory requirements for prescribing controlled substances.

Accordingly, this policy has been developed to clarify the Boards’ position on pain control, particularly as related to the use of controlled substances, to alleviate prescriber uncertainty, and to encourage better pain management.

Inappropriate pain treatment may result from prescribers’ lack of knowledge about pain management. Fears of investigation or sanction by federal, state and local agencies may also result in inappropriate treatment of pain. Appropriate pain management is the treating prescriber’s responsibility. As such, the Boards will consider the inappropriate treatment of pain to be a departure from standards of practice and will investigate such allegations, recognizing that some types of pain cannot be completely relieved, and taking into account whether the treatment is appropriate for the diagnosis.

The Boards recognize that controlled substances, including opioid analgesics, may be essential in the treatment of acute pain due to trauma or surgery and chronic pain, whether due to cancer or non-cancer origins. The Boards will refer

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<sup>1</sup> This Policy is specifically applicable to the treatment of pain in human patients. Because of the very real possibility of diversion of pain medications properly prescribed for use in animals to improper use by humans, however, the Wyoming Board of Veterinary Medicine has adopted this Policy to provide guidance to veterinarians in their practice.

to current clinical practice guidelines appropriate to the prescriber's profession and practice, as well as expert review, in approaching cases involving management of pain. The management of pain should consider current clinical knowledge and scientific research and the use of pharmacologic and non-pharmacologic modalities according to the judgment of the prescriber. Pain should be assessed and treated promptly, and the quantity and frequency of doses should be adjusted according to the intensity, duration of the pain, and treatment outcomes. Prescribers should recognize that tolerance and physical dependence are normal consequences of sustained use of opioid analgesics and are not the same as addiction.

The Boards are obligated under the laws of the State of Wyoming to protect the public health and safety. The Boards recognize that the use of opioid analgesics for other than legitimate purposes poses a threat to the individual and society and that the inappropriate prescribing of controlled substances, including opioid analgesics, may lead to drug diversion and abuse by individuals who seek them for other than legitimate use. Accordingly, the Boards expect that prescribers will incorporate safeguards into their practices to minimize the potential for the abuse and diversion of controlled substances.

Prescribers should not fear disciplinary action from the Boards for ordering, prescribing, dispensing or administering controlled substances, including opioid analgesics, for a legitimate purpose and in the course of professional practice. The Boards will consider prescribing, ordering, dispensing or administering controlled substances for pain to be for a legitimate purpose if based on sound clinical judgment. All such prescribing must be based on clear documentation of unrelieved pain. To be within the usual course of professional practice, a prescriber-patient relationship must exist and the prescribing should be based on a diagnosis and documentation of unrelieved pain. Compliance with applicable state or federal law is required.

The Boards will judge the validity of the prescriber's treatment of the patient based on available documentation, rather than solely on the quantity and duration of medication administration. The goal is to control the patient's pain while effectively addressing other aspects of the patient's functioning including, but not limited to, physical, psychological, social and work-related factors. This reliance upon the record to support the use of pain medications makes it critical for prescribers to thoroughly document the patient's care and treatment.

Allegations of inappropriate pain management will be evaluated on an individual basis. The Boards will not take disciplinary action against prescribers for deviating from this policy when contemporaneous medical records document reasonable cause for deviation. A prescriber's conduct will be evaluated to a great extent by the outcome of pain treatment, recognizing that some types of pain cannot be completely relieved, and by taking into account whether the drug used is appropriate for the diagnosis, as well as improvement in patient functioning and/or quality of life.

## ***Section II: Guidelines***

The Boards have adopted the following criteria when evaluating prescribers' treatment of pain, including the use of controlled substances:

- 1. Evaluation of the Patient**—A patient history and physical examination must be obtained, evaluated, and documented in the medical record. The medical record should document the nature and intensity of the pain, current and past treatments for pain, underlying or coexisting diseases or conditions, the effect of the pain on physical and psychological function, and history of substance abuse. The medical record also should document the presence of one or more recognized medical indications for the use of a controlled substance.
- 2. Treatment Plan**—The written treatment plan should state objectives that will be used to determine treatment success, such as pain relief and improved physical and psychosocial function, and should indicate if any further diagnostic evaluations or other treatments are planned. After treatment begins, the prescriber should adjust drug therapy to the individual medical needs of each patient. Other treatment modalities or a rehabilitation program may be necessary depending on the etiology of the pain and the extent to which the pain is associated with physical and psychosocial impairment.
- 3. Informed Consent and Agreement for Treatment**—The prescriber should discuss the risks and benefits of the use of controlled substances with the patient, persons designated by the patient, or with the patient's surrogate or guardian if the patient is without decision-making capacity. The patient should receive prescriptions from one prescriber and one pharmacy whenever possible. If the patient is at high risk for medication abuse or has a history of substance abuse, the prescriber should strongly consider the use of a written agreement between prescriber and patient outlining patient responsibilities including, where appropriate:
  - a. urine/serum medication levels screening when requested;
  - b. number and frequency of all prescription refills; and
  - c. reasons for which drug therapy may be discontinued (e.g., violation of agreement).
- 4. Periodic Review**—The prescriber should periodically review the course of pain treatment and any new information about the etiology of the pain or the patient's state of health. Continuation or modification of controlled substances for pain management therapy depends on the prescriber's evaluation of progress toward treatment objectives. 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. If the patient's progress is unsatisfactory, the prescriber should assess the appropriateness of continued use of the current treatment plan and consider the use of other therapeutic modalities.

- 5. Consultation**—The prescriber should be willing to refer the patient as necessary for additional evaluation and treatment in order to achieve treatment objectives. Special attention should be given to those patients with pain who are at risk for medication misuse, abuse or diversion. The management of pain in patients with a history of substance abuse or with a comorbid psychiatric disorder may require extra care, monitoring, documentation and consultation with or referral to an expert in the management of such patients.
- 6. Medical Records**—The prescriber should keep accurate and complete records to include
  - a. the patient's history and physical examination,
  - b. diagnostic, therapeutic and laboratory results,
  - c. evaluations and consultations,
  - d. treatment objectives,
  - e. discussion of risks and benefits,
  - f. informed consent,
  - g. treatments,
  - h. medications (including date, type, dosage and quantity prescribed),
  - i. instructions and agreements, and
  - j. periodic reviews.

Records should remain current and be maintained in an accessible manner and readily available for review.

- 7. Compliance With Controlled Substances Laws and Regulations**—To prescribe, dispense or administer controlled substances, the prescriber must be licensed in Wyoming and comply with applicable federal and state laws and regulations. Prescribers are referred to the *Physicians Manual of the U.S. Drug Enforcement Administration* (and any relevant documents issued by the Boards) for specific rules governing controlled substances as well as applicable state regulations.

### ***Section III: Definitions***

For the purposes of these guidelines, the following terms are defined as follows:

**Acute Pain**—Acute pain is the normal, predicted physiological response to a noxious chemical, thermal or mechanical stimulus and typically is associated with invasive procedures, trauma and disease. It is generally time-limited.

**Addiction**—Addiction is a primary, chronic, neurobiologic disease, with genetic, psychosocial, and environmental factors influencing its development and manifestations. It is characterized by behaviors that include the following: impaired control over drug use, craving, compulsive use, and continued use despite harm. Physical dependence and tolerance are normal physiological consequences of extended opioid therapy for pain and are not the same as addiction.

**Chronic Pain**—Chronic pain is a state in which pain persists beyond the usual course of an acute disease or healing of an injury, or that may or may not be associated with an acute or chronic pathologic process that causes continuous or intermittent pain over months or years.

**Medical Records**—Patient-specific records maintained by a prescriber in the course of his or her practice.

**Pain**—An unpleasant sensory and emotional experience associated with actual or potential tissue damage or described in terms of such damage.

**Physical Dependence**—Physical dependence is a state of adaptation that is manifested by drug class-specific signs and symptoms that can be produced by abrupt cessation, rapid dose reduction, decreasing blood level of the drug, and/or administration of an antagonist. Physical dependence, by itself, does not equate with addiction.

**Prescriber**—A person properly licensed or approved by one or more of the Boards to prescribe controlled substances.

**Prescriber/Patient Relationship**—An established, documented professional treatment relationship established between a patient and a prescriber.

**Pseudoaddiction**—The iatrogenic syndrome resulting from the misinterpretation of relief-seeking behaviors as though they are drug-seeking behaviors that are commonly seen with addiction. The relief-seeking behaviors resolve upon institution of effective analgesic therapy.

**Substance Abuse**—Substance abuse is the use of any substance(s) for non-therapeutic purposes or use of medication for purposes other than those for which it is prescribed.

**Tolerance**—Tolerance is a physiologic state resulting from regular use of a drug in which an increased dosage is needed to produce a specific effect, or a reduced effect is observed with a constant dose over time. Tolerance may or may not be evident during opioid treatment and does not equate with addiction.