

1 5221.6600 CHRONIC MANAGEMENT

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3 **Subp. 3. Long-term prescription of narcotic medication.** For purposes of this subpart, “long-term
4 prescription of narcotic medication” means that:

- 5 1) A physician intends to initiate treatment for enduring pain by prescribing narcotic
6 medication indefinitely; or
7 2) A physician intends to continue prescribing narcotic medication for a patient who has been
8 regularly receiving narcotics for three months.

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10 Long-term prescription of narcotic medication is not appropriate for treatment of workers’
11 compensation injuries unless all of the criteria in items A to E are met. The prescribing health care
12 provider shall document in the medical record the patient selection criteria, any possible
13 contraindications to the long-term prescription of narcotics, the elements of the treatment program,
14 the written treatment agreement, and the results of periodic monitoring.

15
16 **A. Patient selection criteria.** Patients may be considered for long-term prescription of narcotic
17 medication if all of the following criteria are met:

- 18
19 (1) The patient cannot maintain function at work, or in the activities of daily living, without
20 long-term use of narcotic medication; and,
21 (2) The pain is not solely psychiatric in origin; and,
22 (3) All other reasonable medical treatment options have been exhausted as determined by the
23 treating physician and at least one physician specializing in either chronic pain medicine or
24 the treatment of the area, system, or organ of the body identified as the source of the pain;
25 and,
26 (4) The patient has a history of compliance with treatment and reliable use of prescription
27 medications; and
28 (5) The patient is not currently abusing drugs or alcohol

29
30 **B. Contraindications.** Prior to beginning long-term prescription of narcotic medication, the
31 prescribing health care provider must inquire whether any of the following circumstances are present
32 and are potential contraindications to the ongoing prescription of narcotic medication:

- 33
34 (1) The patient has a history of respiratory depression, or a condition which can cause
35 respiratory depression when taking narcotic medications;
36 (2) The patient is pregnant or could become pregnant during the period of treatment with
37 narcotic medications;
38 (3) The patient has a history of substance abuse, or addictive behaviors;
39 (4) The patient is a suicide risk;
40 (5) The patient has an impulse control disorder;
41 (6) The patient has a bipolar disorder;
42 (7) The patient has a characterological or personality disorder; or
43 (8) The patient regularly engages in an activity that could be unsafe for a patient taking
44 narcotic medications.

45
46 If the prescribing health care provider has a reasonable basis for suspecting any of these
47 contraindications, an appropriate specialty consultation must be obtained to confirm that long-term

1. prescription of narcotic medication is appropriate. If the health care provider does not feel competent
2 to conduct a psychological evaluation, the patient must be referred to a psychologist, psychiatrist, or
3 chronic pain management specialist for consultation.

4
5 If the patient is or will be employed in a safety-sensitive job during the long- term use of narcotic
6 medication, an occupational medicine consultation must be obtained to manage the patient's return
7 to work and work restrictions.

8
9 **C. Program of treatment.** Long-term prescription of narcotic medication must be part of an
10 integrated program of treatment that includes all of the following elements, which must be
11 documented in the medical record:

12
13 (1) The patient and the provider must sign a formal written treatment agreement which
14 specifies the conditions of use of narcotic medication;

15 (2) All narcotic medications must be used in fixed schedules of dosing and prescribed in
16 multiples of seven day increments in order to preclude exhaustion of a prescription on a
17 weekend or vacation day when the prescribing health care provider is not available;

18 (3) No other passive treatment modalities, or injections, shall be used in conjunction with
19 long-term prescription of narcotic medication, unless in compliance with 5223.6200, 6205,
20 6210, 6300 subp. 3, item B, and the combination of narcotic medications and other
21 modalities must either increase physical function or result in an enduring and persistent
22 overall decrease in the need for narcotics or the combined modalities;

23 (4) There must be a written plan for breakthrough or episodic pain, specifying the modality
24 or medication to be used, the frequency and scheduling of the modality or dosing of
25 medication, the duration of use, the circumstances for contacting the prescribing health care
26 provider, and treatment of possible side-effects of the medications;

27 (5) The provider must discuss with the patient of the risks associated with the long-term
28 prescription of narcotic medication, the specific medications to be used, and possible side
29 effects;

30 (6) All medications and modalities for the condition arising as a result of the work-related
31 injury must be prescribed by the single health care provider party to the written treatment
32 agreement;

33 (7) All prescriptions for medications for the condition arising as a result of the work-related
34 injury must be filled at a single pharmacy;

35 (8) A schedule of follow-up visits for monitoring the treatment must be established; and,

36 (9) The treating physician must monitor the impact of long-term use of narcotic medications
37 on the patient's ability to work and write appropriate work restrictions.

38
39 **D. Written treatment agreement.** A patient receiving long-term prescription of narcotic medication
40 must enter into a written treatment agreement with the prescribing health care provider as part of the
41 integrated program of treatment. The written agreement must be dated, signed by both the patient and
42 the health care provider, and made part of the patient's medical record. A copy of the agreement
43 must be provided to the patient. The written agreement must specify at least all of the following:

44
45 (1) The goals of treatment with long-term prescription of narcotic medication and the
46 program of treatment identified in item C; and,

47 (2) An agreement by the patient to comply with all treatment prescribed in addition to the

1 narcotic medication;

2 (3) An agreement by the patient that all prescriptions for medications for the condition
3 arising as a result of the work-related injury will be received only from the health care
4 provider party to the agreement;

5 (4) An agreement by the patient that all prescriptions for medications for the condition
6 arising as a result of the work-related injury will be filled at a single pharmacy designated in
7 the agreement;

8 (5) An agreement by the patient that lost or stolen prescriptions or medications will not be
9 replaced;

10 (6) An agreement by the patient that no prescriptions or medications will be renewed earlier
11 than scheduled;

12 (7) An agreement by the patient to notify all other health care providers of the treatment
13 agreement and its stipulations prior to receiving any prescription medications;

14 (8) An agreement by the health care provider that arrangements will be made ahead of time
15 to renew prescriptions when the health care provider is on vacation or otherwise unavailable;

16 (9) A commitment by the health care provider to actively monitor treatment, be available or
17 provide coverage for breakthrough or episodic pain not responsive to planned interventions,
18 and to be vigilant for signs of addiction;

19 (10) A commitment by the health care provider to terminate treatment with narcotics in a
20 medically appropriate manner at any time the patient violates any of the agreements set out in
21 the written treatment agreement; and

22 (11) A schedule for regular follow-up visits.

23
24 **E. Monitoring of long-term prescription of narcotic medications.** Treatment that includes long-
25 term prescription of narcotic medications must be monitored by the health care provider who is party
26 to the treatment agreement. Monitoring must be documented in the medical record and must include:

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28 (1) Regularly scheduled follow-up visits with the patient; at least quarterly in the first year of
29 treatment and no less than annually thereafter;

30 (2) Assessment at each follow-up visit of the success of the program treatment in meeting its
31 goals;

32 (3) Assessment at each follow-up visit of the need for continued treatment;

33 (4) Assessment at each follow-up visit of possible side-effects of treatment or
34 contraindications to treatment;

35 (5) Assessment at each follow-up visit of adherence to the entire program of treatment;

36 (6) Review of pharmacy profiles to validate correct medication usage; and

37 (7) Referral to a chronic pain medicine specialist for consultation under any of the following
38 circumstances:

39 (a) there is a sudden or progressive increase in the dosage of narcotic required;

40 (b) the patient's condition deteriorates; or

41 (c) the goals of the treatment program are not met.

42
43 ***In addition add the following definitions in 6040:***

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45 **Subp. XX Chronic pain medicine specialist.** A chronic pain medicine specialist is a physician with
46 the expertise and experience to assess chronic complex pain problems including the biological,
47 psychological, and social aspects of chronic pain; and who can coordinate a multi- or inter-

1 disciplinary approach to the management of such problems.

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3 Subp. XX Modality A “modality” is a form of application or instance of employment of a
4 therapeutic agent or regimen. Modalities include injections and modalities defined as active
5 treatment in subpart XX and passive treatment in subpart XX.

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