

# Sample Pain Management Agreement

## EXPLANATION OF THE RISKS

### **TOLERANCE**

- ◆ Taking controlled substance medications daily causes changes in the way the body reacts to the medication.
- ◆ In less than eight weeks, the body adjusts to the medications and may result in decreased symptom relief.
- ◆ Higher doses may be needed to achieve the same symptom relief but with more side effects.
- ◆ Medications may have to be changed when the medication stops being effective.

### **DEPENDENCE**

- ◆ Dependence develops in people who take controlled substances every day for more than eight weeks.
- ◆ Dependence is the body adapting to the medication; abruptly stopping the medication may result in withdrawal symptoms.
- ◆ Common withdrawal symptoms include moodiness, aches, pains, sweating, diarrhea, abdominal pain, and seizures.
- ◆ A person is unlikely to die from narcotic withdrawal, but might feel like it. Some medications such as benzodiazepines, require a gradual decrease to avoid potentially life-threatening, although rare, withdrawal symptoms.
- ◆ Dependence is not under a person's control but a reaction by the body to the medication. It is not a sign of weakness nor is it an addiction.
- ◆ Women are responsible for informing the doctor of a new pregnancy or plans to become pregnant. A newborn could be born physically dependent on controlled substances, placing the baby at high risk for illnesses, complications, and a longer more expensive hospital stay after delivery.

### **ADDICTION**

- ◆ Addiction is when controlled substances are no longer taken to treat the symptoms they were prescribed for. They are taken because the body requires the medication to function properly.
- ◆ Signs of addiction are loss of control, cravings, increased and continued use, despite known harm or risks, taking more pills per day than prescribed, taking the medication in a way not prescribed, lying about pill usage, or obtaining additional pills despite the legal ramifications.
- ◆ Anyone can lose control with narcotics or other controlled substances.
- ◆ People with a personal or family history of addiction are more vulnerable.
- ◆ Addictive behaviors are dangerous and will result in discontinuation of controlled substance medications and referral for substance abuse treatment.

## **OTHER RISKS**

Other risks include infertility, decreased immune system response, worsening of obstructive sleep apnea, gastro-esophageal reflux, erectile dysfunction, respiratory distress, neonatal abstinence syndrome, narcotic bowel syndrome, increased abdominal pain, hyperalgesia (increased pain or sensitivity to pain), death.

## **DRUG INTERACTIONS**

Some medication combinations are dangerous and can lead to adverse reactions, such as difficulty breathing and lowered alertness, resulting in blackouts, unintentional overdose, or death. Potential interactions are more significant in people over age sixty-five or with underlying lung disease.

- ◆ Alcohol
- ◆ Benzodiazepines (Xanax, Valium, Ativan, etc.)
- ◆ Muscle relaxers (Flexeril, methocarbamol, soma, etc.)
- ◆ Opioids (morphine, oxycodone, hydrocodone, Percocet, Codeine, Lortab, Vicodin, Tramadol, etc.)
- ◆ Antihistamines available in many over-the-counter medications.
- ◆ Tylenol (acetaminophen) may be an ingredient in prescription pain medications and are available in many over the counter medications and may exceed the recommended daily limit. Acetaminophen poisoning is one of the leading causes of acute liver failure. People who drink alcohol regularly or occasional binge drink are at higher risk. People with compromised liver function are at extremely high risk.
- ◆ Methadone.

## **GOAL OF TREATMENT**

The goal of treatment is to reduce your symptoms and improve your ability to function and complete activities of daily living. None of these medications will remove all symptoms. All medications pose risks. Effective relief should allow you to achieve meaningful goals and improve daily function. There is limited scientific support for using controlled substances longer than four to five months.

## **CONTROLLED SUBSTANCES**

The type of drug designated and monitored by the U. S. Department of Justice Drug Enforcement Agency (DEA) due to their high potential for abuse and dependence includes:

- ◆ **Opioids:** codeine, hydrocodone (*Vicodin, Lortab, Norco*), oxycodone (*Oxycontin, Percocet, Oxecta, Oxyfast, Roxicodone, Dazidox, Percolone*), hydromorphone (*Dilaudid*), oxymorphone (*Opana*), morphine, fentanyl (*Actiq, Fentora Matrifen, Haldid, Onsolis, Abstral, Lazanda*), methadone, tramadol (*Ultram, Tramol*), suboxone, demerol (*meperidine, Pethidine*), propoxyphene (*Darvon, Darvocet, Nucynta, tapentadol, Palexia, TAPAL*).
- ◆ **Benzodiazepine agonists and sleep aids:** zolpidem (*Ambien*), zaleplon (*Sonata*), eszopiclone (*Lunesta*), alprazolam (*Xanax*), diazepam (*Valium*), clonazepam (*Klonopin, Rivotril, Ravotril, Rivatril, Iktorivil, Clonex, Paxam, Petril, Naze, Kriadex, Linotril, Clonotril*), chlordiazepoxide (*Librium, Angirex, Elenium, Klopoxid, Libotryp, Librax, Libritabs, Mesural, Multum, Novapam, Risolid, Silibrin, Sonimen, Tropium*), flurazepam (*Dalmane, Dalmadorm*), lorazepam (*Ativan, Orfidal*), midazolam (*Versed, Dormicum, Hypnovel*).

- ◆ **Barbituates:** Allobarbitol (allobarbitone, Cibalgine, Dial-Ciba), amobarbitol sodium, phenobarbitol, Fioricet, Fiorinal.
- ◆ **Muscle relaxants:** Dantrolene (*Dantrium, Dantamacrin, Dantrolen*), carbamazepine (*Tegretol, Equetro*), cyclobenzaprine (*Flexeril, Fexmid, Amrix*), methocarbamol (*Robaxin*), carisoprodol.
- ◆ **Stimulants:** methylphenidate (*Ritalin*), amphetamine, phenterimine (*Apidex, Adderall*).
- ◆ **Body building steroids:** testosterone.

### **EFFECTIVENESS**

Controlled substance medications are only one part of the treatment plan for the chronic symptoms they are used to treat (including pain, anxiety, sleep, and inattention). An effective treatment plan for long term control of these symptoms requires multiple components which may also include:

- ◆ Lifestyle modifications
- ◆ Other non-controlled medications.
- ◆ Counseling
- ◆ Physical therapy, home exercise program, chiropractic care, or message therapy
- ◆ Hypnosis, acupuncture
- ◆ Injections, surgical interventions, specialist consultations

Remaining active every day and increasing activity slowly over time is critical to maintaining a level of function and is considered an essential part of your treatment plan.

Many doctors do not prescribe long-term controlled substances because they cause greater risk than benefit with long-term use (more than 3 months). Physicians have an obligation to prescribe medications responsibly, which means sometimes deciding not to prescribe them.

If ongoing treatment with chronic controlled substances fails to show significant improvement in both symptoms and function, causes significant side effects, or is associated with concerning behaviors, then it is appropriate for these medications to be reduced and eliminated.

Significant side effects include: nausea or vomiting, constipation, itching, lightheadedness, dizziness, sleepiness or sedation, mental slowing, clumsiness, swelling in the legs, water on the lungs, trouble breathing, decreased testosterone production, inability to operate a car or other equipment.

**TERMS OF THE AGREEMENT**

\_\_\_\_\_ I agree to follow through on appointments that may help me with chronic symptoms and functioning. This may include physical or occupational therapy, counseling, or specialty consultations. Consistent failure to keep these appointments may result in my medication being lowered or discontinued.

\_\_\_\_\_ I understand the goals of treatment, potential risks, and safety policies outlined herein.

\_\_\_\_\_ I understand that my doctor may reduce or stop these medications if there is no significant improvement in my symptoms and function, if there are significant side effects, change in prescribing guidelines, or if I fail to follow through adequately with the treatment plan, safety policies, or guidelines outlined herein.

\_\_\_\_\_ I will not accept any narcotic prescriptions from another doctor.

\_\_\_\_\_ I will be responsible for making sure that I do not run out of my medications on weekends and holidays, because abrupt discontinuation of these medications can cause severe withdrawal syndrome.

\_\_\_\_\_ I understand that I must keep my medications in a safe place.

\_\_\_\_\_ I understand that the doctor will not supply additional refills for the prescriptions of medications that I may lose.

\_\_\_\_\_ If my medications are stolen, the doctor will refill the prescription one time only if a copy of the police report of the theft is submitted to the physician's office.

\_\_\_\_\_ I will not give my prescriptions to anyone else.

\_\_\_\_\_ I will only use one pharmacy.

\_\_\_\_\_ I will keep my scheduled appointments unless I give notice of cancellation 24 hours in advance.

\_\_\_\_\_ I agree to refrain from all mind/mood altering/illicit/addicting drugs including alcohol unless authorized by my doctor.

\_\_\_\_\_ I have informed my doctor about any other controlled substances provided or taken.

\_\_\_\_\_ I consent for my doctor's office to contact any and all groups and organizations involved in my care and involved with the investigation of medication and drug abuse.

\_\_\_\_\_ I give permission to my doctor to discuss my care with past caregivers, all pharmacies, and policing agencies.

\_\_\_\_\_ I give all past caregivers, pharmacies, and policing agencies the right to provide my doctor with records of my past treatments and care.

\_\_\_\_\_ I have been given the time to read or have had the entire content read to me.

\_\_\_\_\_ I have had my questions answered and wish to try chronic controlled substances.

\_\_\_\_\_ I realize using these controlled substance medications is a privilege and there are very real dangers to watch for when taking these medications.

Patient Signature \_\_\_\_\_ Date \_\_\_\_\_

Witness Signature \_\_\_\_\_ Date \_\_\_\_\_

Provider Signature \_\_\_\_\_ Date \_\_\_\_\_