

**ORTHOPAEDIC SOLUTIONS AND SPORTS MEDICINE CENTER PA
JAY R PARIKH, FAAOS, FACS**

LONG-TERM CONTROLLED SUBSTANCES THERAPY FOR CHRONIC PAIN

The purpose of this agreement is to protect your access to controlled substances and to protect our ability to prescribe for you.

The long-term use of such substances as opioids (narcotic analgesics), benzodiazepine tranquilizers, and barbiturate sedatives is controversial because of uncertainty regarding the extent to which they provide long-term benefit. There is also the risk of an addictive disorder developing or of relapse occurring in a person with a prior addiction. The extent of this risk is not certain.

Because these drugs have potential for abuse or diversion, strict accountability is necessary when use is prolonged. For this reason, the following policies are agreed to by you, the patient, as consideration for, and a condition of, the willingness of the physician whose signature appears below to consider the initial and/or continued prescription of controlled substances to treat your chronic pain.

1. All controlled substances must come from the provider or, during his or her absence, by the covering provider, unless specific authorization is obtained for an exception. (Multiple sources can lead to unexpected drug interactions or poor coordination of treatment.)
2. All controlled substances must be obtained at the same pharmacy, where possible. Should the need arise to change pharmacies, our office must be informed. The pharmacy that you have selected is:

Phone: _____

Name of Pharmacy

3. You should inform our office of all medications you are taking, including herbal remedies, since opioid medications can interact with over-the-counter medications and other prescribed medications, especially cough syrup that contains alcohol, codeine or hydrocodone.
4. The prescribing physician (if he feels it is necessary) has permission to discuss all diagnostic and treatment details with dispensing pharmacists, other health professionals,

family member, legal authority or regulatory agency to obtain or provide information about your care or actions for purposes of maintaining accountability.

5. **You may not share, sell, or otherwise permit others to have access to these medications.**
6. **PRESCRIPTIONS FOR PAIN MEDICINE OR ANY OTHER PRESCRIPTIONS WILL BE DONE ONLY DURING AN OFFICE VISIT OR DURING REGULAR OFFICE HOURS. NO REFILLS OF MEDICATION WILL BE DONE DURING THE EVENING OR ON WEEKENDS.**
7. Any evidence of **drug hoarding**, acquisition of any opioid medication or adjunctive analgesia from other physicians (which includes emergency rooms), uncontrolled dose escalation or reduction, loss of prescriptions, or failure to follow the agreement may result in termination of the doctor/patient relationship.
8. You should not use any illicit substances, such as cocaine, marijuana, etc. while taking these medications. This may result in a change to your treatment plan, including safe discontinuation of your opioid medications when applicable or complete termination of the doctor/patient relationship.
9. There are side effects with opioid therapy, which may include, but not exclusively, skin rash, constipation, sexual dysfunction, sleeping abnormalities, sweating, edema, sedation, or the possibility of impaired cognitive (mental status) and/or motor ability. Overuse of opioids can cause decreased respiration (breathing).
10. **Physical dependence and/or tolerance can occur with the use of opioid medications:**

Physical dependence means that if the opioid medication is abruptly stopped or not taken as directed, a withdrawal symptom can occur. This is a normal physiological response. The withdrawal syndrome could include, but not exclusively, sweating, nervousness, abdominal cramps, diarrhea, goose bumps and alterations in one's mood. It should be noted that physical dependence does not equal addiction. One can be dependent on insulin to treat diabetes or dependent on prednisone (steroids) to treat asthma, but one is not addicted to the insulin or prednisone.

Addiction is a primary, chronic neurobiologic disease with genetic, psychosocial and environmental factors influencing its development and manifestation. It is characterized by behavior that includes one or more of the following: impaired control over drug use, compulsive use, continued use despite harm, and cravings. This means the drug decreases one's quality of life.

Tolerance means a state of adaptation in which exposure to the drug induces changes that result in diminution of one or more of the drug's effects over time. The dose of the opioid may have to be titrated up or down to a dose that produces maximum function and a realistic decrease of the patient's pain.

11. If you have a history of alcohol or drug misuse/addiction, you must notify the physician of such history since the treatment with opioids for pain may increase

the possibility of relapse. A history of addiction does not, in most instances, disqualify one for opioid treatment of pain, but starting or continuing a program for recovery is a must.

12. Unannounced urine or serum toxicology screens may be requested, and your cooperation is required. Presence of unauthorized substances may prompt referral for assessment for addictive disorder.
13. Prescriptions and bottles of these medications may be sought by other individuals with chemical dependency and should be closely safeguarded. It is expected that you will take the highest possible degree of care with your medication and prescription. They should not be left where others might see or otherwise have access to them.
14. Since the drugs may be hazardous or lethal to a person who is not tolerant to their effects, especially a child you must keep them out of reach of such people.
15. Medications may not be replaced if they are lost, get wet, are destroyed, left on an airplane, etc. If your medication has been stolen and you complete a police report regarding the theft, an exception may be made.
16. Early refills will generally not be given.
17. If the responsible legal authorities have questions concerning your treatment, as might occur, for example, if you were obtaining medications at several pharmacies, all confidentiality is waived and these authorities may be given full access to our records of controlled substances administration.
18. It is understood that failure to adhere to these policies may result in cessation of therapy with controlled substance prescribing by this physician or referral for further specialty assessment.
19. Renewals are contingent on keeping scheduled appointments. Please do not phone for prescriptions after hours or on weekends.
20. The risks and potential benefits of these therapies are explained elsewhere (and you acknowledge that you have received such explanation).
21. You affirm that you have full right and power to sign and be bound by this agreement, and that you have read, understand, and accept all of its terms.
22. **PERCOCET and LORCET prescriptions cannot be phoned to the pharmacy. If a refill is requested, YOU MUST BE SEEN BY A PROVIDER!!!!**

Physician Signature

Patient Signature

Date

Patient Name(printed)

CHART #: _____

Pain Management Physician: _____