

OKLAHOMA

TREATMENT GUIDELINES FOR

The Use of Schedule II Drugs as contained in the
Uniform Controlled Dangerous Substances Act

Developed and Adopted
by the
Physician Advisory Committee

Adopted by the Administrator
of the
Oklahoma Workers' Compensation Court

Effective April 2, 2012
Amended October 19, 2012

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INTRODUCTION

BACKGROUND: The Physician Advisory Committee (PAC), a statutorily created advisory body to the Oklahoma Worker's Compensation Court, has been directed by Oklahoma Statute to develop and adopt treatment guidelines for injured Oklahoma workers, based upon nationally accepted practice standards, for adoption by the Administrator of the Workers' Compensation Court.

The PAC is composed of nine members; three appointed by the Governor, three appointed by the President Pro Tempore of the State Senate, and three appointed by the Speaker of the Oklahoma House of Representatives. By statute, the Governor's appointees must include a doctor of medicine and surgery, a family practitioner in a rural community of the state, and an osteopathic physician; the President Pro Tempore's appointees must include a doctor of medicine and surgery, either a doctor of medicine or an osteopathic physician engaged in the practice of occupational medicine, and a podiatric physician; and the Speaker's appointees must include an osteopathic physician, either a doctor of medicine or an osteopathic physician, and a chiropractic physician.

DEVELOPMENT OF THE GUIDELINES: The Committee received input from a wide variety of sources including employers, insurance carriers, health care providers, and the legal profession. Appropriate scientific literature and statutory provisions (including Title 63, Oklahoma Statutes, Section 2-551) were reviewed, together with the Occupational Medicine Practice Guidelines promulgated by the American College of Occupational and Environmental Medicine, the Official Disability Guidelines published by the Work Loss Data Institute, the Federation of State Medical Boards of the United States, and practice parameters of the various specialty societies (The American Academy of Pain Medicine, International Association for the Study of Pain, and American Pain Society). Treatment protocols from Colorado, Minnesota, and Washington were also utilized. In addition, specialists in the field of pain management were consulted.

APPLICATION OF THE GUIDELINES: These treatment guidelines should not be construed as including all proper methods of care or excluding other acceptable methods of care that are based upon nationally accepted practice standards.

These Treatment Guidelines shall be followed unless there is clear and convincing evidence to the contrary.

These Treatment Guidelines shall apply to Scheduled II Drugs only.

1. Providers shall use the ODG Treatment Guidelines with the following modifications.
2. Urine Drug Screens must be done regularly and with a chain of custody.
3. Providers shall utilize the Oklahoma Prescription Monitoring Program (PMP) Drug website as maintained by the Oklahoma Bureau of Narcotics and Dangerous Drugs (OBNDD).
4. The claimant and CMM-physician shall both sign the Opioid Treatment Agreement and the Informed Consent document.
5. Improvement in Function shall be demonstrated within the first 6 months of starting CMM and must be continuously demonstrated thereafter for CMM to continue under this section.
 5. a. This guideline shall not apply to claimants who have been previously adjudicated to be permanently and totally disabled.

APPENDIX 1
OPIOID TREATMENT AGREEMENT (SAMPLE)

Patient Name: _____

Date: _____

Opioid (narcotic) treatment for chronic pain is used to reduce pain and improve what you are able to do each day. Along with opioid treatment, other medical care may be prescribed to help improve your ability to do daily activities. This may include exercise, use of non-narcotic analgesics, physical therapy, psychological counseling or other therapies or treatment. Vocational counseling may be provided to assist in your return to work effort.

For the doctor: Keep signed originals in the patient file; give a photocopy to the patient. Renew at least every year.

1. I understand that I have the following responsibilities:
 - a. I will take medications only at the dose and frequency prescribed.
 - b. I will not increase or change medications without the approval of this doctor.
 - c. I will actively participate in return-to-work efforts and in any program designed to improve function (including social, physical, psychological and daily or work activities).
 - d. I will not request opioids or any other pain medicine from physicians other than from this doctor. This doctor will approve or prescribe all other mind and mood altering drugs.
 - e. I will inform this doctor of all other medications that I am taking.
 - f. I will obtain all medications from one pharmacy, when possible known to this doctor with full consent to talk with the pharmacist given by signing this agreement.
 - g. I will protect my prescriptions and medications. Only one lost prescription or medication will be replaced in a single calendar year. I will keep all medications from children.
 - h. I agree to participate in psychiatric or psychological assessments, if necessary.
 - i. If I have an addiction problem, I will not use illegal or street drugs or alcohol. This doctor may ask me to follow through with a program to address this issue. Such programs may include the following:
 - Consultation with an Addiction Specialist
 - Individual Counseling
 - Inpatient or Outpatient treatment
2. I understand that in the event of an emergency, this doctor should be contacted and the problem will be discussed with the emergency room or other treating physician. Your doctor should be contacted and the problem will be discussed with the emergency room or other treating physician. I am responsible for signing a consent to request record transfer to this doctor. No more than 3 days of medications may be prescribed by the emergency room or other physician without this doctor's approval.
3. I understand that I will consent to random drug screening. A drug screen is a laboratory test in which a sample of my urine or blood is checked to see what drugs I have been taking.
4. I will keep my scheduled appointments and/or cancel my appointment a minimum of 24 hours prior to the appointment.
5. I understand that this doctor may stop prescribing opioids or change the treatment plan if:
 - a. I do not show any improvement in pain from opioids or my physical activity has not improved.
 - b. My behavior is inconsistent with the responsibilities outlined in #1 above.
 - c. I give, sell or misuse the opioid medications.
 - d. I develop rapid tolerance or loss of improvement from the treatment.
 - e. I obtain opioids from other than this doctor.
 - f. I refuse to cooperate when asked to get a drug screen.
 - g. If an addiction problem is identified as a result of prescribed treatment or any other addictive substance.
 - h. If I am unable to keep follow-up appointments

Patient Signature

Date

Physician Signature

Date

APPENDIX 2
INFORMED CONSENT (SAMPLE)

YOUR SAFETY RISKS WHILE WORKING UNDER THE INFLUENCE OF OPIOIDS:

You should be aware of potential side effects of opioids such as decreased reaction time, clouded judgment, drowsiness and tolerance. Also, you should know about the possible danger associated with the use of opioids while operating heavy equipment or driving.

POSSIBLE SIDE EFFECTS OF OPIOIDS:

- Confusion or other change in thinking abilities
- Nausea/Vomiting
- Constipation
- Problems with coordination or balance that may make it unsafe to operate dangerous equipment or motor vehicles
- Breathing too slowly – overdose can stop your breathing and lead to death
- Aggravation of depression
- Sleepiness or drowsiness
- Dry mouth

THESE SIDE EFFECTS MAY BE MADE WORSE IF YOU MIX OPIOIDS WITH OTHER DRUGS, INCLUDING ALCOHOL.

RISKS:

- **Physical dependence.** This means that abrupt stopping of the drug may lead to withdrawal symptoms characterized by one or more of the following:

<i>Runny nose</i>	<i>Difficulty sleeping for several days</i>
<i>Diarrhea</i>	<i>Abdominal cramping</i>
<i>Sweating</i>	<i>'Goose bumps'</i>
<i>Rapid heart rate</i>	<i>Nervousness</i>
- **Psychological dependence.** This means it is possible that stopping the drug will cause you to miss or crave it.
- **Tolerance.** This means you may need more and more drug to get the same effect.
- **Addiction.** A small percentage of patients may develop addiction problems based on genetic or other factors.
- **Problems with pregnancy.** If you are pregnant or contemplating pregnancy, discuss with your physician.

RECOMMENDATIONS TO MANAGE YOUR MEDICATIONS:

- Keep a diary of the pain medications you are taking, the medication dose, time of day you are taking them, their effectiveness and any side effects you may be having.
- Use of a medication box that you can purchase at your pharmacy that is already divided in to the days of the week and times of the day so it is easier to remember when to take your medications.
- Take along only the amount of medicine you need when leaving home so there is less risk of losing all your medications at the same time.

Patient Signature

Date