



Opioid Prescribing Policy

The physicians at APM Spine and Sports Physicians (APM) are committed to providing the best healthcare possible to our patients. We recognize that, for the most part, people come to see us because they are experiencing pain that interferes with their quality of life. Our goals are to first identify, to the best of our ability, the cause of your pain and then educate you about various treatment options. We expect you to take an active role in your own healthcare.

We can provide or facilitate many different conventional and alternative pain treatments. Typically, we start with non-invasive treatments when possible, such as specific exercises, ergonomic changes, physical therapy, medications, and activity modifications. When that is simply not enough, the full spectrum of intervention “blocks” and other intervention techniques are available here as well as acupuncture and prolotherapy. Occasionally, when we determine that a particular condition is resistant to all of these tools, we may suggest the use of long-term opioids. This decision is often made after we have been through a rather thorough process of evaluation and treatment trials.

The decision to start long-term opioid (narcotic) therapy is not made lightly. We must take many things into account including:

- issues related to any prior history or family history of substance abuse
- prior history of drug seeking or drug diverting behavior. This includes deceiving your doctor in any way; doctor shopping, giving or selling your medications to others or abusing alcohol or “street drugs”.

These issues are considered by most pain management specialists to be reason not to prescribe long-term opioids. This must be evaluated on a case by case basis, and occasionally, input from an addictionologist may be required.

Our policy regarding continuing to write for opioids started by other physicians is simply this: We reserve the right to evaluate the cause of your pain and make treatment recommendations that may or may not include the use of opioids. This means that just because your last doctor prescribed narcotics doesn't mean we will continue them, even if you are running out.

When opioids are considered part of the treatment plan, you will be required to read and sign our narcotic agreement. You will be subjected to periodic drug testing. You may also randomly be called to bring your pills to the office, so we may count them. We routinely communicate with pharmacists, your other physicians, and your insurance company. If we learn that you are going to more than one pharmacy or doctor, and getting pain medication of any kind from someone other than your APM doctor, you will be asked to leave the practice. Please keep your opioids in a safe place, and remove labels before discarding empty bottles.

We start patients on opioids with the best intention of helping to ease pain, in order to improve function. **If you develop sedation or dizziness, you should not drive a car or operate machinery as you may jeopardize the safety of yourself or others.** Please notify us immediately if you experience side effects, or if you have concerns about your medication. Constipation is a common side effect of consistent narcotic use, and can be addressed with either over the counter or prescription medications. If you abruptly discontinue your pain prescription, you may experience nausea, vomiting, sweating, anxiety and increased pain. These symptoms are typical of withdrawal.

Occasionally, we discover during treatment that the use of opioids is not in your best interest. When this is the case, we will assist you in tapering off the medication, and help you look at other treatment options.

Once opioids are prescribed, you will need to be seen at least every three (3) months to receive your prescriptions; your doctor will decide this interval. Opioid prescriptions, once written, will not be replaced if lost. Most of our patients get at least a one-month supply of medication. Given that, if you phone in for early refills, we will not oblige. Please do not wait until late afternoon, Friday afternoon or weekends to notify us that you need a refill, as we will not be able to help you until we have access to your chart; this may take one or two (1-2) days.

You will be discharged from the practice if you break any of the following rule or at the discretion of the physician:

- Use more than we prescribe (run out early)
- Get pain medication from any other physician or person
- Act rudely on the phone to staff
- Use the medication in a way that was not prescribed
- Exhibit deceitful behavior or provide false information
- Attempt to get medication by using excuses such as the medication was lost or stolen, you are going out of town, etc.
- Make repeated calls to the office to obtain medication
- Call after hours (Monday –Friday, 8:30am-5:00pm) or on weekends or holidays to obtain medication
- Use multiple pharmacies
- Fail a urine drug screen (Indication of use of illegal, illicit or non-prescribed drugs, misuse of prescribed drugs, undetectable amounts of prescribed drugs in system)

If, at anytime during our therapeutic relationship, we believe that you would benefit from seeing a behavioral psychologist, we expect you to go. These services could include education in pain coping skills, biofeedback, and help with adjustment issues. These skills help to empower you and are often an essential ingredient to the success of an overall treatment plan.

We also work closely with local addictionologists who are medical doctors specializing in the disease of addiction. If we believe this has become an issue for you, we will expect you to seek appropriate help in this regard. If you do not comply you will no longer receive opioid prescriptions from this practice.

This authorizes the **Physicians of APM Spine and Sports Physicians** to request and receive from the Virginia Department of Professions information relating to Schedule II-V controlled substances dispensed to the patient named below. I understand that this authorization permits the Department of Professions to disclose confidential health care records to the prescribers named above. A copy of the authorization shall be included with my original records. There is a potential for any information disclosed pursuant to the authorization to be subject to redisclosure as permitted or required by law.

Patient Signature _____ Date _____

Witness Signature _____ Date _____