

# OPIOID AGREEMENT FOR PAIN MANAGEMENT

(Please read carefully)

This opioid agreement between Physicians' Pain and Spine Specialists, PLLC and you the patient, \_\_\_\_\_, is drawn to clarify the way opioid is used to treat your severe chronic pain conditions. The consensus statement of the American Academy of Pain Medicine (AAPM) and American Pain Society (APS) in 1996 has supported the usage of opioids to treat patients suffering from severe chronic pain. There are potential limitations to this mode of therapy: sedation, constipation, nausea, vomiting, itching, swelling, of extremities and respiratory depression are some of the common side effects. Additional concerns include addiction, tolerance, and physical dependence.

**ADDICTION:** It is an abnormal behavior manifested by impaired control over drug use, compulsive use, continued use despite harm and craving. It is a condition where there is a psychological need without a physiological need or true pain generator. It is uncommon in the use of chronic opioid therapy.

**TOLERANCE:** It is a state of adaptation in which exposure to a drug induces changes that result in diminution of the drug's effects over time. Tolerance to an opioid after prolonged use is expected which means an increased dose is needed to achieve the same amount of relief. As the dose of the opioid cannot be increased indefinitely, multi-modality treatment such as physical therapy, psychological therapy, interventional techniques and a combination of pharmacotherapies (adding NSAIDs, TCA, Antiepileptic, etc.) will be use in this clinic to decrease the likelihood of developing opioid tolerance.

**PHYSICAL DEPENDENCE:** It occurs in many classes of medications including steroids and antihypertensive agents. Physical dependence is different from addiction. Physical dependence is a state of adaptation manifested by a drug class-specific abstinence syndrome following abrupt cessation, rapid dose reduction of administration of antagonist. Therefore, you must not abruptly stop taking opioid medication, as withdrawal symptoms will occur. Opioid withdrawal symptoms include anxiety, irritability, chills alternating with flashes, salivation, lacrimation rhinorrhea, diaphoresis, piloerection, nausea, vomiting, abdominal cramps, and diarrhea.

**MALES ONLY:** I am aware that chronic opioid use has been associated with low testosterone levels in males. This may affect my mood, stamina, and sexual desire, physical and sexual performances. I understand that my doctor(s) may check my blood testosterone level when necessary.

**FEMALES ONLY:** If I plan to become pregnant or believe that I am pregnant while taking this pain medicine, I will immediately call my obstetric doctor and this office to inform them. I am aware that should I carry a baby to delivery while taking these medications; the baby will be physical dependent upon opioids. I am aware that the use of opioids is not generally associated with the risk of birth defects. However, birth defects occur whether or not the mother is on medicine. There is always the possibility that my child will have a birth defect while I am taking an opioid.

You must follow the pain medicine directives as set forth in this agreement. If you decide not to follow these directives then we may discharge you from this office.

- 1) Must receive opioid medication from ONE pharmacy. The pharmacy name, phone number and address must be given to us so that we can keep them on file.
- 2) Must not receive opioid medication from other doctors without prior approval from our office.
- 3) Must maintain dosing schedule as was prescribed. If escalation of medicine is required you must call our clinic and discuss this with the doctor(s) before any changes are made to the dosing schedule.
- 4) Psychological therapy most likely will be recommended. Additional therapy, such as physical therapy, massage therapy may be recommended.
- 5) Do not operate heavy machinery during the titration phase of opioids or during increase of opioids for 5-7 days. MOST OPIOID MEDICATIONS CANNOT BE CALLED IN. You will need to call our clinic 3-5 days before your medication runs out.
- 6) Urine test, as well as blood test may be required on an unscheduled basis to verify your compliance with the opioid program, and to exclude any use of an acknowledged illicit medication. Testing of the opioid medication on your mental capacity may be required when deemed necessary by our doctor(s).

7) You MUST BE SEEN IN CLINIC AT LEAST ONCE PER MONTH, IF YOU PLAN TO CONTINUE RECEIVING MEDICATION FROM OUR OFFICE. Our doctor(s) will decide how frequently you are to be seen in our clinic. This initially may be at two-week intervals expanding to 1 month intervals, when we stabilize the dose. This dose may vary somewhat from patient to patient.

8) You must be accountable for the proper use and be aware of the number of pain pills that you have at any time. You may be required to bring your medicine in for an evaluation and pill count. You must present to our clinic with your opioid pills within 24 hours from the time you are contacted for a random pill count. Failure to do so may result in you being discharged from our clinic.

9) If you are running low on medication or anticipate an extended absence you must contact the doctor during working hours or the designated time for refills.

10) Frequent phone calls after business hours or weekends to request "emergency refills" suggest inappropriate opioid use, and shows addictive behavior. Such behavior may be grounds for dismissal or discontinuation of opioid therapy.

11) If a new acute pain problem develops, such as injury or surgery, the doctor who is taking care of you for that acute event may give you opioids for a short time to cover the expected or increased pain. If this is done without the consent of the doctor(s) from this clinic then we may not be held accountable for any untold potential side effects (example: Respiratory depression or death).

12) DEA law states the patient is the only one authorized to pick up his/her prescriptions. The only exception is if the patient is bedridden, and the doctor has documented this in his/her chart. Under rare circumstances an immediate relative may be allowed to pick up the patients prescription if authorized by the doctor.

This opioid agreement is in good faith. We will not tolerate diversion of medications, manipulation by the patient, or any behavior that would attempt to extort opioid medication from the doctor. These actions would require the staff of Physicians' Pain and Spine Specialists, PLLC to notify the proper authorities. This would include local police and state officials.

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Patient Signature

Date

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Witness Signature

Date

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Shawn X. Wu, M.D. PhD

Date