Pain Management Education Series 2014
SCOPE of Pain: Safe and Competent Opioid Prescribing Education
Practice & Reflection Topic 6: Monitoring or Assessing for Aberrant Behavior

OBSERVATION SHEET

TOPIC
CLINICAL SCENARIO
OBSERVATIONS MADE (Use the skills objectives/ provider tasks to evaluate the conversation)
FEEDBACK: WHAT WENT WELL
FEEDBACK: THINGS TO CONSIDER

DEBRIEF: Observer leads the conversation/reflection over 3-4 minutes. Suggested format:

1. Ask the provider to speak first about 1-2 things that s/he felt they did well.
2. Ask the patient: "How did it feel to be the patient in this conversation?"
3. Ask the provider if you can share some of your observations about the conversation.
    a. If they agree, describe first what you observed went well.
    b. Then offer things to consider: limit these to 1-2 specific points
    c. Ask provider, "What do you make of this?
4. Discuss, doodle, and switch roles.

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OBSERVER HANDOUT

CLINICIAN SKILLS OBJECTIVES & TASKS:

- Assess differential diagnosis for aberrant medication taking behavior in conversation with your patient
- Ask patient about questionable activity in an open-ended, non-judgmental way
- Diagnose cause of questionable activity: Is she pain relief seeking vs. pain relief and drug seeking vs. drug seeking?
- Develop treatment plan based on diagnosis
- Discuss your rationale for this assessment with your patient.

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PROVIDER HANDOUT

CLINICIAN SKILLS OBJECTIVES & TASKS:

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Monitoring or Assessing for Aberrant Behavior

CASE A

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CASE A: MONITORING OR ASSESSING FOR ABERRANT BEHAVIOR
(PROVIDER ROLE: READ ALOUD)

Sarah Lee is a 51 year old female, established patient, who presents for routine follow up with a new complaint of "heart burn". She has chronic back pain after two surgeries for disc disease. She has been on stable dose of acetaminophen with codeine one tablet 3 times per day for the past 2 years.

Upon review of the CURES data, the patient has received prescriptions for hydrocodone from 2 different prescribers in the past month: a Dr. Krishna and a Dr. Lee.

Pain history: She had a slipped disc when she was gymnast in high school. She required surgery. She had repeat back surgery 10 years ago when she slipped on some ice and re-injured her back. Her pain is usually 5 out of 10. She has excellent functional capacity working part-time and caring for her 2 children.

Other medical history: History of a hysterectomy for fibroids and uterine bleeding.

Substance use history: She quit smoking 5 years ago. She drinks on weekends. No drug use. No family history of substance use disorder.

Social history: She lives with her husband, 2 children (ages 13 and 15) and volunteers as a librarian in her children's school.

Physical exam: She looks well with a completely normal exam.

CLINICIAN SKILLS OBJECTIVES & TASKS:

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CASE A: MONITORING OR ASSESSING FOR ABERRANT BEHAVIOR
(PATIENT ROLE: READ TO SELF)

Sara Lee is a 51 year old female, established patient, who presents for routine follow up.

- New symptom of "heartburn."
- You have chronic back pain after two surgeries for disc disease.
- You have been on stable dose of acetaminophen with codeine one tablet 3 times per day for the past 2 years.

Pain history: Slipped disc when gymnast in high school that required surgery. Repeat back surgery 10 years ago when slipped and re-injured back. Pain is usually 5 out of 10. Excellent functional capacity volunteering part-time and caring for her 2 children.

- "I don't go to any other providers! You're the only one I go to!"
- You don't recognize the name of the first doctor on the CURES report.
- You do recognize the second name as your dentist. You had a horrible toothache over a weekend and went to an emergency room. "That first doctor must have been the ED doc who gave me some antibiotics and pain pills to get me through until I could see my dentist."
- "Dentist fixed the problem; gave me a few more pills jut to make sure I was doing all right."
- "Oh yeah, I completely forgot, because I was totally fine. "Dental pain is completely gone." You don't have any more of those pills.

If asked by this provider to inform of him/her of other controlled substance prescriptions you might receive in the future:

- You agree but "don't understand why it's such a big deal." See if he or she will sufficiently explain the reason why to you.

Monitoring or Assessing for Aberrant Behavior

CASE B

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CASE B: MONITORING OR ASSESSING FOR ABERRANT BEHAVIOR
(PROVIDER ROLE: READ ALOUD)

Lisa Andrews is a 26 year old new patient, who is transferring her care to this primary care physician because she did not like her previous physician. She states that she is prescribed oxycodone 20 mg 5 times per day for chronic shoulder pain. She presents without medical records and states that she has run out of oxycodone this morning.

Upon review of the CURES Report, the patient has filled multiple prescriptions for oxycodone from multiple prescribers at multiple pharmacies over the past 3 months.

Pain history: Her pain started after a rotator cuff injury while playing softball 12 months ago. She had surgery and has been on opioids ever since. Her orthopedic surgeon prescribed opioids for the first 3 months but then stopped.

Other medical history: None.

Substance use history: None.

Social history: Lives with friends in an apartment. Has a subsidy that helps pays for rent, if she stays in school. She is worried about her performance in school, losing tuition subsidy, and then being unable to pay her rent.

Physical exam: She appears anxious. No significant findings on exam.

CLINICIAN SKILLS OBJECTIVES & TASKS:

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CASE B: MONITORING OR ASSESSING FOR ABERRANT BEHAVIOR
(PATIENT ROLE: READ TO SELF)

Lisa Andrews is a 26 year old female, new patient, who is transferring her care to this primary care physician because she did not like her previous physician. She states that she is prescribed oxycodone 20 mg 5 times per day for chronic shoulder pain. She presents without medical records and states that she has run out of oxycodone this morning.

Pain history: Pain started after a rotator cuff injury while playing softball 12 months ago. Had surgery and has been on painkillers ever since. Orthopedic surgeon prescribed them for the first 3 months but then all of a sudden stopped.

Social history: Lives with friends in an apartment. Has a subsidy that helps pays for rent, if she stays in school. Missing classes and worried about performance in school, losing tuition subsidy, and then being unable to make rent.

- "I go to a lot of different doctors, because no one believes I really have pain. I'll to go to one and they'll give me a couple of pills and then I run out. "
- "I have friends that can get tons of these medicines, and I don't understand what the huge deal is."
- "Oxys helped with my pain after the surgery, so I was and able to do things; go to work and do things with friends. Then I guess I started taking them more because they made me feel good and gave me energy. "
- "Then the surgeon just stopped giving them to me and I got sick. I was throwing up and felt crappy. I went to my old doctor, and she gave some pills and I felt better."
- "Sometimes I can get oxys from friends or friend of friends, but I would never try to buy them from a drug dealer."

If asked:
- Admit to spending a lot of time trying to get these pills; actually more time than you spend taking care of your pain
- Admit to feeling like this situation is out of control
- But you don't think you have an addiction. Your brother is the addict in the family. He would steal from family members, got kicked out of school, uses needles and has Hep C.
- You want to understand why this provider thinks you might have a problem.

Monitoring or Assessing for Aberrant Behavior

CASE C

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CASE C: MONITORING OR ASSESSING FOR ABERRANT BEHAVIOR
(PROVIDER ROLE: READ ALOUD)

Mr. Paul Russo is a 51 year old established patient here with chronic knee and ankle pain. This is a routine follow-up appointment. He will be due for renewal of his APAP/hydrocodone at the end of this week.

Pain history: Post-traumatic right knee and ankle pain status post infected distal femoral and ankle fracture from a motorcycle accident 5 years ago. He has been on opioids, APAP, and NSAIDs ever since. He has taken ibuprofen 600 mg TID, plus hydrocodone 5 mg with acetaminophen 500 mg 2 tablets TID for the past 3 years. In the last year, he has gained 20 lbs. You are concerned that if he continues to gain weight, he eventually may need to be referred to the Orthopedic Clinic for a total knee replacement.

His pain is usually always 4-5 out 10. Today his PEG score is 7/4/6.

At his last visit with you 4 weeks ago, you discussed the results of routine urine drug testing that were confirmed positive for hydrocodone and cocaine. He agreed to closer monitoring, but refused to return to the clinic 2 weeks ago for a random urine drug test. He brings in his remaining medications for a pill count today, and the count is appropriate.

Other medical history: Well controlled hypertension on ACE-I and hyperlipidemia on statin.

Social history: He lives with his long-term girlfriend. He is employed at a friend's store as a cashier where he is able to sit most of the day. No mental health problems or family h/o such

Substance use history: Quit smoking 10 years ago. Drinks no more than 4 drinks in a day AND no more than 14 drinks/week. Remote h/o of marijuana use as a young adult. No family history of substance use disorders.

Interim substance use history: at last visit 4 weeks ago, he disclosed:

- He snorts a little cocaine once in a while with friends on the weekends when they get together at parties.
- He admitted to using a little more frequently in the last couple of months, as he noticed that when he used, then his pain is less distracting.
- He agreed to closer monitoring, including more frequent UDS. He understood that his UDS would need to be cocaine-negative in order to continue receiving opioid analgesics.
- He seemed sincere about choosing his daily pain medications over the weekend cocaine binges. You hope this is the case.

CLINICIAN SKILLS OBJECTIVES & TASKS:

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CASE C: MONITORING OR ASSESSING FOR ABERRANT BEHAVIOR

(PATIENT ROLE: READ TO SELF)

Mr. Paul Russo is a 51 year old established patient here with chronic knee and ankle pain. This is a routine follow-up appointment. He will be due for renewal of his APAP/hydrocodone at the end of this week.

Pain history: Post-traumatic right knee and ankle pain status post infected distal femoral and ankle fracture from a motorcycle accident 5 years ago. He has been on opioids, APAP, and NSAIDs ever since. He has taken ibuprofen 600 mg TID, plus hydrocodone 5 mg with acetaminophen 500 mg 2 tablets TID for the past 3 years. In the last year, you gained 20 lbs and can feel it in your knees.

Joint pain is usually always 4-5 out 10. Today you feel overall worse, PEG score is 7/4/6.

At last visit 4 weeks ago, your provider found cocaine in your urine. S/he agreed to "give you another chance" and did not change your prescription. Your provider did insist, however, that you participate in closer "safety monitoring" and that your prescription would not be renewed if you tested positive for cocaine again.

Since that visit, you've been feeling irritated by this plan. When the office called you all of a sudden 2 weeks ago and asked you to come in for a urine test, it was not convenient. You had made other plans for that day and did not want to cancel them.

You also had told your provider that "it wouldn't be a problem" to stop using cocaine, but you've found it harder than you thought. Your provider had offered to help if you were having trouble stopping, but now you don't know if s/he will help you because you refused to come in for the urine test.

You are just going to have to play it by ear and see what kind of mood your provider is in. If s/he gets upset and fires you, you can go find another clinic. Or you can fire him/her first.

You continue to take your medications as prescribed. Your provider has nothing to worry about as far as diversion is concerned. You need your medicines and wouldn't sell them or give them away in exchange for cocaine.