Medical Encounter Example

Pain Opioids: Best Practices

Blue color: Pain Management
Red color: Risk Management

Office Visit Date: ____________________

Name: ____________________ **DOB:** ____________________

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53 yo male here for f/u chronic intractable pain of the low back. Prior diagnostic workup includes MRI of the LS spine demonstrating degenerative disc disease L3-5 and a small paracentral disc protrusion at L4-5 without foraminal encroachment. He indicates there are no other pain concerns.

He describes the pain as aching on a continuous basis and worse (sharp) with rotation to the right. It is located L3-5 centrally and in the right paraspinous region without radiation. Back pain severity is described as 5/10 in bed in the AM before up and around, 6/10 up and around before medications settle in, 3-4/10 best for the day after medications are on board, though it can flare to 7/10 with light lifting. He is taking oxycodone CR which lasts 7h, oxycodone IR which lasts 3h - and together they allow him to continue instrumental activities of daily living as well as therapeutic exercise directed by his physical therapist.

Since the Last Office Visit

+ Diagnostic studies: none
+ Non-medication approaches: Walks 10 minutes 5 days per week. Daily stretching. PT q2w.
+ Consults: none

Medications

+ Non-controlled: Duloxetine increased for depression but not clearly pain.
+ Controlled: Taking medications on a regular basis as prescribed, source here only, of continued benefit and negligible side effects. Not requesting any specific changes. Reports no behavioral aberrancies, alcohol, cannabis, substances of potential addiction excepting as prescribed. He remains abstinent from tobacco for more than a year.

Review of Systems, Symptoms, Function

+ Other medical problems stable.

- No fever, chills, sweats, generalized aches.
- Weight is stable though high.
- He performed at an arts seminar in Seattle - had a great time, would not have been able to do this in the absence of the treatments employed.

- **HEENT** Denied
- **CR:** Denied
- **GI:** Constipation controlled, otherwise denied including no incontinence
- **GU:** Denied including no incontinence
- **MS:** Otherwise denied
- **Neuro:** Denied including no saddle anesthesia
- **Psych:** Improvement in depressed mood now that his wife found a job after being laid off PHQ-2 scored 0 today

Daily living functions are the same since last month with respect to physical, social, sleep, activities, family.
There is only modest improvement in function over the last 6-9 months, though there is some.
He remains unable to work but states he would like to return to work ultimately.

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- Here by himself
- Energy appears improved
- Normal LOC, orientation
- Coordination and speech at baseline
- No observed track marks
- Shows appropriate and reproducible distracted tenderness, pain-related behavior, pain-protection mechanics, all consistent with pain described and at a moderate level, unchanged from last OV.
- WD WN WH
- Does not display illness. sadness or anxiety
- No impairment or confusion
- No alcohol or cannabis odor
- Mild distress

Vital Signs:

- 142/96
- 85
- 14
- 246 lb BMI 32
- O_2 94% on oxygen
- Afebrile

- **HEENT:** Negative
- **Chest:** Clear, diminished, BS
- **Cor:** Regular without MGT
- **Abd:** Soft, non-tender. No palpable HSM / masses.
- **MS:** LS-spine tender 1-2+ midline, R paraspinous muscles with mod paraspinous muscle tension SLR negative bilaterally
- **Neuro**: Slight antalgic gait with listing to the right as before - relies on cane.
  Achilles reflex 2+ bilaterally
  Motor: 5/5 strength bilateral lower extremities
  Sensory: Intact to light touch bilateral lower extremities

Risk Management

Risk Screening

- Personal / Family history of SUD: Denied
- Personal history psych / mood: Mild depression, manageable
- Personal history trauma: Negative for physical, sexual, emotional. ACE score 1.
- SBIRT screen on initial visit xx/xx/13:
  - Positive: tobacco
  - Negative: alcohol, cannabis, illicits, prescribed opioid aberrancies
- SOAPP-R scored 12 on xx/XX/2013 indicating lower risk

Risk Stratification: Intermediate Level of Controlled Substance Risk

Risk Mitigation

- Goals of treatment discussed xx/xx/2013 and periodically: Pain and Function improvement 30%
- Informed consent provided xx/xx/2013 and ongoing
- Controlled substances agreement last signed on xx/xx/2020
- Naloxone prescription provided with instructions xx/xx/2019 - spouse knows how to use
- Medication security instructions provided xx/xx/2013 and periodically

Risk Monitoring

- Behavioral aberrancies
  - Reported: Cannabis use xx/xx/2017 - discontinued cannabis use after warning

    - Observed: None
- PDMP consistent with prescribing continuously since 1st visit 2013
- UDT consistent with prescribing since first visit 2014,
- UDS today consistent
- Nocturnal oximetry 6% of the time <89% saturation

Aberrancy Management

- Patient reported cannabis use 2017 —> warning —> cannabis use stopped
- Ultimatum: None

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- Chronic intractable pain, well controlled
    - Type: Peripheral
    - Low back pain without radiation
    - On opioids: MME 82.5 mg
- Degenerative disc disease L3-5
- Obesity
- Depression - responding to duloxetine 60 mg po qd - ø analgesic benefit
- Controlled substances assessment:
    - Pain and function benefit are present and medications are considered necessary for continued benefit
    - Intermediate Level of Controlled Substance Risk
    - Patient engagement adequate, and patient appears intent on moving towards goals
    - Adverse events limited and manageable
    - No identified aberrancies and patient is felt to be honest in his presentation

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- Patient education
    - Discussed attention to functional goals - he is to list 3 that he has for himself next visit
    - Patient is not to make a change in plan or medications unless coordinated with me unless emergency when he is to notify me as ASAP
    - Reiterated the importance of safe storage

  - Discussed rationale for opioid tapering - he agrees to consider
- In anticipation of tapering:
  - Increase walking to 11 minutes (5 days per week as before)
  - Start meloxicam 7.5 mg po bid #60 RF0
- Refill, no change: oxycodone CR 15 mg po q8h #90 RF0
- Refill, no change: oxycodone IR 5 mg 1 po q4h prn pain, $\leq$ 3/d #60 RF0
- Continue duloxetine at current dosage - appears effective for depression without AEs
- Studies:
  - Definitive UDT with LC/MS-MS due to frequency of UDS false positive / negative rates as well as to identify metabolites, meds, illicit substances not seen on immunoassay
  - Baseline CBC, BMP, Fe studies (hemacult next visit) b/o meloxicam initiation
- F/U here in 1m, sooner prn
- Patient education. He voices understanding, acceptance.
- Questions answered, decision-making shared.

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Family Medicine
Addiction Medicine
Medical Pain Management

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