Medical Encounter Example

Pain-Opioids: Minimum Standard of Care

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, flaring to 7/10 with light lifting. He is taking oxycodone CR and oxycodone IR which allow him to be active.

Taking opioids without problems. He does not use alcohol or cannabis.

Review of Systems, Symptoms, Function

- **HEENT** Denied
- **CR:** Denied
- **GI:** Constipation controlled, otherwise denied
- **GU:** Denied including no incontinence
- **MS:** Otherwise denied
- **Neuro:** Denied
- **Psych:** Denied

- **WD WN WH**
- **Normal LOC, orientation.**
- **No impairment or confusion.**
- **Mild distress**
- **Vital Signs:**
  - 142/96
  - 85
  - 14
  - 246 lb BMI 32
  - O_2 94% on oxygen
  - Afebrile

- **HEENT:** Negative
- **Chest:** Clear, diminished BS
- **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
- **Cor:** Regular without MGT line in there

Risk Management

Risk Screening

- Personal / Family history of SUD: Denied
- Personal history psych / mood: Mild depression, manageable
- Personal history trauma: Denied
- SBIRT screen on initial visit 2013 positive for tobacco only

Risk Stratification: Intermediate Level of Controlled Substance Risk

Risk Mitigation

- Informed consent provided on initial visit
- Controlled substances agreement last signed on xx/xx/2020
- Naloxone prescription provided with instructions xx/xx/2019 - spouse knows how to use

Risk Monitoring

- Behavioral aberrancies: Reported cannabis use 2017 - discontinued cannabis use after warning
- PDMP consistent with prescribing continuously since 1st visit 2013
- UDT consistent with prescribing since first visit 2014,

Aberrancy Management

- Patient reported cannabis use 2017 → warning → cannabis use stopped
- Ultimatum: None

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- Chronic intractable pain, well controlled
- On opioids: MME 82.5 mg
- Degenerative disc disease L3-5
- Pain, function benefit present and medications are considered necessary for continued benefit
- Intermediate Level of Controlled Substance Risk
- No identified aberrancies

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- Discussed rationale for opioid tapering - he agrees to consider
- In anticipation of tapering 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, ≤ 3/d #60 RF0
- Continue duloxetine at current dosage - appears effective for depression without AEs
- Send out for definitive UDT
- Baseline CBC, BMP, Fe studies (hemacult next visit) b/o meloxicam initiation
- F/U here in 1m, sooner prn

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Family Medicine
Addiction Medicine
Medical Pain Management

This material was prepared by the Iowa Healthcare Collaborative, the Opioid Prescriber Safety and Support contractor, under contract with the Centers for Medicare & Medicaid Services (CMS), an agency of the U.S. Department of Health and Human Services. Views expressed in this material do not necessarily reflect the official views or policy of CMS or HHS, and any reference to a specific product or entity herein does not constitute endorsement of that product or entity by CMS or HHS.

Developed in collaboration with Stader Opioid Consultants.