

# **ST. CLAIR COUNTY COMMUNITY MENTAL HEALTH AUTHORITY**

## **ADMINISTRATIVE PROCEDURE**

**Date Issued 07/22**

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<b>SECTION</b> Client Services		<b>SUBJECT</b> Controlled Substances Prescribing		
<b>WRITTEN BY</b> Malachy Browne, MD, Karen Zultak and Latina K. Cates		<b>REVISED BY</b> Nursing Group		<b>AUTHORIZED BY</b> Tracey Pingitore

### **I. APPLICATION:**

- ☐ SCCCMHA Board
- ☐ SCCCMHA Providers & Subcontractors
- ☐ Direct-Operated Programs
- ☒ Community Agency Contractors
- ☐ Residential Programs
- ☐ Specialized Foster Care

### **II. PURPOSE STATEMENT:**

St. Clair County Community Mental Health Authority (SCCCMHA) shall provide a consistent and safe protocol for the prescribing of controlled substances at the People's Clinic (Medicaid division).

### **III. DEFINITIONS:**

- A Controlled Substance: A drug or substance considered to have a high potential for abuse, either psychological or physical dependence. Those classified as a “sleeping pill”, sedatives, mild tranquilizers and potent pain killers mainly of the barbiturate, benzodiazepine, and opium derivative families and those listed under Schedule I-V, April, 2001 Chapters 1-2, Drug Control Act, State of Michigan 1070. Amphetamines and some stimulants are classified as controlled substances and are included in CFR - Code of Federal Regulations Title 21.

### **IV. STANDARDS:**

- A. Adherence to medical best practices regarding the prescribing of controlled substances at the People's Clinic (Medicaid division).
- B. People’s Clinic will make available and display as appropriate, information relating to the controlled substance prescribing procedure in an easily read and understood format.
- C. Non-medication intervention should be considered initially to address pain, anxiety, ADHD and/or depression.

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- D. All People's Clinic staff and providers will be trained regarding appropriate prescribing practices for opiate pain medication, benzodiazepines, and stimulants utilizing an Evidence Based program once yearly and as necessary.
- E. All patients will be screened for psychiatric comorbidities using validated screening tools, prior to receiving a controlled substance prescription.
- F. The PHQ-2 and /or PHQ-9 will be administered to every patient at every visit.
- G. Expanded screening will include a thorough medical, psychiatric, and substance use history. Validated screening tools for risk assessment of potential misuse and urine drug screens are also recommended.
- H. All patients will have a Michigan Automated Prescription System (MAPS) report run at initial intake. A patient, who is prescribed a controlled substance, will have MAPS report checked at each subsequent encounter for which a controlled substance is prescribed. If necessary, previous providers will be contacted to discuss their prescribing relationship with the patient and prior medical records will be obtained and reviewed before a controlled substance prescription is written.
- I. A medication contract will be discussed and will be signed by both the patient and provider prior to issuing any controlled substance prescription. This contract will outline the patient and provider expectations and responsibilities for prescribing and receiving controlled medications. Violation of the contract may result in withdrawal and discontinuation of the controlled substance. The patient will receive a copy of this contract to maintain in their personal record.
- J. Patients receiving controlled substance medications will be required to submit to scheduled and random drug screens and pill counts at the discretion of the provider and as outlined in the medication contract.
- K. In the event of two failed drug screens or pill counts, or other behavior deemed to suggest misuse or abuse, the concerns will be addressed with the patient. The patient will be referred for further evaluation by a substance abuse program. SCCCMHA Health Integration Project (HIP) enrollees will be referred to their case holder and SCCCMHA provider. The People's Clinic provider may cease providing controlled substance prescriptions and/or discharge the patient at any time they deem prudent and in the patient's best interest.
- L. Providers and People's Clinic staff will be trained to recognize and treat withdrawal symptoms. Appropriate prescription and nonprescription treatment of withdrawal will be implemented as deemed clinically necessary. Physicians qualified in prescribing Suboxone will be available.

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- M. Patients will be assessed for function as well as subjective perception of pain using approved tools (see Appendix B). Providers, People’s Clinic staff, and patients will work together to establish clear goals related to improvement in functionality and utilize as many non-pharmacological interventions as possible to achieve those goals. Barriers and access to therapies felt to be supportive of non-pharmacological interventions will be addressed on an ongoing basis to improve services.
- N. As recommended by FDA, concurrent prescriptions of opioids and benzodiazepines poses serious risks and death. Therefore, these two classes of medication should not be prescribed concurrently. Caution should be exercised when a patient is receiving prescriptions from multiple prescribers.
- O. Patients of People’s Clinic who are enrollees of the HIP Grant will only receive benzodiazepine or stimulant medications from SCCCMHA providers.

V. **PROCEDURES:**

**The Clinic**

- 1. Makes available and displays as appropriate, information relating to the controlled substance prescribing procedure in an easily read and understood format.

**Clinic Staff and Providers**

- 2. Considers non-medication intervention initially to address pain, anxiety, ADHD, and/or depression.
- 3. Ensures all Clinic staff and providers are trained utilizing an evidence based program once yearly and as necessary, regarding appropriate prescribing practices for opiate pain medication, benzodiazepines, and stimulants..
- 4. Screens all patients for psychiatric comorbidities using validated screening tools administered by the Medical Assistant and reviewed by the provider, prior to providing a controlled substance prescription.
- 5. Administers the PHQ-2 to every patient at every visit. If the PHQ-2 screen is positive, the PHQ-9 will subsequently be administered. The screening will be administered by the Medical Assistant and reviewed by the provider.
- 6. Provides further screening to include a thorough medical, psychiatric, and substance use history. Validated screening tools for risk assessment of potential misuse and urine drug screens are also recommended.
- 7. Ensures all patients will have a MAPS report run at initial intake. If the patient is prescribed a

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controlled substance, a MAPS report will be run in the electronic health record (Oasis) or printed at that and each subsequent encounter for which a controlled substance is prescribed. If necessary, prior providers will be contacted to discuss their prescribing relationship with the patient and prior medical records will be obtained and reviewed prior to a controlled substance prescription being written.

8. Ensures a medication contract is discussed and will be signed by both the patient and provider prior to issuing any controlled substance prescription. This contract will outline the patients and provider's expectations and responsibilities for prescribing and receiving controlled medications. Violation of the contract may result in withdrawal and discontinuation of the controlled substance. The patient will receive a copy of this contract to maintain in their personal record.
9. Requires patients receiving controlled substance medications to submit to scheduled and random drug screens and pill counts at the discretion of the provider and as outlined in the medication contract.
10. Addresses concerns with the patient in the event of two failed drug screens or pill counts, or other behavior deemed to suggest misuse or abuse. The patient will be referred for further evaluation with a substance abuse program. CMH-HIP patients will be referred to their caseholder and CMH provider. The Clinic provider may cease providing controlled substance prescriptions and/or discharge the patient at any time they deem prudent and in the patient's best interest.
11. Ensures providers and clinic staff are trained to recognize and treat withdrawal symptoms. Appropriate prescription and nonprescription treatment of withdrawal will be implemented as deemed clinically necessary. Physicians qualified in prescribing Suboxone will be available.
12. Assesses patients for function as well as subjective perception of pain using approved tools (see Appendix B). Providers, clinic staff, and patients will work together to establish clear goals related to improvement in functionality and utilize as many non-pharmacological interventions as possible to achieve those goals. Barriers and access to therapies felt to be supportive of non-pharmacological interventions will be addressed on an ongoing basis to improve services.

#### VI. REFERENCES:

- A. "Substance Abuse and Addiction Policy" Written 2003 and updated May, 2016. American Academy of Family Physicians.
- B. "A Primary Care Approach to Substance Misuse" American Family Physician, July 15, 2013.
- C. "Urine Drug Screening: A Valuable Office Procedure" American Family Physician, Vol

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81(5), March 1, 2010.

- D. "Is It Time to Make Mind-Body Approaches Available for Chronic Low Back Pain?" Editorial JAMA Vol 315:12, March 22, 2016.
- E. "Effect of Mindfulness-Based Stress Reduction vs Cognitive Behavioral Therapy or Usual Care on Back Pain and Functional Limitations in Adults with Chronic Low Back Pain: A Randomized Clinical Trial" JAMA Vol 315:12, March 22, 2016.
- F. "FDA Drug Safety Communication: FDA warns about serious risks and death when combining opioid pain or cough medicines with benzodiazepines; requires its strongest warning"  
[www.fda.gov/Drugs/DrugSafety/ucm518473.htm](http://www.fda.gov/Drugs/DrugSafety/ucm518473.htm)
- G. "Brief Pain Inventory Scale (Short Form)

VII. EXHIBIT:

- A. Controlled Medication/Narcotic Contract
- B. Appendix B – Assessment Tools
  - B.1 Opioid Risk Tool
  - B.2 Oswestry Low Back Pain Disability Questionnaire

VIII. REVISION HISTORY:

Dates issued 01/17, 01/19, 3/20.



**People's Clinic**  
**3111 Electric Avenue**  
**Port Huron, MI 48060**  
**(810) 985-4747 Fax (810) 985-5579**

## CONTROLLED MEDICATIONS CONTRACT

The purpose of this contract is to maintain a safe, controlled treatment plan. I am asking for controlled medications because other treatments and medications I have received have not given enough pain relief. It is unlikely that any medication will completely take away my pain, but for humane reasons controlled medications will be given to me as long as my pain continues, provided that I follow the terms of this contract.

I understand that the possible complications of chronic narcotic therapy include: chemical dependence (addiction), constipation which could be severe enough to require medical treatment, difficulty with urination, drowsiness, nausea, itching, slowed respiration, and reduced sexual function. If I take more medication than what is prescribed, a dangerous situation could result such as coma, organ damage, or even death. I understand that if I run out of my medication too soon, or if my medication is stopped suddenly, I could have narcotic withdrawal symptoms, which can be very uncomfortable or dangerous. If I become pregnant, there are known and unknown risks to the unborn child, which include narcotic addition and the possibility of the baby experiencing narcotic withdrawal at birth. I am obliged to let my doctors know if I am pregnant, and they will help me find ways of controlling my pain without narcotics.

The terms of the contract include the following:

1. Only one pharmacy will be used for filling controlled prescriptions. That pharmacy's name, address, and telephone number are  


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2. If it is found that I received a prescription for controlled medications from a source other than People's Clinic Provider, I will be discharged from his services and any prescriptions for controlled medication will be discontinued.
3. It is necessary to call the office Monday through Friday during regular business hours for refills. It is important to make sure that you have enough medications to get through the weekend or after hours.
4. In accordance with office policy, controlled prescription refills will not be made by the after hours on call physician.
5. I agree and will sign a release to allow People's Clinic Provider to communicate with any other physicians currently treating me for specific conditions and any pharmacists regarding my use of the medication.
6. I will contact and communicate with People's Clinic Provider about controlled and other pain related medications and side effects. I will not contact any other physicians. If I have a significant side effect

Narcotic Contract  
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that occurs after hours or during the weekend, it is appropriate to go to the Emergency Room at the nearest hospital.

7. I agree to take the controlled medication exactly as instructed by People's Clinic Provider. I am NOT allowed to change the dosage amounts or alter the time schedule of taking the medication without talking to the People's Clinic Provider.
8. I agree that People's Clinic Provider will NOT replace any lost, stolen, or inaccessible controlled medications or controlled prescriptions for any reasons.
9. I must keep all regular follow up appointments as recommended by People's Clinic Provider. Failure to comply may cause discontinuation of controlled prescriptions and possible discharge from his services.
10. People's Clinic Provider will NOT accept telephone requests for controlled prescriptions or refills from anyone other than myself.
11. All controlled prescriptions must be picked up by myself. If I am too disabled or sick, an exception may be allowed at People's Clinic Providers discretion.
12. I understand that the benefits of controlled medication will be evaluated regularly using the following criteria of pain relief: increase in general functions and increase in life activities, improvement in pain intensity levels, absence of unacceptable side effects, if appropriate, progress in rehabilitation program, and if appropriate, possible return to work and maintenance of job.
13. I agree to periodic urine screens for other medications and drugs if People's Clinic Provider deems appropriate.
14. I have been given information about the use of controlled medications and the possible risks and side effects including development of tolerance, dependence, addiction, and withdrawal problems due to the medications.
15. I agree to NOT hoard medication or alter the controlled prescription. These behaviors and other unacceptable behaviors will result in the discontinuation of controlled prescriptions People's Clinic Provider
16. I agree to the following:
  - a. That I am NOT currently abusing illicit or prescription drugs and that I am not undergoing treatment for substance dependence or abuse.
  - b. That I have never been involved in the sale, illegal possession, or transport of any drugs but if I have I will inform you now before signing the contract.
  - c. For women only: That I am not pregnant and that I will inform People's Clinic Provider if I become pregnant.

This form has been fully explained to me, I have read it or have had it read to me, and I understand and agree to the terms of this contract. If any part of this contract as outlined above is broken, I understand that it will result in my immediate discharge and discontinuation of controlled prescriptions.

Patient Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Physician Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Date \_\_\_\_\_

Patient Name \_\_\_\_\_

**OPIOID RISK TOOL**

		Mark each box that applies	Item Score If Female	Item Score If Male
<b>1. Family History of Substance Abuse</b>	Alcohol	[   ]	1	3
	Illegal Drugs	[   ]	2	3
	Prescription Drugs	[   ]	4	4
<b>2. Personal History of Substance Abuse</b>	Alcohol	[   ]	3	3
	Illegal Drugs	[   ]	4	4
	Prescription Drugs	[   ]	5	5
<b>3. Age</b> (Mark box if 16 – 45)		[   ]	1	1
<b>4. History of Preadolescent Sexual Abuse</b>		[   ]	3	0
<b>5. Psychological Disease</b>	Attention Deficit Disorder, Obsessive Compulsive Disorder, Bipolar, Schizophrenia	[   ]	2	2
	Depression	[   ]	1	1
<b>TOTAL</b>		_____	_____	_____

**Total Score Risk Category**

Low Risk 0 – 3

Moderate Risk 4 – 7

High Risk  $\geq 8$ 

Reference: Webster LR. Predicting aberrant behaviors in opioid-treated patients: Preliminary validation of the opioid risk tool. *Pain Medicine*. 2005;6(6):432-442. Used with permission.

## Oswestry Low Back Pain Disability Questionnaire

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Sources: Fairbank JCT & Pynsent, PB (2000) The Oswestry Disability Index. *Spine*, 25(22):2940-2953.

Davidson M & Keating J (2001) A comparison of five low back disability questionnaires: reliability and responsiveness. *Physical Therapy* 2002;82:8-24.

The Oswestry Disability Index (also known as the Oswestry Low Back Pain Disability Questionnaire) is an extremely important tool that researchers and disability evaluators use to measure a patient's permanent functional disability. The test is considered the 'gold standard' of low back functional outcome tools <sup>[1]</sup>.

### Scoring instructions

For each section the total possible score is 5: if the first statement is marked the section score = 0; if the last statement is marked, it = 5. If all 10 sections are completed the score is calculated as follows:

Example:           16 (total scored)  
                           50 (total possible score) x 100 = 32%

If one section is missed or not applicable the score is calculated:

                  16           (total scored)  
                           45 (total possible score) x 100 = 35.5%

Minimum detectable change (90% confidence): 10% points (change of less than this may be attributable to error in the measurement)

### Interpretation of scores

<b>0% to 20%: minimal disability:</b>	The patient can cope with most living activities. Usually no treatment is indicated apart from advice on lifting sitting and exercise.
<b>21%-40%: moderate disability:</b>	The patient experiences more pain and difficulty with sitting, lifting and standing. Travel and social life are more difficult and they may be disabled from work. Personal care, sexual activity and sleeping are not grossly affected and the patient can usually be managed by conservative means.
<b>41%-60%: severe disability:</b>	Pain remains the main problem in this group but activities of daily living are affected. These patients require a detailed investigation.
<b>61%-80%: crippled:</b>	Back pain impinges on all aspects of the patient's life. Positive intervention is required.
<b>81%-100%:</b>	These patients are either bed-bound or exaggerating their symptoms.

## Oswestry Low Back Pain Disability Questionnaire

### Instructions

This questionnaire has been designed to give us information as to how your back or leg pain is affecting your ability to manage in everyday life. Please answer by checking ONE box in each section for the statement which best applies to you. We realise you may consider that two or more statements in any one section apply but please just shade out the spot that indicates the statement which most clearly describes your problem.

#### Section 1 – Pain intensity

- ☐ I have no pain at the moment
- ☐ The pain is very mild at the moment
- ☐ The pain is moderate at the moment
- ☐ The pain is fairly severe at the moment
- ☐ The pain is very severe at the moment
- ☐ The pain is the worst imaginable at the moment

#### Section 2 – Personal care (washing, dressing etc)

- ☐ I can look after myself normally without causing extra pain
- ☐ I can look after myself normally but it causes extra pain
- ☐ It is painful to look after myself and I am slow and careful
- ☐ I need some help but manage most of my personal care
- ☐ I need help every day in most aspects of self-care
- ☐ I do not get dressed, I wash with difficulty and stay in bed

#### Section 3 – Lifting

- ☐ I can lift heavy weights without extra pain
- ☐ I can lift heavy weights but it gives extra pain
- ☐ Pain prevents me from lifting heavy weights off the floor, but I can manage if they are conveniently placed eg. on a table
- ☐ Pain prevents me from lifting heavy weights, but I can manage light to medium weights if they are conveniently positioned
- ☐ I can lift very light weights
- ☐ I cannot lift or carry anything at all

#### Section 4 – Walking\*

- ☐ Pain does not prevent me walking any distance
- ☐ Pain prevents me from walking more than 1 mile
- ☐ Pain prevents me from walking more than 1/2 mile
- ☐ Pain prevents me from walking more than 100 yards
- ☐ I can only walk using a stick or crutches
- ☐ I am in bed most of the time

### Section 5 – Sitting

- ☐ I can sit in any chair as long as I like
- ☐ I can only sit in my favourite chair as long as I like
- ☐ Pain prevents me sitting more than one hour
- ☐ Pain prevents me from sitting more than 30 minutes
- ☐ Pain prevents me from sitting more than 10 minutes
- ☐ Pain prevents me from sitting at all

### Section 6 – Standing

- ☐ I can stand as long as I want without extra pain
- ☐ I can stand as long as I want but it gives me extra pain
- ☐ Pain prevents me from standing for more than 1 hour
- ☐ Pain prevents me from standing for more than 30 minutes
- ☐ Pain prevents me from standing for more than 10 minutes
- ☐ Pain prevents me from standing at all

### Section 7 – Sleeping

- ☐ My sleep is never disturbed by pain
- ☐ My sleep is occasionally disturbed by pain
- ☐ Because of pain I have less than 6 hours sleep
- ☐ Because of pain I have less than 4 hours sleep
- ☐ Because of pain I have less than 2 hours sleep
- ☐ Pain prevents me from sleeping at all

### Section 8 – Sex life (if applicable)

- ☐ My sex life is normal and causes no extra pain
- ☐ My sex life is normal but causes some extra pain
- ☐ My sex life is nearly normal but is very painful
- ☐ My sex life is severely restricted by pain
- ☐ My sex life is nearly absent because of pain
- ☐ Pain prevents any sex life at all

### Section 9 – Social life

- ☐ My social life is normal and gives me no extra pain
- ☐ My social life is normal but increases the degree of pain
- ☐ Pain has no significant effect on my social life apart from limiting my more energetic interests eg, sport
- ☐ Pain has restricted my social life and I do not go out as often
- ☐ Pain has restricted my social life to my home
- ☐ I have no social life because of pain

### Section 10 – Travelling

- ☐ I can travel anywhere without pain
- ☐ I can travel anywhere but it gives me extra pain
- ☐ Pain is bad but I manage journeys over two hours
- ☐ Pain restricts me to journeys of less than one hour
- ☐ Pain restricts me to short necessary journeys under 30 minutes
- ☐ Pain prevents me from travelling except to receive treatment

## References

1. Fairbank JC, Pynsent PB. The Oswestry Disability Index. Spine 2000 Nov 15;25(22):2940-52; discussion 52.