

RULE 360-3-.06 PAIN MANAGEMENT FREQUENTLY ASKED QUESTIONS

The Rule became effective February 1, 2012

1. Who must perform the physical exam of a patient enrolled in a licensed hospice setting?

According to rule 360-3-.06.2(c) a physician shall have a medical history of the patient, a physical exam of the patient shall have been conducted and informed consent shall have been obtained. This implies that the physician does not personally have to perform this physical examination. The physical examination may be performed prior to the referral to hospice by the referring physician and documentation of such would be adequate. If a completely new physical exam is required that physical exam must be performed by a licensed healthcare provider and that must be within the scope of practice of that licensed health care provider in the State of Georgia.

2. How often do patients need to be tested for compliance under the new Board rule?

The rule states that the patient must be seen at least every 90 days when they are being prescribed chronic opiate therapy for 90 days or greater for treatment of chronic pain not for a terminal condition. This means that if you are prescribing the patient enough medication to therapeutically treat pain on a daily basis for 90 consecutive days you must see the patient once during the 3 months period of treatment and the patient should be checked for compliance during this evaluation. The patient may be seen more often than every 90 days. Evaluations for compliance may include pill counts, or interviews at the visit. It must include laboratory evaluation to include serum, sweat, urine or blood testing, but the laboratory evaluation must be done on a random basis. A random basis is defined as a basis which the patient cannot predict ahead of time. The Rule provides an exception to the visit of every ninety (90) days in cases of documented hardship. Therefore, the laboratory evaluation and monitoring may not be done every 3 months with a hardship exception.

3. When may a hardship exception to the required patient visit be made?

An exception may be made to seeing the patient at least every 90 days, because of hardship, as long as this is clearly documented in the chart. Hardship is determined by the physician using the physician's judgment in individual cases.

4. A patient asks if they have to comply with the new state law on pain management when being prescribed Concerta, a schedule II prescription for ADD.

The new rule applies to schedule II and III substances prescribed for pain or chronic pain. The use of schedule II substances for the management of ADD is not included under the purview of this rule.

5. If I prescribe schedule II or III substances to ANY patient more than 90 days, am I required to perform further monitoring?

The rule states that ANY patient prescribed schedule II or III substances 90 days or greater in a calendar year for chronic pain MUST be monitored. Under this rule, chronic pain is defined as pain requiring treatment which has persisted for a period of ninety days or greater in a year, but shall not include preoperative pain, i.e., pain immediately preceding and immediately following a surgical procedure, when such perioperative pain is being treated by a physician in connection with a surgical procedure. So the physician must first determine if the rules apply. If the rules apply, the patient must be monitored. Monitoring is defined in the rules as any method to assure treatment compliance including but not limited to the use of pill counts, pharmacy or prescription program verification. Monitoring must include a urine, saliva, sweat, or serum test performed on a random basis. As noted previously in Question No. 3, an exception may be made to seeing the patient at least every 90 days, because of hardship, as long as this is clearly documented in the chart.

6. In the published rule, Rule 360-3-.06, section f, it mentions: "Compliance with the therapeutic regimen through monitoring appropriate for that patient." Would that make an exception for patient using fairly low levels of narcotics, but longer than 90 days?

Monitoring is indicated for any patient treated for 90 consecutive days for chronic pain with a schedule 2 or 3 substances. However a hardship (professional judgment) exception may be made to the clinical visit and should be well documented in the chart. If no clinical visit occurs monitoring cannot be performed.

7. Should you withhold pain medication from a patient under a narcotic agreement because he has been using an illicit substance including cannabis?

Whether a physician withholds pain medication depends on the physician's professional judgment and whether or not the patient represents a risk to himself or others. However, the rule state "When a physician determines that a patient for whom he is prescribing controlled scheduled substances is abusing the medication, then the physician shall make an appropriate referral for treatment for substance abuse."

11. If the patient only needs pain meds episodically, then their random drug screen could be negative if they haven't needed pain meds lately and not be in violation of their contract. Does the rule address this situation?

No, unless the treatment includes the use of schedule 2 or 3 controlled substances for chronic pain for 90 consecutive days or greater.

12. “Ninety days” worth of medication could mean #90 tablets if the patient takes only 1 tablet a day or #720 tablets if they take 2 tablets four times a day. How does the rule take this variation into account?

It does not matter how much is prescribed, it is the period of time the it covers.

13. Does the collection of a urine drug screen have to be witnessed?

The rule is silent on this.

14. How often do patients need to be tested for compliance under the new rule?

The rule provides for monitoring every 90 days unless there is a hardship exception. More detailed responses maybe found under Questions 2, 5 and 6.

Effective date August 9, 2012