Tools to accompany *Recommendation 12:*

- Checklist for Adverse Effects, Function, and Opioid Dependence
  http://health.utah.gov/prescription/pdf/guidelines/checklist%20for%20adverse%20effects.pdf
- Signs of Substance Misuse
  http://health.utah.gov/prescription/pdf/guidelines/signs_substance_misuse.pdf
- Federal Laws on Prescribing Controlled Substances (21 CFR 1306 et. seq.)
  http://www.deadiversion.usdoj.gov/21cfr/cfr/
- Osteopathic Rules on Prescribing for Intractable Pain (OAC 510:5-9-1 et. seq.)
  http://www.ok.gov/osboe/documents/RULES.pdf
- Medical Board Rules on Prescribing for Intractable Pain (OAC 435:10-7-11 et. seq.)
  http://www.okmedicalboard.org/download/457/MDRULES.pdf

Consultation and Management of Complex Patients

13. Health care providers should consider consultation for patients with complex pain conditions, serious co-morbidities and mental illness, a history or evidence of current drug addiction or abuse, or when the provider is not confident of his or her ability to manage the treatment.[9,13]

13.1 Prescribers may wish to consider referring patients if any of the following conditions or situations are present, or if other concerns arise during treatment:

- The patient has a complex pain condition and the clinician wishes verification of diagnosis;
- The patient has significant co-morbidities, including psychiatric illness;
- The patient is at high risk of aberrant behavior or addiction; or
- The clinician suspects the development of significant tolerance, particularly at higher doses.

The main goal of a consultation is for the prescribing clinician to receive recommendations for ongoing treatment.

13.2 Patients with a history of addiction or substance use disorder or who have positive drug screens indicative of a problem should be closely monitored (e.g., more frequent random drug screens, random pill counts) or considered for referral to an addiction specialist for evaluation of recurrent risk and for assistance with treatment.[9,13,14]

Although this is a desirable approach, it is recognized that following this recommendation may not be feasible in parts of Oklahoma where there is a shortage of readily available addiction specialists.

13.3 Pain patients addicted to medications/drugs should be referred to a pain management and/or mental health/substance use disorder specialist, if available, for recommendations on the treatment plan and assistance in management.

The health care provider may consider prescribing opioid medications for pain even if the patient has a self-reported or documented previous opioid abuse problem, as long as monitoring is performed during the titration and maintenance phase.

13.4 Patients with a coexisting psychiatric disorder should receive ongoing mental health support and treatment while receiving an opioid medication for pain control.

Management of patients with a coexisting psychiatric condition may require extra care, monitoring, or documentation.[17,19] Consultation can be obtained to assist in formulating the treatment plan and establishing a