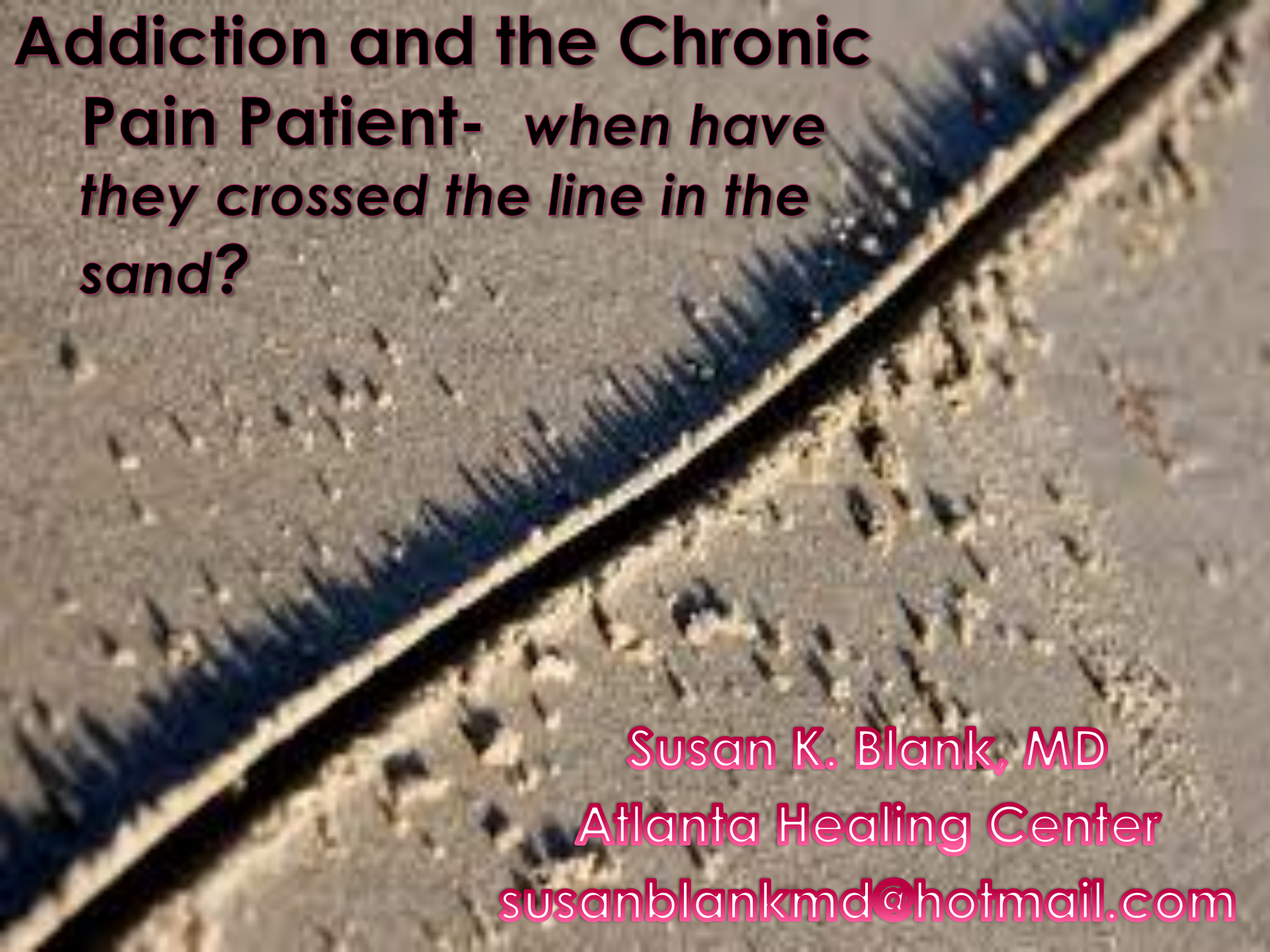
Addiction and the Chronic Pain Patient- *when have they crossed the line in the sand?*



Susan K. Blank, MD
Atlanta Healing Center
susanblankmd@hotmail.com

Case Study: Buddy

- 36 year old male recovering Opiate addict
- Got into treatment at age 24 after about 7 years of use
- Had a few slips, but with the aid of a good sponsor, has done well
- Injured in MVA-fractured pelvis, both legs and injury to lower back
- Surgery and Rehab went well
- 6 months post op still in pain……..

Questions: Buddy

- Do you put him on opiates for pain?
- Tell him he has to just learn to deal with the pain?
- Which is the greater risk to his sobriety?
- Untreated pain?
- Exposure to opiates?

Case Study: Mary

- 45 year old homemaker
- No previous history of addiction
- Some family history, but vague
- Pain Management for L4-5 degenerative disc
- Recent change from short acting hydrocodone to long acting oxycodone
- Broke her medication contract, began to increase the dose of medication

Questions: Mary

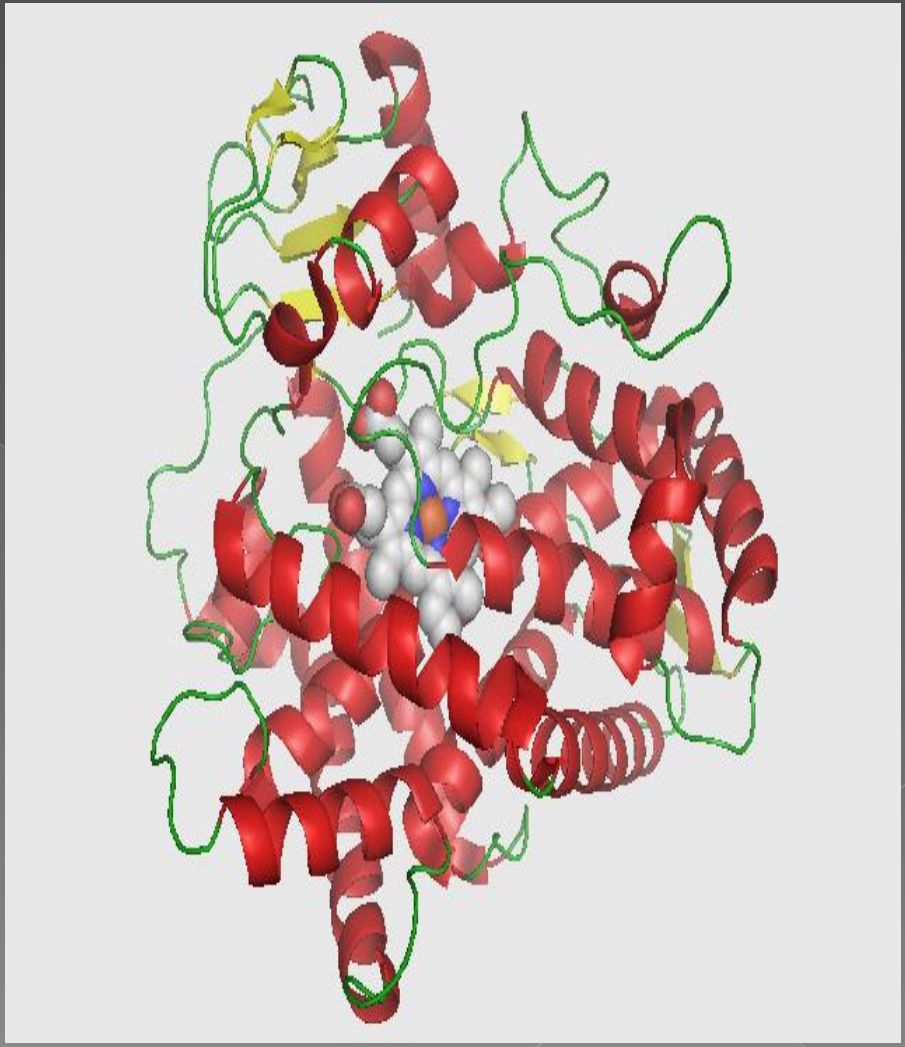
- Does Mary have addiction?
- Tolerance?
- Poor response to oxycodone?
- Is she diverting medications?

Case Study: Amy

- 20 year old college athlete
- No history of addiction and no family history of addiction
- After surgery, Amy began to escalate her use of pain medications.
- She was using oxycotin, percocet, fentanyl patches, as much as she could get
- She kept saying that she was in pain…

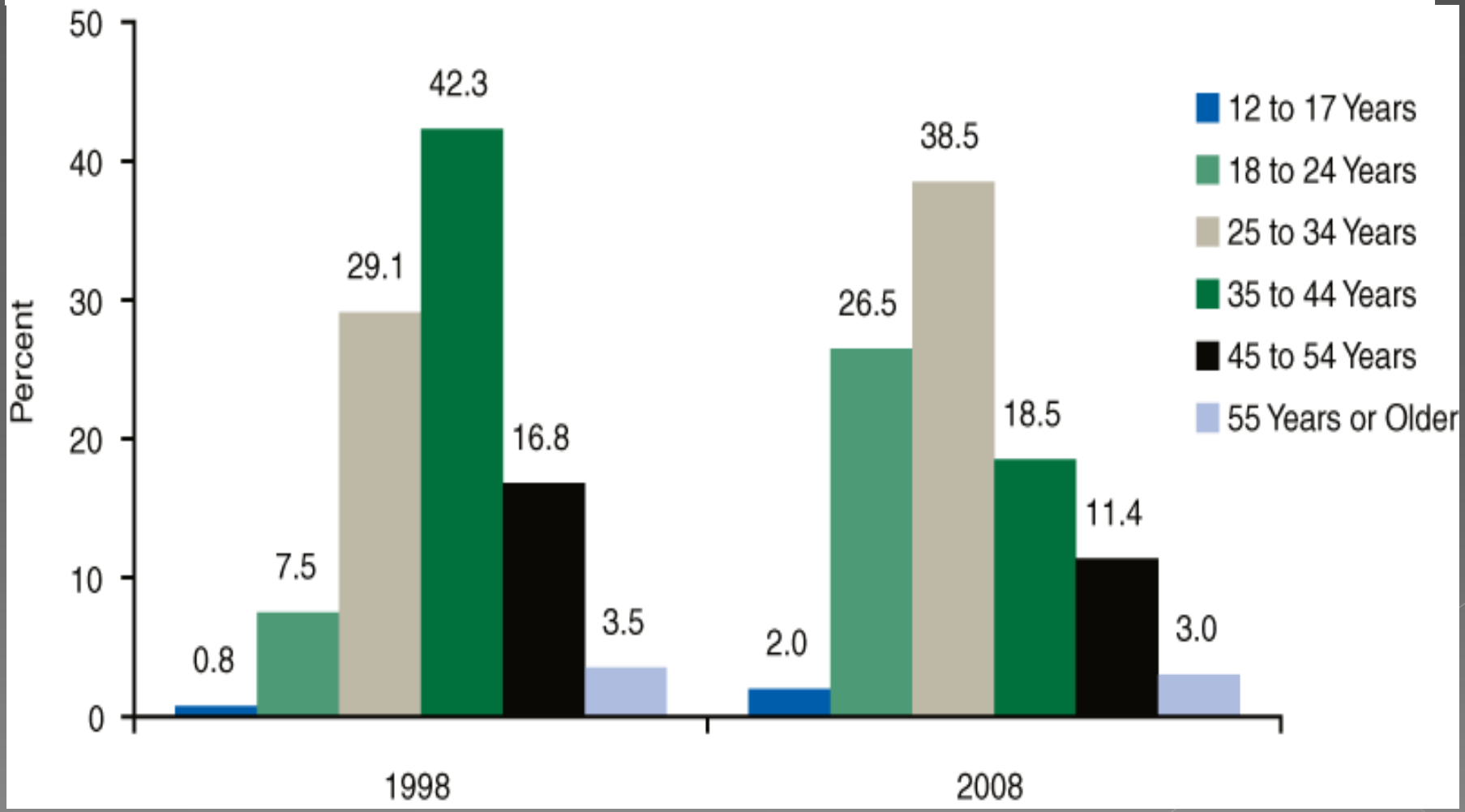
Questions: Amy

- Does she have addiction?
- What about managing her pain?
- What about the possibility of genetic problem with liver enzymes?
- CP450- 2D6 AND 3A4
- 6-10% of Caucasians

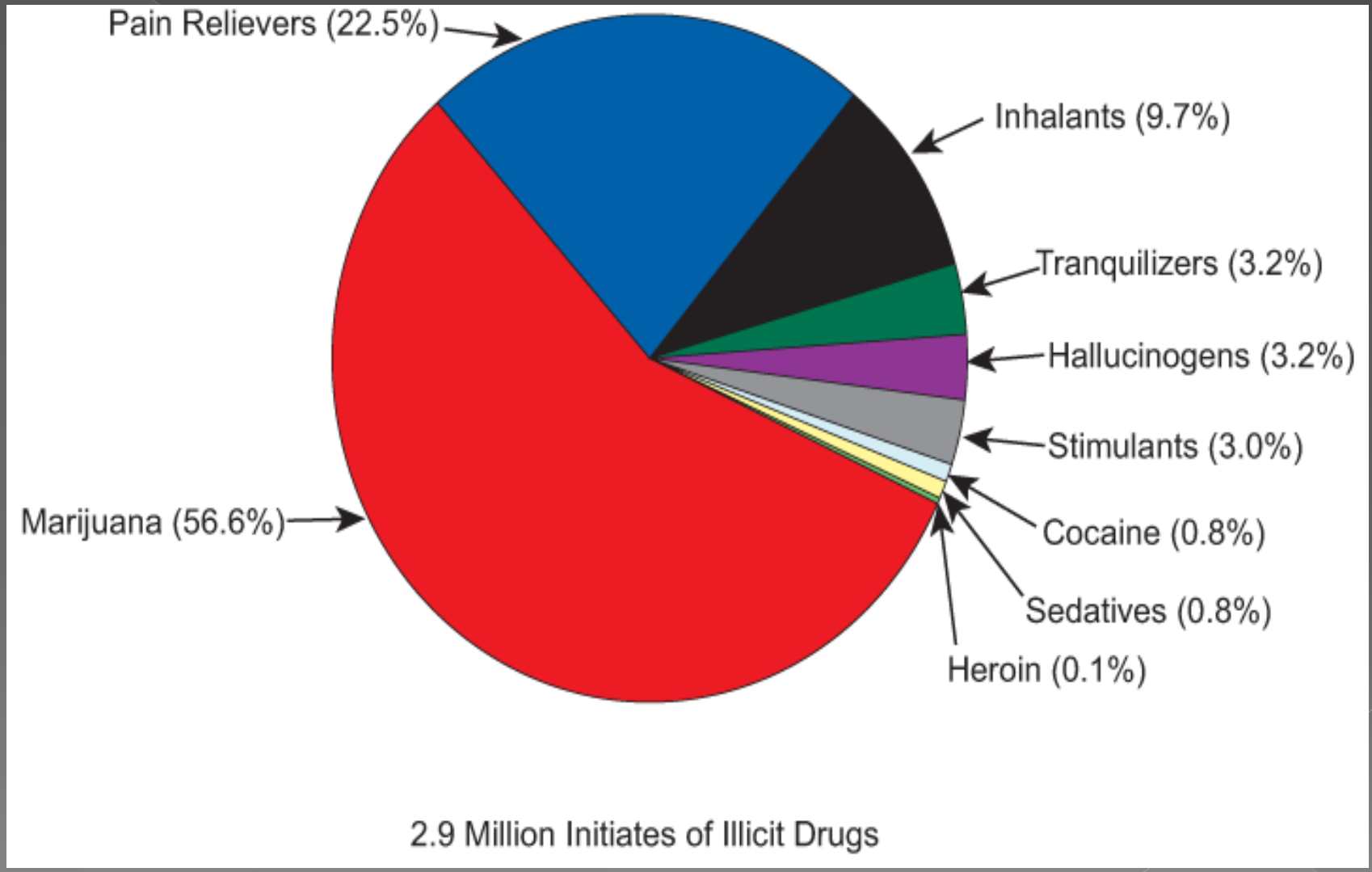


Substance Abuse Treatment Admissions Aged 12 or Older Reporting Primary Pain Reliever Abuse, by Age Group: 1998 and 2008

Note: Percentages may not sum to 100 percent due to rounding.
Source: SAMHSA Treatment Episode Data Set (TEDS), 1998 and 2008.



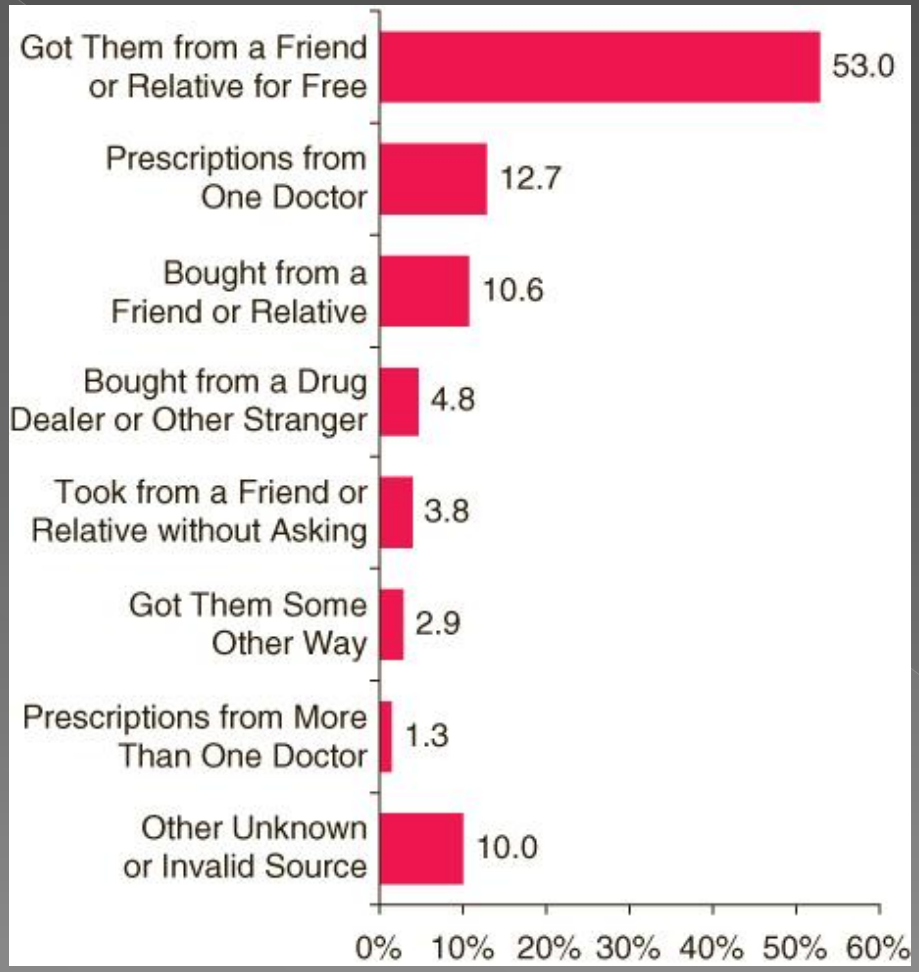
Specific Drug Used When Initiating Illicit Drug Use among Past Year Aged 12 or Older: 2008



National Survey on Drug Use and Health: 2008 National Findings

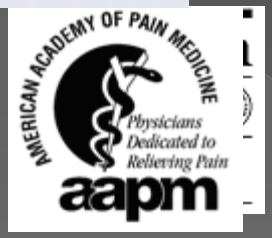
U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES SAMHSA Office of Applied Studies

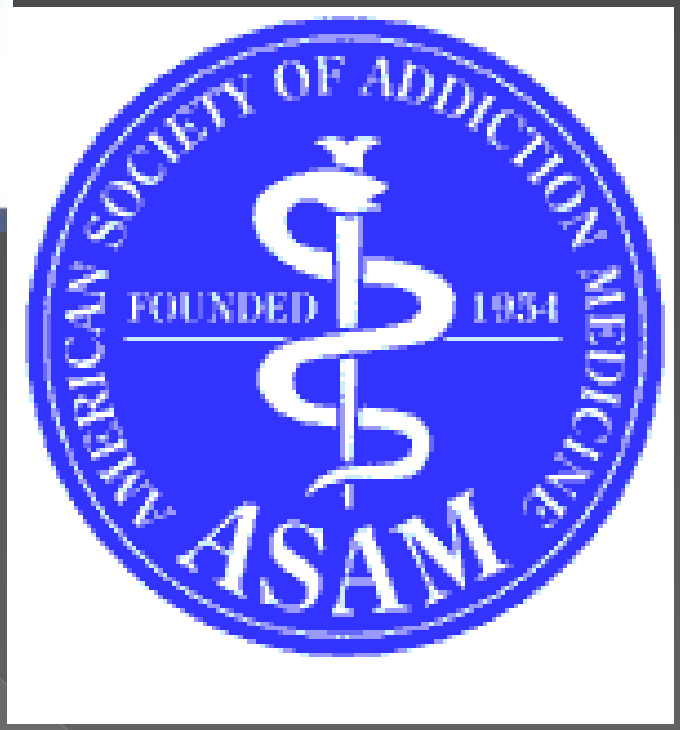
Reported Method** of Obtaining Prescription Pain Relievers for Their Most Recent Nonmedical Use in the Past Year among Persons Aged 18 to 25: 2005 NSDUH




ASIPP


The Joint Commission


AMERICAN ACADEMY OF PAIN MEDICINE
Physicians Dedicated to Relieving Pain
aapm

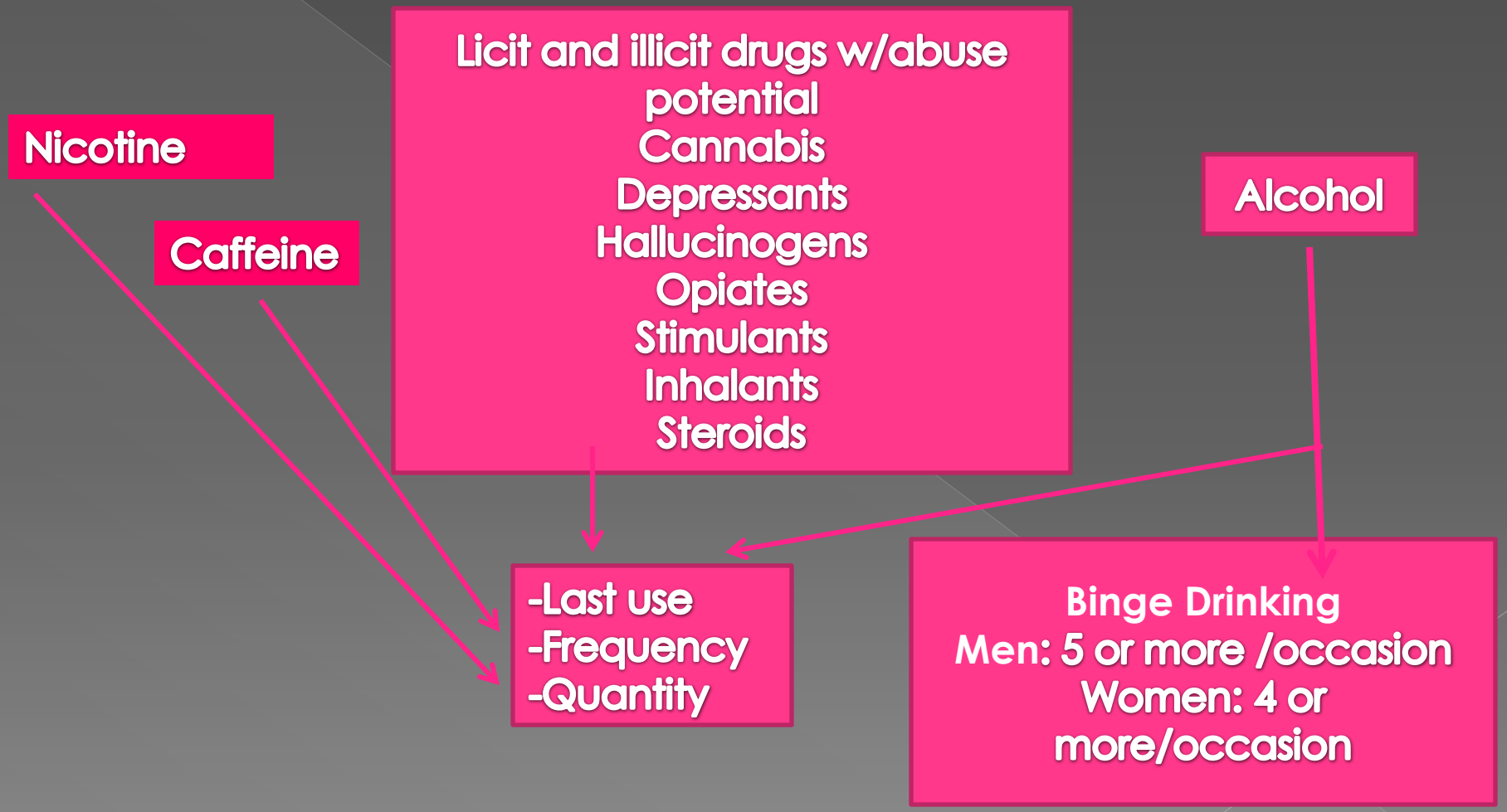

AMERICAN SOCIETY OF ADDICTION MEDICINE
FOUNDED 1954
ASAM


Pain Relief Foundation


Composite State Board of
Medical Examiners


American
Pain
Society
APS

Items to Include in Substance Use Assessment



Screener and Opioid Assessment for Patients with Pain (SOAPP®)

- Screener and Opioid Assessment for Patients with Pain- Revised (SOAPP®-R) The Screener and Opioid Assessment for Patients with Pain- Revised (SOAPP®-R) is a tool for clinicians to help determine how much monitoring a patient on long-term opioid therapy might require

- SOAPP-R is a quick and easy-to-use questionnaire designed to help providers evaluate the patients' relative risk for developing problems when placed on long-term opioid therapy.

Characteristics of Patient

RISK LEVEL	
High	**Active SUD** **History of Prescription Opioid abuse** **Patient previously assigned to medium risk, now exhibiting aberrant behaviors**
Medium	History of non-opioid SUD Family history of substance abuse Personal or Family history of mental illness History of non-adherence to scheduled medication therapy Poorly characterized pain problem History of injection related diseases History of multiple unexplained medical events (e.g., trauma, burns)
Low	No history of substannce abuse Minimal, if any risk factors

Analgesic Research, October 2009

Opiate Risk Tool (ORT)

Item	Item Score for F	Item Score for M
1. Family History of substance use		
Alcohol	1	3
Illegal Drugs	2	3
Prescription Drugs	4	4
2. Personal History of substance abuse		
Alcohol	3	3
Illegal Drugs	4	4
Prescription Drugs	5	5
3. Age (mark if 16-45)	1	1
4. History of preadolescent sexual abuse	3	0
5. Psychological disease		
Attention deficit disorder, obsessive-compulsive disorder, bipolar, schizophrenia	2	2
6. Depression	1	1
Totals		

Low Risk: 0-3 **Moderate Risk**: 4-7 **High Risk**: > 8

The Current Opioid Misuse Measure (COMM)™

- The COMM™ examines concurrent misuse, it is ideal for helping clinicians monitor patients' aberrant medication-related behaviors over the course of treatment. The COMM™ is:
- • A 17 item (10 minutes)patient-self assessment which is simple to score
- • Validated with a group of approximately 500 chronic pain patients on opioid therapy
- • Ideal for documenting decisions

Patient Care Contract: NAME:_____

I agree to begin ambulatory medication taper under the care of Susan Blank, MD on _____under the following conditions of treatment:

•I agree to take all medications as directed, not skipping doses or escalating doses.

•I understand that I may NOT operate a motor vehicle while on medications or until otherwise advised by Dr. Blank.

•I agree to attend ALL scheduled appointments.

•I will abstain from ALL Drug, illicit substances and alcohol use.

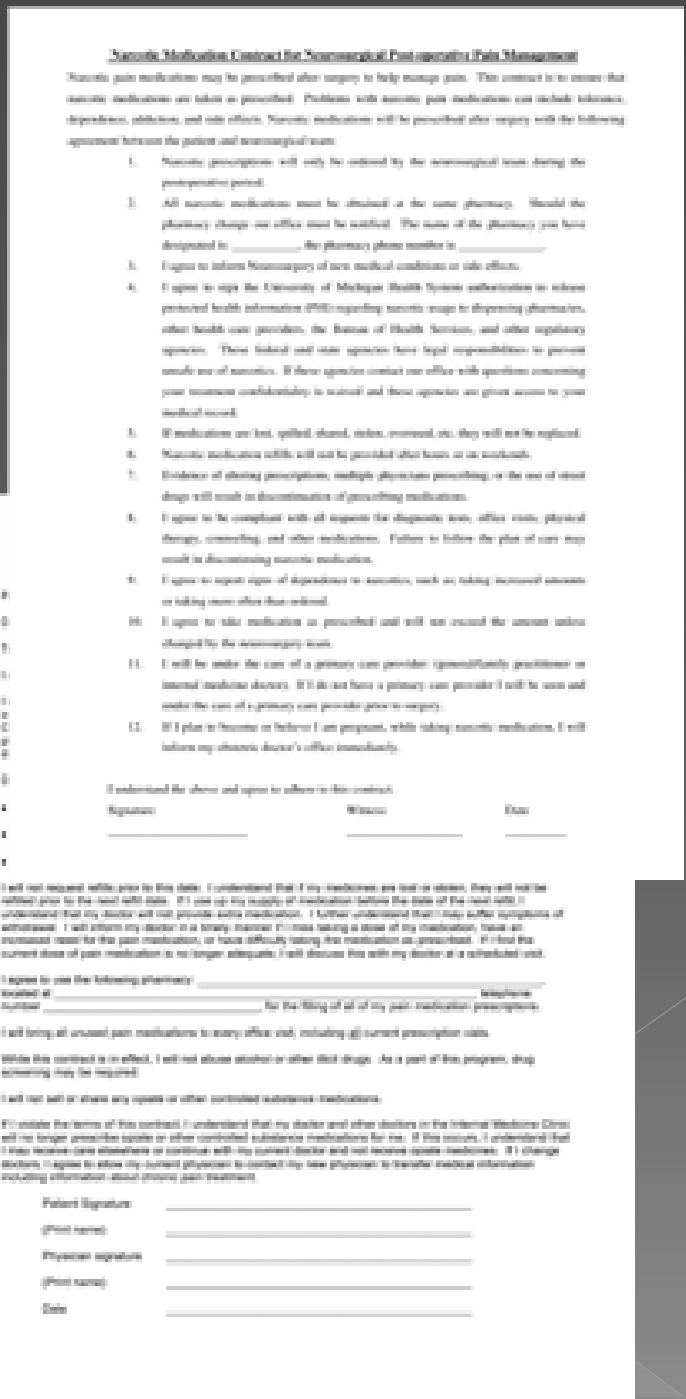
•I will not obtain any medications from other physicians or other sources.

•I will submit to random urine drug screens when requested.

I agree that if I do not abide by the above conditions of treatment, or if I become medically unstable at any point during the ambulatory tapering process, as determined by the medical staff, I will enter inpatient detoxification.

•I agree that if I do not abide by this agreement, I may be terminated as a patient . I agree that Dr. Blank is not a pain management provided and that following my medication taper, I will resume care with my pain doctor and other health care professionals.

•I have read and understand this agreement.



So you have made the decision to use Opiates…….

- Must be sustained and obvious benefit in order to justify continued use after the initial multimodal and aggressive rehabilitative phase of treatment
- Some improvement in the quality of life must be seen to justify the continued treatment with opiates
- Opiate Resistance and Hyperalgesia may occur after a period of time.

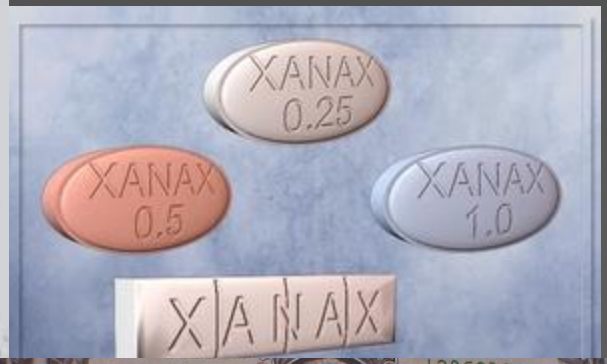
Not all patients with pain have the disease of addiction,

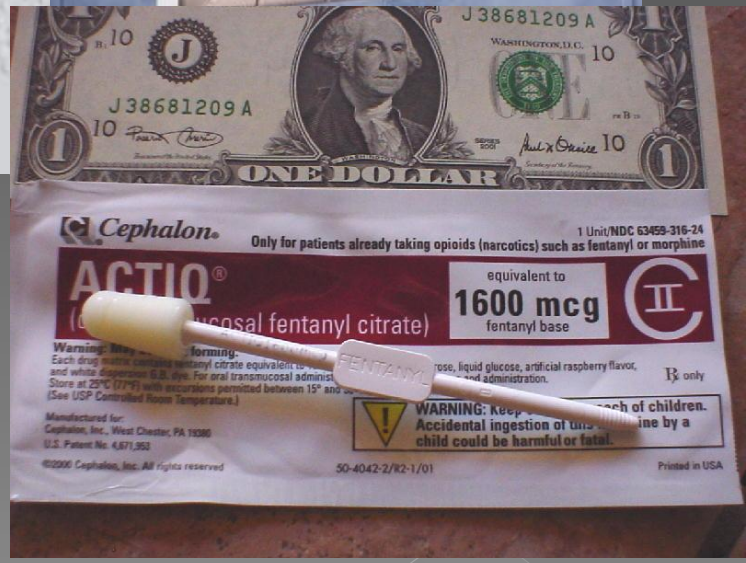
BUT

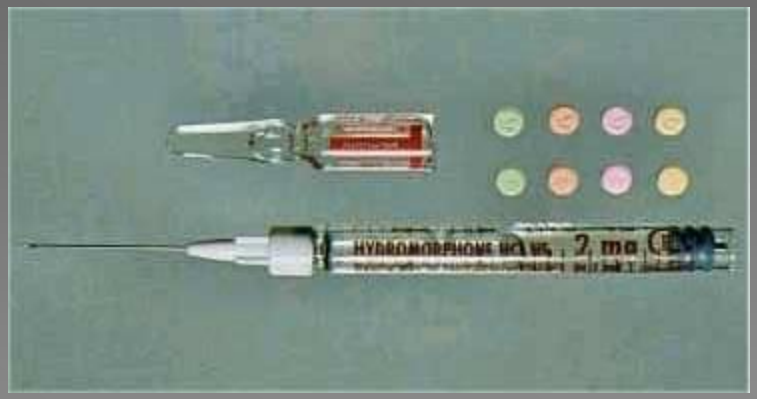
EVERY patient with addiction will have an issue with pain at some point during their life

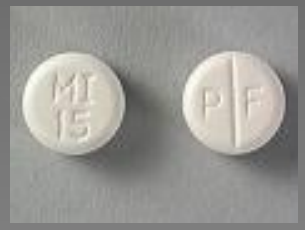
Drugs We Hate for Patients with Addiction

- Xanax
- Soma
- Actiq
- MSIR
- Dilaudid









PLEASE USE BUPRENORPHINE WITH NALTREXONE

Ethics of Pain Management

- No Easy Answers
- Either Treating or Not Treating pain presents a relapse risk
- Care Monitoring and relapse prevention plan are musts
- Pt should be in active recovery program
- Damned if you do, Damned if you don't

"You're fired, Jack. The lab results just came back, and you tested positive for **Coke**."

Urine Drug Screens/Tests

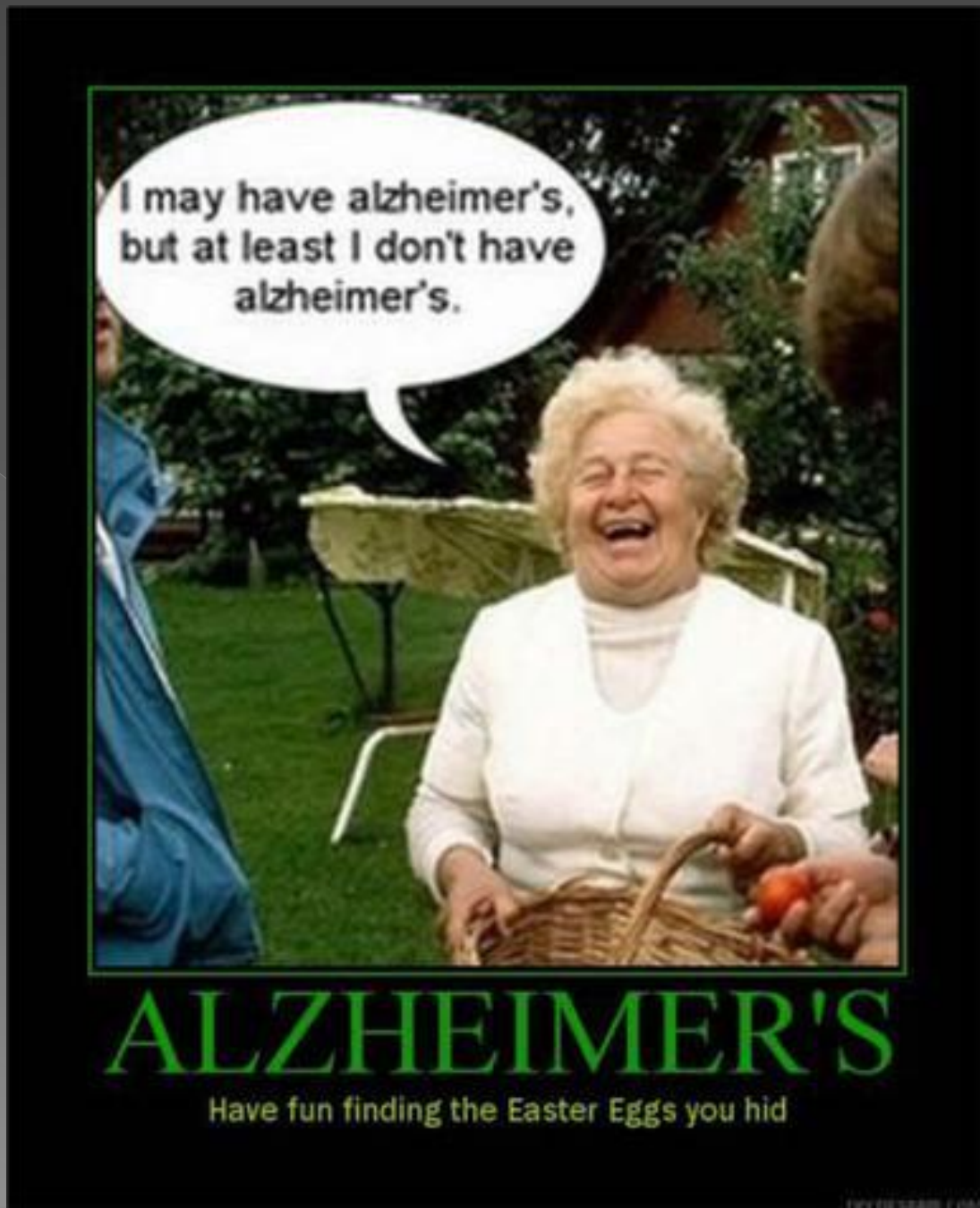
- Protection of Practice and Clinicians
- Protection of Patient and their families
- Evaluate compliance with medications
- Evaluate use of inappropriate or illegal drugs

Who Needs Drug Testing?

- Patients being treated for addiction
- Patients under court orders or with legal issues
- Patients in Safety Sensitive Jobs
- Patients with primary psychiatric disorders
- Patients who are being treated for chronic pain

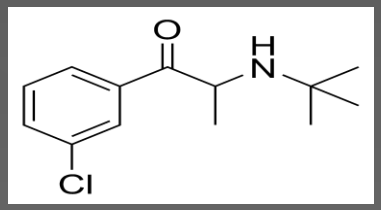
Timing is Everything

You have to know what you are looking for in order to find it……

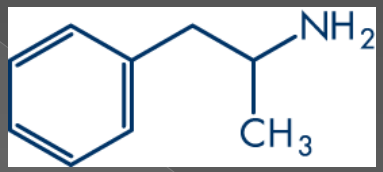


Everything has a mirror image, except a vampire…..

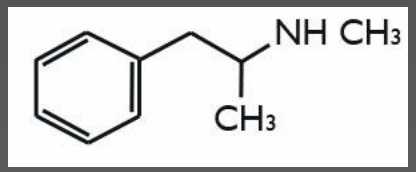
Be Ware of False Positives and Negatives



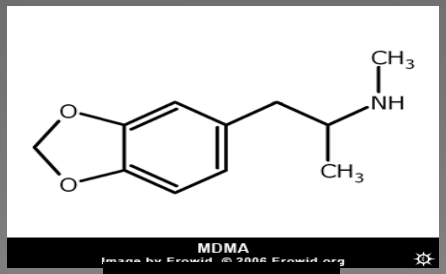
Buproprion



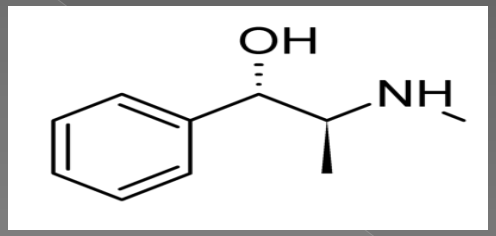
Amphetamine



Methamphetamine



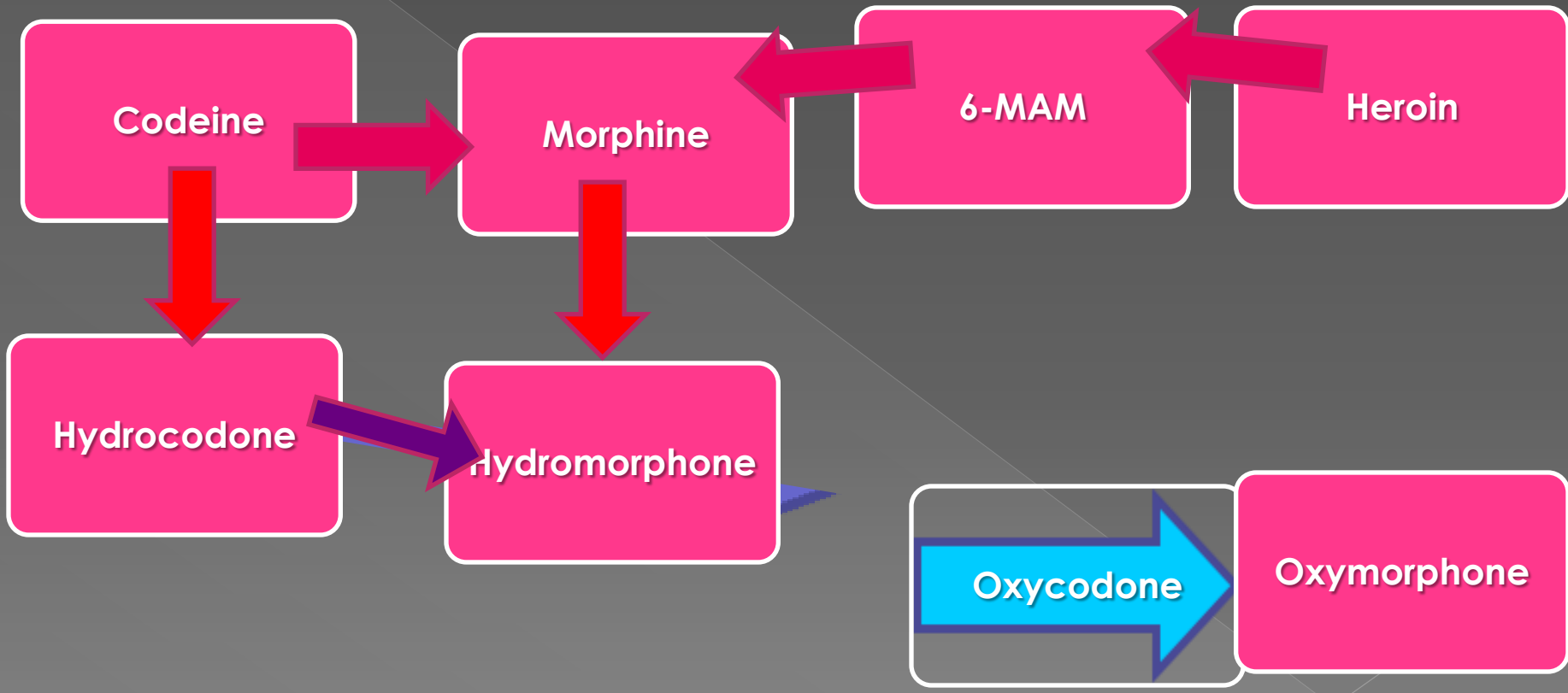
MDMA



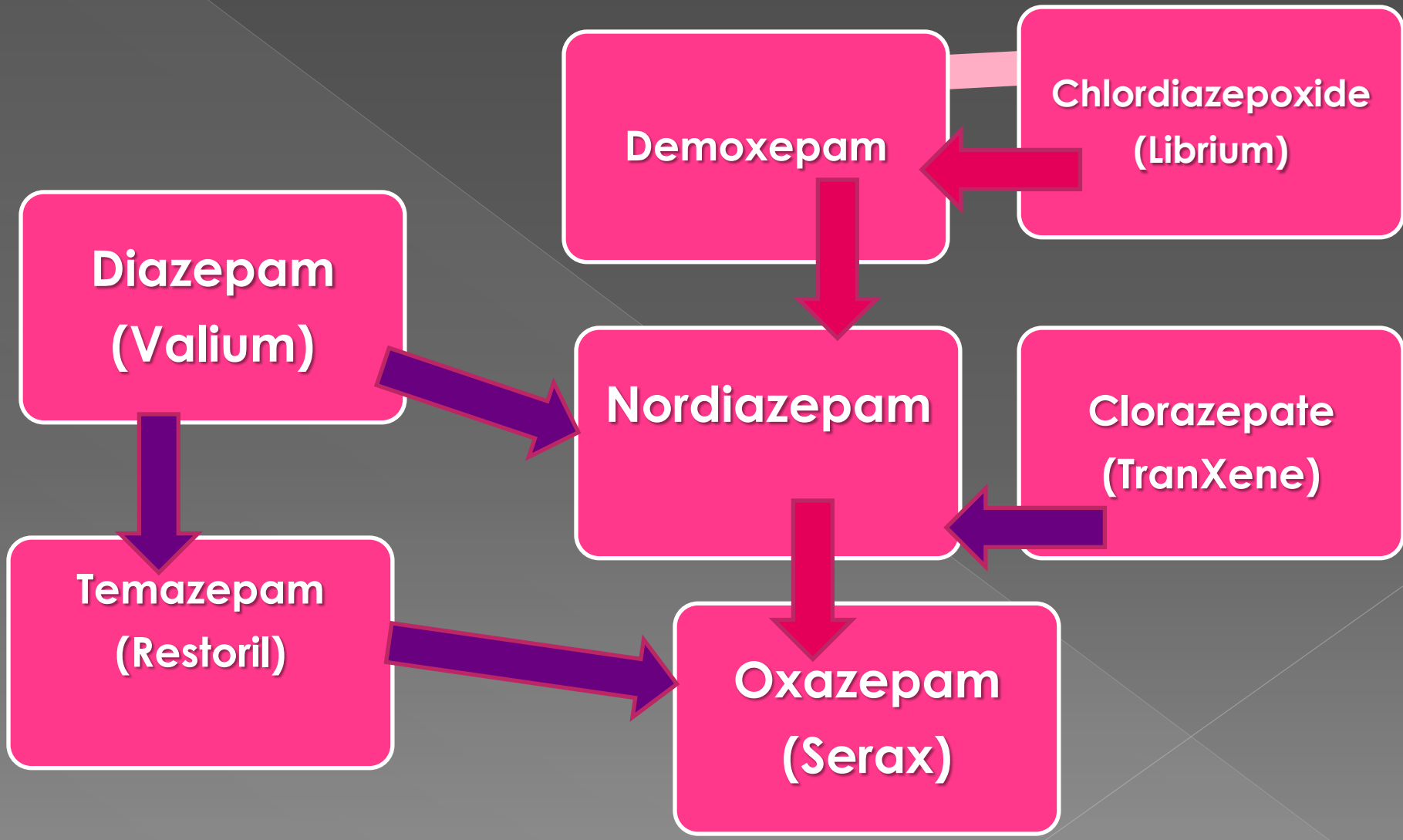
Pseudoephedrine

Things aren't always what they seem…..and sometimes

Opiates


Codeine
Morphine
6-MAM
Heroin
Hydrocodone
Hydromorphone
Oxycodone
Oxymorphone

Benzodiazepines



Looking behind helps you plan ahead…

Patient Name: [redacted] DOB: [redacted] Age: 32 Gender: Female

Accession Number [redacted]

Provider

Collect Date

Result N/A N/A

Test Results

Test Name						Cutoff	Units
Amphetamines screen	<200	<200	<200			300	ng/mL
Barbiturates screen	<100	<100	<100			200	ng/mL
Benzodiazepines screen	**>1000**	**>1000**	**>1000**			200	ng/mL
Buprenorphine screen	<15	<15	<15			15	ng/mL
Cocaine screen	<100	<100	<100			150	ng/mL
Ethyl Glucuronide Screen	<200	<200	**616**			500	ng/mL
Ethanol screen	<20	<20	<20			50	mg/dL
Methadone screen	<100	<100	<100			150	ng/mL
Opiates screen	**1979**	**1096**	**2239**			300	ng/mL
Oxycodone screen	**>2500**	**>2500**	**>2500**			100	ng/mL
6-Monoacetylmorphine Screen	<5	<5	<5			10	ng/mL
Phencyclidine screen	14	<10	12			25	ng/mL
Propoxyphene screen	167	114	173			300	ng/mL
THC screen	<20	<20	<20			25	ng/mL

Urine Integrity Test

Test Name	Lower	Upper						Cuttoff	Units
Creatinine screen	20 mg/dL		92.1	39.8	64.8			5	mg/dL
THC/Creatinine Ratio			0.000	0.000	0.000			0	
Specific Gravity screen	1.003	1.040	1.0110	1.0030	1.0110			1	
pH screen	4.5	8.2	5.8	7.5	6.4			7	
Oxidant screen		50 ug/mL	<50	<50	<50			50	ug/mL

CALLOWAYLABS

Harvey George, Ph.D. Laboratory Director
34 Commerce Way Woburn, MA 01801 (781)224-9999 Fax:(781)224-2423

FINAL REPORT Lab Accession [redacted] Patient: [redacted] 11/3/2010 12:37:47 PM

Account Information		Sample Information	
Name	[redacted]	Lab Accession #	2298487
Number		Requisition #	P2257198
Recipient		Collect Date	Oct 21 2010 12:30:00:000PM
		Receive Date	Oct 25 2010 7:34:12:000AM
		Report Date	Nov 3 2010 1:05:00:000AM
		External ID	
Provider	Blank MD, Susan	Group ID	

Patient Information		Medications	Dosage	Frequency
Name	[redacted]	ROXICODONE		
DOB		FLEXERIL		
Age		PRISTIQ		
Gender		XANAX		
SSN		PERCOCET		
ID				

Test Name	Method	Results	Interpretation	Cutoff	Medical Review Interpretation
AMPHETAMINES					
Amphetamines screen		<200 ng/mL	Negative	300 ng/mL	
BARBITURATES					
Barbiturates screen		<100 ng/mL	Negative	200 ng/mL	

BENZODIAZEPINES					
Benzodiazepines screen			>1000 ng/mL	POSITIVE	200 ng/mL
Oxazepam	Confirmation	LC	<15 ng/mL	Negative	15 ng/mL
Nordiazepam	Confirmation	LC	<15 ng/mL	Negative	7.5 ng/mL
Temazepam	Confirmation	LC	<15 ng/mL	Negative	7.5 ng/mL
Lorazepam	Confirmation	LC	<15 ng/mL	Negative	7.5 ng/mL
Alpha-Hydroxyalprazolam	Confirmation	LC	1650 ng/mL	POSITIVE	7.5 ng/mL
MEDICAL REVIEW	Alpha-hydroxyalprazolam is a metabolite of Alprazolam (Xanax®.) Alprazolam may be detectable in the urine for approximately 1-6 days post dose. - Arthur Hayes, MD				
Alpha-Hydroxytriazolam	Confirmation	LC	<15 ng/mL	Negative	7.5 ng/mL
7-Aminoclonazepam	Confirmation	LC	<30 ng/mL	Negative	7.5 ng/mL
Chlordiazepoxide	Confirmation	LC	<30 ng/mL	Negative	15 ng/mL
Estazolam	Confirmation	LC	<15 ng/mL	Negative	7.5 ng/mL
Diazepam	Confirmation	LC	<15 ng/mL	Negative	7.5 ng/mL
2-Hydroxyethylflurazepam	Confirmation	LC	<15 ng/mL	Negative	7.5 ng/mL
Alpha-Hydroxymidazolam	Confirmation	LC	<30 ng/mL	Negative	7.5 ng/mL
7-Aminoflunitrazepam	Confirmation	LC	<30 ng/mL	Negative	7.5 ng/mL
BUPRENORPHINE					
Buprenorphine screen			<15 ng/mL	Negative	15 ng/mL
COCAINE					
Cocaine screen			<100 ng/mL	Negative	150 ng/mL

ETHYL GLUCURONIDE						
Ethyl Glucuronide Screen			616 ng/mL	POSITIVE	500 ng/mL	INCONSISTENT
ETHANOL						
Ethanol screen			<20 mg/dL	Negative	50 mg/dL	
METHADONE						
Methadone screen			<100 ng/mL	Negative	150 ng/mL	
OPIATES						
Oxycodone screen			>2500 ng/mL	POSITIVE	100 ng/mL	
6-Monoacetylmorphine Screen			<5 ng/mL	Negative	10 ng/mL	
Opiates screen			2239 ng/mL	POSITIVE	300 ng/mL	
Codeine	**Confirmation**	**MS**	<120 ng/mL	Negative	60 ng/mL	
Morphine	**Confirmation**	**MS**	<100 ng/mL	Negative	60 ng/mL	
Hydrocodone	**Confirmation**	**MS**	<60 ng/mL	Negative	60 ng/mL	
Hydromorphone	**Confirmation**	**MS**	<60 ng/mL	Negative	60 ng/mL	
Oxycodone	**Confirmation**	**MS**	>9600 ng/mL	POSITIVE	60 ng/mL	
Oxymorphone	**Confirmation**	**MS**	5709 ng/mL	POSITIVE	60 ng/mL	
PCP						
Phencyclidine screen			12 ng/mL	Negative	25 ng/mL	
PROPOXYPHENE						
Propoxyphene screen			173 ng/mL	Negative	300 ng/mL	
THC						
THC screen			<20 ng/mL	Negative	25 ng/mL	

Methods: (LC) Liquid Chromatography/Tandem Mass Spectrometry [LCMS-MS] , (LD) Thermal Desorption/ Tandem Mass Spectrometry [TDMS-MS], (MA) Molecular Analysis, (MS) Gas Chromatography/ Spectrometry [GCMS]

21 Year old Male		Cutoff	Units
6-Monoacetylmorphine (Heroin marker)	**90.0**	5.0	ng/mL
6-Monoacetylmorphine screen	>20	10	ng/mL
Benzoylecgonine (cocaine)	**312**	30	ng/mL
Codeine	605	100	ng/mL
Morphine	**>4800**	100	ng/mL
Oxycodone	<60	60	ng/mL
Oxymorphone	<60	60	ng/mL
Hydrocodone	<100	100	ng/mL
Hydromorphone	<100	100	ng/m

	3/25/13	3/18/13	3/11/13	3/3/13		
THC screen	>750	182	195	>750	50	ng/mL
Delta-9-tetrahydrocannabinol	>120	>120	105.0	>120	3	ng/mL
Tramadol screen	<100	<100	<100	<100	200	ng/mL

Creatinine screen	64.8 mg/dL	Normal	20 mg/dL		Specimen Validity Testing
THC/Creatinine Ratio	0.000				Substance Abuse Protocol 4
Specific Gravity screen	1.0110	Normal	1.003	1.040	EtG screen only
pH screen	6.4	Normal	4.5	9	6-Monoacetylmorphine Screen
Oxidant screen	<50 ug/mL	Normal		50 ug/mL	

Certifications

Medical review by: Arthur Hayes, MD, UNIVERSITY SERVICES - 11/03/2010

Preliminary laboratory review by: Colleen Barry Bracken - 11/01/2010

Final laboratory review by: Melissa Hoover, PharmD, RPh - 11/01/2010 07:07

Sample Comments

Ethyl Glucuronide (ETG) is currently not an FDA approved test. It is for investigative use only.

All positive clinical drug screens must be considered as presumptive until confirmed by an alternate methodology such as GC/MS.

If not already included in the testing protocols requested by your facility, confirmation testing is available upon request. All reports should be interpreted by a licensed clinician only.

Medical Review interpretations are based upon the patient medications on file

Laboratory Toxicology Review interpretations are based upon the patient medications on file in conjunction with the Medical Review

WHEN IN DOUBT, ASK FOR HELP……