

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

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# 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?**

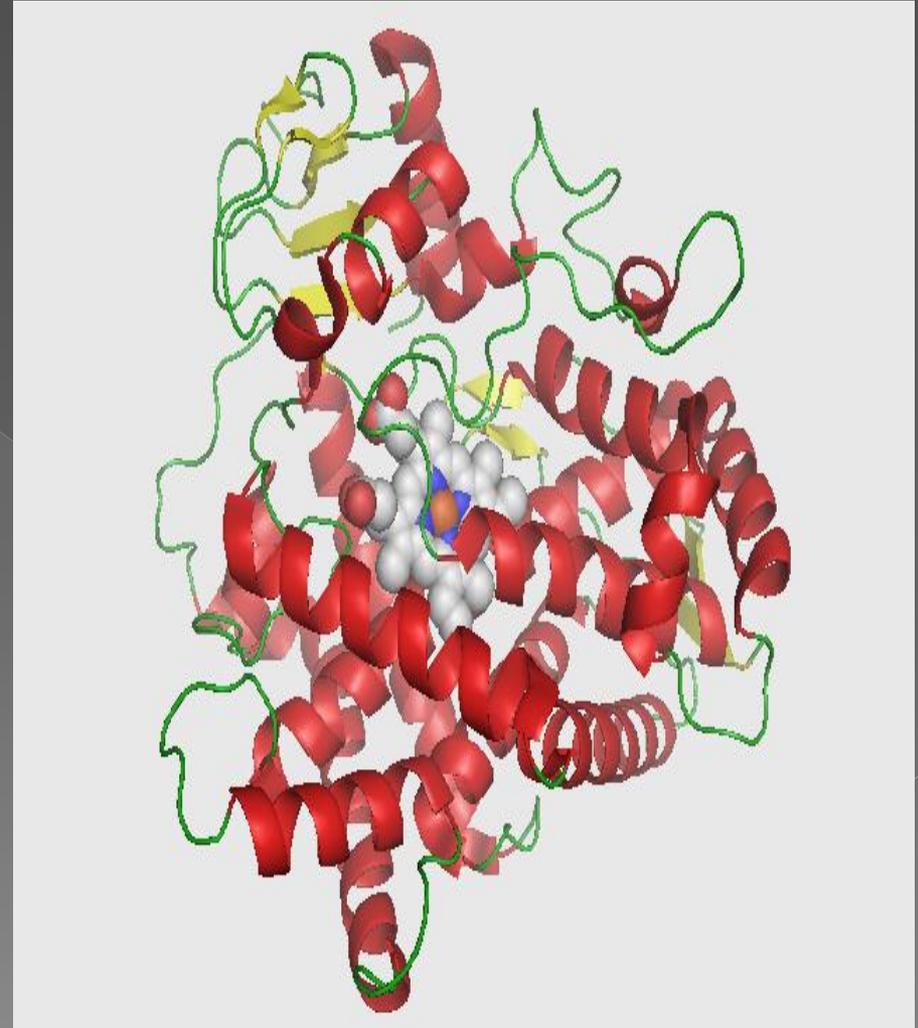


# Case Study: Amy

- 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...

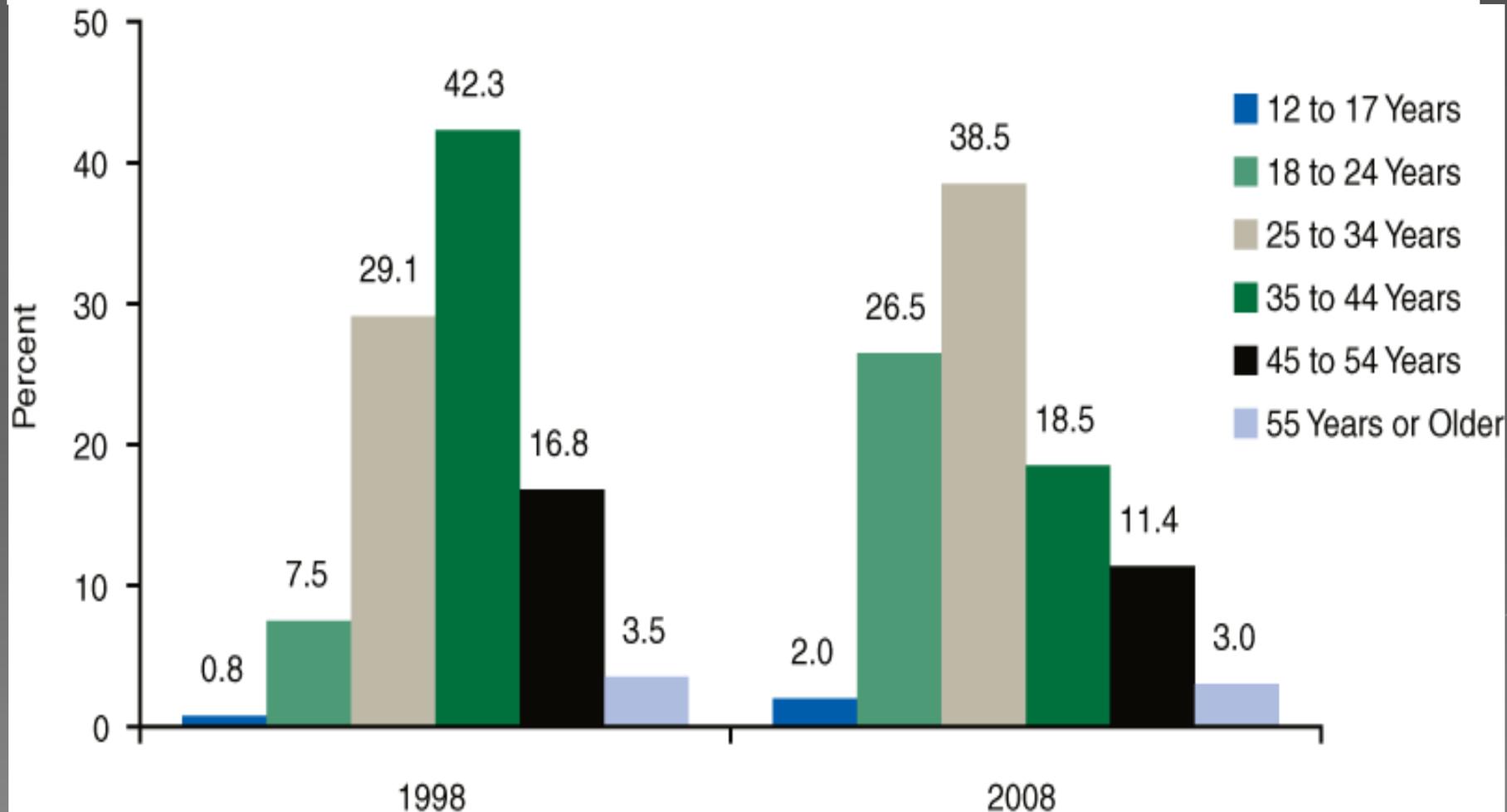
# Questions: Amy

- 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

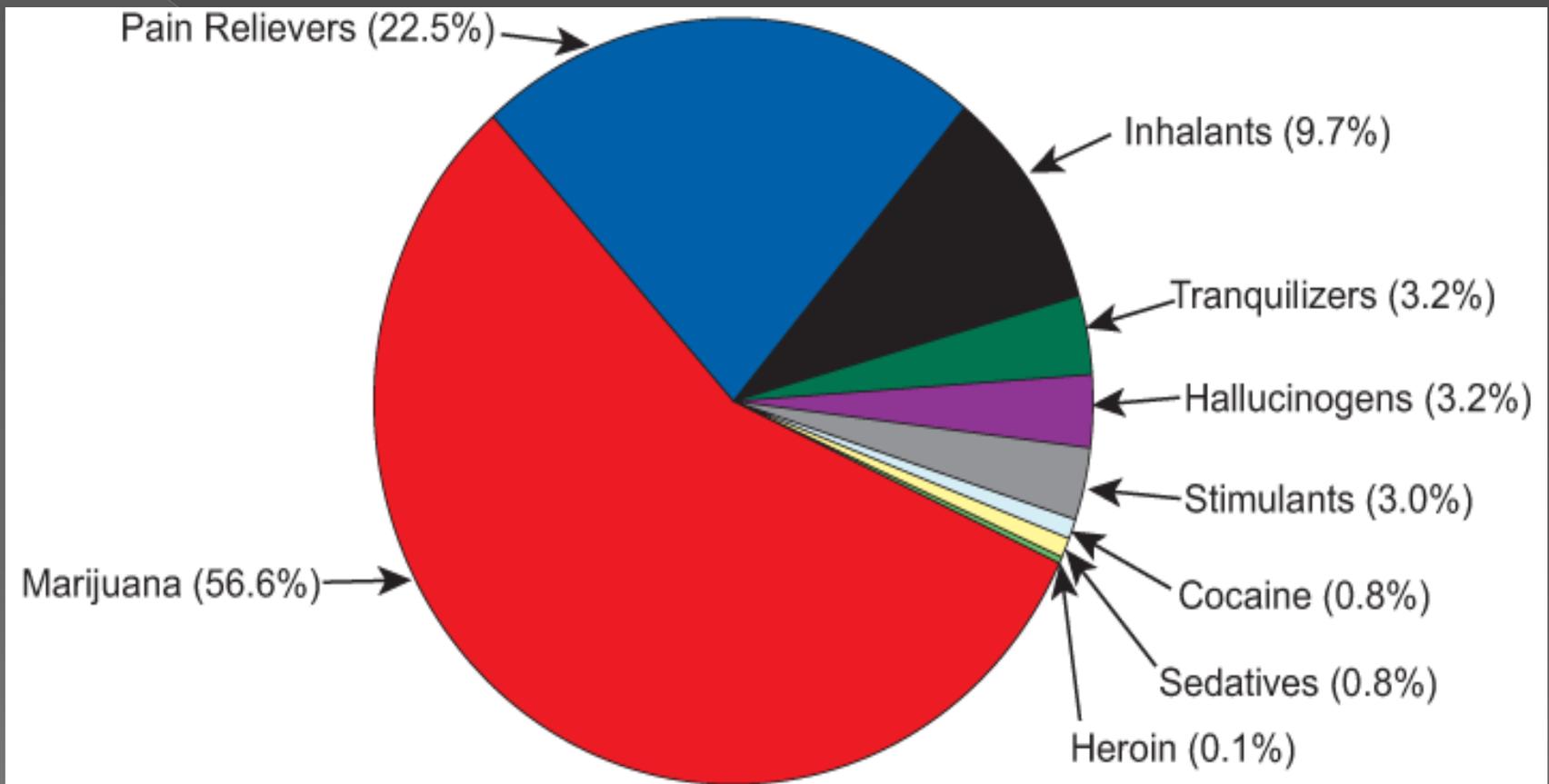


# Substance Abuse Treatment Admissions Aged 12 or Older Reporting Primary Pain Reliever Abuse, by Age Group: 1998 and 2008

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

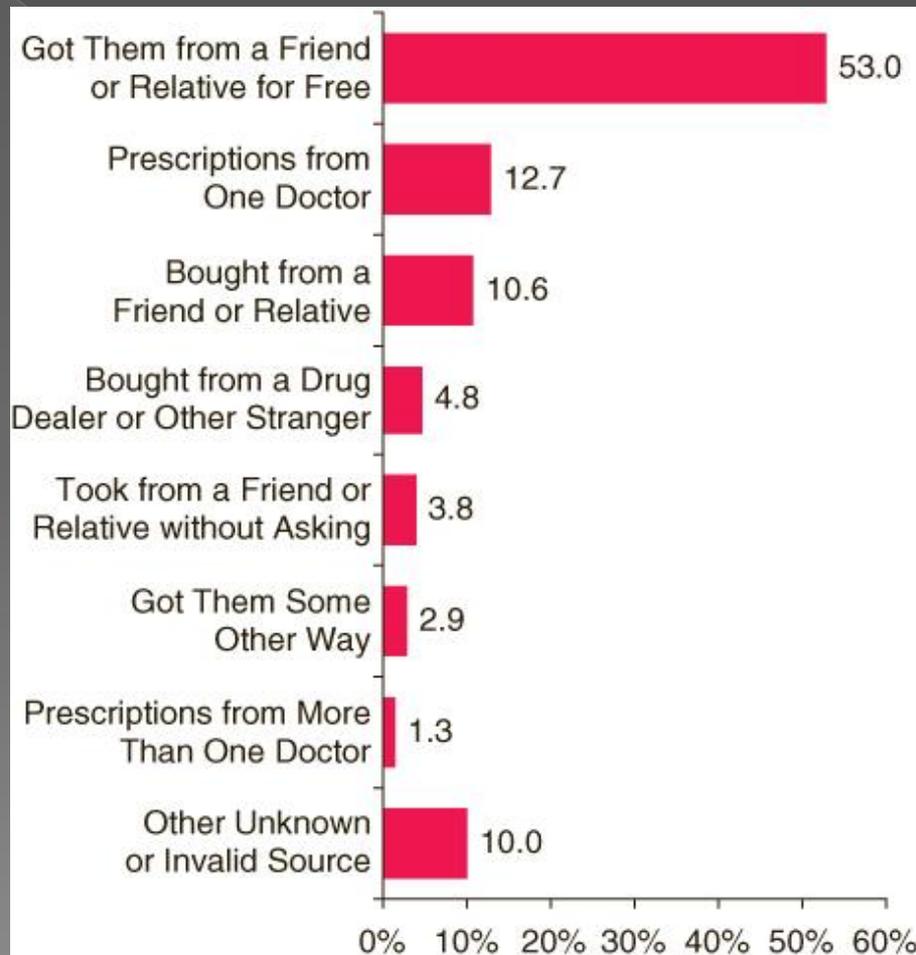


## Specific Drug Used When **Initiating** Illicit Drug Use among Past Year Aged 12 or Older: **2008**



2.9 Million Initiates of Illicit Drugs

# 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



**Pain Relief Foundation**



Composite State Board of  
Medical Examiners

**American  
Pain Society**

The logo for the American Pain Society (APS) is a circular emblem. It features a globe in the center with the letters 'APS' overlaid. The text 'AMERICAN PAIN SOCIETY' is written around the perimeter of the circle.

# Items to Include in Substance Use Assessment

Nicotine

Caffeine

Licit and illicit drugs w/abuse potential  
Cannabis  
Depressants  
Hallucinogens  
Opiates  
Stimulants  
Inhalants  
Steroids

Alcohol

-Last use  
-Frequency  
-Quantity

Binge Drinking  
Men: 5 or more /occasion  
Women: 4 or more/occasion

# Screenener 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

<b>High</b>	<b>Active SUD</b> <b>History of Prescription Opioid abuse</b> <b>Patient previously assigned to medium risk, now exhibiting aberrant behaviors</b>
<b>Medium</b>	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)
<b>Low</b>	No history of substance abuse Minimal, if any risk factors



# 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
<b>Totals</b>		
<b>Low Risk: 0-3</b>	<b>Moderate Risk: 4-7</b>	<b>High Risk: &gt; 8</b>

# The Current Opioid Misuse

## Measure (COMM)<sup>TM</sup>

- The COMM<sup>TM</sup> examines concurrent misuse, it is ideal for helping **clinicians monitor patients' aberrant medication-related behaviors over the course of treatment.**

The COMM<sup>TM</sup> 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.

**Narcotic Medication Contract for Neurosurgical Post-operative Pain Management**

Narcotic pain medications may be prescribed after surgery to help manage pain. This contract is to ensure that narcotic medications are taken as prescribed. Problems with narcotic pain medications can include tolerance, dependence, addiction, and side effects. Narcotic medications will be prescribed after surgery with the following agreement between the patient and neurosurgical team:

1. Narcotic prescriptions will only be refilled by the neurosurgical team during the postoperative period.
2. All narcotic medications must be obtained at the same pharmacy. Should the pharmacy change our office must be notified. The name of the pharmacy you have designated to \_\_\_\_\_ the pharmacy phone number is \_\_\_\_\_.
3. Please to inform Neurosurgery of any new medical conditions or side effects.
4. I agree to urge the University of Michigan Health System authorities to release protected health information (PHI) regarding narcotic usage to dispensing pharmacies, other health care providers, the Bureau of Health Services, and other regulatory agencies. These federal and state agencies have legal responsibilities to prevent misuse and diversion. If these agencies contact our office with questions concerning your treatment confidentiality is waived and these agencies are given access to your medical record.
5. If medications are lost, spilled, shared, stolen, consumed, etc. they will not be replaced.
6. Narcotic medications will not be provided after hours or on weekends.
7. Evidence of altering prescriptions, multiple physicians prescribing, or the use of street drugs will result in discontinuation of prescribing medications.
8. I agree to be compliant with all requests for diagnostic tests, office visits, physical therapy, counseling, and other medications. Failure to follow the plan of care may result in discontinuing narcotic medications.
9. I agree to report signs of dependence to narcotic, such as taking increased amounts or taking more often than ordered.
10. I agree to take medication as prescribed and will not exceed the amount unless changed by the neurosurgery team.
11. I will be under the care of a primary care provider (general family practitioner or Internal Medicine doctor). If I do not have a primary care provider I will be seen and under the care of a primary care provider prior to surgery.
12. If I plan to become or believe I am pregnant, while taking narcotic medication, I will inform my obstetric doctor's office immediately.

I understand the above and agree to adhere to this contract.

Signature:	Witness:	Date:
_____	_____	_____

I will not request refills prior to this date. I understand that if my medications are lost or stolen, they will not be replaced prior to the next refill date. If I run out of my supply of medication before the end of the refill date, I understand that my doctor will not provide extra medication. I further understand that I may suffer symptoms of withdrawal. I will inform my doctor in a timely manner if I am taking a dose of my medication, have an increased need for the pain medication, or have difficulty taking the medication as prescribed. If I find the current dose of pain medication is no longer adequate, I will discuss this with my doctor at a scheduled visit.

I agree to use the following pharmacy: \_\_\_\_\_ telephone number at \_\_\_\_\_ for the filling of all of my pain medication prescriptions.

I will bring all unused pain medications to every office visit, including all current prescription refills.

While this contract is in effect, I will not abuse alcohol or other mind-altering drugs. As a part of this program, drug screening may be required.

I will not sell or share any opiate or other controlled substance medications.

If I violate the terms of this contract, I understand that my doctor and other doctors in the Internal Medicine Clinic will no longer prescribe opioids or other controlled substance medications for me. If this occurs, I understand that I may receive care elsewhere or continue with my current doctor and not receive opiate medications. If I change doctors, I agree to allow my current physician to contact the new physician to transfer medical information including information about chronic pain treatment.

Patient Signature: \_\_\_\_\_  
 (Print name) \_\_\_\_\_  
 Physician signature: \_\_\_\_\_  
 (Print name) \_\_\_\_\_  
 Date: \_\_\_\_\_

# 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

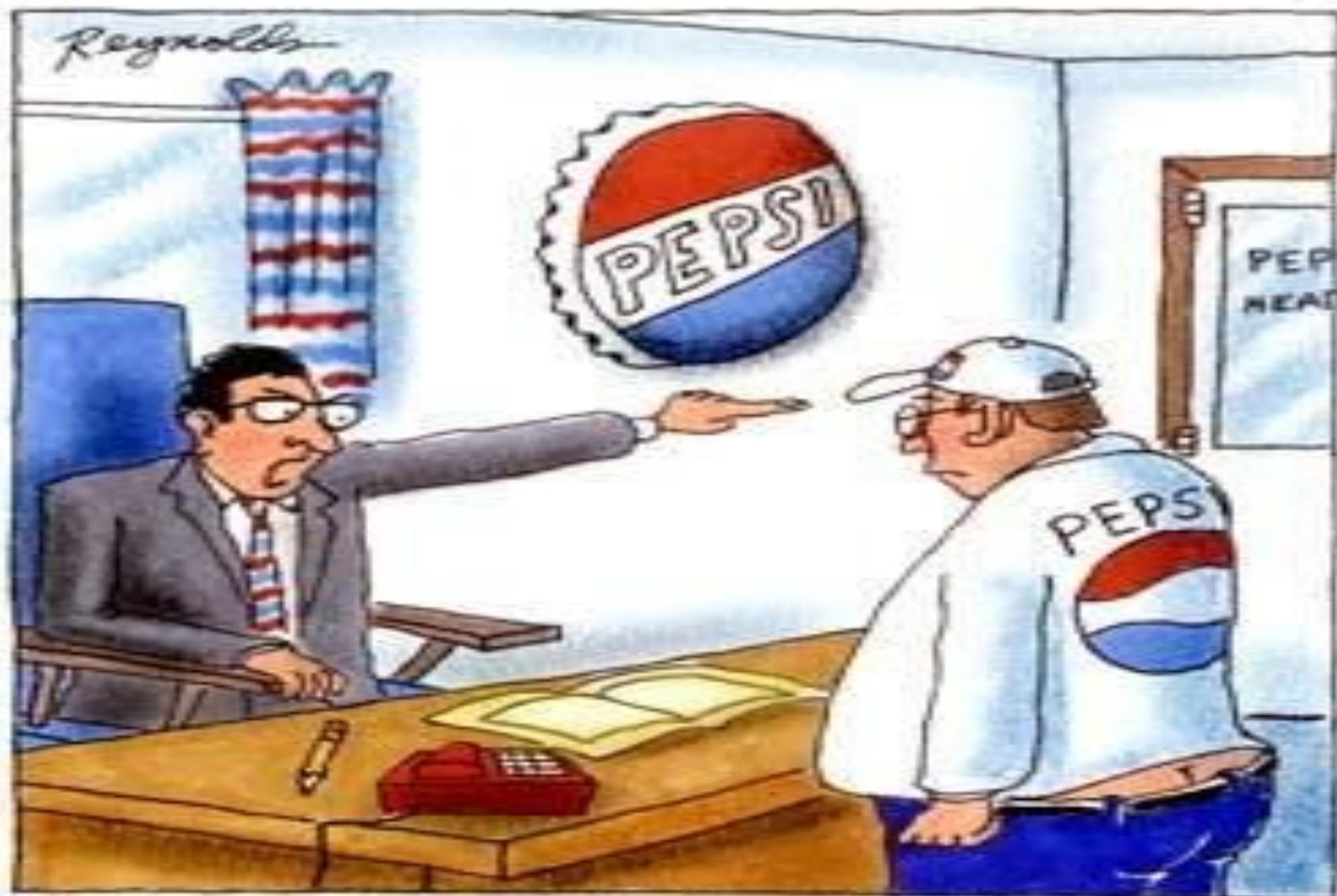


# PLEASE USE BUPRENORPHINE WITH NALTREXONE



# 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.....



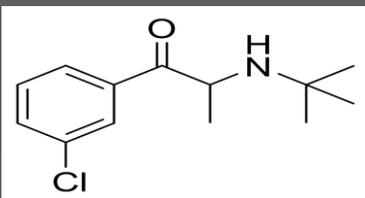
**ALZHEIMER'S**

Have fun finding the Easter Eggs you hid

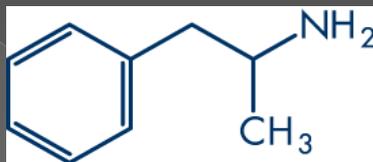
Everything has a mirror image,  
except a vampire.....



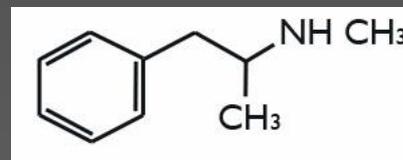
# Be Ware of False Positives and Negatives



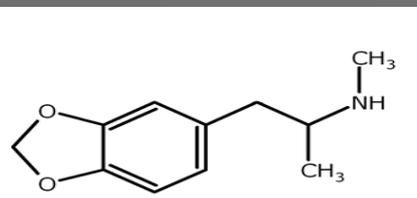
Bupropion



Amphetamine

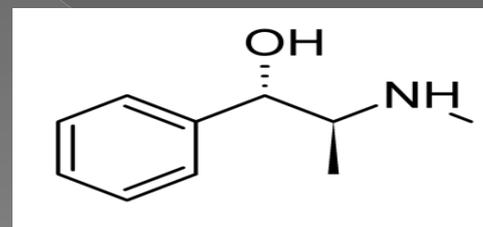


Methamphetamine



MDMA  
Image by Erowid, © 2006 Erowid.org

MDMA

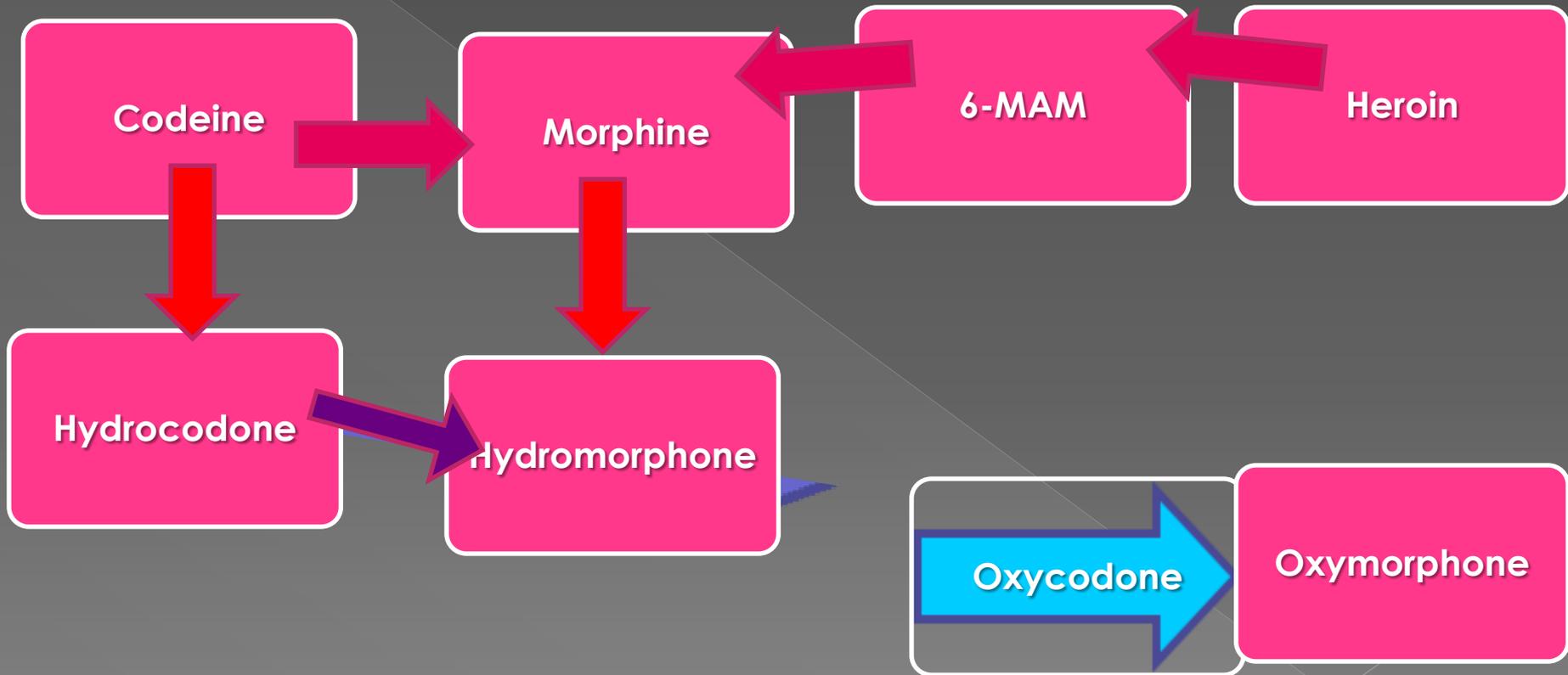


Pseudoephedrine

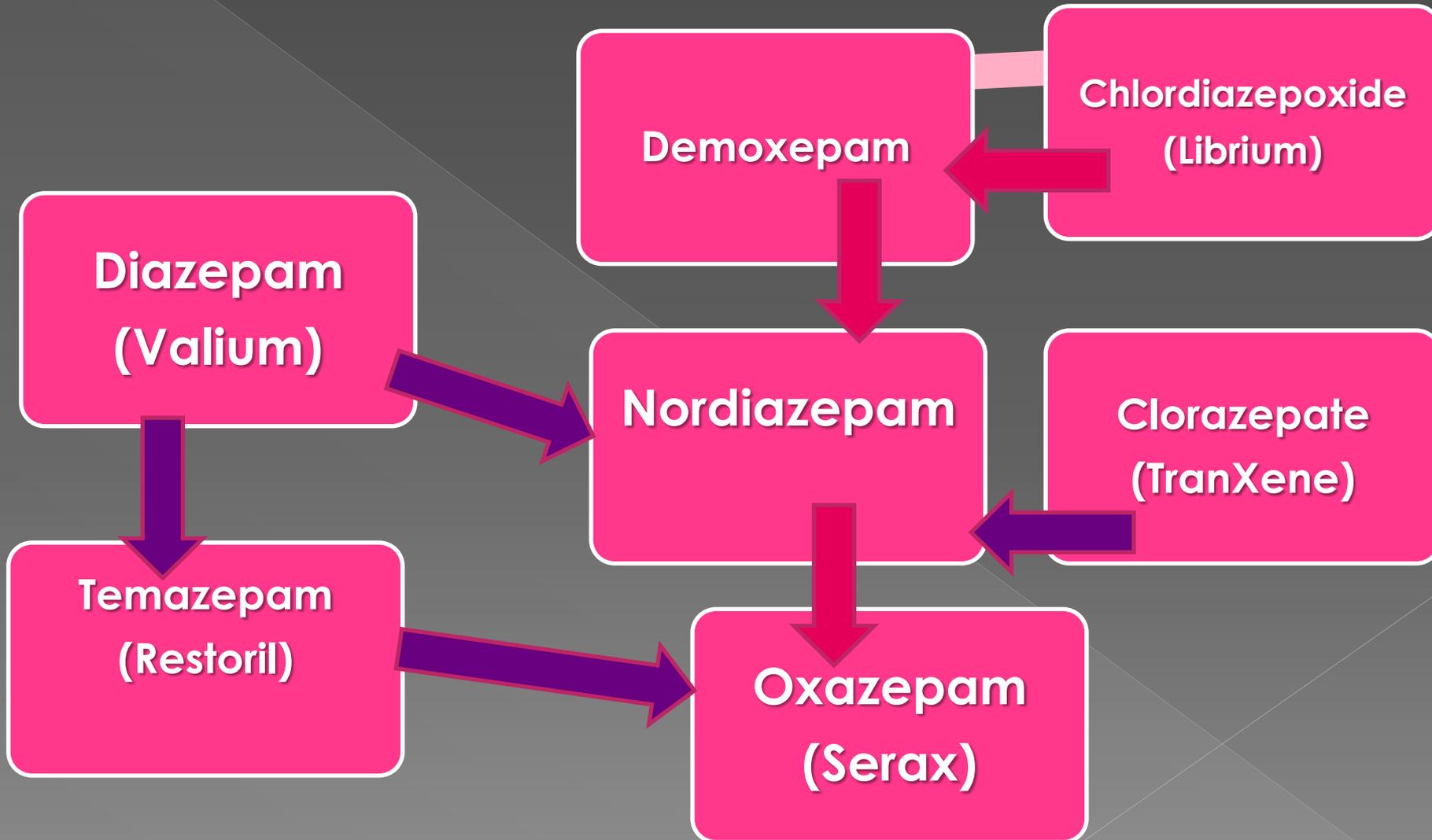
Things aren't always what they seem....and sometimes



# Opiates



# Benzodiazepines



Looking behind helps you plan ahead...



DRUGS

Doing nothing has never been so amazing.

Patient Name: [REDACTED]

DOB: [REDACTED]

Age: 32

Gender: Female

Accession Number [REDACTED]

Provider [REDACTED]

Collect Date [REDACTED]

Result [REDACTED]

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				Cutoff	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

## FINAL REPORT

Lab Accession #



Patient:

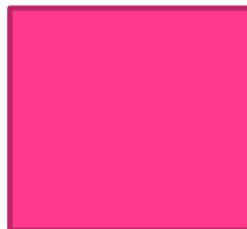


11/3/2010 12:37:47 PM

### Account Information

### Sample Information

Name  
Number  
Recipient



Lab Accession # 2298487  
Requisition # P2257198

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  
DOB  
Age  
Gender  
SSN  
ID



ROXICODONE  
FLEXERIL  
PRISTIQ  
XANAX  
PERCOCET

### 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	<b>POSITIVE</b>	200 ng/mL
Oxazepam	Confirmation	<u>LC</u> <15 ng/mL	Negative	15 ng/mL
Nordiazepam	Confirmation	<u>LC</u> <15 ng/mL	Negative	7.5 ng/mL
Temazepam	Confirmation	<u>LC</u> <15 ng/mL	Negative	7.5 ng/mL
Lorazepam	Confirmation	<u>LC</u> <15 ng/mL	Negative	7.5 ng/mL
Alpha-Hydroxyalprazolam	Confirmation	<u>LC</u> 1650 ng/mL	<b>POSITIVE</b>	7.5 ng/mL



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	<u>LC</u> <15 ng/mL	Negative	7.5 ng/mL
7-Aminoclonazepam	Confirmation	<u>LC</u> <30 ng/mL	Negative	7.5 ng/mL
Chlordiazepoxide	Confirmation	<u>LC</u> <30 ng/mL	Negative	15 ng/mL
Estazolam	Confirmation	<u>LC</u> <15 ng/mL	Negative	7.5 ng/mL
Diazepam	Confirmation	<u>LC</u> <15 ng/mL	Negative	7.5 ng/mL
2-Hydroxyethylflurazepam	Confirmation	<u>LC</u> <15 ng/mL	Negative	7.5 ng/mL
Alpha-Hydroxymidazolam	Confirmation	<u>LC</u> <30 ng/mL	Negative	7.5 ng/mL
7-Aminoflunitrazepam	Confirmation	<u>LC</u> <30 ng/mL	Negative	7.5 ng/mL

**BUPRENORPHINE**

Buprenorphine screen	<15 ng/mL	Negative	15 ng/mL
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**COCAINE**

Cocaine screen	<100 ng/mL	Negative	150 ng/mL
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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	<u>MS</u> <120 ng/mL	Negative	60 ng/mL	
Morphine	Confirmation	<u>MS</u> <100 ng/mL	Negative	60 ng/mL	
Hydrocodone	Confirmation	<u>MS</u> <60 ng/mL	Negative	60 ng/mL	
Hydromorphone	Confirmation	<u>MS</u> <60 ng/mL	Negative	60 ng/mL	
Oxycodone	Confirmation	<u>MS</u> >9600 ng/mL	POSITIVE	60 ng/mL	
Oxymorphone	Confirmation	<u>MS</u> 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	

## 21 Year old Male

**6-Monoacetylmorphine (Heroin marker)**

**90.0**

Cutoff

5.0

Units

ng/mL

6-Monoacetylmorphine screen

>20

10

ng/mL

**Benzoyllecgonine (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/mL

	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
THC/Creatinine Ratio	0.000		
Specific Gravity screen	1.0110	Normal	1.003 1.040
pH screen	6.4	Normal	4.5 9
Oxidant screen	<50 ug/mL	Normal	50 ug/mL

Specimen Validity Testing

Substance Abuse Protocol 4

ETG screen only

6-Monoacetylmorphine Screen

### 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.....



NO MATTER WHAT

You will NEVER party this hard