

## Initial - Chronic Pain Office Visit

### **Subjective and Objective:**

#### **Pain Information**

**Primary pain problem:** \*\*\*

Comorbid factors include: \*\*\*

Initial Inciting Event: {NONE:20688}

Pain Location: {Location ext pain:11847}

Pain Duration: \*\*\* {days/wks/mos/ysr:310907}

Pain Quality: {pain quality:15954}

Timing: Worse {time of day:19180}

Aggravating Factors: {aggravating factors:16449}

Alleviating Factors: {alleviating factors:16449}

Pain impact on sleep: {Symptoms; sleep quality:17851}

#### **Non-opiate modalities attempted and maximized:**

-Physical therapy: {Yes/No-Ex:120004}

-NSAIDs: {Yes/No-Ex:120004}

-Acetaminophen: {Yes/No-Ex:120004}

-Antidepressants: {Yes/No-Ex:120004}

-Antiepileptics: {Yes/No-Ex:120004}

-Physiatry consult: {Yes/No-Ex:120004}

-CBT: {Yes/No-Ex:120004}

#### **Opioid Therapy**

Date opiate therapy initiated: \*\*\*

Date of last urine drug screen: \*\*\*

#### **Current medications for chronic pain**

@MEDSOPIATES@

@MEDSHYPNOTICS@

@MEDSPSYCH@

**Current MED:** \*\*\*

<http://www.agencymeddirectors.wa.gov/Calculator/DoseCalculator.htm>

#### **Is the patient an appropriate candidate for chronic opioid therapy?**

History of substance abuse? {Yes/No-Ex:120004}

History of overdose? {Yes/No-Ex:120004}

History of respiratory depression/failure? {Yes/No-Ex:120004}

History of contraindicated medical problem, (e.g., untreated sleep apnea, severe COPD/asthma)? {Yes/No-Ex:120004}

Concomitant CNS-depressing medications? {Yes/No-Ex:120004}

Any patient/caregiver conditions that may interfere with safe management of opioid therapy (e.g., cognitive/memory problems?) {Yes/No-Ex:120004}

**Opioid Risk Tool (ORT):** Total Score @CLFLOW(10861::1)@@CLFLOW(10880::1)@

0 to 3 = Low risk: 6% chance of developing problematic behaviors, 4 to 7 = Moderate risk: 28% chance of developing problematic behaviors, 8 or more = High risk: 90% chance of developing problematic behaviors.

@CLFLOW(10675)@@CLFLOW(10677)@

@CLFLOW(10678)@@CLFLOW(10679)@

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@CLFLOW(10699)@@CLFLOW(10700)@

@CLFLOW(10702)@@CLFLOW(10704)@

@CLFLOW(10706)@@CLFLOW(10753)@

@CLFLOW(10801)@@CLFLOW(10803)@

@CLFLOW(10831)@@CLFLOW(10852)@

**PHQ9 Depression scale:** Date of Last Screening Total Score @CLFLOW(2100100060:LAST:1)@

(1-4 = Minimal depression, 5-9 = Mild depression, 10-14 = Moderate depression, 15-19 = Moderately severe depression, 20-27 = Severe depression)

### **Patient's Realistic Functional Goals**

(measurable and specific – emotional, social, and/or physical dimensions)

1. \*\*\*
2. \*\*\*
3. \*\*\*

### **Evidence of Opioid Efficacy**

#### **Pain Relief:**

Per CDC, a clinically meaningful improvement is >30%.

Pain level - **without** opioids (scale of 1-10; 1 being no pain): {Numbers; 1-10:17898}

Pain level - **with** opioids (scale of 1-10; 1 being no pain): {Numbers; 1-10:17898}

#### **Functional improvement:**

Per CDC, a clinically meaningful improvement is >30%.

Activity level impairment - **without** opioids (scale of 1-10; 1 being no impairment): {Numbers; 1-10:17898}

Activity level impairment - **with** opiates (scale of 1-10; 1 being no impairment): {Numbers; 1-10:17898}

### **Adverse Effects of Chronic Pain Medications?**

Nausea/Vomiting: {Yes/No-Ex:120004}

Constipation: {Yes/No-Ex:120004}

Dry Mouth: {Yes/No-Ex:120004}

Itching: {Yes/No-Ex:120004}  
Sweating: {Yes/No-Ex:120004}  
Sleepiness/dizziness: {Yes/No-Ex:120004}  
Confusion: {Yes/No-Ex:120004}  
Falls: {Yes/No-Ex:120004}  
Increased sensitivity to pain: {Yes/No-Ex:120004}  
Depression: {Yes/No-Ex:120004}  
Tolerance: {Yes/No-Ex:120004}  
Physical Dependence: {Yes/No-Ex:120004}  
Low testosterone/libido/energy: {Yes/No-Ex:120004}

Is patient having any inappropriate usage issues with chronic pain medications? {Yes/No-Ex:120004}

Is there any evidence in the medical record or PMP of diversion, lost or stolen medications, or persistent requests for early refills? {Yes/No-Ex:120004}

#### ROS

Neuro: No concerning daytime sedation  
GI: No constipation not adequately managed  
OP: No excessive dry mouth  
Psych: See PHQ2/9

#### Physical Exam

Constitutional: Appears well-developed and well-nourished. No distress.  
HENT:  
Head: Normocephalic and atraumatic.  
Eyes: No scleral icterus.  
Cardiovascular: Normal rate and regular rhythm.  
Pulmonary/Chest: Breath sounds normal.  
Ext: No edema or erythema  
Skin: No rash noted.

#### **Assessment:**

- High-risk medication used for chronic pain.
- Opioid therapy, with current MED range of {Blank single:19197:: "<50", "50-90", "90-120", ">120"}.

#### **Non-Opioid Treatment**

Patient {Blank single:19197:: "has", "has NOT"} attempted and maximized all appropriate non-opioid treatments for chronic pain.

#### **Opioid Efficacy**

Patient {Blank single:19197:: "is", "is not"} achieving clinically meaningful improvement in functional goals and pain control with current therapy.

### **Appropriateness**

Patient {Blank single:19197:: "is", "is not"} experiencing clinically significant adverse effects related to opioid therapy, which {does/does not:19886} pose a patient safety risk.

There {ACTIONS; HAVE/HAVE NOT:19434} been concerns or red flags for misuse or diversion of medications.

The patient {has/not:18111} been consistently adherent with @HIS@ pain agreement requirements.

### **Continued Opioid Therapy**

At this time, benefits of opioid use {Blank single:19197:: "do", "DO NOT"} outweigh risks, and it {Blank single:19197:: "is", "IS NOT"} appropriate to continue chronic opioid therapy. Discussed risks of continued treatment opioid use, and patient agrees with this plan.

Patient would benefit from {Blank single:19197:: "continuation of therapy at current opioid dose", "conversion to single opioid formulation", "dose reduction with an initial MED goal of <120", "dose reduction with an initial MED goal of <90", "dose reduction with an initial MED goal of <50", "opioid taper with goal of discontinuation"}.

### **Plan:**

The patient's problem list, medication list, and allergy information was updated as appropriate.

1. **Goals** - The patient's functional goals were reviewed and are as documented above.

2. **Chronic Pain Agreement:** Reviewed and signed today.

The following were discussed: Clinician and patient responsibilities for chronic pain management, expectations for chronic pain treatment, how response to opioid therapy will be evaluated, adverse effects of opioid therapy, monitoring and follow-up requirements, and criteria for continuation and discontinuation of opioids.

3. **Urine drug analysis** {Actions; was/was not:31712} done today with the next planned in \*\*\* months.

4. A pain management consultation {Actions; was/was not:31712} initiated today.

5. **Non-pharmacologic Treatment:** \*\*\*

## 6. Pharmacologic Treatment:

Non-opioid therapy: \*\*\*

Opioid therapy: {Medication changes:31355}

Opioid risks and opioid dose reduction (and potential benefits of reduction) {Blank single:19197:: "were", "were not"} discussed at this visit.

-Chronic pain medications reviewed and refilled for a total of \*\*\* month(s).

-Discussed with patient that lost or stolen medications will not be refilled under any circumstance.

Follow-up in clinic must occur within \*\*\* months.