

OKLAHOMA

Title 435 State Board of Medical Licensure and Supervision
Ch.10 Physician and Surgeons
Subchapter 7. Regulation of Physician and Surgeon Practice

BOARD OF MEDICAL LICENSURE AND SUPERVISION

STATE OF OKLAHOMA

435:10-7-11. Use of controlled substances for the management of chronic pain

The Board has recognized that principles of quality medical practice dictate that the people of the State of Oklahoma have access to appropriate and effective pain relief and has adopted the following criteria when evaluating the physician's treatment of pain, including the use of controlled substances:

(1) Evaluation of the patient. A medical history and physical examination must be

obtained, evaluated and documented in the medical record. The medical record should document the nature and intensity of the pain, current and past treatments for pain, underlying or coexisting diseases or conditions, the effect of the pain on physical and psychological function and history of substance abuse. The medical record also should document the presence of one or more recognized medical indications for the use of a controlled substance.

(2) Treatment plan. The written treatment plan should state objectives that will be

used to determine treatment success, such as pain relief and improved physical and psychosocial function, and should indicate if any further diagnostic evaluations or other treatments are planned. After treatment begins, the physician should adjust drug therapy to the individual medical needs of each patient. Other treatment modalities or a rehabilitation program may be necessary depending on the etiology of the pain and the extent to which the pain is associated with physical and psychosocial impairment.

(3) Informed consent and agreement for treatment. The physician should discuss the risks and benefits of the use of controlled substances with the patient, persons designated by the patient or with the patient's surrogate or guardian if the patient is without medical decision-making capacity. The patient should receive prescriptions from one physician and one pharmacy whenever possible. If the patient is at high risk for medication abuse or has a history of substance abuse, the physician should consider the use of a written agreement between physician and patient outlining patient responsibilities, including:

(A) urine/serum medication levels screening when requested;

(B) number and frequency of all prescription refills; and

(C) reasons for which drug therapy may be discontinued (e.g. violation of agreement)

(4) Periodic review. The physician should periodically review the course of pain treatment and any new information about the etiology of the pain or the patient's state of health. Continuation or modification of controlled substances for pain management therapy depends on the physician's evaluation of progress toward treatment objectives. Satisfactory response to treatment may be indicated by the patient's

decreased pain, increased level of function or improved quality of life. Objective evidence of improved or diminished function should be monitored and information from family members or other caregivers should be considered in determining the patient's response to treatment. If the patient's progress is unsatisfactory, the physician should assess the appropriateness of continued use of the current treatment plan and consider the use of other therapeutic modalities.

(5) Consultation. The physician should be willing to refer the patient, as necessary, for additional evaluation and treatment in order to achieve treatment objectives. Special attention should be given to those patients with pain who are at risk for medication misuse, abuse or diversion. The management of pain in patients with a history of substance abuse or with a comorbid psychiatric disorder may require extra care, monitoring, documentation and consultation with or referral to an expert in the management of such patients.

(6) Medical records. Records should remain current and be maintained in an accessible manner, readily available for review. The physician should keep accurate and complete records to include:

(A) the medical history and physical examination (including vital signs),

(B) diagnostic, therapeutic and laboratory results,

(C) evaluations, consultations and follow-up evaluations,

(D) treatment objectives,

(E) discussion of risks and benefits,

(F) informed consent,

(G) treatments,

(H) medications (including date, type, dosage and quantity prescribed),

(I) instructions and agreements and

(J) periodic reviews.

(7) Compliance with controlled substances laws and regulations. To prescribe, dispense or administer controlled substances, the physician must be licensed in Oklahoma and comply with applicable federal and state regulations. Physicians are referred to the Physicians Manual of the U.S. Drug Enforcement Administration for specific rules governing controlled substances as well as applicable state regulations.

[Source: Added at 16 Ok Reg 2003, eff 6-14-99; Amended at 22 Ok Reg 2096, eff 6-25-05]