

MINNESOTA HEALTH CARE PROGRAMS (MHCP)

# Clinic Tool for the Assessment and Management of Persistent Pain

Completion of this form is required when requesting prior authorization for most long-acting opioids. Please use the lowest effective dose for the shortest appropriate length of time when prescribing opiates for your patients. Beginning August 20, 2018, MHCP will limit opiate prescribing to 90 morphine equivalent doses per day.

Prescribers of opiates should check the Minnesota Prescription Drug Monitoring Program (PDMP) before prescribing opiates to new patients, and should review the PDMP regularly to ensure that the patient is adhering to the pain management plan over time.

## Introduction and objective

This guideline is offered to providers of pain treatments who care for patients with persistent pain. While not approved by any national pain experts, the information was consolidated from several pain management websites. It is offered as a first step to help providers manage their patients with persistent pain, and provide documentation of the pain management strategy determined to be appropriate for the patient. It is not considered to be an inclusive assessment and management tool. There is no copyright on this, and it may be copied freely.

It has been shown that people who use opiates at daily doses above 90 morphine equivalent dose (MED) have a substantially higher risk of accidental overdose when compared with patients receiving less than a 90 MED.

## Hyperalgesia

Chronic use of opiates may lead to the development of opioid-induced hyperalgesia, where increased doses of opiates may lead to increased pain. Given the risks associated with chronic use of opiates, and the lack of data demonstrating safety efficacy for the long term treatment of chronic pain, chronic opiate use is rarely a first-line therapy. If used long enough at a high enough dose, opiates can have significant adverse effects (such as reduced testosterone levels).

Specific functional goals can be set and the patient's expectations changed from "cure" to living with less pain. Persistent pain is ideally managed by a bio-psychosocial approach. Non-drug treatments (education, lifestyle modification, exercise, and reassurance) should be used routinely to improve patients' quality of life.

## Chronic Pain Assessment

NAME	SEX <input type="checkbox"/> Male <input type="checkbox"/> Female	WEIGHT	DATE OF BIRTH
WORDS THAT MIGHT DESCRIBE YOUR PAIN <input type="checkbox"/> Burning <input type="checkbox"/> Stinging <input type="checkbox"/> Pins and needles <input type="checkbox"/> Sharp <input type="checkbox"/> In one area <input type="checkbox"/> All over <input type="checkbox"/> Other (your own words) _____			
PAIN RELATED DIAGNOSIS			

# Persistent Pain Care Plan

## Medication Management – How to use the medication prescribed for me

	Medication Name	Dose/How to Use	Comments (how to manage side effects, when to use quick-acting pain meds, etc.)
Persistent pain			
Break-through pain			
Sleep			
Mood			
Other			
Other			

## Other things to do to help my pain

	Type (explain)	When in the day?	How many times per week?
Exercise			
Rest			
Use of heat, cold or massage			
Relaxation			
Other healthy habits			
Other questions or concerns			
Date of next pain assessment			

# MHCP Patient Treatment Agreement for Chronic Opioids

## Goals

- Improve your ability to function in daily life.
- Decrease your pain levels. It may not be possible to eliminate all pain.

## What you need to do

- Realize that opioid therapy is only one part of treatment.
- Remain active every day and try to increase activity a little bit at a time.
- Use your medication only as directed by your provider.

## I understand that

- I will accept opioids for chronic pain from my regular provider only.
- I will not share, exchange or sell my opioids, as the law prohibits those actions.
- I will not increase the dose of medication unless asked to do so by my provider.
- It is my responsibility to keep my medications safe. If my opioids are lost, damaged or stolen, the medication may not be refilled early.
- If prescribed, I will use other medications other than opioids to control my pain.
- I will report any worrisome side effect soon after it begins.
- I will follow through on all appointments that may help me with chronic pain and functioning.
- All of my controlled substance prescriptions are reported by my pharmacy to the Minnesota Prescription Drug Monitoring Program and my provider will review this data regularly.

By signing this form, I authorize my provider's office to contact any and all groups and organizations involved in my care, payment for my care and involved with the investigation of medication and drug abuse. I give permission to my provider to discuss my care with past caregivers, all pharmacies, payors and regulatory agencies. This also gives these providers, caregivers, pharmacies, and payors permission to share information about my past and current treatments and care plans.

PATIENT SIGNATURE	DATE
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## UnitedHealthcare Community Plan

Phone: 1-800-310-6826

Fax: 1-866-940-7328

**651-431-2670 or 800-657-3739**

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