

# Wyoming Board of Medicine

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## MEMORANDUM

**TO:** WYOMING PHYSICIANS AND PHYSICIAN ASSISTANTS  
**FROM:** James R. Little, Sr., M.D.  
President  
**DATE:** May 2011  
**RE:** Pain Management Policy

From time to time Wyoming physicians and physician assistants voice concerns about the Board of Medicine's position regarding management of patients with intractable pain. A few physicians and physician assistants have indicated that they fear Board sanctions should they treat chronic pain patients over the long term or with high doses of controlled substances.

Please note that the Board has never sanctioned a physician or physician assistant for appropriate and well-documented pain management. We have investigated cases involving large amounts of controlled substances; however, in all cases where the physician and/or physician assistant involved presented an adequate diagnostic basis for the therapy and thorough records in support of their treatment, the investigations were closed without further action.

To further address pain management issues and give guidance to physicians and physician assistants, the Board has adopted Policy No. 40-01, "Pain Management," incorporating the Wyoming Health Care Licensing Boards' Uniform Policy for the Use of Controlled Substances in the Treatment of Pain. This policy may be viewed on the Board's website or a copy may be obtained by contacting the Board office at 307-778-7053. The policy follows the Federation of State Medical Boards' Model Policy for the Use of Controlled Substances for the Treatment of Pain, and provides guidance to Wyoming health care professionals when prescribing controlled or addictive substances for pain management.

### PRESCRIPTION DRUG MONITORING PROGRAM (PDMP) –

Another invaluable tool for physicians and physician assistants is the state Board of Pharmacy's Prescription Drug Monitoring Program. Upon receipt of a request form, the Board of Pharmacy will provide a prescription profile for your patient, indicating all controlled substances dispensed by Wyoming pharmacies to him or her, and the prescriber who wrote the prescriptions. For more details, contact the Board of Pharmacy at 307-634-9636 or at BOP@wyo.gov.

The Board of Medicine strongly encourages physicians and physician assistants to use the PDMP when beginning any controlled substance treatment for a patient, and to regularly obtain PDMP reports on patients who are on long-term controlled substance prescriptions. The Board considers use of the PDMP to monitor patients' controlled substance prescriptions to be part of the standard of care. Failure to make use of this important tool can expose a prescriber to charges of failure to meet the standard of care.

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## PRACTICAL GUIDELINES FOR PRESCRIBING –

In addition, the Board recommends that physicians and physician assistants follow these guidelines when prescribing controlled substances:

1. Does the record contain an **adequate history and physical** including assessments of pain and physical and psychological function? An inquiry into substance abuse history, if any, is helpful as is an assessment of underlying and co-existing diseases and conditions, and a review of any recognized medical indication for controlled substances. Additionally, the Board will look to whether attempts have been made to maintain the patient on the lowest dose possible to achieve relief and improve function.
2. Is there a **treatment plan with objective criteria** by which progress, if any, can be measured? Although physicians and physician assistants tailor pain relief to the individual needs of each patient, goals such as pain relief and/or improved physical and psychosocial function should be included and progress towards these goals monitored.
3. Have you thoroughly **discussed and documented the risks** of controlled substances?
4. Have you **periodically reviewed the course of treatment**? Any new information should be added to the record as should appropriate assessment of continued treatment and necessity of trial of other modalities.
5. Has there been **documented consultation where appropriate**? The treating physician or physician assistant should be willing to refer the patient for necessary evaluation and treatment to achieve goals of the treatment plan. Physicians and physician assistants should also pay special attention to patients at risk of misuse, diversion and/or past or potential substance abuse disorders. Physicians and physician assistants should **also ascertain, if possible, whether the patient is currently receiving prescriptions for controlled substances from other prescribers** – including dentists, nurse practitioners, and others.
6. **Document, document, document.** The more thorough and detailed the records kept on these patients, the more easily and confidently a physician or physician assistant may respond to any inquiry regarding prescription of controlled substances and treatment.
7. Ensure that you are in **compliance with federal and state controlled substance laws and regulations.** To prescribe controlled substances the physician or physician assistant must hold a valid license in Wyoming, possess a controlled substance certificate and comply with Federal and State regulations for issuing controlled substance prescriptions.

## A WORD ABOUT “PAIN CONTRACTS” –

Many physicians and physician assistants require patients who are receiving controlled substances over an extended period of time for chronic pain management to enter a “pain contract.” The contract details the prescriber’s expectations of the patient, including disclosure of any controlled substances that the patient receives from other prescribers. The patient is also put on notice that he or she may be subject to random drug testing, and that violations of the terms of the contract can lead to termination of the physician-patient relationship.

While a pain contract may not be “enforceable” agreement in the way a business contract is, it serves as evidence that the physician or physician assistant has fully informed and obtained consent from the patient about the prescriber’s expectations and the dangers and risks of controlled substances. It also provides a physician or physician assistant with a solid basis for terminating the physician- or physician assistant-patient relationship for non-compliance, should that become necessary.