

**SECTION .0200 – UTILIZATION RULES FOR OPIOID AND OTHER PHARMACOLOGICAL PAIN  
MANAGEMENT TREATMENT**

**11 NCAC 23M .0201 FIRST PRESCRIPTION OF MEDICATION FOR PAIN IN AN ACUTE PHASE**

- (a) This Rule applies to the first prescription of any medication to an employee for pain in an acute phase.
- (b) Before prescribing a targeted controlled substance, a health care provider shall document his or her medical opinion in the medical record that non-pharmacological and non-opioid therapies are insufficient to treat the employee's pain.
- (c) A health care provider shall not prescribe more than one targeted controlled substance at the time of the first prescription. A health care provider shall not provide at the time of the first prescription any additional prescription for a targeted controlled substance to be dispensed at a later time.
- (d) A health care provider shall prescribe the lowest number of days' supply of a targeted controlled substance necessary in his or her medical opinion to treat an employee's pain, not to exceed a five-day supply. However, the first prescription of any targeted controlled substance for post-operative pain immediately following a surgical procedure may exceed five days but shall not exceed a seven-day supply.
- (e) A health care provider shall prescribe the lowest effective dosage of a targeted controlled substance, not to exceed a 50 mg morphine equivalent dose per day, using only short-acting opioids. However, a health care provider may prescribe more than a 50 mg morphine equivalent dose per day, if the employee was being prescribed a targeted controlled substance immediately prior to the first prescription. The dosage limits in this Paragraph apply only to an opioid prescription being prescribed pursuant to this Rule.
- (f) A health care provider shall not prescribe transcutaneous, transdermal, transmucosal, or buccal opioid preparations without documentation in the medical record that oral opioid dosing is medically contraindicated for the employee.
- (g) A health care provider shall not prescribe fentanyl for pain in an acute phase.
- (h) A health care provider shall not prescribe benzodiazepines for pain or as muscle relaxers in an acute phase.
- (i) A health care provider shall not prescribe carisoprodol and a targeted controlled substance in an acute phase.
- (j) If an employee is taking benzodiazepines or carisoprodol prescribed by another health care provider, the health care provider shall not prescribe a targeted controlled substance to the employee without advising the employee of the potential risks of combining a targeted controlled substance and benzodiazepines or carisoprodol. The health care provider shall also communicate with the health care provider prescribing the benzodiazepines or carisoprodol to inform that health care provider of the prescription of a targeted controlled substance.
- (k) A health care provider shall review the information in the CSRS pertaining to the employee for the 12-month period preceding the first prescription. The health care provider shall document in the medical record the review and any potential contraindications to prescribing a targeted controlled substance found in the CSRS. The effective date of this Paragraph is November 1, 2018, or shall coincide with the date of application in S.L. 2017-74, s. 15.(e), and any amendments thereto, whichever is earlier.

*History Note:* Authority G.S. 90-106(a3); 90-113.74C(a); 97-25; 97-25.4; 97-80(a); S.L. 2017-203, s. 4;  
Eff. May 1, 2018;  
Recodified from 04 NCAC 10M .0201 Eff. June 1, 2018.