

**11 NCAC 23M .0202 PRESCRIPTION OF MEDICATION FOR PAIN IN AN ACUTE PHASE
FOLLOWING THE FIRST PRESCRIPTION**

- (a) This Rule applies to prescriptions for medication to an employee for pain during an acute phase that are written after a first prescription as described in Rule .0201 of this Section.
- (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 a time in an acute phase.
- (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.
- (e) A health care provider shall prescribe the lowest effective dosage of a targeted controlled substance, not to exceed 50 mg morphine equivalent dose per day, using only short-acting opioids. However, the health care provider may prescribe a morphine equivalent dose higher than 50 mg per day, but not higher than 90 mg per day, after documenting the medical justification for the prescription, including a comparison of the expected benefits to the employee versus any potential risks of increasing the employee's dosage. If the health care provider prescribes a morphine equivalent dose higher than 50 mg per day in an acute phase, the health care provider shall review at all subsequent evaluations whether the employee experienced the expected benefits and consider whether to continue the higher dosage and document the medical record accordingly. 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 preceding 12-month period every time the health care provider prescribes a targeted controlled substance in an acute phase. 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.
- (l) After an employee has received the first prescription of a targeted controlled substance as described in Rule .0201 of this Section and an additional 30 days of treatment with a targeted controlled substance, the health care provider may only continue treatment with a targeted controlled substance after fulfilling the following requirements:
- (1) The health care provider shall administer and document in the medical record the results of a presumptive urine drug test as defined in Rule .0102 of this Subchapter. The health care provider may meet this requirement by requiring that the employee take a random, unannounced urine drug test. If the test results are positive for non-disclosed drugs or negative for prescribed controlled substances, the health care provider shall obtain confirmatory urine drug testing as defined in Rule .0102 of this Section. Nothing herein prevents a health care provider from ordering confirmatory urine drug testing for a medical reason other than the presumptive urine drug test results if the medical reason is documented in the medical record. The health care provider may obtain the confirmatory urine drug test results before prescribing a targeted controlled substance. Alternatively, the health care provider may order a limited supply of a targeted controlled substance pending the results of the confirmatory urine drug test. The results of any confirmatory urine drug test shall be documented in the medical record.
 - (2) The health care provider shall administer and document in the medical record the results of a tool for screening and assessing opioid risk that has been validated by clinical studies. Examples of these tools include the following:

- (A) NIDA Quick Screen V1.0 and NIDA-Modified ASSIST V2.0 (National Institute on Drug Abuse), available at [https://www.drugabuse.gov/sites/default/files/files/QuickScreen_Updated_2013\(1\).pdf](https://www.drugabuse.gov/sites/default/files/files/QuickScreen_Updated_2013(1).pdf);
 - (B) Screener and Opioid Assessment for Patients with Pain (SOAPP)[®] Version 1.0 (Inflexxion, Inc.), available at <http://nhms.org/sites/default/files/Pdfs/SOAPP-14.pdf>;
 - (C) SOAPP-Revised (Inflexxion, Inc.), available at <https://www.painedu.org>; and
 - (D) Opioid Risk Tool (ORT) (Lynn Webster, MD), available at <http://agencymeddirectors.wa.gov/Files/opioidrisktool.pdf>.
- (3) The health care provider shall review and document in the medical record whether the information obtained by complying with Paragraph (k) of this Rule or Subparagraphs (1) or (2) of this Paragraph, or any other aspects of the employee's medical records or examination, indicate an increased risk for opioid-related harm. If the health care provider continues the prescription of a targeted controlled substance despite any increased risks identified, the health care provider shall document in the medical record the reasons justifying the continued prescription.

History Note: Authority 97-25; 97-25.4; 97-80(a); S.L. 2017-203, s. 4;
Eff. May 1, 2018;
Recodified from 04 NCAC 10M .0202 Eff. June 1, 2018.