

## Pain Management: Rush to Judgment vs. Compassion

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## Learning Objectives

At the end of this presentation, participants should be able to:

1. Explain the pharmacist's role in providing pain management care to patients dealing with pain.
2. Discuss the pharmacist's legal responsibilities of providing pain management treatment.
3. Identify strategies for balancing risk management and the pharmacist serving as the "policeman."
4. Explain the ethical responsibility of the pharmacist providing pain management services.
5. Discuss strategies and suggestions to proactively approach pain management in the pharmacy.

## Welcome & Introductions

- ▶ Meet the panel members
- ▶ Case study
- ▶ Discussion / questions
- ▶ Summary / conclusions

## Case Study

- ▶ "Katie"
  - 20 year old student
  - Attending "University Town"
- ▶ Past Medical History
  - Surgery for scoliosis / Herrington rod placement (4 years ago)
  - Chronic lower back pain
- ▶ Social history
  - Negative
- ▶ NKDA



## Prescription #1

Dr. O. P. Oid, M.D.  
123 Main Street  
Home Town, MI 40000  
(123)456-7890

Patient name: "Katie" Date: 1/6/09

Fentanyl transdermal 25 (twenty-five) mcg/hr  
Apply as directed Q 72h  
#10 (ten) patches, no refills

O.P. Oid, MD

## Prescription #2

Dr. N.O. Coe, M.D.  
Emergency Room  
University Town, MI 40000  
(456)123-7890

Patient name: "Katie" Date: 1/10/09

Vicodin 7.5/750  
1-2 tabs PO Q 4-6h PRN pain  
#20 (twenty), no refills

N. O. Coe, MD

## One Month Later ....

- ▶ Katie requests visit with primary care provider (PCP)
  - No relief from patches
- ▶ Rx
  - Same – PCP refuses to increase dose or change Rx
  - Referral to pain psychologist
    - Adjuvant Rx: SSRI
- ▶ Katie – refuses to take SSRI

## One Week Later ...

- ▶ Emergency room visit
  - Severe pain
  - Rx
    - Use existing Rx: Fentanyl patch 25 mcg
    - Place #2 patches for total 50 mcg Q 72h
- ▶ Follow up with PCP
  - Too early to refill Fentanyl
  - No Rx issued
  - “Katie” unable to sit through class due to pain



## Another Week Later ...

- ▶ “Katie” severe pain
  - No patches left
  - No breakthrough pain medication
- ▶ Emergency room
  - Hydromorphone 4 mg IV x 1
  - Rx: Vicodin 7.5/750 (# 20 tabs)
  - Dr. calls PCP requesting if Fentanyl 50 mcg is appropriate at this time
    - PCP “not comfortable” exceeding Fentanyl 25 mcg Q 72h

## Comments from the Panel

- ▶ Barriers encountered
  - Patient
  - Physician
  - Pharmacist
  - Health-care system
- ▶ Legal / ethical responsibilities of pharmacist
- ▶ Clinical issues that need to be addressed

## Discussion / Questions

- ▶ What biases exist / judgments based on experiences?
- ▶ How does good medical practice / “good faith” / compassion factor in?
- ▶ What opportunities are there for pharmacists to be proactive in patient care for those suffering from acute/chronic pain conditions?

## Summary / Conclusions

- »» Role of the Pharmacist

## Balance Between Clinical Practice & Regulatory Agencies

Clinician	Regulatory Agency
Treat Pain	Stop / Control Diversion
Avoid Contributing to Diversion	Avoid Interfering in Medicine & Patient Care

## MI Board of Pharmacy Guidelines for the Use of Controlled Substances for the Treatment of Pain

### Preamble

“All pharmacists should become knowledgeable about effective methods of pain treatment as well as statutory requirements for prescribing and dispensing controlled substances”



www.michigan.gov/pm

## MI Board of Pharmacy Guidelines for the Use of Controlled Substances for the Treatment of Pain

### Guidelines

- Review of the prescription
- Fictitious or possibly fictitious prescriptions
- Prescription refills
- Patient referral

### Definitions

- Analgesic tolerance, dependence, & addiction
- Pseudoaddiction

### Good faith

- Dispensing of a controlled substance that in the professional judgment of the pharmacist is lawful

www.michigan.gov/pm

## MAPS Michigan Automated Prescription System

▶ [www.michigan.gov/healthlicense](http://www.michigan.gov/healthlicense)



## Stay Informed on Pain Initiatives

- ▶ Proposals for upcoming discussion in MI
  - Adequate supply C II's
  - Referral arrangements
- ▶ State of Michigan website: [www.michigan.gov/pm](http://www.michigan.gov/pm)
- ▶ Suggestions for future pain CE topics
  - [www.michiganpharmacists.org](http://www.michiganpharmacists.org)



## Self Assessment Questions

### Question 1

Which one of the following represents the meaning of “good faith” when dispensing a controlled substance prescription?

- Verifying the prescription with the prescriber before dispensing
- Checking a MAPS report of the patient before dispensing
- Verifying with the DEA that the prescriber has a current DEA registration
- Dispensing a prescription in the professional judgment of the pharmacist is lawful

### **Self Assessment Questions Question 2**

Pharmacists and physicians involved in the practice of pain management, particularly in the use of opioids, should establish practice patterns according to which one of the following?

- a. National practice guidelines, referring patients to pain management specialists when appropriate
- b. Drug seeking behavior based on past experiences with patients
- c. Patient requests
- d. "What they have always done in the past"

### **Self Assessment Questions Question 3**

Which of the following describes the role of the pharmacist in pain management?

- a. Patient advocate
- b. Being compliant with legal/ethical issues
- c. Staying informed of pain initiatives on a state and national level
- d. All of the above