SAMPLE OPIOID TREATMENT AGREEMENT

Worker's Name _____ Claim Number _____

Opioid (narcotic) treatment is used to reduce pain and improve what you are able to do each day. Along with opioid treatment, other medical care may be prescribed to help improve your ability to do daily activities and reduce the need for pain medication. This may include exercise, use of non-narcotic analgesics, physical therapy, psychological counseling, or other therapies or treatment. Vocational counseling may be provided to help your efforts to return to work.

I, _____ understand that I must comply with this agreement for continued pain treatment with Dr. _____ .

1. I have the following responsibilities (check boxes):

☐ Take my medications only at the dose and frequency prescribed.

☐ Won't increase or change my medications without the approval of this provider.

☐ Actively participate in Return to Work (RTW) efforts and in any program designed to improve function (including social, physical, psychological and daily or work activities).

☐ Won't ask for opioids or any other pain medicine from another provider. This provider will approve or prescribe all other mind- and mood-altering drugs.

☐ Inform this provider of all other medications that I am taking.

☐ Fill all medications from one pharmacy, when possible. By signing this agreement, I give consent to this provider to talk with the pharmacist. Pharmacy: _____Phone:_____

☐ Protect my prescriptions and medications. I will keep all medications away from children. **Medications may not be replaced if they are lost or destroyed. If medication has been stolen and a police report is completed regarding the theft, an exception may be made.**

☐ Agree to participate in psychiatric or psychological assessments, if necessary.

☐ Won't use illegal or street drugs, or alcohol. This provider may ask me to follow through with a program to address this issue. Such programs may include the following:

- 12-Step program
- Individual counseling
- Inpatient or outpatient treatment
- Other:

2. In the event of an emergency, I or my representative will contact this provider who will discuss the problem with the emergency room or other doctor. I am responsible for requesting a record transfer to this provider.

3. I consent to random drug testing and pill counts.

4. This provider will check the state's prescription monitoring program database to verify my opioid prescription history.

5. I will keep my scheduled appointments, or if necessary, cancel my appointment at least 24 hours before the appointment.

6. This provider will stop prescribing opioids or change my treatment plan if:

- I don't show any improvement in function.
- I behave in a way that is not consistent with my responsibilities outlined in #1.
- I give away, sell, or misuse the opioid medications.
- I develop rapid tolerance or loss of improvement from this treatment.
- I get opioids from another provider.
- I don't cooperate when asked to get a drug test.
- I develop an addiction problem from opioid use.
- I experience a serious adverse outcome from this treatment.
- I don't keep my follow-up appointments.

I have read and understand both sides of this agreement. My questions have been answered satisfactorily. I agree to the use of opioids to help control my pain, with treatment to be carried out as described above.

_____ _____

Worker's signature Date Provider's signature Date

Provider: Keep a signed copy on file. Give a copy to the patient. You should renew this agreement every 6 months.

Worker's Name _____ Claim Number _____

Safety risks while working under the influence of opioids

Opioids cause drowsiness, decreased reaction time and judgment, and increased tolerance. Therefore, it could be dangerous for you to operate heavy equipment or drive while under the influence of opioids.

Side effects of opioids

- Confusion or other changes in thinking ability
- Nausea/Vomiting
- Constipation
- Urination difficulties
- Dry mouth
- Problems with coordination or balance
- Opioid use disorder or addiction
- Reduced sexual function
- Sleepiness/Drowsiness
- Aggravation of depression
- Breathing too slowly – overdose can stop your breathing and lead to death
- Sleep apnea (periods of not breathing while asleep)- may be caused or worsened by opioids

Please note: These side effects may worsen if you mix opioids with other drugs, including alcohol.
Please note: Not all potential side effects are listed.

Other risks

- **Physical dependence. Abruptly stopping use of the drug may cause withdrawal symptoms, which could include:**
  - Runny nose
  - Abdominal cramping
  - Rapid heart rate
  - Diarrhea
  - Sweating
  - Nervousness, anxiety, irritability
  - Difficulty sleeping
  - Goose bumps
- **Pregnancy** – If you are pregnant or contemplating pregnancy, discuss with your provider prior to taking medications.

Terms you should understand/Potential Risks:

- **Psychological dependence** – It is possible that stopping the drug will cause you to miss or crave it.
- **Tolerance** – You may need more and more drug to get the same effect.
- **Addiction** – Patients may develop addiction based on genetic or other factors.
- **Overdose** – Taking more than the prescribed amount of medication or using with alcohol or other drugs can cause you to stop breathing, resulting in coma, brain damage, or even death.

Recommendations for managing your medication

- Keep a diary of the pain medications you are taking, the doses, time of day you take them, their effectiveness and any side affects you may have.
- Take along only the amount of medication you need if you leave home. This lessens the risk of losing all your medications at the same time.
- It's important to dispose of your medication properly to avoid harm to others. Here are some disposal options and special disposal instructions for you to consider when throwing out expired, unwanted, or unused medicines:
  - Medicine Take-Back Programs - Contact your city or county government's household trash and recycling service to see if there is a medicine take-back program in your community.
  - Disposing in household trash following this procedure:
    - Mix medicines (do NOT crush tablets or capsules) with an unpalatable substance such as kitty litter or used coffee grounds; Place the mixture in a container such as a sealed plastic bag; and throw the container in your household trash (remember to scratch out all information on the prescription label to make it unreadable!)
  - Flushing of Certain Medicines - Contact the FDA at 1-888-INFO-FDA (1-888-463-6332) or online at www.fda.gov/Drugs/ResourcesForYou to see if your medication has specific disposal instructions.