

# CONTROLLED SUBSTANCES REVIEW COMMITTEE REFERRAL FORM

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Patient Initials: \_\_\_\_\_ DOB: \_\_\_\_\_  
(Note: full name not used if committee not internal to the clinic)

PROVIDER Name: \_\_\_\_\_

**Reason for referral:**

- New patient/new opiate regimen
- Yellow/red flag review
- Provider believes patient inappropriate for ongoing opiate therapy
- Request for exception to clinic policy: \_\_\_\_\_
- Other \_\_\_\_\_

Anything that would be helpful for the committee: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Current Med Regimen** (include all controlled substances, including all meds related to pain, including benzos, muscle relaxants, NSAIDS, neuropathic med treatments and stimulants):

Medication	Dose	# prescribed per 30 days
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____
4. _____	_____	_____
5. _____	_____	_____
6. _____	_____	_____
7. _____	_____	_____
8. _____	_____	_____

Total daily Morphine Equivalents: \_\_\_\_\_  
(see conversion chart at end of document)

Detailed information (from referring provider or from chart review)	YES	NO	N/A
Pain Management Agreement reviewed and signed in last 12 months?			
Any evidence of untreated depression or anxiety?			
If PHQ9 done, include results: Date: _____ Results: _____			
Behavioral health referral done?  Date referred: _____  Outcome of referral, if known:			
Did patient follow-through on behavioral referral? Comments:			
Opiate Risk Tool Score: _____ Date: _____ <a href="http://www.partnersagainstpain.com/printouts/Opioid_Risk_Tool.pdf">http://www.partnersagainstpain.com/printouts/Opioid_Risk_Tool.pdf</a>			
Any unexpected Urine Drug Screens? If yes, please list date, results, context, and patient's explanation for results			
History of substance abuse/addiction?			
History of alcoholism?			
Nicotine use? _____ Current _____ Historical _____			
Family history of substance use/addiction			
History of oversedation with medication?			
History of overdose, either deliberate or accidental?			
History of physical or sexual abuse?			
On methadone maintenance program?			
Where:			
Daily dose:			
Previously dismissed by PCP from pain management?  If yes, from where, and rationale for continued treatment:			
PEG screen done?  Pain level Enjoyment General Function			

	YES	NO	N/A
Clear diagnosis for cause of pain? Dx:			
Has pain improved on opiate therapy?			
Has function improved on opiate therapy?			
What nonopiate regimens have been tried? (e.g. medications, PT, injections, massage, counterstrain, pain group, psychotherapy, surgery)			
Any red flag behaviors? (check all that apply) <input type="checkbox"/> Manipulative or abusive behavior <input type="checkbox"/> UDS negative for prescribed med <input type="checkbox"/> UDS positive for nonprescribed controlled substances or street drugs <input type="checkbox"/> Refusal of diagnostic workup or consultation <input type="checkbox"/> Frequent dose escalations after being told this is inappropriate <input type="checkbox"/> Multiple (>1 per year) episodes of lost or stolen medications or prescriptions <input type="checkbox"/> Prescription forgery <input type="checkbox"/> Stealing drugs from others <input type="checkbox"/> Obtaining prescription drugs from nonmedical sources <input type="checkbox"/> Injecting, snorting or smoking oral formulations <input type="checkbox"/> Concurrent abuse of alcohol or illicit drugs <input type="checkbox"/> Repeatedly seeking prescriptions from other clinicians or ERs without informing PCP <input type="checkbox"/> Evidence in deterioration in ability to function at work, with family, or socially <input type="checkbox"/> Evidence of loss of control of drug use			
Any yellow flag behaviors? (check all that apply) <input type="checkbox"/> Anger or irritability when questioned closely about pain <input type="checkbox"/> More concern about medications than about underlying medical problem <input type="checkbox"/> Refusal to use generics/requests for specific drugs <input type="checkbox"/> Aggressive complaints about the need for more drug <input type="checkbox"/> Seeking prescriptions from ED or other provider 1-2 times <input type="checkbox"/> Drug hoarding <input type="checkbox"/> Resistance to change in therapy <input type="checkbox"/> Stealing drugs from others <input type="checkbox"/> Obtaining prescription drugs from nonmedical sources <input type="checkbox"/> Injecting, snorting or smoking oral formulations <input type="checkbox"/> Concurrent abuse of alcohol or illicit drugs <input type="checkbox"/> Repeatedly seeking prescriptions from other clinicians or ERs without informing PCP <input type="checkbox"/> Evidence in deterioration in ability to function at work, with family, or socially <input type="checkbox"/> Evidence of loss of control of drug use			
Any other important information?			

**Conversion chart:**

<b>Opioid</b>	<b>Dose</b>	<b>Morphine Equivalents</b>	<b>Formula (morphine equivalents per mg of opioid)</b>
<b>Codeine</b>	200 mg	30 mg	0.15
<b>Fentanyl transdermal</b>	12.5 mcg/h	30 mg	2.4 mg morphine for every mcg fentanyl
<b>Hydrocodone</b>	30 mg	30 mg	1
<b>Hydromorphone</b>	7.5 mg	30 mg	0.25
<b>Oxymorphone</b>	10 mg	30 mg	0.33
<b>Oxycodone</b>	20 mg	30 mg	0.67
<b>Methadone</b>	no standard conversion dose		

Total morphine equivalents of current regimen: \_\_\_\_\_

**Opiate Oversight Committee Recommendations**

<b>Pain</b>	
<b>Recommended Medication Changes</b>	
	Recommended change to opioids or other controlled medications:
	Add anti-epileptic med for neuropathic pain (e.g. _____ )
	Add antidepressant
	Add NSAID/Tylenol
	Add topical (lidocaine gel, capsaicin)
	Add immune modulators (e.g. _____ )
	Withdrawal symptom pack: Clonidine 0.1mg BID PRN malaise, anxiety. Loperamide PRN diarrhea. Ondansetron 4mg q8 PRN nausea. Trazadone 50mg nightly PRN insomnia.
	Naloxone prescription
<b>Recommended procedures or referrals</b>	
	Joint injection
	Trigger point injection
	Rheum referral
	Orthopedics referral
	Neurosurgery referral
	Epidural steroid injection (only indicated with radiculopathy)
	Mt. Zion pain clinic for local block or pump
	Ice and/or heat
<b>Movement based</b>	
	Physical therapy
	Supervised/graded physical activity
<b>Behavioral and Psychological</b>	
	Individual therapy
	Spine health group
	Chronic pain group
	Pelvic pain group
	Depression/anxiety group
	Social engagement plan
	Pacing
<b>Complementary and Alternative (see referral resource)</b>	
	Counterstrain
	Acupuncture
	Chiropractic
	Meditation Class
	Yoga, Tai Chi, Other: _____
<b>Diagnostics</b>	
<b>Substance Use Disorder</b>	
	Taper opiates over _____ months
	Immediately discontinue prescription
	Make prescribing contingent on entry into residential treatment
	Buprenorphine treatment
	Methadone treatment
	TAP referral
	Referral to needle exchanges
	Safe injection counseling, harm reduction counseling
	Recommend naloxone training at needle exchange <a href="http://www.sfaf.org/client-services/health-services/syringe-access/site-schedule.html">http://www.sfaf.org/client-services/health-services/syringe-access/site-schedule.html</a>
	Prescribe naloxone intranasal