

## Georgia Society of Interventional Pain Physicians

### FAQ's Regarding New Georgia Medical Board Pain Management Rules

There have been many questions related to the "New Pain Medication Regulations" that were enacted by the Georgia Composite Medical Board earlier in 2012. In most cases, the myths and urban legends are far removed from the facts. Our GSIPP Board of Directors is proud to have two physicians who also hold positions with the Georgia Composite Medical Board. Below are a few FAQ's that help explain some of these new rules. The exact regulations (see links below) should be downloaded and read by everyone as these rules are the current standard. The FAQ's below are GSIPP's attempt to simplify things a bit. Much like H&R Block can give tax guidance, the IRS regulations are the final rules. So please download and read these new rules.

Q. Which patients do these new rules pertain to?

A-- Any patient that is being treated for greater than 90 days for pain with Schedule II or Schedule III medications. The new regulations exclude cancer pain, hospice, nursing home, perioperative or in-patient hospital patients.

Q. Can only pain physicians prescribe narcotics now?

A-- This is Urban Legend #1. All appropriately licensed GA providers with a DEA number may continue to prescribe Schedule II and III medications acutely, or chronically in the treatment of pain. However, when prescribing these medications for 'chronic pain' lasting more than 3 months, the new regulations are asking for some very basic and very reasonable additional documentation

Q. What needs to be in my medical record to "keep me safe"?

A-- There must be an initial evaluation to include medical history, physical examination and informed consent. Very simple and reasonable. We do this everyday, and the medical record simply needs to show an appropriate history, examination, and medical decision making to prescribe the above medications.

Q. A patient moves from another state and makes a new patient appointment seeking a new PCP. She is taking 3 hydrocodone per day to

treat her end stage osteoarthritic knees. She is not a surgical candidate because of COPD and other co-morbidities. She wants me to take over prescribing ALL of her medications, including the hydrocodone. Can I do this?

A-- Certainly. Taking on a new patient who has pain, is no different than taking on a new patient with COPD. We must perform an appropriate H&P (as above), form our own assessment as to whether the previous physician was treating your new patient in a reasonable fashion, and review old records/order new tests as indicated.

It is NOT reasonable to accept a patient who is taking controlled substances and simply continue to refill the same based on history alone. Diligent effort must be made to obtain pertinent prior records. If appropriate diagnostic tests can't be found from previous records then these must be ordered.

Q. Do I have to see my patients monthly for their medications?

A-- This is an important question with several different implications. Firstly, you need to see your patient as often as needed to assure efficacy of therapy and compliance with therapy. This could be weekly or it could quarterly. Secondly, the new regulations state the patient needs to be seen at least every 3 months to document efficacy and compliance UNLESS HARDSHIP IS DOCUMENTED IN CHART. The definition of "hardship" is left to physician's discretion. Thirdly, these new regulations do not override current DEA rules on writing prescriptions for Scheduled medications.

Q. What are examples of various monitoring tools to help document compliance?

A—Monitoring includes things as simple as calling the patient's pharmacy or querying the state prescription drug monitoring database (which should be active in Georgia by the end of 2013-more on that later when details are available). Monitoring also includes body fluid analysis (urine, serum, saliva, sweat) and use of "pill counts". The new regulations state that monitoring of some type (appropriate for patient) must occur at least every 3 months to help document compliance.

Q. Tell me more on body fluid monitoring?

A-- Body fluid monitoring as stated above can include urine, serum, saliva,

and sweat analysis. Typically urine is the easiest to collect and gives a better picture of what the patient has taken over the previous 3-5 days. Body fluid monitoring must be performed randomly as part of your periodic monitoring. Again, this applies to all patients being prescribed Schedule II and III pain medications on a regular basis for greater than 3 months. These fluids can be processed in your office with appropriate testing kits, or sent out to your lab of choice as you would a routine UA. Several lab testing companies specialize in urine drug testing for controlled substances with more specific analysis with quantifiable drug levels. In many cases, the results from specialized reference companies are far more useful than the results you may receive from one of the 2 large lab companies commonly used for lab testing in Georgia. GSIPP can provide names of these specialty reference labs upon request.

Q. Ouch, the lab test result was abnormal, what do I need to do?

A-- If abnormal results occur, this should be recorded in the medical record as well as the physician's response. Remember, an 'abnormal' result does not mandate 'firing' a patient. Certainly there are warnings, second chances, reasonable explanations, etc. that may be quite appropriate as long as it is documented.

Q. Does everyone need specialty CME to prescribe pain medications?

A-- If greater than 50% of a physician's practice is being treated with Schedule II or Schedule III medications, then competence must be demonstrated by having ABMS recognized certification in pain management or palliative medicine. If not board certified, then the physicians must obtain 20 hours of CME pertaining to pain management or palliative medicine biannually. GSIPP provides such CME courses for all Georgia medical providers.

Below are the four relevant links to the Georgia Composite Medical Board pain management rules. Remember, these are the official rules, the GSIPP Pain Rules FAQ's above must be deemed as unofficial.

[Pain Management FAQs \(Updated August 2012\)](#)

[Pain Management Rules-Adopted JAN2012](#)

[Unprofessional Conduct Defined-Adopted JAN2012](#)

[Physician Assistants Rules-Adopted JAN2012](#)