

Dealing with the Long-Term Drug Dependent Patient  
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There may be no more difficult or frustrating patient than the patient in need of long-term treatment with opiates or other controlled dangerous substances. Often the patient presents a very sympathetic picture, in chronic pain, debilitated, and dependent upon the physician for relief. Often the patient has an objectively verifiable condition, and a compelling need for the medication. Equally often, the pain is not objectively verifiable, but the physician must rely upon the patient's history and complaints which can also evidence a compelling need for the medication.

Almost always, the patient seeking the drugs is well-dressed, well-groomed, often well-educated and successful. Put another way, the patient is anything but your stereotypical drug addict.

Invariably, the physician wants to provide care and relief, but strict regulations prohibiting inappropriate or indiscriminate prescribing of controlled drugs may well place the patient's best interests in conflict with those of the physician. Treating the congenial patient seeking drugs can place the physician's license in jeopardy if it's later determined that the patient had no greater medical justification for the drugs than the street addict. How is a physician to know? All too often that information is first learned when the physician becomes subject to an investigation by his or her medical licensing board, the DEA, the local prosecutor, or the police.

So, how does a physician provide appropriate care to a patient, without placing his own license and practice in jeopardy? As with most other medical/legal questions, the answer lies mostly with documentation.

When treating a patient with controlled substances, for an extended period of time, a physician should have a record of the patient's complete medical history, and a complete physical examination. The record should include an assessment of physical and psychological function, underlying or coexisting diseases or conditions, any history of substance abuse and the nature, frequency and severity of any pain. It should also include a recognized medical indication for the use of the controlled substance;

When prescribing, be sure to include in the record the name of the controlled drug, the dosage, strength and quantity being prescribed, and the instructions given as to frequency of use. When renewing a prescription, be sure that sufficient time has elapsed from the prior prescription to assure that the patient has not been exceeding the dosages prescribed. Using more medication than prescribed is a significant indication of non-compliance and that the patient may be a problem.

If medication is being prescribed for chronic pain, some experts advise, and some states require, that the physician consider, at least at three month intervals, whether the medication should be continued, giving due weight to the patient's progress or lack thereof, along with any new information concerning the etiology of the pain.

Consideration should also be given to treatment objectives. What is the patient's long-term prognosis. How long with the drug treatment continue? What efforts have been made to find alternative sources of pain relief? These factors should all be well documented in the patient's chart.

If treatment objectives are not being met, consideration should be given to whether continued treatment with CDS is appropriate, or a trial of other drugs or treatment modalities should be undertaken. Consideration should also be given to referring the patient for independent evaluation or treatment.

To mitigate against physical and psychological dependence, unless clinically contraindicated, efforts should also be made to either stop the use of the controlled substance, decrease the dosage, try other drugs such as nonsteroidal anti-inflammatories, or other treatment modalities, in an effort to reduce the potential for abuse or the development of physical or psychological dependence.

Any physician treating a patient with controlled substances must remain alert to the possibility that CDS may be misused or diverted. When treating a patient with a history of substance abuse extra care, by way of monitoring, documentation and possible consultation with addiction medicine specialists, should also be considered, as well as the use of an agreement between the physician and the patient concerning controlled substance use and consequences for misuse.

In addition, the use of scheduled drugs for purposes of "detoxification" or "maintenance treatment" is generally a bad idea, unless conducted as part of a narcotic treatment program. Many states require special training and registration to operate such program, and prohibit physicians not so registered from engaging in detoxification or maintenance treatment. Some states have additional requirements when prescribing amphetamines, sympathomimetic amines and anabolic steroids.

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