

Station #: N/A

Patient Information

Name: Dana Johnson (gender/ethnic neutral)

Age: as SP appears (range 30-50)

Marital Status: married

Children: yes

Occupation: Construction (Carpentry, roofing, plowing snow)

Pain complaint: Low back pain, started 2-3 months ago.

Setting: The patient is a construction worker seeing you in Family Medicine clinic. You evaluated the patient initially 2 months ago as he /she was injured at work. You treated the patient with hydrocodone-acetaminophen 5/325 mg 1-2 q 4 hrs as needed for pain #30 for a 7 day supply then #80 for a 3 week supply. The patient continued to complain of pain and 2-3 weeks later you increased this to 10/325 mg 1-2 q 4 hrs as needed for pain #80 and ordered an MRI (report in folder) which was unremarkable. You referred to Physical Therapy. Pt. returns with ongoing symptoms. You have the MRI results to review at this visit (see report). Physical exam findings have been normal throughout. The patient has presented earlier than expected as they have run out of Vicodin.

Learner tasks:

1. Discuss how the patient has been treating the pain and the impact on life/work.
2. Discuss the MRI results.
3. Perform a risk assessment for the misuse of prescription opioids using the Opioid Risk Tool (ORT) and assessing personal and family mental health and substance use histories.
5. In a non-judgmental conversation, communicate to the patient your assessment that the risks outweigh the benefits associated with ongoing use of opioid pain medication.
6. Create and prescribe a non-opioid treatment plan for his pain, including NSAIDS and other non-opioid analgesics, cognitive behavioral therapy, mindfulness meditation, stretching, physical therapy and core strength training, activity and rest cycles.
7. Discuss strategies for patient to self-manage his condition in safer ways and set short-term goals to help monitor his progress in follow up visits.
8. Discuss safe-storage: encourage patient to get a lockbox.

Use this space to record feedback to provide to interviewer and also collect points to support ongoing review and learning.

Notes/Observations:

+

Δ

Key Points:

- Simple, evidence-based tools are efficient to help assess patient risk for substance use disorder and develop a treatment plan (ex. include single question screening tool, PHQ2, Opioid risk tool, PMP)
- All pain treatment plans should consider non-pharmacologic and pharmacologic (both opioid and non-opioid) treatments-stretching, PT, ice/heat, core strengthening and impact on function/work.
- Providers should take a compassionate, non-judgemental stance in sharing their decisions not to prescribe opioids due to excessive risks to their patients.
- It is important for prescribers to manage patient expectations when initiating assessment and treatment plans. In this case an MRI without objective evidence of tissue damage impacts treatment planning but does not reflect on the patient's experience of pain. In addition, when initiating opioid treatment prescribers should discuss likely timeframe for maintaining the prescription.