Prescribing Controlled Substances

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About this Presentation

• Overview of Medical Board structure
• Grounds for Board action related to prescribing issues
• Controlled Substance Rule overview
• Importance of medical record documentation
• Case Study summaries
About the Medical Board

• State regulatory agency

• 12 Board members appointed by Governor
  7 MDs, 1 DO, 1 DPM, 3 consumers

• Board meets monthly

• Staff of 87 overseen by Executive Director

• $8.1 million annual budget; all monies from licensure and renewal fees
Medical Board
Mission

To protect and enhance the health and safety of the public through effective medical regulation
Core Services of Medical Board

- Licensure
- Complaint investigations
- Disciplinary action
- Probationary monitoring
- Educational outreach
# Medical Board Licensees

Over 60,000 professionals, including

<table>
<thead>
<tr>
<th>Profession</th>
<th>Licensees</th>
</tr>
</thead>
<tbody>
<tr>
<td>Medical Doctors</td>
<td>36,914</td>
</tr>
<tr>
<td>Doctors of Osteopathic Medicine</td>
<td>4,908</td>
</tr>
<tr>
<td>Doctors of Podiatric Medicine</td>
<td>960</td>
</tr>
<tr>
<td>Licensed Massage Therapists</td>
<td>11,308</td>
</tr>
<tr>
<td>Physician Assistants</td>
<td>1,994</td>
</tr>
<tr>
<td>Anesthesiologist Assistants</td>
<td>153</td>
</tr>
<tr>
<td>Acupuncturists</td>
<td>156</td>
</tr>
<tr>
<td>Cosmetic Therapists</td>
<td>196</td>
</tr>
<tr>
<td>Doctors in training</td>
<td>5,129</td>
</tr>
<tr>
<td>Radiologist Assistants</td>
<td>6</td>
</tr>
</tbody>
</table>
Regulatory Authority

Chapters 4730, 4731, 4760, 4762 & 4774 of the Ohio Revised Code

Chapters 4730, 4731 & 4774 of the Ohio Administrative Code

Medical Board interprets & enforces statutes and rules
Who Else is Watching?

- DEA
- Inspector General (USHHS)
- Ohio Attorney General
- Ohio Industrial Commission
- Peer Review bodies
- Ohio Pharmacy Board
- Local & regional law enforcement
- Plaintiff’s bar
- Managed care; third party payers
Section 4731.22, O.R.C.

Lists 40 distinct grounds for disciplinary action by the Medical Board
Failure to maintain minimal standards applicable to the selection or administration of drugs, or failure to employ acceptable scientific methods in the selection of drugs or other modalities for treatment of disease.
4731.22 (B)(3), O.R.C.

• Providing drugs for other than legal and legitimate therapeutic purposes or..

• Conviction or intervention in lieu of conviction for any drug offense
Criminal Acts

Conviction of, or a Board finding of commission of, a felony; a misdemeanor committed in the course of practice; or a misdemeanor involving moral turpitude 4731.22 (B)(9) through (B)(14), O.R.C.
4731.22 (B)(20), O.R.C.

Violation of Board Statutes or Rules
The Medical Board’s Controlled Substances Rules

Chapter 4731-11, O.A.C.
Prescribing Controlled Substances

- Always consider potential for abuse and diversion  
  Rule 4731-11-02(C)

- Maintain complete and accurate records – record all prescriptions  
  Rule 4731-11-02(D)
Medical records must accurately:

• reflect examination, evaluation, and treatment
• reflect utilization of any controlled substances in patient treatment
• indicate diagnosis & purpose for which the controlled substance is utilized, and
• additional information upon which the diagnosis is based
#1 - Records were little more than lists of drugs prescribed

#2 - Doctor’s handwriting was so bad, even he couldn’t read it!
Prescribing Controlled Substances

• Comply with prescription issuance and labeling laws, and federal drug laws
  Rule 4731-11-02(E)

• Never prescribe a schedule II controlled substance to treat obesity
  Rule 4731-11-03 (B)
Prescribing Controlled Substances

• If you use controlled substances to treat obesity, learn and follow the special requirements
  Rule 4731-11-04

• Never prescribe drugs to enhance athletic ability
  Rule 4731-11-05
• **NEVER** self-treat using a controlled substance, and...

• Never treat a family member using a controlled substance except in an emergency

Rule 4731-11-08
Case Study #3 - Family Prescribing

License suspended after doctor prescribed narcotics to a family member.

Doctor wrote the prescriptions; picked up the medications from the pharmacy and gave the medication to his family member.

Doctor created fictitious "medical records"
Prescribing Controlled Substances

Never provide a controlled substance or a prescription drug to a person you have never physically examined

Rule 4731-11-09
Prescribing for other than legitimate medical purpose is a criminal violation.
Case Studies #4 and #5 - Convictions

#4 License revoked based on doctor’s illegal provision of Demerol to himself & his wife – multiple misdemeanor counts for failure to keep records and prescribing to an addict

#5 License revoked based on doctor’s illegal prescribing of drugs in exchange for sexual favors; felony drug convictions
Ohio Automated Prescription Reporting System

a prescription monitoring program overseen by Ohio Board of Pharmacy
OARRS

- OARRS contains dispensing information for all controlled substances (schedules II – V), carisoprodol products and tramadol products within the past 2 years.

- Physicians may register for OARRS access to review patient prescription history reports.

  www.ohiopmp.gov for registration information to obtain a user name and password.
Patient prescribing report requested on-line; turn around time is about 15 seconds for report.

It takes up to 10 days from the date the prescription was dispensed until it appears on the OARRS report.

OARSS reports should be used to supplement a patient evaluation, confirm a patient’s drug history, or document compliance with therapeutic regimen.
The Medical Board’s
Pain Management
Rules

Chapter 4731–21, O.A.C.
Medical Board Pain Rules

Intractable pain is not

- Pain associated with a terminal condition,
  or
- Pain associated with a disease that may be expected to result in a terminal condition
Pain Rules apply only to . . .

Treatment on a protracted basis

Use of amounts & combinations of drugs that may not be appropriate in other conditions

For example:

• Using doses far exceeding PDR’s usual recommended dosage

• Adding opioids for breakthrough pain
Treating Intractable Pain
Initial Evaluation
4731-21-02, O.A.C.

• Patient history, including alcohol & substance abuse
• Assessment of pain impact on function
• Review of previous studies & therapies
• Assessment of coexisting illnesses
• Physical exam
Medical Diagnosis

Document presence of intractable pain

Identify signs, symptoms & causes

• Nature of underlying disease
• Pain mechanism
Individualized Treatment Plan

Specify medical justification for drugs and role of drug therapy

Document drugs that did not succeed, adjust drug therapy

Document response

Modify treatment plan as necessary
Evaluation by Specialist

• Must specialize in treatment of anatomic area, system or organ perceived as pain source

• Evaluator must review prior treatment records & prepare written report

• Referring physician must keep copy of specialist’s report

• May assume patient’s care, but usually acts as a consultant
Evaluation not required ...

if patient had prior satisfactory evaluation within reasonable time

if treating physician has records of prior evaluation
Informed Consent

- Obtain from patient or person having authority to consent
- Inform of benefits & risks of treatment
- Inform of treatment alternatives
- Document in patient record
Be Sure to Document

✓ need for using more than one controlled substance in pain treatment

✓ patient’s name & address, dates, amounts, dosage forms & refills of all prescription drugs
Other Considerations

• Consider Pain Contract with patient
  – Consequences of non-compliance
  – Expectation of refills & follow-up visits

• Consider urine sample for drug screening to confirm patient’s use

• Ohio Automated Prescription Reporting System (OARRS) report
Patient Follow-Up

- Periodically assess treatment efficacy
- Assure drug therapy still indicated
- Evaluate progress toward treatment objectives
- Note functional ability & quality of life
- Consider drug screens
- Consider OARRS report review
Obtain Objective Measures

- Ability to engage in work
- Pain intensity & interference with life
- Family & social activities
- Physical activity
Suspected drug abuse?

Physician may obtain a drug screen if there are indications of drug abuse

Consult with substance abuse specialist

If recommended by specialist, refer patient for formal consult
If drug abuse suspected

• Continue therapy consistent with specialist’s recommendations
• Continue to monitor for signs of abuse
• Keep copy of any report from consultant
• If termination of patient is considered, refer to Rule 4731-27, OAC
Tolerance and physical dependence do not always equal addiction or require cessation of opioid therapy.
Medical Board website has links to:

- Controlled Substances Rules
  (Chapter 4731-11, OAC)

- Pain Rules (Chapter 4731-21, OAC)

- Policy – *Office-based Treatment of Opioid Addiction*
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