

New Mexico Medical Board



NEWLY REVISED RULES FOR THE MANAGEMENT OF PAIN WITH CONTROLLED SUBSTANCES

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Background



- **New Mexico Medical Board:**
 - Original Guidelines “Prescribing for Pain” - 1996
 - Has had rules in place on the treatment of pain since 2003
 - Uses these rules to assess licensees for injudicious prescribing and has taken action on the most egregious prescribers
 - Regulates medical doctors and physician assistants

Background



- **Senate Bill 215, passed in February 2012, amended the Pain Relief Act**
 - Practice must substantially comply with accepted guidelines including rules issued by the board
 - All licensees with a DEA must do CME's on non-cancer pain management.
 - Created the “Prescription Drug Misuse and Overdose Prevention Advisory Council”
 - Other boards (nurse practitioners, osteopaths, midwives, board of pharmacy) will also be promulgating rules

Background



- The New Mexico Department of Health and HM77 Prescription Drug Abuse and Overdose Task Force prepared and presented recommendations for the prescribing of opioids in 2011
- Based on guidelines from the Utah Department of Health
- See: NM DOH website or <http://www.health.state.nm.us/pdf/opioids/NM%20Clinical%20Guidelines%20Opioids%20final%20120111.pdf>

Summary of Revised NMMB Rules



- **16.10.14.9 Pain management guidelines now called rules.**
 - **A. Proper treatment of pain is a legitimate and appropriate part of the practice of medicine. This includes treating pain in patients with addictions.**

Summary of Revised NMMB Rules



- B. When using controlled substances for pain:
 - ✦ 1. Do a physical exam, that includes:
 - any previous history of significant pain,
 - past history of alternate treatments for pain,
 - potential for substance abuse,
 - coexisting disease or medical conditions,
 - and the presence of a medical indication or contra-indication against the use of controlled substances.
- C. Be familiar with and use screening tools, use a variety of modalities to treat pain, and use an integrative approach to pain management

[Sample screening tools can be found at:](http://www.health.state.nm.us/pdf/opioids/NM%20Clinical%20Guidelines%20Opioids%20final%20120111.pdf)

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Summary of Revised NMMB Rules



- 3. Document an individualized treatment plan with objectives, including how pain relief and improved function will be measured.
- Include plans for additional testing, consultation, referral and other treatment modalities.
- 4. Discuss and document the risks and benefits of using controlled substances with the patient.

New regulations are underlined.

Summary of Revised NMMB Rules



- **5. Complete and accurate records of care provided and drugs prescribed shall be maintained.**
 - Document the name of the drug, quantity, prescribed dosage and number of refills authorized shall be recorded.
 - Prescriptions for opioids shall include indications for use.
 - For chronic pain patients treated with opiates use a written agreement for treatment with the patient outlining patient responsibilities.
 - As part of a written agreement, chronic pain patients shall receive all chronic pain management prescriptions from one practitioner and one pharmacy whenever possible.

Summary of Revised NMMB Rules



- 6. Patients must be monitored, with a documented update at least every 6 months. Consider the use of consultants expert in pain control when indicated by the patients condition.
- 7. If, in a practitioner's medical opinion, a patient is seeking pain medication for reasons that are not medically justified, the practitioner is not required to prescribe controlled substances for the patient.
- C. Pain management for patients with substance use disorders shall include:
 - (1) a contractual agreement;
 - (2) appropriate consultation;
 - (3) drug screening when other factors suggest an elevated risk of misuse or diversion; and
 - (4) a schedule for re-evaluation at appropriate time intervals at least every six (6) months.

Summary of Revised NMMB Rules



- **D. The board will evaluate the quality of care based on:**
 - -appropriate diagnosis and evaluation;
 - -appropriate medical indication for the treatment prescribed;
 - -documented change or persistence of the recognized medical indication;
 - -follow-up evaluation with appropriate continuity of care.
 - - the validity of prescribing will be based on the practitioner's treatment of the patient and on available documentation, rather than on the quantity and chronicity of prescribing.

- **The goal is to control the patient's pain for its duration while effectively addressing other aspects of the patient's functioning, including physical, psychological, social, and work-related factors.**

- **E. The board will review both over-prescription and under-prescription of pain medications using the same standard of patient protection.**

Summary of Revised NMMB Rules



- **16.10.14.10 PRESCRIPTION MONITORING PROGRAM (PMP) REQUIREMENTS:** The intent of the New Mexico medical board in requiring participation in the PMP is to assist practitioners in balancing the promotion of the safe use of controlled substances for the provision of medical care and services with the need to impede illegal and harmful activities involving these pharmaceuticals.
- A. All licensees with a NM CS registration shall register with NM PMP.
 - (note- now also a board of pharmacy rule)
- B. A PMP report must be pulled on any new patient being prescribed opiates for more than 10 days, and should be re-checked every 6 months.

Website for PMP:

http://www.rld.state.nm.us/boards/Pharmacy_Prescription_Monitoring_Program.aspx

Pain Management Continuing Education



- **Immediate 5 CME units course on;**
 - Review of these rules
 - Pharmacology and risks of controlled substances
 - Basic awareness of the problems of abuse, addiction and diversion
 - Awareness of state and federal regulations for the prescription of controlled substances
 - Completed by July 1, 2014
- **Applicability of specific CME's to this requirement is subject to board approval**
- **Subsequent requirement of 5 CME's on pain management for each 3 year renewal cycle (as part of total of 75 CME's needed for renewal)**

Key Points



- **NMMB supports the proper treatment of pain**
- **Patients must be properly assessed, informed, and treated, and this must be documented**
- **The PMP should be used, especially for chronic opioid prescribing**
- **Pain management CME's are now required**
- **NMMB has regulations in place that will be used to assess if a practitioner is engaging in injudicious prescribing that will require intervention by the board**