Controlled Substance Prescribing for Chronic Non-Malignant Pain

BlueCross BlueShield of Tennessee

Applies to: All BCBST Lines of Business

Audience: Clinical Risk Management Department

Purpose: To provide BCBST’s guidelines for controlled substance prescribing for treatment of chronic non-malignant pain

Policy: BCBST supports medically appropriate controlled substance prescribing for chronic non-malignant pain. Controlled substances include those drugs in Schedules I – V of the federal and Tennessee statutes, as existing and hereinafter amended, identifying controlled substances for the purpose of regulating their manufacture, prescription, sale, or use. When a controlled substance is prescribed for the treatment of chronic non-malignant pain, the practitioner should keep accurate and complete records which should include documentation of the following:

- Member medical history including chief complaint, history of present illness, past medical history, social history, family history, and review of systems
- Physical examination including examination of the body part where the pain is located
- All evaluations and consultations
- A formal Risk Assessment for aberrant behavior associated with opioid misuse using the tools recommended in the Tennessee Department of Health’s “Tennessee Chronic Pain Guidelines” which are in effect at the time of the controlled substance prescribing
- Specific treatment objectives including written evidence that there has been pain reduction and improvement in function with the use of controlled substances
- Evidence of the underlying pathology to support chronic controlled substance prescribing
- Use of/or contraindications of ongoing conservative treatment modalities
• Evidence of discussion of risks of controlled substances and written informed consent signed by the member and practitioner
• Written pain contract (signed and dated by the member annually) outlining member responsibilities and consequences of not meeting those responsibilities
• Current and continuously updated medication list that includes documentation of each controlled substance prescribed, the date(s) prescribed, the dosage and frequency, and the quantity prescribed
• Statement of the reasons for prescribing combinations of different controlled substances with documentation of consultations from a behavioral health practitioner when benzodiazepines are prescribed for more than two weeks to a member receiving chronic opioid therapy.
• Urine drug testing with supporting written evidence of results and discussion of all aberrant screens with the member
• Pill counts with documentation showing the quantity of pills remaining of each controlled drug prescribed
• Evidence that the Controlled Substance Monitoring Database has been appropriately monitored and written evidence of discussion of all discrepancies with the member

Network practitioners who prescribe controlled substances and do not comply with these guidelines are subject to disciplinary action by BCBST that may include credentials revocation, network contract terminations, and a report filed with the National Practitioner Data Bank (NPDB) or other entities mandated by law.

References:

Tennessee Department of Health’s “Tennessee Chronic Pain Guidelines”
Guidelines for the Chronic Use of Opioid Analgesics (Adopted as policy by the Federation of State Medical Boards)
CDC Guideline for Prescribing Opioids for Chronic Pain