

Prescribing Controlled Substances



If You Prescribe Controlled Substances, You Need to Read This

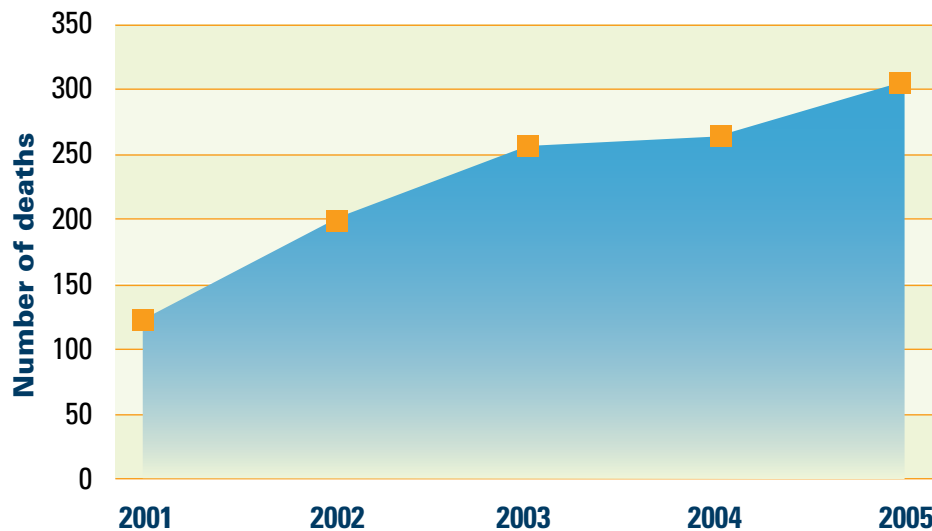
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You are at your desk about to write a prescription for hydrocodone and you don't feel quite right about it. The patient is giving off some vibes - "red flags" - that make you think they may not be telling you the truth, but their condition certainly warrants aggressive pain relief. Wouldn't it be great if there was a simple way to check if this patient has received controlled substances from another provider recently?

You may not be aware of it, but a new tool is available to do just that. The legislature passed law 90-113.70 North Carolina Controlled Substances Reporting System Act in 2005. "This created a statewide reporting system to improve the state's ability to identify people who abuse and misuse prescription drugs classified as Schedule II-V controlled substances. It is also meant to assist clinicians in identifying and referring for treatment patients misusing controlled substances. The NC Commission for, and the Division of, Mental Health, Developmental Disabilities and Substance Abuse Services make rules and manage the program."

The number of deaths related to narcotics has increased markedly in the last few years. Unfortunately, most of these deaths are related to prescription medications. Deaths related to just methadone have increased 3 fold since 2001. (See the graph below)

**NC Methadone Poisoning Deaths by County of Residence:
2001-2005**



The Controlled Substances Reporting Service (CSRS) is easily accessed by website and can be used by all providers with a DEA number. The provider can search for their patient in the database and find all previous controlled substance prescriptions that have been filled in NC. The information available includes: medication dispensed, number of units dispensed, date of prescription, pharmacy name and location and the provider's name. The database is updated every 2 weeks.

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If your patient is trying to “game the system” or “Doctor Shop” to obtain narcotics, it will be quite evident when you check the website. Checking the database should significantly reduce diversion of medications, abuse and inappropriate combination of medications.

There are some caveats to remember when using the database. The legislature-in developing this law-was quite concerned about privacy issues. So the wording of the law actually makes it, more restrictive than HIPAA. It is very important to know what you can and cannot do with the information you get from the database. As strange as it sounds, you cannot discuss database information with another provider, even if that provider is taking care of said patient. It appears prudent to write your findings in the chart as your reason for not prescribing a medication or for dismissal from the practice, if that is the case.

If you have a narcotic contract or informed consent document-which is advisable if you are prescribing narcotics on a long-term basis -you may want to amend the contract to include checking this database and using the results to help direct treatment, wean medications or even as grounds for termination. Adding a clause stating that you can discuss the results with other providers if necessary for proper care may be warranted. This may provide additional protection - in case privacy concerns become an issue - but there is no official ruling on this suggestion.

If, like me, you are a Mac computer user, the Safari and Firefox browsers will not work. Only the 7 year old Internet Explorer browser will interact with the site. PC users should have no issues.

Now, when that questionable patient is waiting in the exam room, you have a tool-that in minutes-can help you decide if the prescription you are about to write is appropriate or not.

To sign up for this invaluable service, go to: <http://www.ncdhhs.gov/mhddsas/controlledsubstance/index.htm>

Mark Romanoff, MD is a pain physician at Southeast Pain and Spine Care and is a member of the Controlled Substance Reporting Service Advisory Board.

1 <http://www.dhhs.state.nc.us/MHDDSAS/controlledsubstance/index.htm> accessed on 8.10.08

2 <http://www.ocme.unc.edu/> Methadone Report accessed on 8.10.08

3 Personal communication with William Bronson, Program Director-CSRS-legal interpretation from NCMS.

4 North Carolina Medical Board Position Statement-Policy for the Use of Controlled Substances for the Treatment of Pain- <http://www.ncmedboard.org/Clients/NCBOM/Public/NewsandForum/mgmt.htm> -accessed 8.10.08

