

# Sussex Pain Relief Center Chronic Opioid Analgesic Therapy (COAT) Statement

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## Focus

- What is the etiology of the pain, and would non-opioid treatment suffice?
- Are there risk factors present that would make the use of opioids unsafe for this patient?
- What is the usual expectation for pain for this condition? Is my patient's response outside that expected range?
- Is there a medical justification for this dose of opioid, for this length of time, for this condition, in this patient?

## Patient Evaluation Tools

### Assessment Tools

- **SOAPP-R** for new patients (screening for opioid misuse/abuse),
- **COMM** for follow up patients (Current Opioid Misuse Measure)
- **PHQ-9** (screening for depression)
- **STOP BANG** (screening for OSA)

### Aberrancy Screening

- **PDMP- Prescription Drug Monitoring Program** – reviewed every visit
- **Urine Drug Testing: GCMS /(LC/MS-MS) Definitive Lab-Based UDT Panel**  
Compliance Drug Analysis, Targeted - 6 am, initial visit, Random every 4-6 months
- **MME: Morphine Milligram Equivalents: <50MME**, calculated every visit  
Maintain least effective dose policy
- **Random Pill Count** as needed

### Patient-provider Communication

- **Patient Treatment Agreements and Informed Consent (Pain Contract)**
- **Material Risk Notice , Medical Risks of Long-term Opioid Use**
- **Every 6 months**

### Assessing Progress

- **GBS - Global Pain Scale 0-100**, The GPS is a comprehensive assessment of pain evaluating pain, emotions, clinical outcomes, and daily activities.
- **ODI - Oswestry Disability Index** for back pain
- **SF 36-** for non back pain, **Quick Dash** for UE pain
- **PDQ – Pain Disability Questionnaire**

### Prescription protocol

- **30-day policy, 28-day appointments, no script for lost or stolen medications**
- **No medications will be prescribed unless medical necessity is established; patient had been treated for years with opioids are not considered as a medical necessity.**
- **Patient has to be evaluated in person before prescribing**
- **No medical marijuana or Suboxone prescribed**
- **CO-prescription of Naracn for any patients on any opioids( schedule 2,4)**