IT'S ABOUT PAIN

A monthly service of Kirkpatrick Family Care Vol. 6, #7 MARCH 2023

CATCHING THE CHEATERS

Most people agree that patients with chronic pain deserve improved pain and function. Washington State law (WAC 246-919-850) verifies this notion. But there are still medical professionals (including some doctors and pharmacists) and politicians who disagree. They believe many patients are diverting their meds—cheating. Everybody agrees that attempts to detect diversion are appropriate. But foolproof? Here's the skinny…

THE PMP

The Prescription Monitoring Program tallies all prescriptions for controlled substances (tranquilizers, sedatives, and opioids) in Washington and other states. Scripts are listed by patient, prescriber, date, pharmacy, and quantity of pills. At a glance, any clinician can see who, what, where, when, and how much. Theoretically, a cheater is obvious—multiple doctors (doctor shopping) and pharmacies (pharmacy shopping)—have always meant diversion. However, many "duplicate" practitioners are in the same clinic, or are urgent care or ER doctors providing a few pills for temporary use. Also, with today's supply chain issues, nearly half of patients have had to go to different pharmacies because their usual drugstore was totally out or could only provide a partial fill. Or maybe had only the patient's morphine extended release, but not their breakthrough hydrocodone.

In about 2015, the PMP showed a KFC patient getting full prescriptions from two clinics. He was fired by both. On the other hand, a case of double dipping turned out to be a matter of twins who had different doctors. *Verdict: Helpful, but not foolproof.*

THE PILL COUNT

Sounds simple. Call the patient and demand that they come to the clinic within 24 hours to have a supervised count of pills remaining in the bottle. If the count is off, the patient is diverting. The problem is that many patients' prescriptions have at least a degree of "PRN" in them. Taken "as needed" makes it hard to determine if pills are missing (i.e., diverted). Also, the cheater may claim the staffer took pills, resulting in a discrepancy.

In addition, the Pill Broker (PB) concept thwarts the pill count concept. The PB rents pills to the diverting patient so that the count is normal, then afterwards, the patient returns the pills to the PB and gets some of their money back. *Verdict: Helpful, but not foolproof.*

THE UDS

Urine drug screens are a mainstay in catching the cheaters, but the in-clinic tests, while cheap, are only 75-80% accurate. The full confirmation test is costly—over a hundred bucks. Furthermore, "inconsistent" (test doesn't match med list) tests can result from miscommunications regarding timing of doses, or situations in which the patient has run out of a "PRN" (as needed) medication. Or the staff may list a drug that has been discontinued due to side effects or failure to help, or accidentally exclude a drug added by phone between visits. Also, there can be confusion because of use of over-the-counter supplements and decongestants. Some cheaters use a "masking" substance or even submit somebody else's "clean" urine. *Verdict: Helpful, but not foolproof.*

See Reverse

THE WHISTLEBLOWERS

Doctor, an anonymous caller said our patient Johnny Doe is selling his prescriptions. Is this a real tip? Historically some such calls have been "payback" for declining to give/sell one's pills to a friend or acquaintance. Or a jilted lover getting revenge. Or just a prank. Even when the caller self-identifies, the whole complaint may be bogus. Or may not be bogus. *Verdict: Helpful, but not foolproof.*