Department of Labor and Industries
PO Box 44291
Olympia WA 98504-4291

OPIOID PROGRESS REPORT
CHRONIC, NON-CANCER PAIN

Billing code 1057M
Provider information on back

WORKER

Worker's Name	Worker's Signature	Today's Date	Claim Number

1. On average, how bad was your pain last week? (circle number)
   0= no pain 10= worst possible pain 0 1 2 3 4 5 6 7 8 9 10
2. What activities are most difficult because of pain? Activities may include sitting, standing, walking, reaching overhead, climbing stairs, etc.

   Pick 2 activities and mark the changes from your last doctor visit.
   Please use the same activities each time you complete this form.

Activity 1: _____ I can do: ☐ more ☐ less ☐ no change

Activity 2: _____ I can do: ☐ more ☐ less ☐ no change

PROVIDER

PROGRESS REPORT (check all that apply)

(circle number)

☐ Estimate worker's function on opioids 0 1 2 3 4 5 6 7 8 9 10

0= severe impact on function 10= returned to level of function prior to injury

☐ Worker has a signed opioid agreement within past 6 months
Last date of agreement._____ (If new agreement, please submit copy)

☐ Is there concern about opioid use? ☐ Yes ☐ No **If yes, check all that apply**

☐ Misuse ☐ Tolerance ☐ Dependence ☐ Toxicity/side effects

Have you requested a random drug test? If so, please submit a copy
Random drug screening is recommended and does not require pre-authorization

RECOMMENDATION/TREATMENT PLAN (check all that apply)

☐ Worker has reached maximum medical improvement (MMI)

☐ I will continue to prescribe opioids and monitor

☐ I have started to wean worker from opioids and will finish by _____

☐ I referred for pain management consultation to Dr. _____ Date: _____

☐ I need additional resources to assist me in managing this worker's pain. Please specify:

☐ Other (please explain)

SIGN

Signature: ☐ Doctor ☐ ARNP ☐ PA-C	Phone Number:	Date:
Print Name:	Provider or NPI Number :	

INSTRUCTIONS FOR OPIOID PROGRESS REPORT CHRONIC, NON-CANCER PAIN

BILLING TIPS:

- Complete relevant sections of the form.
- Send chart notes and reports as required.
- Make sure information is legible.
- Use billing code 1057M.

DOCUMENTATION TIPS:

- To measure function, ask the worker to describe the same activities at each visit.
- To estimate the worker's level of function consider all relevant data including:
  information that is self-reported – worker's response to activities, and
  information from another observer such as a consulting physician or a physical capacities examination by a physical therapist.
- Document any changes in the level of function and pain.

When prescribing opioids for chronic, non-cancer pain, the attending physician must submit this form, or an equivalent form giving the same information, at least every 60 days.

- Providers are encouraged to submit this form after each visit.
- A signed opioid agreement must be submitted every 6 months.
- L&I will not pay for opioids once the worker has reached maximum medical improvement for the accepted condition.

PAYMENT FOR OPIOID MEDICATIONS MAY BE DENIED FOR:

- Missing or inadequate documentation.
- Noncompliance with the treatment plan.
- No substantial improvement in pain and functional status after three months of opioid treatment.
- Evidence of misuse of opioids or other drugs, or noncompliance with the attending provider's request for a drug screen.

If you need more information:

On-Line: www.lni.wa.gov and search for opioids. WAC 296-20-03019 through WAC 296-20-03024.
www.agencymeddirectors.wa.gov for helpful resources to manage chronic non-cancer pain

Call: Provider Hotline: 1-800-848-0811

Send reports to:

State Fund: Dept of Labor and Industries – Claim Section
PO Box 44291, Olympia WA 98504-4291

FAX: Choose any number:

360-902-4292	360-902-4565	360-902-4566	360-902-4567
360-902-5230	360-902-6100	360-902-6252	360-902-6460

Self-Insurance: Contact the Self-Insured Employer/Third Party Administrator.
On-Line: www.lni.wa.gov/download/Selfins/Rpt4097d.txt

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OPIOID TREATMENT AGREEMENT

Patient Name: _____ **Claim No.** _____

Opioid (narcotic) treatment for chronic pain is used to reduce pain and improve what you are able to do each day. Along with opioid treatment, other medical care may be prescribed to help improve your ability to do daily activities. This may include exercise, use of non-narcotic analgesics, physical therapy, psychological counseling or other therapies or treatment. Vocational counseling may be provided to assist in your return to work effort.

I, _____, understand that compliance with the following guidelines is important in continuing pain treatment with Dr. _____.

1. I understand that I have the following responsibilities:
   a. I will take medications only at the dose and frequency prescribed.
   b. I will not increase or change medications without the approval of this provider.
   c. I will actively participate in RTW efforts and in any program designed to improve function (including social, physical, psychological and daily or work activities).
   d. I will not request opioids or any other pain medicine from providers other than from this one. This provider will approve or prescribe all other mind and mood altering drugs.
   e. I will inform this provider of all other medications that I am taking.
   f. I will obtain all medications from one pharmacy, when possible. By signing this agreement, I give consent to this provider to talk with the pharmacist.
   g. I will protect my prescriptions and medications. Only one lost prescription or medication will be replaced in a single calendar year. I will keep all medications from children.
   h. I agree to participate in psychiatric or psychological assessments, if necessary.
   i. If I have an addiction problem, I will not use illegal or street drugs or alcohol. This provider may ask me to follow through with a program to address this issue. Such programs may include the following:
      - 12-step program and securing a sponsor
      - Individual counseling
      - Inpatient or outpatient treatment
      - Other: _____

2. I understand that in the event of an emergency, this provider should be contacted and the problem will be discussed with the emergency room or other treating provider. I am responsible for signing a consent to request record transfer to this doctor. No more than 3 days of medications may be prescribed by the emergency room or other provider without this provider's approval.

3. I understand that I will consent to random drug screening. A drug screen is a laboratory test in which a sample of my urine or blood is checked to see what drugs I have been taking.

4. I will keep my scheduled appointments and/or cancel my appointment a minimum of 24 hours prior to the appointment.

5. I understand that this provider may stop prescribing opioids or change the treatment plan if:
   a. I do not show any improvement in pain from opioids or my physical activity has not improved.
   b. My behavior is inconsistent with the responsibilities outlined in #1 above.
   c. I give, sell or misuse the opioid medications.
   d. I develop rapid tolerance or loss of improvement from the treatment.
   e. I obtain opioids from other than this provider.
   f. I refuse to cooperate when asked to get a drug screen.
   g. If an addiction problem is identified as a result of prescribed treatment or any other addictive substance.
   h. If I am unable to keep follow-up appointments.

Provider:
Keep signed copy in file, give a copy to patient and send a copy to L&I. Must renew Agreement every 6 months.

Patient Signature	**Date**	**Provider Signature**	**Date**

PLEASE READ AND SIGN REVERSE SIDE

If you need more information visit www.lni.wa.gov and search for opioids.

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OPIOID TREATMENT AGREEMENT

Patient Name: _____ **Claim No.** _____

Your safety risks while working under the influence of opioids

You should be aware of potential side effects of opioids such as decreased reaction time, clouded judgment, drowsiness and tolerance. Also, you should know about the possible danger associated with the use of opioids while operating heavy equipment or driving.

Side effects of opioids

- Confusion or other change in thinking abilities
- Nausea
- Constipation
- Vomiting
- Problems with coordination or balance that may make it unsafe to operate dangerous equipment or motor vehicles
- Sleepiness or drowsiness
- Breathing too slowly – overdose can stop your breathing and lead to death
- Aggravation of depression
- Dry mouth

These side effects may be made worse if you mix opioids with other drugs, including alcohol.

Risks

- Physical dependence. This means that abrupt stopping of the drug may lead to withdrawal symptoms characterized by one or more of the following:
  - Runny nose
  - Abdominal cramping
  - Rapid heart rate
  - Diarrhea
  - Sweating
  - Nervousness
  - Difficulty sleeping for several days
  - Goose bumps
- Psychological dependence. This means it is possible that stopping the drug will cause you to miss or crave it.
- Tolerance. This means you may need more and more drug to get the same effect.
- Addiction. A small percentage of patients may develop addiction problems based on genetic or other factors.
- Problems with pregnancy. If you are pregnant or contemplating pregnancy, discuss with your provider.

Payment of medications

State law forbids L&I from paying for opioids once the patient reaches maximum medical improvement. You and your provider should discuss other sources of payment for opioids when L&I can no longer pay.

Recommendations to manage your medications

- Keep a diary of the pain medications you are taking, the medication dose, time of day you are taking them, their effectiveness and any side effects you may be having.
- Use of a medication box that you can purchase at your pharmacy that is already divided in to the days of the week and times of the day so it is easier to remember when to take your medications.
- Take along only the amount of medicine you need when leaving home so there is less risk of losing all your medications at the same time.

I have read this document, understand and have had all my questions answered satisfactorily. I consent to the use of opioids to help control my pain and I understand that my treatment with opioids will be carried out as described above.

Provider:
Keep signed copy in file, give a copy to patient and send a copy to L&I. Must renew Agreement every 6 months.

Patient Signature	Date	Provider Signature	Date

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