ANY PHYSICIAN WHO PRESCRIBES SCHEDULED II OR III SUBSTANCES FOR CHRONIC PAIN 3 FOR GREATER THAN 50% OF HIS/HER ANNUAL PATIENT POPULATION MUST DOCUMENT COMPETENCE TO THE BOARD

13. Any physician who prescribes Schedule II or III substances for chronic pain for greater than 50% of his/her annual patient population must document competence to the Board through certification or eligibility for certification in pain management or palliative medicine as approved by the Board. The Board has not stated if the 50% threshold is based on individual patients or patient encounters.

The Board recognizes certifications in pain medicine or palliative medicine by the American Board of Medical Specialties or the American Osteopathic Association, the American Board of Pain Medicine, and the American Board of interventional Pain Physicians.

If the physician does not hold this certification or eligibility, he/she must demonstrate competence by biennially obtaining 20 (twenty) hours of continuing medical education ("CME") pertaining to pain management or palliative medicine. Such CME must be an AMA/AOA PRA Category I CME, a board approved CME program, or any federally approved CME.

TOOLS & RESOURCES:
Medical Association of Georgia - http://www.mag.org
Georgia Composite Medical Board - http://www.medicalboard.georgia.gov
Prescribe Responsibly - http://www.prescriberesponsibly.com

3 Chronic pain is defined as pain requiring treatment that has persisted for a period of ninety days or greater in a year.

DOES THE PAIN MANAGEMENT RULE APPLY TO ME?
On January 6, 2012, the Georgia Composite Medical Board (GCMB) adopted explicit rules and additional guidelines regarding pain management. The rules became effective January 1, 2012. These changes codify certain practices as below minimum standards for the practice of medicine in Georgia. They are not meant to be all inclusive of the correct practice of medicine in prescribing pain medications. The Rules apply to:

► All Physicians who prescribe controlled substances for the treatment of pain and chronic pain.

If you prescribe controlled substances for the treatment of pain and chronic pain, the Rule applies to you.

If you prescribe controlled substances for the treatment of other medical conditions, this Rule does not apply to you. You should read and understand the Rules, which can be found at http://medicalboard.georgia.gov/sites/medicalboard.georgia.gov/files/Pain-Management-Rules.pdf.

REQUIREMENTS FOR PHYSICIANS WHO PRESCRIBE CONTROLLED SUBSTANCES OF ANY TYPE FOR THE TREATMENT OF PAIN AND CHRONIC PAIN

1. Follow all Federal and State laws regarding prescribing controlled substances.

2. Physicians cannot delegate the dispensing of controlled substances to an unlicensed person.

3. Physicians must be licensed to prescribe controlled substances.

4. Physicians must be acting in the usual course of professional practice.

5. Physicians must prescribe controlled substances for a legitimate medical purpose.

6. In prescribing controlled substances, use a prescription pad that complies with State law. Prescriptions for C2 pain medications must be on security paper with the approved seal. Prescription pads must be sequentially numbered. Computer-generated prescriptions do not require sequential numbering. Additional information on the use of security paper may be found at http://medicalboard.georgia.gov/sites/medicalboard.georgia.gov/files/MemotoPharms_re_securitypaperrev6-21-12.pdf.
7. When initially prescribing a controlled substance for the treatment of pain or chronic pain, a physician shall have:
   A. An appropriate medical history of the patient, which should include the location of the pain, description of the pain, the length of time of the symptoms, previous treatment modalities, and any response to previous treatment;
   B. An appropriate physical examination of the patient for the chief complaint shall have been conducted; and
   C. Informed consent shall have been obtained. However, in the event of a documented emergency, a physician may prescribe an amount of medication to cover a period of not more than 72 hours without a physical examination.

8. When a physician is treating a patient with controlled substances for pain or chronic pain for a condition that is not terminal, the physician shall obtain or make a diligent effort to obtain:
   A. Any prior diagnostic records relative to the condition for which the controlled substances are being prescribed; and
   B. Shall obtain or make a diligent effort to obtain any prior pain treatment records. The records obtained from prior treating physicians shall be maintained by the prescribing physician for a period of at least 10 years.

If the physician has made a diligent effort and is unable to obtain prior diagnostic records, then the physician must order appropriate tests to document the condition requiring treatment for pain or chronic pain.

If the physician has made a diligent effort and the prior pain treatment records are not available, then the physician must document the efforts made and shall maintain the documentation in the patient record.

9. When a physician determines that a patient for whom he/she is prescribing controlled substances is abusing the medication, then the physician shall make an appropriate referral for treatment for substance abuse.

10. You may not prescribe controlled substances to a known or suspected habitual drug abuser without substantial justification. This is a long-standing Board Rule.

11. Writing prescriptions for controlled substances for personal use or for immediate family members constitutes unprofessional conduct.

IN ADDITION TO THE ABOVE REQUIREMENTS, THE BELOW APPLIES TO PHYSICIANS WHO PRESCRIBE SCHEDULE II OR III CONTROLLED SUBSTANCES FOR 90 DAYS OR GREATER FOR THE TREATMENT OF CHRONIC PAIN ARISING FROM CONDITIONS THAT ARE NOT TERMINAL

12. When prescribing a Schedule II or III controlled substance for 90 days or greater for the treatment of chronic pain arising from conditions that are not terminal, a physician must have:
   A. A written agreement with the patient; AND
   B. Shall require the patient to have a clinical visit at least once every three (3) months to evaluate:
      i. The patient’s response to treatment;
      ii. Compliance with the therapeutic regimen through monitoring appropriate for that patient; and
      iii. Any new condition that may have developed and be masked by the use of Schedule II or III controlled substances.

The 90 days are cumulative not consecutive in a year.

The physician shall respond to any abnormal result of any monitoring and such response shall be recorded in the patient’s record. Be sure to explain your thinking.

Patients must be seen at least every 90 days. Monitoring requires any method to assure treatment compliance including, but not limited to, the use of pill counts, and pharmacy or prescription program verification. Monitoring must include a urine, saliva, sweat or serum test performed on a random basis. Random means that the patient should not be able to predict when he/she will or will not get a test.

Exceptions to the requirement of a clinical visit once every three (3) months may be made for hardship in certain cases and such hardship must be well documented in the patient record. Previous Board actions have suggested that patient convenience does not constitute hardship and is not a defense.

When a physician determines that a new medical condition exists that is beyond their scope of training, he/she shall make a referral to the appropriate practitioner. Previous Board actions have suggested that scope of training is viewed narrowly rather than expansively.

1 In the case of a patient enrolled in a licensed hospice setting, the physical examination may be performed prior to the referral to hospice by the referring physician and documentation of such would be adequate. If a completely new exam is required, that physical exam must be performed by a licensed healthcare provider and must be within the scope of practice of that licensed healthcare provider in the State of Georgia. (From the GCMB FAQ located at http://medicalboard.georgia.gov/board-adopts-pain-management-rules-issues-answers-frequently-asked-questions).

2 This is essentially the rule for all initial patient encounters for any reason.