

Prescription Drug Abuse Sample Case

Introduction

This case study presents information about a patient with chronic hip pain seeking a prescription for oxycodone. The details in the case are designed to prompt consideration of how to identify normal vs. aberrant medication-taking behavior and how to manage discussions with patients who exhibit signs of prescription drug misuse.

Case

- 42-year-old male with h/o total hip arthroplasty (THA) presented for 1st time visit with c/o hip pain
- One year ago displaced left femoral neck fracture requiring THA with subsequent chronic hip pain
- Pain managed by his orthopedist initially with oxycodone and more recently with ibuprofen
- Recent extensive reevaluation of his hip pain was negative

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Let's review a case which will highlight many important issues around the management of chronic pain using long-term opioids. A 42-year-old man with a history of total hip arthroplasty presented for first-time visit with complaints of hip pain. One year ago he had a displaced left femoral neck fracture requiring total hip arthroplasty with subsequent chronic hip pain. His pain was managed by his orthopedist, originally with oxycodone and more recently with ibuprofen. Recent extensive reevaluation of his hip pain was negative.

Case continued

- Requested that his orthopedist prescribe something stronger like “oxys” for his pain as the ibuprofen was ineffective
- Told to discuss his pain management with his primary care physician (you)
- On disability since his hip surgery and lives with his wife and 2 children
- Denies current or past alcohol, tobacco, or drug use

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He requested that his orthopedist prescribe something stronger like “oxys” for his pain, as the ibuprofen was ineffective. He was told to discuss his pain management with his primary care physician (you). He’s been on disability since his hip surgery and lives with his wife and two children. He denies current or past alcohol, tobacco, or drug use.

Case Continued

- Meds: Ibuprofen 800 mg TID
- Walks with a limp, uses a cane, vitals normal, 6 ft, 230 lbs
- Large, well-healed scar over the left lateral thigh/hip with no tenderness or warmth over the hip, full range of motion
- Doesn't want to return to his orthopedist because "he doesn't believe that I am still in pain"

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Currently, he's on ibuprofen 800 mg three times per day. He walks with a limp and uses a cane. His vitals are normal. He's 6 feet tall and weighs 230 pounds. He has a large, well-healed scar over the left lateral thigh and hip area with no tenderness or warmth over the hip. He has full range of motion. He doesn't want to return to his orthopedist, because "he doesn't believe that I'm still in pain."

Case Continued

- In summary, 42-year-old man on disability with chronic hip pain who is requesting “oxycodone”
- Is he drug seeking?
- Are opioid analgesics indicated?

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Summary: a 42-year-old man on disability with chronic hip pain who is requesting oxycodone.

The questions are: is he drug seeking and are opioid analgesics indicated?

Is the Patient “Drug Seeking?”

- Directed or concerted efforts to obtain medication
- It is difficult to distinguish...
 - ...inappropriate drug-seeking from...
 - ...appropriate pain relief-seeking

Vukmir RB. Am J Drug Alcohol Abuse, 2004.

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Is the patient “drug seeking”? “Drug seeking” is a directed or concerted effort to obtain a specific medication. It is difficult if not impossible to distinguish between *inappropriate* drug seeking and *appropriate* pain relief-seeking during the initial visit(s).

Group discussion – *were there any red or yellow flags in the case presentation?*

One Month Later

- He is currently taking oxycodone 5 mg 1 tablet every 6 hours (120/month) as you prescribed
- He rates his pain as “15” out of 10 all the time and describes no improvement in function
- Should you increase his dose of oxycodone?

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Let's return to the case presented earlier:

One month later: The patient is currently taking oxycodone 5 mgs, every six hours, 120 per month, as you have prescribed. He rates his pain as “15” out of 10 all the time and describes no improvement in function. Should you increase his dose of oxycodone?

Opioid Responsiveness/Resistance

- Degree of pain relief with
 - Maximum opioid dose
 - In the absence of side effects, e.g., sedation
- Not all pain is opioid responsive
 - Varies among different types of pain
 - Acute > Chronic
 - Nociceptive > Neuropathic
 - Varies among individuals

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It's important to remember that not all pain is opioid-responsive and that some pain is resistant to opioids. The way we define opioid-responsiveness is the degree of pain relief with maximal opioid dose in the absence of side-effects, mainly sedation. Opioid responsiveness varies among different types of pain:

- Acute pain is more responsive than chronic pain.
- Nociceptive (musculoskeletal) pain is more responsive than neuropathic pain.

There is also variability among individuals in terms of their responses to opioids for any given pain.

Pseudo-Opioid Resistance

- Some patients with adequate pain relief believe it is not in their best interest to report pain relief
 - Fear that care would be reduced
 - Fear that physician may decrease efforts to diagnose problem

Evers GC. Support Care Cancer, 1997.

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However, patients may be exhibiting **pseudo-opioid resistance**, which can occur when patients with adequate pain relief believe it is not in their best interest to report pain relief. Why is that? One reason involves fear that their care would be reduced. That is, they're getting benefit from the opioid, but as soon as they report that their pain has improved, their opioid dose will be decreased. A second reason involves fear that their provider will stop looking for what is causing their pain.

Case continued

- Transition to sustained release morphine and signed controlled substance agreement
- After a stable period of several months, he surprises you by presenting without an appointment requesting an early refill
- **Is he addicted?**

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Back to the case: The patient is transitioned to sustained-relief morphine, and he signed a controlled substance agreement. After a stable period of several months, he surprises you by presenting without an appointment and requesting an early refill. Is he addicted?