



Shasta Regional Medical Group

Dear Patient:

Improving the way opioids, such as Norco, Tramadol, etc., are prescribed by mid-level (Nurse Practitioners and Physician Assistants) providers utilizing clinical practice guidelines will ensure patients to have access to a safer, more effective, chronic pain treatment plan. The goal is to reduce the number of patients that misuse, abuse or overdose from these drugs.

- 1) Opioids are not first-line or routine therapy for chronic pain.
- 2) Non-opioid therapy should be used first for chronic pain.
- 3) Mid-levels will discuss availability of non-opioid therapies with patients.
- 4) All patients will need to sign a CSA (controlled substance agreement) to be prescribed any opioid or controlled medication (Xanax, Lorazepam, etc.).
- 5) All patients will be required to undergo drug testing initially, annually and at random times.
- 6) You may be required to purchase a prescription of Narcan (Naloxone) from your pharmacy (a drug that can reverse the effects of opioid overdose).
- 7) Mid-level providers are recommended to avoid prescribing opioid pain medications with benzodiazepines (Xanax, Lorazepam, etc.) as the risk of overdose is FIVE times greater with this combination.
- 8) Mid-level providers are recommended to avoid opioid dosages above 40 MME/day (morphine milligram equivalents = 4 Norco 10/325) as the risk of overdose is TWO times greater.
- 9) If you are a new patient in the clinic and using a combination of an opioid and a benzodiazepine, one of your medications will not be prescribed. If you are using greater than 40 MME/day of opioid medication, you will only be prescribed a maximum of 40 MME/day and will be offered non-pharmacologic means to treat your chronic pain.

Richard A. Martinez, M.D.
Medical Director, SRMG

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