

Pain Assessment & Management

Review Criteria

MEDICA®

<u>Question</u>	<u>Dimension(s) of Care</u>	<u>IP</u>
1 . There is a PAIN ASSESSMENT TOOL used at every pain visit.	Pain Screening	
2 . There is documentation that the PRESCRIPTIONDRUG MONITORING PROGRAM was reviewed.	Pain Screening	
3 . The member has as a current signed PAIN CONTRACT/agreement.	Pain Screening	
4 . There is documentation of a REFERRAL to a pain specialist after 3 months of being on opioids or a plan for tapering off opioids.	Pain Screening	
5 . On the DOS listed, there is evidence the member is only prescribed ONE OPIOID at a time.	Medication Therapy	
* 6 . The member is NOT on a benzodiazepine, or muscle relaxant, and an opioid at the same time.	Medication Therapy	
7 . The member has a URINE TOX SCREEN done at least once a year.	Medication Therapy	
8 . If #7 is a YES, the urine tox screen is positive for opioid being prescribed.	Medication Therapy	

*Data for the Information Only Question(s) is being collected during the current review on an informational basis and does not impact the review results.

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