

**STATE MEDICAL BOARD OF OHIO  
PAIN MANAGEMENT RULE ASSESSMENT SURVEY**

**TELL US ABOUT YOURSELF:**

Type of practice:      solo practice                            group practice, 10 or fewer doctors                        
    hospital based physician                            group practice, 11 or more doctors                        
    other, please specify \_\_\_\_\_

Teaching experience:      medical students                            residents                        
    fellows                            other, please specify \_\_\_\_\_

Practice setting:      rural                            urban                        
    other, please specify \_\_\_\_\_

Practice specialty:      family practice                            anesthesia/pain management                        
    pediatrics                            neurology                        
    neurosurgery                            orthopedic surgery                        
    internal medicine                            int. med. subspecialty \_\_\_\_\_  
    other, please specify \_\_\_\_\_

**INTRACTABLE PAIN DEFINED:** When responding to this survey, keep in mind that Ohio law defines intractable pain as “a state of pain that is determined, after reasonable medical efforts have been made to relieve the pain or cure its cause, to have a cause for which no treatment or cure is possible or for which none has been found. Intractable pain does not include pain experienced by a patient with a terminal condition, or the treatment of pain associated with a progressive disease that, in the normal course of its progression, may reasonably be expected to result in a terminal condition.” (4731-21-01(G), O.A.C.)

The Medical Board’s pain management rules do not apply if you are treating a patient with intractable pain with only non-central nervous system drugs, or with only non-controlled drugs. The rules allow a physician to treat intractable pain utilizing prescription drugs for more than 12 continuous weeks, or in amounts that may not be appropriate when treating other medical conditions, if specific requirements are met.

**Pain Management Survey**

1. Do you treat patients with intractable pain?      Yes       No  proceed to question # 9

2. The pain rules require **documentation of the patient’s relevant history** including the following elements. Rate each element using the following scale:

	Greatly impedes care	Slightly impedes care	No effect on care	Slightly facilitates care	Greatly facilitates care
	1	2	3	4	5
• Documentation of alcohol and substance abuse histories					

	Greatly impedes care	Slightly impedes care	No effect on care	Slightly facilitates care	Greatly facilitates care
	1	2	3	4	5
• Documentation of the assessment of pain impact on patient's function					
• Documentation of review of previous studies and therapies					
• Documentation of assessment of coexisting illnesses					

3. The pain rules require **documentation of an appropriate physical exam**. Rate this requirement using the following scale:

	Greatly impedes care	Slightly impedes care	No effect on care	Slightly facilitates care	Greatly facilitates care
	1	2	3	4	5
• Documentation of physical exam					

4. The pain rules require **documentation of a medical diagnosis** including the following elements. Rate each element using the following scale:

	Greatly impedes care	Slightly impedes care	No effect on care	Slightly facilitates care	Greatly facilitates care
	1	2	3	4	5
• Presence of intractable pain					
• Signs, symptoms, causes					
• Nature of the underlying disease (if discernible)					
• Nature of the underlying pain mechanism (if discernible)					

5. An **individualized treatment plan must also be documented** which should include the following elements. Rate each element using the following scale:

	Greatly impedes care	Slightly impedes care	No effect on care	Slightly facilitates care	Greatly facilitates care
	1	2	3	4	5
• Justification for the prescribing of drugs on a protracted basis, or in amounts or combinations that may not be appropriate when treating other medical conditions					
• Role of the prescription drug therapy within the overall plan					
• Documentation of unsuccessful treatments (if applicable)					

	Greatly impedes care	Slightly impedes care	No effect on care	Slightly facilitates care	Greatly facilitates care
	1	2	3	4	5
• Prescription drug therapy					
• Patient's response to the therapy					
• Modifications to the treatment plan as necessary					

6. Unless the patient's medical records show satisfactory **evaluation by an appropriate specialist** within a reasonable period of time, the rules require that the patient must be evaluated by a physician who specializes in the treatment of the "anatomic area, system, or organ of the body perceived as the source of pain." The specialist must review the patient's prior treatment records, conduct a history and physical, and order testing as appropriate. Rate this requirement using the following scale:

	Greatly impedes care	Slightly impedes care	No effect on care	Slightly facilitates care	Greatly facilitates care
	1	2	3	4	5
• Evaluation by appropriate specialist					

7. **Documentation of the patient's informed consent**, including the risks and benefits of any treatment, must be included in the patient's medical record. Rate this requirement using the following scale:

	Greatly impedes care	Slightly impedes care	No effect on care	Slightly facilitates care	Greatly facilitates care
	1	2	3	4	5
• Informed consent					

8. **Patients with intractable pain must be seen at appropriate intervals** and the following elements documented. Rate each element using the following scale:

	Greatly impedes care	Slightly impedes care	No effect on care	Slightly facilitates care	Greatly facilitates care
	1	2	3	4	5
• Documentation that the therapy is still indicated					
• Documentation of any drug effects					
• Documentation of progress toward treatment objectives					
• Notation of the patient's functional ability and quality of life					
• Notation of any indications of possible addiction					
• Documentation of any drug abuse or diversion					

**SOUNDING BOARD** -- please share your opinion regarding the following inquiries.

9. Do you feel that doctors undertreat patients with intractable pain due to fear of reprisal from state or federal regulatory bodies?      yes                            no                            no comment

Remarks: \_\_\_\_\_  
\_\_\_\_\_

10. List the three elements in the Medical Board's pain rules outlined above which most **help** you treat patients with intractable pain:

1. \_\_\_\_\_  
2. \_\_\_\_\_  
3. \_\_\_\_\_

11. List the three elements in the Medical Board's pain rules outlined above which **hinder** your treatment of patients with intractable pain.

1. \_\_\_\_\_  
2. \_\_\_\_\_  
3. \_\_\_\_\_

12. What do you consider an appropriate interval for patient follow-up?

\_\_\_\_\_

Any other comments or suggestions:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Return the completed survey to:

Joan Wehrle, CMSC  
Coordinator for Assessment & Development  
State Medical Board of Ohio  
77 S. High St. 17th Floor  
Columbus, OH 43215-6127

FAX: 614-728-5946

Comments regarding the survey may be forwarded by e-mail to: [Joan.Wehrle@med.state.oh.us](mailto:Joan.Wehrle@med.state.oh.us)

**THANK YOU FOR YOUR FEEDBACK**