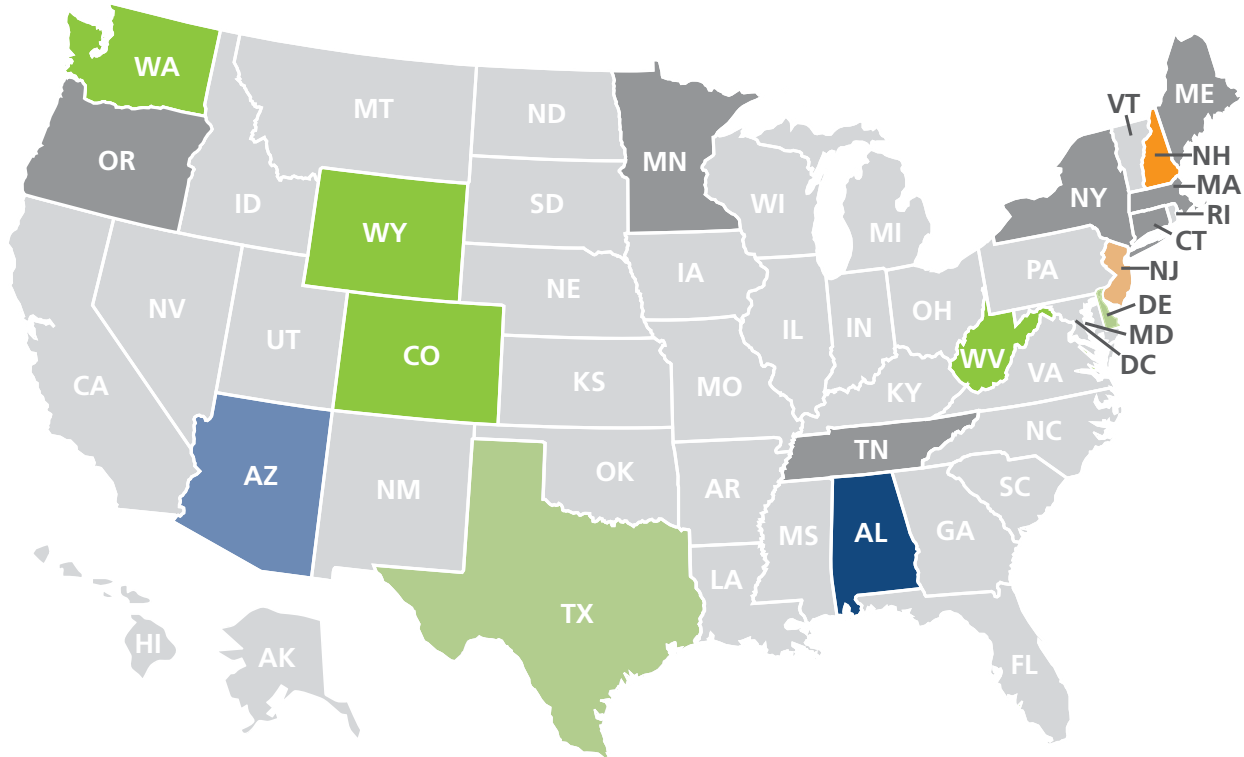


State Opioid Rules by Restriction

This map highlights states with workers' compensation opioid rules by their respective restrictions.



- Preauthorization by employer for pain management program — Alabama**
- Interested party may request pain plan from physician — Arizona**
- Requires step process for prescribing opioids — Colorado, Washington, West Virginia and Wyoming**
- Requires preauthorization on some opioids — Delaware, Texas**
- Requires further action for long-term opioid use (usually after two weeks unless noted) — Connecticut, Maine, Massachusetts (beyond usual healing), Minnesota, New York, Oregon (5 days) and Tennessee (90 days)**
- Committee created to study the use and misuse of prescription drugs in workers' compensation — New Hampshire**
- States with pending regulations — New Jersey**

State Opioid Rules by Restriction

To help you keep up with the requirements of state rules regarding opioid restrictions, we've created this chart. For questions or additional information, contact the body governing workers' compensation in your state.

State	Workers' Compensation Opioid Restrictions	General Opioid Restrictions	General Opioid/Controlled Substance Guidelines
Alabama	Pain Management Program - Requires employer preauthorization, billed using a total or global charge concept, and must include relaxation response training, neuromuscular training, behavioral counseling, job stimulation and musculoskeletal management. <i>Ala. Admin Code r. 480-5-5-.31</i>	None	(1) Evaluate patient - Complete medical history and physical examination must be conducted and documented in the medical record. (2) Treatment plan- The plan should state objectives that will be used to determine treatment success. (3) Informed consent and agreement for treatment - The physician should discuss the risks and benefits with patient (4) Consultation - Consult or refer the patient as necessary (5) Medical records - Physician should keep accurate and complete records. (6) Compliance - Be compliant with federal and state laws. <i>Ala. Admin Code r. 540-x-4-.08</i> http://www.alabamaadministrativecode.state.al.us/docs/mexam/McWord540-X-4.pdf
Alaska	None	None	N/A
Arizona	An interested party may request a report from a provider who prescribes off-label opium-based controlled substance. The report must include (1) justification for use and (2) treatment plan with description of measures that the physician will implement to monitor and prevent abuse. If physician does not comply, the interested party is not responsible for payment. <i>A.R.S. 23-1062.02</i>	None	(1) Pain assessment (2) Treatment plan (3) Informed consent (4) Ongoing assessment (5) Consultation (6) Documentation <i>Medical Board policies</i>
Arkansas	None	Treatment with controlled substance for more than six months requires the physician to (1) keep adequate records (medical history, physical examination, treatment plan, informed consent, medications given and agreements with patient and periodic reviews), (2) periodically review, (3) written informed consent, and (4) valid license. <i>Arkansas Medical Board (1998)</i> http://www.sos.arkansas.gov/rulesRegs/Arkansas%20Register/2002/may_2002/060.00.02-003.pdf	N/A
California	None	None	Physician should complete a medical history and physical examination (assessment of the pain, physical and psychological functioning, a substance abuse history, history of prior pain treatment, an assessment of underlying or coexisting diseases or conditions), have a treatment plan that states objectives, obtain informed consent, periodically review, consult when needed and maintain records. http://www.mbc.ca.gov/pain_guidelines.html

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State	Workers' Compensation Opioid Restrictions	General Opioid Restrictions	General Opioid/Controlled Substance Guidelines
Colorado	Opioid use for moderate to severe chronic pain: (1) a trial must be conducted, (2) patient must have failed other chronic pain management regimes, (3) physical and psychological and/or psychiatric assessment, (4) urine drug screening for substances abuse and substances currently prescribed, and (5) drug screening is suggested for patients who have been receiving opioids for over 90 days <i>7 CCR 1101-3</i>	Doses in excess of 120mg morphine equivalent should be very closely monitored. Excess of 200mg should be avoided. Trial of opioids must be accomplished and the patient must have failed other chronic pain management regimes. Chronic use of opioids should not be prescribed until the following have been met: (1) failure of pain management alternatives, (2) physical and psychological assessment, (3) urine drug screening, (4) PDMP review, (5) informed, written, witnessed consent by patient. <i>7 CCR 1101-3</i>	The board adopted guidelines for the use of controlled substances to treat pain. They include: (1) patient evaluation, (2) treatment plans, (3) informed consent, (4) periodical review. <i>Medical Board Guidelines on the Use of Controlled Medications to Treat Pain</i>
Connecticut	Any continuation of medications beyond the first two week period must include proper documentation of improvement in pain level (VAS or other screening tool) and improvement in function or work capacity. Any patient maintained beyond a four week period on chronic medications should have appropriate compliance monitoring documented. Patients continuing on opioids longer than four weeks should be managed under a narcotic agreement as recommended by the Federation of State Medical Boards. Patients continuing on opioids longer than 12 weeks should be evaluated and treated by a physician who has specialty training in pain management. Documentation of medical necessity is mandatory. http://wcc.state.ct.us/download/acrobat/protocols.pdf	None	Board of Medicine's statement of treatment of pain practices recommends the following: (1) proper evaluation of patient (medical history and physical examination), (2) treatment plan, (3) informed consent and treatment agreement, (4) periodic review, (5) consolation, (6) accurate and complete medical records, (7) compliance with controlled substance regulations and law. http://www.medsch.wisc.edu/painpolicy/domestic/states/CT/ctmbstmnt.htm
DC	None	None	A physician must perform an evaluation of the patient taking a complete medical history and physical examination with must include: (1) nature and intensity of pain, (2) current and past treatments for pain, (3) underlying or coexisting diseases or conditions, (4) the effect of the pain, (5) a history of substance abuse, and (6) show the presence of one or more recognized medical indications. A physician must maintain a written treatment plan. <i>DC Municipal Regulations for Medicine, Standards for the Use of Controlled Substances for the Treatment of Pain</i>
Delaware	Prior approval for Oxycontin, oxycodone and Actiq <i>2013 DE Regulation Text 3176</i>	None	Treatment plan - A written treatment plan is required and must state goals and objectives that will be used to determine treatment success. The treatment plan must address whether treatment modalities or a rehabilitation program are necessary. Informed consent - Must discuss the risks and benefits of the use of controlled substances. Agreement - If high risk or has history of abuse, the practitioner must use a written agreement that includes responsibilities including a requirement that the patient receive prescriptions from one licensed practitioner and one pharmacy. Review - The licensed practitioner shall periodically review the course of pain treatment. Consultation - The practitioner shall refer the patient as necessary for additional evaluation and treatment in order to achieve treatment objectives. <i>CDR 24-1700</i>
Florida	None	None	Board's standards for the use of controlled substances include: (1) evaluation, (2) treatment plan, (3) informed consent and agreement to treatment, (4) periodic review, (5) consultation, and (6) proper medical records. https://www.flrules.org/gateway/RuleNo.asp?ID=64B8-9.013

Opioid Rules

State	Workers' Compensation Opioid Restrictions	General Opioid Restrictions	General Opioid/Controlled Substance Guidelines
Georgia	None	None	<p>The Board of Medicine expects that physicians will create records that show the following: (1) proper indication for the use, (2) monitoring, (3) response to therapy, (4) rationale for continuation, (5) discussion of risks/benefits, (6) periodic medical record review, and (7) prescription records.</p> <p>Georgia also recommends a 10-step process. <i>Board of Medicine & Rule 360-3-.06</i> Schedule II & III for more than 90 days a physician must have a written treatment agreement with the patient and require clinical visit every 3 months. http://www.medscape.com/resource/opioid/opioid-georgia</p>
Hawaii	None	None	<p>Board guidelines require the physician to obtain, evaluation and document medical history and physical examination.</p> <p>The guidelines recommend the use of a treatment plan, and agreement for treatment. http://hawaii.gov/dcca/pvl/news-releases/medical_announcements/pain_management_guidelines.pdf?searchterm=pain</p>
Idaho	None	None	<p>The physician must obtain a medical history and physical examination that includes: (1) nature and intensity of the pain, (2) current and past treatments for pain, (3) underlying or coexisting diseases, (4) the effect of the pain on physical and psychosocial function, and (5) history of substance abuse.</p> <p>The physician should have a treatment plan, informed consent and agreement for treatment, periodically review the course of pain treatment, consult as necessary, maintain proper medical records, and be compliant with all federal and state laws. <i>Guidelines for the Use of Controlled Substances to Treat Pain</i> http://bom.idaho.gov/BOMPortal/BOM/FAQ/Model%20Policy%20Use%20of%20Opioid%20Analgesics%20in%20Treatment%20of%20Chronic%20Pain.pdf</p>
Illinois	None	None	N/A
Indiana	None	None	N/A
Iowa	None	None	<p>The physician must establish an effective pain management plan using: (1) patient evaluation, (2) plan, (3) informed consent, (4) periodic review, (5) consultation, and (6) agreements when necessary. <i>Board guidelines 653 IAC 13.2</i></p>
Kansas	None	None	<p>Board has adopted guidelines that suggest: (1) evaluation of patient, (2) treatment plan, and (3) informed consent and agreement for treatment. http://www.medsch.wisc.edu/painpolicy/domestic/states/KS/ksmbguid.htm</p>
Kentucky	None	None	<p>Board guidelines require evaluation of patient with a complete medical history and physical examination. The guidelines recommend a treatment plan and informed consent and treatment agreements, periodic review, consultation, and compliance with federal and state laws. http://media.kentucky.com/smedia/2008/08/01/19/UseofCSinPainTreatment.source.prod_affiliate.79.pdf</p>
Louisiana	None	None	<p>A physician must: (1) evaluate the patient, (2) establish a medical diagnosis, (3) create an effective treatment plan, (4) and obtain informed consent, (5) must assess the treatment efficacy and monitor, and (6) drug screen when he/she reasonably believes that abuse may be taking place. http://www.medscape.com/resource/pain/opioid-policies#LA</p>

Opioid Rules

State	Workers' Compensation Opioid Restrictions	General Opioid Restrictions	General Opioid/Controlled Substance Guidelines
Maine	Schedule II drugs should be prescribed for no longer than two weeks. Schedule II drugs should be prescribed for no longer than six weeks. <i>CMR 90-351-007</i>	None	Guidelines for treatment of pain beyond the expected normal healing time for a given injury: (1) medical history and physical examination, (2) written treatment plan, (3) risks and benefits should be explained to the patient. Referral to a comprehensive pain treatment program should occur when any of the following conditions exist (1) underlying tissue pathology is minimal or absent, (2) suffering and pain behaviors are present and the patient continues to request medications, and (3) standard treatment measures have not been successful or are not indicated. <i>CMR 90-351-007</i>
Maryland	None	None	Guidelines include: (1) history and physical examination, (2) treatment plan, (3) informed consent, (4) periodic review, (5) consultation, and (6) record retention. <i>Guidelines for the Use of Controlled Substances for the Treatment of Pain</i>
Massachusetts	Ongoing/Long-term opioid management (pain beyond duration of expected tissue healing) - should include an initial drug screen and random drug screens (2-4 a year) For (1) patients with 2 or more prescribed opioids, (2) the total daily dose of 120mg of oral morphine, or (3) opioids with central nervous system depressants a second opinion from a pain medicine specialist is strongly recommended. Must have a patient/physician agreement. http://www.mass.gov/lwd/workers-compensation/wc-pubs/cls/2012/cl-340.pdf	None	Guidelines include: (1) requiring of a evaluation of the patient, (2) suggests treatment plan, (3) suggests informed consent and agreement for treatment, (4) suggests periodic review, (5) suggests consultation, and (6) suggests keeping of accurate and complete records.
Michigan	None	None	Treatment of pain guidelines include: (1) evaluation, (2) treatment plan, (3) informed consent and agreement for treatment, (4) periodic review, (5) consultation, (6) adequate records, and (7) compliance with federal and state controlled substances law.
Minnesota	Patient contracts in long-term use of opioids <i>Minn Stat 176.83</i>	None	Treatment of pain guidelines include: (1) evaluation, (2) treatment plan, (3) informed consent and agreement for treatment, (4) periodic review, (5) consultation, (6) adequate records, and (7) compliance with federal and state controlled substances law. http://mn.gov/health-licensing-boards/medical-practice/licensees/practice/pain-mgmt-guidelines.jsp
Mississippi	None	None	Treatment of pain with controlled substances in general: Physicians must maintain a complete record of examination, evaluation, treatment (must include documentation of the diagnosis and reasons for prescribing) and dispensing of controlled substance. Must have a "good faith examination." Good faith examination means (1) standards of proper medical practice (take and record appropriate history, carry out an appropriate physician examination, record the results) (2) careful examination of the nature of the drug and all circumstances surrounding dispensing the drug. Opioid specific: physician must conduct an appropriate risk/benefit analysis by reviewing records of prior treatment. http://www.medscape.com/resource/pain/opioid-policies#MS
Missouri	None	None	Treatment of pain guidelines include (1) evaluation, (2) treatment plan, (3) informed consent and agreement for treatment, (4) periodic review, (5) consultation, (6) adequate records, and (7) Compliance with federal and state controlled substances law. http://www.medsch.wisc.edu/painpolicy/domestic/momg01.htm
Montana	None	None	Guidelines include: (1) thorough history and physical examination, (2) treatment plan, (3) informed consent, (4) appropriate referral, and (5) documentation. http://bsd.dli.mt.gov/license/bsd_boards/pha_board/pdf/Prescribing.pdf

Opioid Rules

State	Workers' Compensation Opioid Restrictions	General Opioid Restrictions	General Opioid/Controlled Substance Guidelines
Nebraska	None	None	Treatment of pain guidelines include: (1) evaluation, (2) treatment plan, (3) informed consent and agreement for treatment, (4) periodic review, (5) consultation (6) adequate records, and (7) compliance with federal and state controlled substances law.
Nevada	None	None	Adopted the Model Policy for the Use of Controlled Substances for the Treatment of Pain (Federation of State Medical Boards)
New Hampshire	Newly created committee to study the use and misuse of prescription drugs in workers' compensation. The committee will (1) study the extent of misuse and abuse of opiates, (2) evaluate the effectiveness of laws in other states and consider possible enhancement of the controlled drug prescription health, (3) possible enhancement of a closed formulary, and (4) promulgating establishment of interagency opioid dousing guidelines and pain treatment guidelines. <i>2013 NH ALS 161</i>	None	Treatment of pain guidelines include: (1) evaluation, (2) treatment plan, (3) informed consent and agreement for treatment, (4) periodic review, (5) consultation, (6) adequate records, and (7) compliance with federal and state controlled substances law. http://www.nh.gov/medicine/aboutus/pain.htm
New Jersey	New Jersey has SB 3003 that would restrict coverage of opioid drugs under workers' compensation.	None	N/A
New Mexico	None	None	Practitioner must (1) complete a physical examination, (2) have a written treatment plan, (3) discuss the risks and benefits with the patient, (4) complete and maintain accurate medical records, and (5) monitoring and consultation. http://www.health.state.nm.us/pdf/opioids/NM%20Clinical%20Guidelines%20Opioids%20final%20120111.pdf <i>16.10.14.8 NMAC</i>
New York	After two weeks, physician should document and justify based on diagnosis and invasive procedure. <i>Subject No. 046-457, December 1, 2010</i>	Has Prescription Pain Medication Awareness Program with media campaign and work group <i>NY CLS Pub Health § 3309-a</i>	N/A
North Carolina	None	None	Guidelines for treatment of pain with controlled substance includes: (1) evaluation, (2) treatment plan, (3) informed consent and treatment agreement, (4) periodic review, and (5) consultation with necessary. http://www.medsch.wisc.edu/painpolicy/domestic/states/NC/ncmbguid.htm
North Dakota	None	None	N/A
Ohio	None	None	Physician must complete medical, pain, alcohol, and substance abuse history, assessment of the impact of pain of functions, review of previous diagnostic studies, an assessment of coexisting illnesses, diseases, conditions, and appropriate physical examinations. Physicians must see patients at an appropriate periodic intervals and must obtain an immediate consultation with an addiction medicine or substance abuse specialist if the practitioner believes abuse. <i>Board Rules</i>
Oklahoma	None	None	<i>OAC 435:10-7-11</i> recommends a treatment plan and informed consent.
Oregon	Prior authorization is required for prescriptions longer than five days for: (1) Oxycontin, (2) Kadian, (3) Fentora. <i>OR. Admin. R. 436-009-0090</i>	None	Treatment of pain guidelines include (1) evaluation, (2) treatment plan, (3) informed consent and agreement for treatment, (4) periodic review, (5) consultation, (6) adequate records, and (7) compliance with federal and state controlled substances law. http://www.oregon.gov/OSBN/pdfs/policies/pain_management.pdf

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State	Workers' Compensation Opioid Restrictions	General Opioid Restrictions	General Opioid/Controlled Substance Guidelines
Pennsylvania	None	None	Minimum standards include (1) initial medical history and physical examination, and (2) re-evaluations. Informed consent requires patient counseling. <i>28 Penn Code 25.131</i>
Rhode Island	None	None	Treatment of pain guidelines include: (1) evaluation, (2) treatment plan and objectives, (3) informed consent and agreement for treatment, (4) periodic review, (5) consultation, (6) adequate records, and (7) compliance with federal and state controlled substances law. http://www.health.ri.gov/healthcare/medicine/about/safeopioidprescribing/
South Carolina	None	None	Treatment of pain guidelines include: (1) evaluation, (2) treatment plan, (3) informed consent and agreement for treatment, (4) periodic review, (5) consultation, (6) adequate records, (7) compliance with federal and state controlled substances law. http://www.llr.sc.gov/POL/medical/index.asp?file=Policies/MEPAIN.HTM
South Dakota	None	None	Treatment of pain guidelines include: (1) evaluation, (2) treatment plan, (3) informed consent and agreement for treatment, (4) periodic review, (5) consultation, (6) adequate records, (7) compliance with federal and state controlled substances law. http://www.medsch.wisc.edu/painpolicy/domestic/sdbmst01.htm
Tennessee	Utilization review must be conducted after 90 day use. <i>Tenn Code Ann 50-6-102</i>	None	Guidelines for treating opioids: (1) physician must establish a proper diagnosis based on history, physical exam and tests, and (2) informed consent must be obtained. http://www.tn.gov/labor-wfd/wcomp/presentations/NavigatingthroughPainManagementTP.pdf
Texas	Closed formulary; prior authorization for 'N' drugs	None	Guidelines include: (1) evaluation (2) treatment plan, (3) informed consent, (4) patient-physician treatment agreement, (5) periodic review, (6) consultation and referral, (7) appropriate medical records. <i>22 T.A.C. 170.3</i>
Utah	None	None	Guidelines include: (1) comprehensive evaluation, (2) alternatives should have been tried, (3) screen for risk of abuse, (4) written treatment plan, (5) inform patient of risks/benefits, (6) initiate as a treatment trial, and (7) regular visits. http://dopl.utah.gov/licensing/forms/OpioidGuidlines.pdf
Vermont	None	Vermont has a new act that requires health care providers to search the state prescription monitoring system prior to prescribing controlled substances and creates a pain management advisory council. <i>2013 Vt. ALS 75</i>	Guidelines include: (1) evaluation (2) treatment plan, (3) informed consent and agreement for treatment, (4) periodic review, (5) consultation, (6) adequate records, (7) prescription medication abuse and directives, and (8) compliance with controlled substances law. http://www.medscape.com/resource/pain/opioid-policies#VT
Virginia	None	None	Treatment of pain board guidelines include: (1) evaluation, (2) treatment plan, (3) informed consent and Agreement for treatment, (4) periodic review, (5) consultation, and (6) adequate records. http://www.druglibrary.org/schaffer/asap/virginia1.htm

Opioid Rules

State	Workers' Compensation Opioid Restrictions	General Opioid Restrictions	General Opioid/Controlled Substance Guidelines
Washington	<p>Prior authorization required: Provider must verify (1) clinically meaningful improvement in function has been established, (2) reasonable alternatives to opioids have been tried and failed, (3) signed treatment agreement, (4) consultation with a pain specialist for doses above 210mg/d, (5) no contradictions, (6) no evidence or high risk of abuse, (7) no pattern of recurrent aberrant behavior identified by monitoring program or drug test, and (8) time limited treatment plan demonstrates how chronic opioid therapy is likely to improve the worker's capacity in vocational retraining.</p> <p><i>Patient contract-WAC 296-20-03057; 296-20-03058</i> <i>Drug testing-WAC 296-20-03040</i></p>	None	<p>Guidelines include: (1) history and medical examination, (2) diagnosis and medical indication, (3) written treatment plan with recorded measurable objectives, (4) informed consent (5) consultation when necessary, and (6) periodic reviews and modifications indicate.</p> <p>http://www.lni.wa.gov/ClaimsIns/Files/OMD/MedTreat/FINALOpioidGuideline010713.pdf</p>
West Virginia	<p><i>Prior authorization-W. Va. CSR 85-20-58</i> <i>Patient contract- W. Va CSR 85-20-58(g)</i> <i>Drug testing- W.Va. CSR 85-20-59.1(a)</i></p>	None	<p>Patient must show (1) substantial reduction in pain intensity and (2) continuing substantial improvement in function.</p> <p><i>W. Va. CSR 85-20-60</i> Expected period of time to reach maximum medical improving is determined by the Presley Reed Guide. <i>W.Va. CSR 85-20-63</i></p>
Wisconsin	None	None	N/A
Wyoming	<p>Prior authorization: (1) chronic pain preauthorization form, and (2) written report with (a) plan, (b) medical history, (c) summary of conservative care focusing on efforts to return to work, (d) why conservative measures have failed, (e) any consultations, (f) barriers to recovery, (g) screening factors that may increase risk of abuse, (h) agreement signed by patient - <i>Provider Bulletin</i></p> <p>Patient contract - <i>Provider Bulletin</i> Drug testing - <i>Provider Bulletin</i> 30-day reports- Must submit (1) drug screens, consultations, trials, (2) outcomes and responses, and (3) modifications to treatment plan - <i>Provider Bulletin</i> http://wyomingworkforce.org/Documents/WSCD-Claims/5-07Chronic.pdf</p>	None	N/A

Information current as of October 15, 2013

The information presented is not, and shall not be, construed as medical, legislative or legal advice. Individuals seeking specific medical, legislative or legal assistance, consultation or advice should consult their treating physician, medical practitioner or legal professional.