



Chronic Pain Patient Reassessment Documentation Checklist

When patients are prescribed controlled substances for pain control, individualized patient monitoring is necessary to achieve the required results and to avoid adverse outcomes. The patient's medical record should reflect a reassessment of the chronic pain control therapy based on federal and state opioid prescribing regulations and guidelines.

The following checklist will provide guidance for chronic pain reassessment documentation.

Complete and document a comprehensive patient reassessment	Yes	No
Review of chief complaint		
Assess the success, failure, or progress made toward all goals collaboratively established with the patient in the treatment plan:		
Efficacy of pain relief (using a standardized pain scale)		
Improved physical function		
Improved psychosocial function		
Effectiveness of other recommended treatment modalities		
Drug side effects		
Assess the impact of additional information on ongoing treatment:		
Urine drug screen results		
Prescription monitoring program results		
Pill count results		
Treatments received through the emergency department or other provider		
Any suggestion of misuse or abuse of prescription medication		
Illegal drugs		
Alcohol		
Manic or violent outbreaks		
Depressive behavior or thoughts of suicide (use validated risk assessments)		
Assess patient for risk of abuse: (use validated and standardized risk assessments as applicable)		
Use of medication for psychological effects versus pain relief		
Use of other controlled substances or illegal substances and/or alcohol		
Obtaining additional pain medication		
Selling their medication		

Taking more medication than prescribed		
Taking medication for reasons not prescribed		
Follow-up appointment	Yes	No
Determine, based on the individual patient, what level of patient monitoring is necessary to achieve the required result and avoid an adverse outcome (check the box that applies): 14-day follow-up 28-day follow-up 56-day follow-up 84-day follow-up *If longer timeframe is selected, there is supporting documentation		
Comparison of prescriptions written against patient presenting for follow-up appointments support the appropriate level of patient monitoring		
Comparison of other monitoring, e.g. urine drug screen, supports the appropriate level of patient monitoring		
Notes:		

CDC Clinical Practice Guideline for Prescribing Opioids for Pain- United States, 2022 (2022). Recommendations and Reports, 71(3), p. 1-95. DOI: https://www.cdc.gov/mmwr/volumes/71/rr/rr7103a1.htm?s_cid=rr7103a1_w

U.S. Congress Congressional Budget Office (2022). The Opioid Crisis and Recent Federal Policy Responses, p. 1-38. DOI: <https://www.cbo.gov/system/files/2022-09/58221-opioid-crisis.pdf>

U.S. Congress (2016). The Comprehensive Addiction and Recovery Act (CARA) of 2016. DOI: <https://www.congress.gov/bill/114th-congress/senate-bill/524>

U.S. Congress (2016). The 21st Century Cures Act. DOI: <https://www.congress.gov/bill/114th-congress/house-bill/34/text/pl>

U.S. Congress (2018). SUPPORT for Patients and Communities Act. DOI: <https://www.congress.gov/bill/115th-congress/house-bill/6>

SAMHSA (2023). Recommendations for Curricular Elements in Substance Use Disorders Training. DOI:

[Recommendations for Curricular Elements in Substance Use Disorders Training | SAMHSA](#)

SAMHSA: Prescription Drug Misuse and Abuse <https://www.samhsa.gov/topics/prescription-drug-misuse-abuse>

Misuse of Prescription Drugs: National Institute on Drug Abuse

<https://www.drugabuse.gov/publications/research-reports/misuse-prescription-drugs/summary>

National Quality Foundation Opioid Stewardship Action Team:

http://www.qualityforum.org/National_Quality_Partners_Opioid_Stewardship_Action_Team.aspx

Medical Mutual's "Checklists" are offered as reference information only and are not intended to establish practice standards or serve as legal advice. MMIC recommends you obtain a legal opinion from a qualified attorney for any specific application to your practice.

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