MCSTAP Learning Case: Managing a Lost Prescription

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Brief Description of Clinical Case

The patient is a 45-year-old female with past medical history including chronic back pain who calls her PCP informing her she lost her bottle of pain medications. Patient states she lost the pills and has been suffering with withdrawal symptoms and worsening back pain. The patient is requesting a refill of the medication. She has been on pain medications for many years. This is a first-time she has reported losing a prescription. There has been no other aberrant behavior in the past. The prescription monitoring program is concordant. There have not been any recent urine drug screens performed. The next refill is due in 5 days.

Medications

Oxycodone 10 mg q6hrs prn

Caller Questions

1. How should I handle this situation?
2. Should I treat the patient with "comfort meds"?
3. Should I give the patient an early refill of the pain medication?
4. What can I do to prepare and possible prevent this from occurring again.

Treatment Plan[1]

- Discuss with the patient how she has been doing prior to losing the prescription. Ask if there is been a recent worsening of pain, decrease in function, emotional stressors, recent increase or change in typical activities, etc.
- Screen for an opiate use disorder (OUD) at this point using the DSM-5 criteria.
- Consider requiring a random urine drug screen (within 24 hrs.). Emphasize that the drug testing is being performed for the patient's safety and does not constitute a disciplinary action.

  If > 3 days since the last oxycodone was taken, the urine drug screen should be negative. If is been less than 3 days since the last dose was taken, oxycodone would likely be detected.

- If the patient's story seems realistic and appropriate, the urine tox screen concordant, and there was low concern for an opiate use disorder; Refilling the medication would be appropriate. In this case a 5-day prescription could be given.
- Comfort meds for short term opiate withdrawal include:
  - For anxiety and restlessness: Rx. Clonidine 0.1 mg PO BID prn
  - For headache, muscle aches: Rx. Ibuprofen 600 – 800 mg PO
  - For anxiety or insomnia: Rx. Diphenhydramine 50mg PO
  - For stomach cramping: Rx. Dicyclomine 20mg PO
- The patient should be evaluated for treatment if an OUD is diagnosed in the patient.
- Continue to follow safe prescribing principles including:
  a. Ongoing review of the office policy regarding prescription refills

b. Review of the prescription monitoring program
c. Ongoing scheduled and random urine drug screen testing
d. Continued frequent pain and functional assessments
e. Continued engagement with the patient.

Learning Points

A "lost prescription" could mean many things. It is a symptom not a diagnosis. Our goal as the clinician is to try make a diagnosis that could explain this symptom. A differential diagnosis should be developed to test all potential hypotheses that could explain the symptom. Additionally, the patient should be aware of your practices approach to lost prescriptions and should not be surprised by the subsequent questions and decision that may occur as a result of the lost prescription.

The patient could be taking more doses than prescribed and could have run out early. This could be an unwitting error on the patient's part or as a result of worsening pain or a new pain syndrome. Moreover, the patient could have developed an OUD and was taking the medication inappropriately. Finally, they could be diverting the medication for a variety of reason not all of which are for illicit purposes. The prescription the medication may have been stolen or taken by a friend or family member. And of course, the patient could have simply lost the prescription. These situations create anxiety for both the patient and the clinician. Creating a supportive and open environment is important in these situations.

From the patient's perspective, if they truly lost the prescription, they would appropriately feel a sense of mistrust if the prescription was not replaced. From the clinician's perspective there is always concern of unsafely prescribing medication in these situations. It is important to realize that when a lost prescription is due to an OUD, the loss of control with the development of an OUD usually also presents in other ways. With continued monitoring of the patient and there are medications, an OUD typically manifests itself.

In this case as it was a first-time episode prescribing a short course to get the patient to their next refill date is appropriate. It is important to continue to engage with your patient all along the way. And finally, as always, discussing items such as lost prescription before potential incidents occur by including this topic in a previous review and signing of a patient-provide agreement (informed consent).

Reference

[1] https://www.painedu.org/reports-lost-stolen-medications/