



www.Opioids.Lni.wa.gov

Worker's name _____ **Claim number** _____

Opioid (narcotic) treatment is used to reduce pain and improve what you are able to do each day.

Along with opioid treatment, other medical care may be prescribed to help improve your ability to do daily activities. This may include exercise, use of non-narcotic analgesics, physical therapy, psychological counseling, or other therapies or treatment. Vocational counseling may be provided to help your efforts to return to work.

I, _____, understand that I must comply with this agreement for continued pain treatment with Dr. _____.

1. I have the following responsibilities:

- a. Take my medications only at the dose and frequency prescribed.
- b. Won't increase or change my medications without the approval of this provider.
- c. Actively participate in Return to Work (RTW) efforts and in any program designed to improve function (including social, physical, psychological and daily or work activities).
- d. Won't ask for opioids or any other pain medicine from another provider. This provider will approve or prescribe all other mind- and mood-altering drugs.
- e. Inform this provider of all other medications that I am taking.
- f. Fill all medications from one pharmacy, when possible. By signing this agreement, I give consent to this provider to talk with the pharmacist.
Pharmacy: _____ Phone: _____
- g. Protect my prescriptions and medications. Only one lost prescription or medication will be replaced in a single calendar year. I will keep all medications away from children.
- h. Agree to participate in psychiatric or psychological assessments, if necessary.
- i. Won't use illegal or street drugs, or alcohol. This provider may ask me to follow through with a program to address this issue. Such programs may include the following:
 - 12-step program and securing a sponsor.
 - Individual counseling.
 - Inpatient or outpatient treatment.
 - Other: _____

2. In the event of an emergency, I or my representative will contact this provider who will discuss the problem with the emergency room or other doctor. I am responsible for requesting a record transfer to this provider.

3. I consent to random drug testing and pill counts.

4. This provider will check the state's prescription monitoring program database to verify my opioid prescription history.

5. I will keep my scheduled appointments, or if necessary, cancel my appointment at least 24 hours before the appointment.

6. This provider will stop prescribing opioids or change my treatment plan if:

- a. I don't show any improvement in function.
- b. I behave in a way that is not consistent with my responsibilities outlined in #1.
- c. I give away, sell, or misuse the opioid medications.
- d. I develop rapid tolerance or loss of improvement from this treatment.
- e. I get opioids from another provider.
- f. I don't cooperate when asked to get a drug test.
- g. I develop an addiction problem from opioid use.
- h. I experience a serious adverse outcome from this treatment.
- i. I don't keep my follow-up appointments.

I have read and understand both sides of this agreement. My questions have been answered satisfactorily. I agree to the use of opioids to help control my pain, with treatment to be carried out as described above.

Worker's signature

Date

Provider's signature

Date

Provider: Keep a signed copy on file. Give a copy to the worker. Send a copy to L&I. You should renew this agreement yearly.

Worker's name _____

Claim number _____

Safety risks while working under the influence of opioids

Opioids decrease reaction time, cloud judgment, and cause drowsiness and tolerance. Also, it could be dangerous for you to operate heavy equipment or drive while under the influence of opioids.

Side effects of opioids

Some of the following side effects may worsen if you mix opioids with other drugs, including alcohol.

- Confusion or other changes in thinking ability
- Nausea/Vomiting
- Constipation
- Dry mouth
- Low testosterone
- Central sleep apnea
- Opioid use disorder or addiction
- Breathing too slowly – overdose can stop your breathing and lead to death
- Aggravation of depression

Other risks

Physical dependence – Abruptly stopping use of the drug may cause withdrawal symptoms, which could include:

- Runny nose
- Abdominal cramping
- Rapid heart rate
- Diarrhea
- Sweating
- Nervousness
- Difficulty sleeping
- Goose bumps

Psychological dependence – It is possible that stopping the drug will cause you to miss or crave it.

Tolerance – You may need more and more drug to get the same effect.

Addiction – Patients may develop addiction based on genetic or other factors.

Problems with pregnancy – If you are pregnant or contemplating pregnancy, discuss with your provider.

Recommendations for managing your medication

- Keep a diary of the pain medications you are taking, the doses, time of day you take them, their effectiveness and any side effects you may have.
- Take along only the amount of medication you need if you leave home. This lessens the risk of losing all your medications at the same time.
- It's important to dispose of your medication properly to avoid harm to others. Here are some disposal options and special disposal instructions for you to consider when throwing out expired, unwanted, or unused medicines:
 - **Medicine Take-Back Programs** - Contact your city or county government's household trash and recycling service to see if there is a medicine take-back program in your community.
 - **Disposal in Household Trash** - Mix medicines (do NOT crush tablets or capsules) with an unpalatable substance such as kitty litter or used coffee grounds; place the mixture in a container such as a sealed plastic bag; and throw the container in your household trash.
 - **Flushing of Certain Medicines** - Contact the FDA at 1-888-INFO-FDA (1-888-463-6332) to see if your medication has specific disposal instructions indicating it should be flushed down the sink or toilet.