



BY CHRISTINA NAEHR

Know When to Say “No”

Drug-seeking patients can cause problems for your practice. An insurance fraud investigator offers tips on what to do if you suspect a patient is seeking drugs.

MANY AMERICANS BENEFIT from the appropriate use of prescription painkillers. For individuals who suffer from severe, chronic pain brought on by diseases like cancer and arthritis, powerful narcotic painkillers offer them a chance to manage their pain and return to their normal daily tasks. However, in the wrong hands, prescription drugs can be highly addictive, easily abused, and potentially deadly.

Non-medical use of addictive prescription drugs has been rapidly increasing throughout the United States. The media regularly reports crimes, overdoses, and deaths resulting from the abuse of various pre-

scription painkillers. According to the [National Survey on Drug Use and Health](#), an estimated 6.2 million Americans reported past use of prescription drugs for non-medical purposes in 2002. In terms of illegal use of drugs, this ranks second only to marijuana use. As a practicing physician, it is very likely that you are faced with the occasional drug-seeking patient. How you respond to them is very important.

Often drug seekers use the illegal practice of “doctor shopping” in order to obtain pain medications. This scheme involves patients visiting multiple doctors and pharmacists to obtain numerous prescrip-

tions for narcotics. Once the person has the drug, the pills are either used to satisfy his own dependency or are sold on the street. For example, the drug OxyContin has been widely abused and sold on the streets. The strength, duration, and dosage of OxyContin are the main reasons the drug is attractive to both abusers and legitimate users. According to a report published by the Hazelden Foundation in 2004, OxyContin abusers often chew the tablet or

crush it and snort the powder to negate the controlled release effect and provide rapid release and absorption of the drug. Some abusers will mix OxyContin with other drugs or alcohol. The result can be fatal, which is why OxyContin is one of the most dangerous drugs to abuse.

Other drug-seekers obtain their medication through altered, forged, or counterfeit prescriptions, or, more recently, by requesting it over the Internet.

Spotting a drug seeker
Unfortunately, drug-seeking patients are not always easy to identify. College

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students, business executives, suburban moms, or even physicians themselves can fall prey to drug addiction. Many addicts will start out taking narcotics for a legitimate reason—perhaps for an injury or a major surgery—and end up developing an addiction.

According to addiction specialist Mike Sucher, MD, use your own sense of the situation to guide you. “The best way to know if you’ve got a drug-seeking patient in your office is to pay attention to your intuition. If you think you are being conned, then you probably are,” he says in a [2002 article](#) by Karen Childress published in *Physician’s Practice Digest*. “But a lot of the time you don’t have a clue. Addicts will go to great lengths to obtain their drugs. As they become more addicted, seeking their next fix becomes a full-time job for many of them.”

In Childress’ article, L. Todd Stewart, MD, who practices pain management in Gainesville, Georgia, suggests looking for these red flags to spot a drug-seeking patient:

- **The patient describes vague symptoms of pain**
- **The patient professes conditions that are difficult to prove or disprove, such as low back pain, neck pain, migraine, renal colic, or toothache**
- **The pain described doesn’t make sense—the symptoms don’t add up**
- **The patient requests medication by name and dose**
- **The patient demonstrates medical knowledge beyond the realm of what you see in the average patient**

- **The patient claims to have allergies to nearly everything—except the drug of choice**
- **The patient calls ahead to see who is on duty at the clinic, ER, or urgent care center**
- **The patient “bad-mouths” previous physicians**
- **The patient is hesitant to follow through with a work-up to get to the bottom of the problem**
- **The patient claims to have lost prescriptions or medications**
- **You receive an alert from a pharmacy or insurance company that a patient is getting meds from several sources**

“The bottom line is, if you suspect a patient is addicted and seeking drugs, use common sense,” says Stewart. “Listen to your intuition, document the patient’s actions thoroughly, and always keep the best interest of the patient at the forefront. It is your responsibility to prescribe the right drugs for the right patients at the right time. Be attentive, compassionate, and prudent with your pen so that both you and your patients are comfortable.”

Protect your practice

Stewart stresses that documentation is critical. “Thorough notes regarding your decision-making is the best defense should any questions arise,” he says. “If you are prescribing, records should include a history and physical, evidence of any non-narcotic treatments that have been tried, what adjunct therapies are being used (such as physical therapy), periodic re-evaluation of the diagnosis and pain lev-

els, and how the patient is responding to treatment.” He also says that if you believe that ongoing treatment with narcotics is simply beyond the scope of your practice, then you have the right to refer the patient elsewhere.

“You have to care enough to keep a clean practice,” says Stewart. “In our practice every patient getting narcotics signs a contract. It says they’ll get their meds only from us and only from one pharmacy, that they may be required to be evaluated by a psychologist, that we will drug test them, that we never prescribe on weekends or after 4:00 pm, and that if any of these conditions aren’t met we reserve the right to dismiss them from the practice and refer them elsewhere.” He adds that many of the patients he tests for drugs come back positive for something—marijuana or other street drugs, or another prescription medication, or the test shows they are not using the drug which is prescribed for them. “If a patient refuses a drug screen then they are dismissed from the practice with arrangements for a weaning schedule.”

Help from insurers

Private and public insurance companies are also trying to crack down on drug-seeking patients. They use sophisticated software to conduct audits on drug claims data. These audits help identify patients who have an excess number of prescriptions and quantity of pills dispensed for high-risk drugs. Claim examiners and fraud prevention staff are trained to identify the patterns that may indicate illicit drug use.

Insurance companies should solicit

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input from doctors to help identify prescription drug fraud and abuse. For example, Humana Military Healthcare Services (HMHS) has a Fraud and Abuse hotline for their TRICARE program. The hotline is completely confidential and is a good way for a physician to tip off the insurance company when they suspect a patient is seeking drugs. HMHS has the advantage of viewing the patient's entire history of pharmacy and medical claims. Having access to this data is key in determining patterns of abuse or doctor shopping. When a case of prescription drug abuse is identified, the patient is assigned a case manager to help control the abuse. If this approach is unsuccessful, then they attempt to limit the patient to one physician, one ER, and one pharmacy.

In order to successfully fight prescription drug abuse, it is essential that doctors, pharmacies, insurers, and law enforcement agencies work together to monitor and control a patient's use of prescription narcotics while also protecting their privacy and confidentiality. ■

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