MAT Case Presentation

New Case		
cawolf-gould@aofmh.org Wednesday, January 18, 2017		
I have a number of chronic pain patients on high doses of narcotics. I'm unsure which of them are good candidates for Suboxone and which should just be maintained as they are on their Lortab. This patient has h/o addictions, was in jail in 2005 for same. Over the years, he has had a number of surgeries and been put on increasing doses of hydrocodone. He has seen psych who has put him on benzos. He is irritable and angry and ir chronic pain all the time. Seen frequently in the office.		
56		
Pt identifies as male		
supportive wife, there is something quite likable about him when he's not irritable and angry.		
Disabled/Seeking Disability		
disability		
Married		
lives with wife who also is on narcotics and benzos, prescribed by my husband.		
unsure		
wife		
History of incarceration		
due to substance abuse problems in 2004, cocaine, alcohol and MJ		
He has no goal of abstinence. I am the one with the goal of abstinence. How much should I push him? He will likely not be interested. He is always asking for MORE pain meds and benzos.		

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What are the current emotional, behavioral, and /or physical symptoms most concerning to the patient?	• Irritability
	• Anger
	Loss of motivation
	• Anhedonia
	• Panic
	Uncontrollable worry
Other symptoms of concern to patient:	
History of Overdose?	Unknown
Opioids used in past year:	• Prescription opioid other than buprenorphine, prescribed to patient
Routes of opioid used in past year:	• Orally
Date of last positive drug test for opioids (other than buprenorphine or prescribed methadone):	
Estimated days of illicit opioid use in past 30 days (other than buprenorphine or prescribed methadone):	
Does this patient have a history of prescribed buprenorphine NOT showing in urine/oral/fluid drug screens (Prescribed buprenorphine is absent)?	No
Other substances used in past year:	
Other substances used in past year:	
Details of substances used in past year (frequency, route, recent use, toxicology testing):	To my knowledge, only using prescribed opiates and benzos. Recently got an increase in benzos from me for panic/anxiety.
What are the patient's triggers for lapse/relapse?	Close relationships with others who continue to use
	Avoid/escape psychological symptoms (e.g. anxiety)
	Cravings
	Interpersonal stressors
Other triggers for relapse:	
Past drug treatment history (opioid use disorder and/or other SUDs) CHECK ALL THAT APPLY:	Alcoholics and/or Narcotics Anonymous
	Intensive outpatient programs
Details of past drug treatment history (including what was helpful and what was not helpful):	Was in outpatient treatment through chemical dependency after he got out of jail in 2005.
Please check active psychiatric diagnoses:	Major depressive disorder
	Unclear anxiety disorder
	Generalized anxiety disorder
Has this patient ever sought treatment for their co-occurring psychiatric diagnosis?	Yes

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Please provide additional details regarding patient's prior mental health treatment:		
Does this patient have a history of		
Details of suicide attempts, psychiatric hospitalization, and/or trauma:		
Medical conditions (Select All that Apply):	Chronic Pain	
Please provide more detail about chronic pain:	Many orthopedic problems with h/o multiple surgeries.	
Current Medications (INCLUDING	clonazepam 1.5 mg BID	
FORMULATION, DOSE AND FREQUENCY):	hydrocodone 10-325 1 tab QID	
Is this patient on birth control (oral or long acting reversible) ?	No, patient is male	
Has patient been offered naloxone?	No, has not been offered naloxone	
Date of most recent HIV screening		
HIV screening was		
Date of most recent Hep-C screening		
Hep-C screening was		
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