

LETTER TO THE EDITOR

The COMPLIANCE Documentation Aid

The March/April 2005 commentary article by Gourlay et al. recommending a universal precautions approach in pain medicine may one day be regarded as one of the seminal works in the evolution of the specialty [1]. As stated in the article, the 10 steps of universal precautions in pain medicine should generate further debate, discussion, and discovery within the pain medicine and addiction medicine communities. I had the good fortune of attending Dr. Gourlay's presentation at the April 2004 "Pain & Addiction: Common Threads V" program, held in conjunction with the American Society of Addiction Medicine's Annual Scientific Conference [2]. Employing universal precautions has since provided our practice a framework from which we build treatment plans that balance the dual necessities of acceptable pain care and appropriate monitoring for aberrant behavior.

Similarly, another clinical guide we use is the Federation of State Medical Boards' Model Policy for the Use of Controlled Substances for the Treatment of Pain (FSMB) [3]. Since its publication in 1998 and most recent update in 2004, the FSMB policy has been adopted all or in part by numerous states and is as close to a national standard of care as has yet been promulgated. Not surprisingly, the 10 steps of universal precautions and the FSMB policy contain many of the same elements.

In the current political climate regulators will occasionally see fit to investigate a physician's management of pain. Conclusions regarding the validity of a physician's treatment are drawn primarily from review of available documentation [3]. To facilitate compilation of necessary documentation we cross-referenced the 10 steps of universal precautions with the FSMB policy and created a documentation aid, since adopted by our local medical society's controlled substances task force [4]. The mnemonic for the documentation aid is COMPLIANCE.

Records of patients treated with controlled substances for chronic pain should contain documentation of the following (COMPLIANCE).

- C** **Compliance** is monitored and aberrant behaviors are addressed.
- O** **Often assessed** are pain intensity and functional status.
- M** **Medical Records** are accurate, complete, and accessible.
- P** **Plan of treatment** has objectives and goals to gauge success.
- L** **Legitimate** diagnosis of a chronic painful condition exists.
- I** **Informed consent** and, if necessary, a treatment agreement exist.
- A** **Addiction** risk assessment is ongoing.
- N** **Nonaddictive** medications have proven inadequate or unacceptable.
- C** **Consultation(s)** are obtained as necessary and other health concerns addressed.
- E** **Evaluation** (history and physical) is adequately thorough.

We have found the COMPLIANCE documentation aid to be a very user-friendly tool, rendering the tenets of the universal precautions and the FSMB policy accessible in everyday practice [5]. In this day of "If it wasn't written down, it wasn't done," cognizance of the COMPLIANCE mnemonic should help busy physicians apply and record the recommendations set forth by both of these important clinical guides.

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References

- 1 Gourlay DL, Heit HA, Almahrezi A. Universal precautions in pain medicine: A rational approach to the treatment of chronic pain. *Pain Med* 2005;6:107–12.

- 2 Gourlay DL. "Universal Precautions": A New Concept in the Use of Opioids to Treat Chronic Pain. Presented at: Pain & Addiction: Common Threads V. American Society of Addiction Medicine, Washington, DC, 22 April, 2004.
- 3 Model Policy for the Use of Controlled Substances for the Treatment of Pain. Federation of State Medical Boards of the United States, Inc. Adopted May 2004. Available at: <http://www.fsmb.org>.
- 4 Murphy JP. Update: Controlled substances task force: Bridging gap between fear and confidence. *Louisville Med* 2005;52(10):387-9.
- 5 Murphy JP. The ABC's of pain: Mnemonics in the field of Pain Medicine provide practical and useful devices for mental checklists. *Pract Pain Manage* 2005;5(2):44-7.