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**MEDICAL TREATMENT GUIDELINES FOR  
OUTPATIENT PRESCRIPTION OF CONTROLLED SUBSTANCES  
IN THE STATE OF WASHINGTON**

The Washington State Medical Association, in collaboration with Labor & Industries, has developed guidelines on the topic of opioids and controlled substances.

“It is imperative for physicians to abide by the guidelines. Sanctions may be imposed if the guidelines are not followed. Physicians may be held accountable if their prescribing patterns fall outside these guidelines”.

The guidelines are listed below. The schedules and tables referred to are listed on the following page.

1. *Treatment of acute pain from traumatic injuries or surgery:*
  - a. Schedule II drugs should be prescribed **for no longer than 2 weeks.**
  - b. Schedule III and IV drugs should be prescribed **for no longer than 6 weeks.**
  
2. *Treatment of Chronic non-malignant pain* (defined as pain persisting beyond the expected healing time for an injury which traditional medical approaches have been unsuccessful).
  - a. **EXTREME CAUTION** should be used in prescribing controlled substances for patients with one or more “Relative Contraindications” (see Table 2). Note: when special circumstances seem to warrant the use of these drugs in the types of patients listed in Table 2, referral for review is indicated.
  - b. For patients on a **combination** of opioids and scheduled sedatives: **Treatment with combinations should usually not extend beyond 6 weeks.**
  - c. For patients on opioids **OR** scheduled sedatives (but not combinations of the two): **Treatment should usually not extend beyond 3 months.**
  - d. Consultation or referral to a chronic pain specialist should be considered.

**“Guidelines approved by the Washington State Medical Association must be followed by your physician. Please help your physician to help you- follow your doctor’s instructions carefully”.**

**I understand that Dr Cartwright must abide by the above guidelines in the prescribing of my controlled substances.**

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(Patient/Guardian signature)

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(Date)

**TABLE 2: Relative Contraindications for the use of Controlled Substances**

1. *History* of alcohol or other substance abuse, or a history or chronic, high dose of benzodiazepine use.
  2. *Active* alcohol or other substance abuse.
  3. *Borderline* personality disorders.
  4. *Mood disorders* (i.e., depression) or psychotic disorders
  5. *Other* disorders that are primarily depressive in nature.
  6. *Off work* for more than 6 months.
- \* Note: When special circumstances seem to warrant the use of these drugs in the types of patients noted above, referral for review is indicated.

**TABLE 3: EXAMPLES OF CONTROLLED SUBSTANCES**

<b>SCHEDULE II</b>	<b>SCHEDULE III</b>	<b>SCHEDULE IV</b>
<b>OPIOIDS:</b>	<b>OPIOIDS:</b>	<b>OPIOIDS:</b>
Codeine Fentanyl (Sublimaze, Innovar) Hydromorphone (Dilaudid) Levorphanol (Levo-Dromoran) Meperidine (Demerol) Meperidine w/ Promethazine (Mepergan) Methadone (Dolophine) Morphine (MS Contin, MSIR, OMS, RMS, Roxanol) Oxycodone Oxycodone with acetaminophen/ aspirin (Percocet, Percodan, Roxicet, Roxiprin, Tylox)	Acetaminophen with codeine (Codalan, PHenaphen 2, 3, 4, Tylenol 2, 3, 4) Aspirin with codeine (Empirin 2, 3, 4) Hydrocodone Hydrocodone with acetaminophen/ aspirin (Anexsia, Azdone, Bancap, Cogesic, Damason-P, Dolacet, Duocet, Endal-HD, Hyco-Pap, Hydrocet, Hyphen, Lorcet Plus, Lorcet HD, Lortab, Vicodin, Zydone) Nalorphine Paregoric	Propoxyphene (Darvon) Propoxyphene with acetaminophen/ aspirin (Darvocet, Dolene, Wygesic) Pentazocine (Talwin)
<b>SEDATIVES:</b>	<b>SEDATIVES:</b>	<b>SEDATIVES:</b>
Amobarbital (Amytal)** Secobarbital (Seconal) ** Pentobarbital (Nembutal) **	Any compound containing an unscheduled drug and: Amobarbital ** Secobarbital ** Pentobarbital **  Non-narcotic Analgesic combinations Butalbital with acetaminophen/ aspirin (Fiorinal)	Chloral hydrate Clorazepate (Tranxene) Chlordiazepoxide (Librium) Clonazepam (Klonopin) Diazepam (Valium) Ethchlorvynol (Placidyl) Flurazepam (Dalmane) Meprobamate (Equanil, Miltown) Oxazepam (Serax) Paraldehyde (Paral) Phenobarbital ** Prazepam (Centrax) Triazolam (Halcion)

\* This table is not intended as an exhaustive listing of controlled substances. A few trade names have been given as examples. This listing should in no way be construed as an endorsement of any medication.

\*\* Barbituates are not paid for by the L&I at any time (except Phenobarbital, which is allowed ONLY for seizure disorders).