

- AZ Prescription Drug Monitoring Program
 - Dispensing pharmacists must now look at every PDMP (back 12 mo)
 - PDMP per patient initially and at least quarterly (unless hospice or cancer)
 - What meds are included?
 - All CII-CIV medications filled in outpatient pharmacies.
 - ANY suppliers (mail orders, etc) who ship meds into AZ ARE included in the website.
 - BUT methadone or treatment clinics, VAs, and IHS ARE NOT included
 - Things to consider:
 - There may be a time delay in data availability that can be 7-14 days!
 - **If the patient did not pick up the script, it DOESN'T take it off the record (without pharmacy voluntarily reporting)
 - Used as **one tool** in making clinical decisions
 - Common errors:
 - Date dispensed entered in DOB field
 - Mike vs Michael (Search by "begins with" and use "M")
 - Incorrect DOB provided to pharmacy (Use "search by 2 years")
 - Hyphenated last names (try each one separately)
 - Newly married or recent name change? (Must rely on patient information)
 - Spaces entered at the start of either the first or last name
 - Same script number on the same day displayed twice-likely transmission error
 - Medical marijuana card holders have "MMC" (medical marijuana card) next to name
- Resources
 - Patient
 - American Chronic Pain Association www.theacpa.org
 - https://www.theacpa.org/wp-content/uploads/2018/03/ACPA_Resource_Guide_2018-Final-v2.pdf
 - Pain Toolkit www.paintoolkit.org
 - National Fibromyalgia and Chronic Pain Association www.fmcpaware.org
 - MedLine Plus: Drugs, Herbals, and Supplements - <http://www.nlm.nih.gov/medlineplus/druginformation.html>
 - American Society of Health-System Pharmacists: <http://www.safemedication.com/>
 - Understanding Pain in Less than Five Minutes, and What to Do About It: https://www.youtube.com/watch?v=C_3phB93rvI
 - <https://internationalpain.org/>
 - Provider
 - [PAINWeek email newsletter](#)
 - www.painEDU.org
 - www.PainDr.com – Resources
 - Opioid Chart http://paindr.com/wp-content/uploads/2012/05/Pharmacodynamic-and-Pharmacokinetic-Properties-of-Commonly-Prescribed-Opioids_Fudin-Perkins.pdf
 - TCA chart <http://paindr.com/wp-content/uploads/2015/08/TCA-Pain-Project.pdf>
 - Muscle Relaxants http://paindr.com/wp-content/uploads/2012/05/FINAL_skeletal-muscle-relaxants_2011-11-06.pdf

- NSAIDs http://paindr.com/wp-content/uploads/2014/07/NSAIDS-Chemical-Classes_2014_Shahzad-Henderson-Fudin.pdf
- Antidepressants <http://paindr.com/wp-content/uploads/2012/09/Antridrpessant-Chart-reprinted-from-PPM.pdf>
- BZD and sleep http://paindr.com/wp-content/uploads/2015/10/Revised-BZD_-9-30.pdf
- Urine drug screen <http://paindr.com/wp-content/uploads/2012/08/Urine-Drug-Screening.pdf>
- [Substance Abuse and Mental Health Services Administration \(SAMHSA\) http://www.samhsa.gov/atod](http://www.samhsa.gov/atod)
- American Academy of Integrative Pain Management <http://www.aapainmanage.org/>
- www.practicalpainmanagement.com
- The Pain Practitioner
- Attend conferences
- Read one pain article a week

Chronic Pain Education and Action Plan Development

- Chronic pain analogy from The American Chronic Pain Association and the Paintoolkit.org (summarized): Chronic pain is a medical condition that can be very frustrating. Pain triggers stress, which triggers more pain. It is common to focus more on the pain and not be able to see what is important and the small progress that you are making. Having chronic pain is like being a car with four flat tires. Medical treatment only puts air in one of our tires. You still have three flat tires and can't move forward. "Successful" treatment of chronic pain is when you have learned how to independently manage your pain to lead a productive, satisfying, and happy life.
- Living a full life with pain requires that the person take an active role in the recovery process, and working with your providers to get what is needed to fill up the other three tires. Biofeedback (pain psychology), counseling, physical therapy, occupational therapy, injections/procedures, medical equipment (TENS unit, etc), massage, myofascial work, fascial distortion model (FDM), chiropractor, nutritional changes, acceptance, being patient, teamwork, getting involved in a support group, relaxation/meditation, exercise, pacing of daily activities, pain journaling, prioritizing, setting goals, tracking progress, and a host of medical modalities are a few examples of the ways we can fill those other tires (www.paintoolkit.org/tools and <https://theacpa.org/Ten-Steps>). The combination of therapies and interventions needed may differ among people and at different times, but it is your responsibility to actively participate to learn and use the tools needed for your pain toolkit to fill up all four tires and to maintain it (adjusting if necessary). Pain management is complex and requires multiple tools. It takes a team effort, with YOU taking an active role, to live a full life in spite of chronic pain. Developing strategies, setting obtainable long and short term goals, and journaling the major changes in pain, diet, life stressors, etc can help to start making those baby steps in a positive direction to regain control of your life.