



Opioids.Lni.wa.gov

Claimant's name _____ Claim number _____

Was the claimant on chronic opioids at the time of the injury? Yes No

Opioids must result in clinically meaningful improvement in function (CMIF) and pain in the acute phase. This means improvement of at least 30% as compared to baseline or in response to a dose change.

Function and pain assessment

Current pain interference — This scale's examples of activities at different levels are not meant to be exclusive. In the last month, how much has pain interfered with the claimant's daily activities and functions? Circle number.
0 — No interference. Goes to work each day, has a social life outside of work, takes an active part in family life.
1 — Can work/volunteer, be active eight hours daily, takes part in family life, has limited outside social activities.
2 — Can work/volunteer for at least six hours daily, has energy to make plans for one evening social activity during the week, is active on the weekends.
3 — Can work/volunteer for a few hours daily, is active at least five hours daily, does simple activities on the weekends.
4 — Can work/volunteer limited hours, has limited social activities on weekends.
5 — Not able to work/volunteer, struggles with home responsibilities and outside activities.
6 — Does simple chores around home, has minimal outside activities two days a week.
7 — Gets dressed in the morning, has minimal activities at home, has contact with friends via phone or email.
8 — Gets out of bed but doesn't get dressed, stays at home all day.
9 — Stays in bed at least half the day, has no contact with the outside world.
10 — Unable to carry out any activities. Stays in bed all day, feels helpless and hopeless about life.

Date of first function assessment or before a dose change (baseline): _____ Baseline function: _____

If an alternative function scale is used, indicate name of scale: _____ Current function: _____

Current pain intensity — In the last month, on average, how would you rate the claimant's pain? That is, their usual pain at times they were in pain. Circle number.											
No pain		Mild pain			Moderate pain			Severe pain			Pain as bad as could be
0	1	2	3	4	5	6	7	8	9	10	

Date of first pain assessment (baseline): _____ Baseline pain intensity: _____

Screening

For free, easy to use, and validated screening tools and opioid calculator, visit www.agencymeddirectors.wa.gov/opioiddosing.asp.

Have you documented in the medical records the following. . .		
1. Checked the state's prescription monitoring program and is it consistent with prescribing record and claimant's report?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
2. Administered a urine drug test and verified the claimant has no aberrant behaviors (e.g. presence of cocaine, heroin, alcohol, amphetamine/methamphetamine or non-prescribed drug; negative for prescribed opioids)?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
3. Screened the claimant for risk of opioid addiction?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
4. Screened the claimant for current or former substance use disorder?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
5. If indicated, screened the claimant for depression and results indicated no severe depression?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
6. Assessed for potential contraindications to the use of opioids?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
7. Verified the claimant has no known evidence of or is not at high risk for serious adverse outcome from opioid use (e.g. COPD, asthma, sleep apnea, apparent intoxication)?	Yes <input type="checkbox"/>	No <input type="checkbox"/>

Dose

Current opioid	Dose (MED mg/d)
Current opioid	Dose (MED mg/d)
Total MED	

Sign

Provider name	L&I provider number/NPI	Phone number
Provider signature	Date	

Instructions for using the Subacute Opioid Request Form

Providers who treat claimants are expected to follow the best practices outlined in the following:

- Pain management rules from the Washington State Department of Health.
- *Interagency Guideline on Opioid Dosing for Chronic Non-Cancer Pain*, Agency Medical Directors' Group, 2010.
- *Prescribing Opioids to Treat Pain in Injured Workers*, Labor and Industries, 2013.

How to use this form

- Use this form to request coverage for opioids between 6 weeks and 12 weeks from the date of injury or surgery.
- Complete *all* sections of the form.
- Submit the form at least 2 weeks before coverage ends to avoid abrupt stoppage in coverage.
- Send chart notes and reports as required.
- Make sure information is legible.

How to bill

- Use billing code 1076M if this form is submitted, but results of screenings are documented in the medical record.
- Use billing code 1077M for increased reimbursement if copies of all required screenings are submitted along with this form:
 - Urine drug test.
 - Screening for risk of opioid addiction.
 - Screening for current or former substance use disorder.
 - Screening for depression, if indicated.

How to submit your request

Mail: Department of Labor and Industries
Crime Victims Compensation Program
PO Box 44520
Olympia WA 98504-4520

FAX: 360-902-5333