



## **CASE RECOMMENDATION FORM**

**Presenter Credential:** FNP

After review of the case presentation and discussion of this patient's case among the ECHO Community of Practice, the following suggestions have been made:

### **Case Summary:**

64-year-old female on opioid therapy for ~14 years, initially starting with Tramadol, progressed to higher doses and combinations of Tramadol and Hydrocodone. Despite undergoing two total knee replacements a few years back, continues to report persistent pain, leading to increased opioid use and early refill requests. Demonstrates poor medication adherence, frequently switching pharmacies due to concerns about medication components and making medication demands, such as early refills and long-term antibiotic prescriptions. History of abdominal pain, frequent UTIs, and yeast infections, preferring long-term amoxicillin use, despite specialists advising against it. Refuses non-opioid treatments, such as physical therapy, counseling, and diagnostic exams, instead reporting that she spends up to 18 hours a day bedridden due to pain. Psychiatric issues, such as hyperfocus on medication ingredients and avoidance of mental health care or counseling evident, though no formal psychiatric diagnosis. Patient has law degree and is argumentative, winning all "discussions." Limited family connections and marginally housed.

### **Treatment Question:**

Suggestions on how to safely wean this patient off opioids.

### **Recommendations:**

- Set strict boundaries if continuing care.
  - Offer a strict agreement or contract, outlining conditions for continued treatment, such as no early refills, filling medications at the same pharmacy, and respectful behavior toward staff.
  - Incorporate a comprehensive pain management plan, including home-based physical therapy and pain counseling, and behavioral health services, such as therapy, as part of the contract.
  - Avoid getting into debates with the patient, as she may be skilled in argumentation. Emphasize that the agreement is non-negotiable, providing the patient with the option to either comply or seek care elsewhere.
- Simplify her opioid regimen.
  - Consider reducing the number of pills taken daily. Having multiple short acting opioid medications can complicate things and taking multiple pills a day can make it tricky.
  - Consider introducing safer opioid alternatives, like buprenorphine formulations, potentially including injectables, to simplify management.

**Consider presenting follow-up for this patient case or any other patient cases at a future ECHO Clinic session.**

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