

Wyoming Workers' Safety and Compensation Division
Nurse Narcotic Review Form
Preauthorization
Fourth (4th) month

Review Date: _____

Claimant Name: _____ Case Number: _____

Name of Narcotic: Actiq OxyContin Soma

Diagnosis: _____

Chart notes and supporting documentation:

1. Provides description of the pain, impact on daily living, and functioning? Yes No
2. Numeric pain rating scale average for the past month? _____/10
3. Provides reason medication has or has not been effective at pain relief? Yes No
4. Provides attempts to wean or decrease the medication and/or dose? Yes No
5. Objective measurements for continued pain complaints.
(Systemically unwell, infection, ROM/flexibility limitations,
localized neurological signs, etc.) Yes No
6. Provides reason what other treatment was tried for pain relief and
Outcome? Yes No
7. Notes reason the medication resulted in adverse effects and what care
was modified now necessitating the extension of medication? Yes No
8. Provides reason for additional treatment for the continued pain?
(diagnostic testing, laboratory studies, referral to a pain specialist,
trial of injections, etc.) Yes No
9. Potential psychological barriers documented? Yes No

Recommend additional month of medication: Yes No

Nurse Reviewer: _____

Recommend Physician Review: Yes No Physician Review: _____

Date sent: _____

Comments: _____

