ABERRANT BEHAVIORS / RED FLAGS that may suggest the patient is seeking pain medications for the purpose of diversion or abuse. A single red flag does not imply substance abuse, but multiple behaviors reveal a pattern that requires further evaluation.

In setting the appointment, the patient:
- Must be seen right away, at the end of office hours, or after hours
- Demands immediate action
- Requests opioids; says meds are lost/stolen

In terms of medical history and records, the patient:
- Has opioid prescriptions from multiple sources (check PDMP)
- Resists attempts to obtain records or gives reasons why they’re not available (doctor left practice, etc.)
- Has had multiple unnecessary ED visits, esp. for general pain or headache, but hasn’t met ED follow-up recommendations

During history and exam, the patient:
- Shows cutaneous signs — skin tracks or scars (usually multiple, hyper-pigmented, and linear) on neck, axilla, forearm, wrist, foot, and/or ankle
- Gives textbook symptoms OR vague/evasive answers; describes/simulates symptoms that don’t make clinical sense
- Has no interest in diagnosis and wants to self-direct care — fails to appear for diagnostic tests or see other practitioner
- Displays unusual knowledge of controlled substances; may request specific drug (even specific dose) and resist trying anything else
- Describes allergies to non-opioid analgesics, or says they don’t work
- Uses guilt, elicits sympathy, or employs threats to obtain prescription
- “Bad-mouths” other physicians

Reference: