THE PHYSICIANS
Spine & Rehabilitation Specialists
Sandy Springs • Marietta • Rome • Calhoun

Specializing in comprehensive pain treatment and restoration of function for the injured worker since 1995

Nine Board-certified, pain management physicians:

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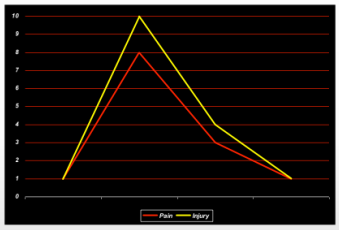
Materials that are included in this course may include interventions and modalities that are beyond the authorized practice of mental health professionals. As a licensed professional, you are responsible for reviewing the scope of practice, including activities that are defined in law as beyond the boundaries of practice in accordance with and in compliance with your professions standards.

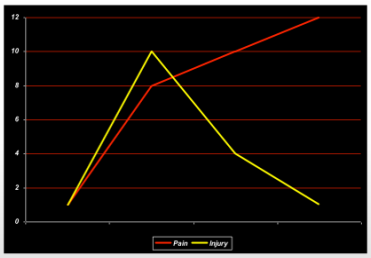
Pain Management Issues

Keith C. Raziano, M.D.

Sometimes pain is a symptom



But sometimes it is not

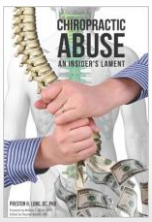


What is Pain Management

- Who needs it?
- What are standard pain management treatment options?
  - Medication
  - Injections
  - Implanted devices

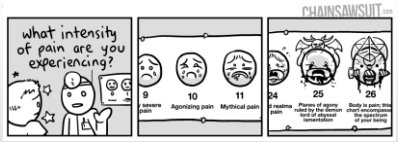
Be careful with alternative options

- Manipulative treatments (chiropractic care) are more expensive and not more helpful
  - Cherkin DC, et al. A review of the evidence for the effectiveness, safety, and cost of acupuncture, massage therapy, and spinal manipulation for back pain. Annals of Internal Medicine 2003; 138:898-906.
- Bed rest, supportive corsets, braces- no longer advocated
  - Bulletin of the World Health Organization 2003; 81; 671-676
- Cost more money and do not progress the injury worker to MMI



Monitor progress

- Is the patient improving with therapy progression?
- Look at FUNCTIONAL measures, not simply a subjective pain scale
- Is the pain rating reliable?



What should be our goal for pain management?

Prevent cases from becoming chronic

Diagnose early, treat aggressively and quickly

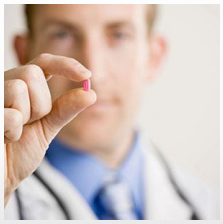
Watch out of "traps" – unnecessary narcotics, stimulators

'Treatment' has become too focused on medication

OPIOIDS

- **Is everybody on them?**
- **2012-**
  - **World- 6.7 billion people**
  - **United States- 301 million**
  - **4%**
- **United States**
  - **80% world opioid use**

But I'm only taking it for a month!



Early prescription IS dangerous!

- Exceeding 450mg MEA (approximately 4 Percocet per day) in 8443 claimants examined- controlled for covarieties
  - Disabled 69 days longer
  - Risk for surgery was 3 times greater
  - Risk of receiving late opioids was 6 times greater
  - Increase in mean disability duration, mean medical costs, risk of surgery and late opioid use increased monotonically with increasing MEA
    - Webster, et al. Relationship Between Early Opioid Prescribing for Acute Occupational Low Back Pain and Disability Duration, Medical Costs, Subsequent Surgery and Late Opioid Use. Spine September 2007. 32 (19): 2127-2132.

Damage can be done early!

Much easier to intervene early

- Start questioning the need for narcotics IMMEDIATELY after the first visit!

Harder to intervene in chronic cases

But you can still have good results!

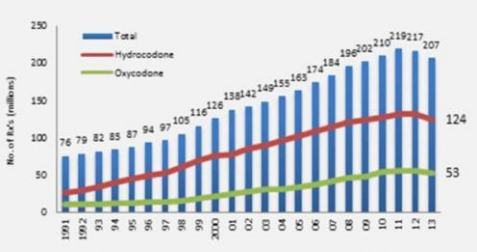
Patient XX

- Presented with the following formulary
  - **Nucynta 100mg BID**
  - **Kadian 50mg BID**
  - **Opana 10mg QID**
  - Restoril 30mg QD
  - Effexor XR 75mg TID
  - Phenergan 25mg QD
  - Klonopin 1mg QHS
  - Tizanidine 4mg QID
  - **Visual Analog Score Level of Pain- 8/10**

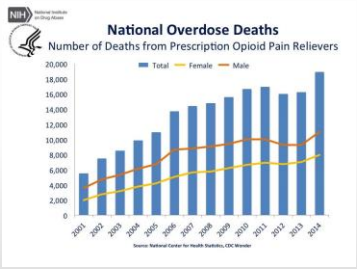
Patient XX- 3 months later

- **Fentanyl patch 50mcg Q3 days**
- Velafaxine XR 75mg TID
- Tizanidine 4mg QID
- Temazepam 30mg QD
- **Visual Analog Score Level of Pain- 5/10!**
- **Narcotic dose is less than 1/3 of the starting dose!**

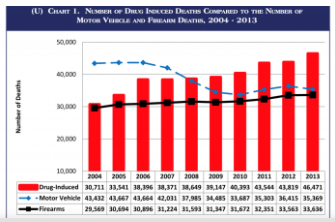
How much is being prescribed?



Direct overdose correlation



Perspective



There has been a response

Georgia Composite Medical Board Code of Conduct

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(2) O.C.G.A. § 43-34-8 authorizes the Board to take disciplinary action against licensees for unprofessional conduct which includes conduct below the minimum standards of practice. With respect to the prescribing of controlled substances for the treatment of pain and chronic pain, the Board has determined that the minimum standards of practice include, but are not limited to the following:

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When prescribing a Schedule II or III controlled substance for 90 (ninety) days or greater for the treatment of chronic pain arising from conditions that are not terminal, a physician must have a written treatment agreement with the patient and shall require the patient to have a clinical visit at least once every three (3) months to evaluate the patient's response to treatment, compliance with the therapeutic regimen through monitoring appropriate for that patient, and any new condition that may have developed and be masked by the use of Schedule II or III controlled substances. The

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"Monitoring" means any method to assure treatment compliance including but not limited to the use of pill counts, pharmacy or prescription program verification. Monitoring must include an urine, saliva, sweat, or serum test performed on a random basis.

When a physician determines that a patient for whom he is prescribing controlled scheduled substances is abusing the medication, then the physician shall make an appropriate referral for treatment for substance abuse.

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Tool to assist with determining abuse

- GPDMP
  - Georgia
  - Prescription
  - Drug
  - Monitoring
  - Program
- https://gdna.georgia.gov/georgia-prescription-drug-monitoring-program

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What is the impact on WC?

- Increased medical costs
- Increased indemnity benefits costs
- Increased costs for replacement workers

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There has been a national response as well

CDC Guidelines placed in effect March 2016

CDC Guidelines

- 2016 CDC Guideline for Prescribing Opioids for Chronic Pain
  - Effectiveness
    - CDC conclusion- body of evidence is rated as insufficient
  - Harms
    - Higher doses are associated with higher risk
      - 1-19 MME/day relative ratios below
      - 20-49 MME/day hazard ratio for overdose- 1.44
      - 50-99 MME/day hazard ratio for overdose- 3.73
      - >99 MME/day hazard ratio for overdose- 8.87

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How to taper

- Outpatient
  - ~10% reduction per week
  - Works with motivated patients
- Inpatient/Residential
  - mEq >200-250
  - Chronic cases

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Use these tools!

- Ensure appropriate dosing is occurring
- Ensure that the patient is being properly monitored!
- Quantitative Urine drug tests
- Genetic testing can also be of benefit
- PBM Review

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Thank you!

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