Treating Chronic Pain in Non-Cancer Patients

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Dr. James Redka

- No conflict of interest
- Practicing FP since 1977
- Preceptor at UPMC-SH Family Medicine
- Former trustee of PAMED
- Currently a medical director for Family Practice Centers, PC – led our group learning in current practice guidelines and PDMP

Definition of Chronic Pain

- Chronic pain is often defined as any pain lasting more than 12 weeks.
- Unlike acute pain, it no longer has the meaning of alerting us of a possible injury
- Is a problem of its own needing assessment and treatment.
- Difficulty includes defining "success"

Goals of therapy

- Define best care options
- Involve family and community resources
- Improve function
- Achieve pain control
- Minimize long term risks and side effects
- Cost effective for the long haul

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Why Us

- We understand complex pain drivers
- We handle co-morbid illnesses
- We know the family and patient
- We can be therapeutic
- We are available, affable, affordable
- We are down to earth - practical
- We can arrange help from other disciplines

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Comprehensive Assessment

- What does this pain mean to the patient?
- What treatments have helped?
- Which have failed?
- How can we work together?
- What are specific pain and function goals?

Seek first to understand, then to be understood

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Pain control Without Medication

- How can the patient continue to move?
- PT/OT/Yoga/other physical modalities?
- How to improve inevitable depression?
- What tolerance therapies are possible?
- Can culture-based therapies work?
- Enhance pain control with spiritual growth?
- Can a job help?

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Non opiate medications

- Acetaminophen - give consistently
- NSAIDs – be aware of their potential harm
- Topical analgesics and NSAIDs
- Anti-depressants – esp. SNRIs and TCAs
- Anti-convulsents
- Muscle relaxers
- Alternative therapies
- Medical Marijuana

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Procedures to consider

- Surgery – a mixed blessing
- Steroid injections – short term gains
- Hyaluronic acid injections - delay TJR
- Platelet rich plasma – data?
- Spinal manipulation – data improving
- Acupuncture – Western data lacking
- Electrical stimulation – TENS – short term?

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Opiates in Chronic Pain

- How is the current "epidemic" due to us?
- Legacy patients from the 1990s remain at high doses – are they dying?
- Were all of us old doctors misled?
- Can we really stem the "epidemic"?

Opiates in Chronic Pain

- Why do we use opiates?
  - Because they work!
  - Evidence of long term benefits are scant
  - And harms are evident
  - Yet legitimate patients function well

Opiates for Acute Pain

- Use immediate release opiates
- Give only enough for 5-7 days of care
- Do screen for risk of misuse
- Re-assess prior to renewals
- Do urine drug screens if any question
- Use a printed drug agreement – informed consent

PDMP

- Finds doctor shoppers
- Finds patients on other controlled substances
- Can search a number of other states
- Your staff surrogate can do the search
- If the search finds something suspicious, talk to the patient first – goal is good care; not dismissing "caught" ones

Urine Drug Screens

- Point of service screening is cost effective and available prior to prescribing
- Reference lab testing – costly / not as timely
- Now required twice yearly by many insurers
- Totally random UDS preferred but difficult
- Patients can cheat any system – be aware

Drug agreements [contracts]

- Provide "informed consent"
- Useful for a new acute patient as well as one you know and trust
- "Standing orders" for staff to get these started so that you can explain any specific concerns
- State risks/benefits for using opiates
- Spells out your policies for visits, refills, etc.

Drug Questionnaires

- Now required by many insurers
  - Opioid Risk Tool [ORT]
  - Drug Use Questionnaire [DAST-10]
- Make these 'routine' – staff to complete
- Thoughts on how to manage positive questionnaire when pain warrants opiate

Opioids in Chronic Pain

- Start with simple immediate release med
- Start low and titrate up as needed
- Tolerance expected unless there is an opioid-free six to eight hours each day
- Patients tend to rely on opiate – instruct to continue other pain management strategies

Opioids in Chronic Pain

- Patient to keep a pain and functional diary
- At first recommend monthly visits – then at least each 3 months.
- Helpful to enlist a family member to monitor benefits and harms

Opioids in Chronic Pain

- Success is alleviating pain, not total control – studies positive if 30% less pain
- Pain scales – useful but not as good as an honest dialog
- Record patient functional status
- Challenge patients to improve one function

Opioids in Chronic Pain

- How to handle a positive UDS with cannabis?
  - Alcohol metabolites?
  - Amphetamines?
  - Opioids not prescribed?
- How to handle suspicious PDMP?
- Obligation to report substance misuse?

Opioids in Chronic Pain

- Safe levels of morphine equivalent dose?
- Special concerns with Fentanyl?
- Methadone for pain?
- Pain management referral – when to use?
- Legacy patients on high doses – options?
- Know your limits – but how?

Opioids in Chronic Pain

- What about the seniors? – added risk?
- Beer's list – helpful? Interference?
- Do opioids cover up pain that might lead you to a diagnosis that needs aggressive therapy?
- How to taper a patient who resists?
- What is the role of the clinical pharmacist?

Thank you

Please share with me your thoughts

THOSE #$%& INSURERS!

How to get what the patient needs from their insurer with a minimum of fuss and bother

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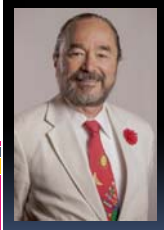

Currently employed in a Medicaid Managed Care Company as a CMO

Years of experience in Managed Care and Insurance as well as various practice settings from solo to corporate practice.

Any opinions expressed are my own, and do not represent any official positions of my employer.
Any discussion of drugs may include brand names, off label uses, and are not recommendations nor endorsements.

What's your Pain?

- Prior Auth
- Challenging Patients
- Playing the Game

Strategies

- Know the guidelines
- Follow the guidelines
  - When you don't, document why

Real Challenges

- Super High Dose – I can't take less!
- High Dose – refusing to taper
- Maintenance Dose – Refusing to Taper or D/C
- Your License is at RISK
- Your Best Clinical Judgement

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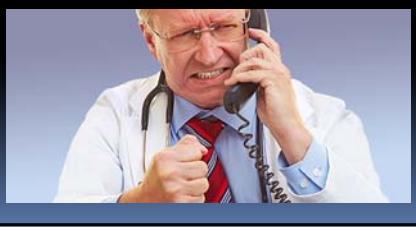
Appeals and Peer to Peers

- Know your options
- Follow the process
- Keep appealing



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Guidelines

- CDC: https://www.cdc.gov/drugoverdose/prescribing/guideline.html
- PA: https://www.pamedsoc.org/detail/article/PA-Opioid-Guidelines
- AAFP: https://www.aafp.org/patient-care/clinical-recommendations/all/opioid-prescribing.html
- PAFP: CME (Welcome to this class!)

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QUESTIONS?

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