Overview

1. Comprehensive Patient Evaluation
2. Personalized Treatment Plan
3. Pain Management Modalities
4. Case Studies

Comprehensive Patient Evaluation

- Presenting Complaint, prioritize pain problems
- Medical & Surgical History
- Family History: medical, mental health, pain, substance use
- Psycho/Social History: depression, mood disorder
- Patient goal of treatment
Personalized Treatment Plan

- Pain diagnosis, previous treatment and outcomes
- Personality: go getter, passive, treatment rejecter, mood
- Support mechanisms: emotional, financial resources
- Risk/benefit
- Cost/Insurance

Pain Management Modalities

- Maximize conservative measures first
- Medication: selection, formulary, adherence, risks
- Interventional treatment
  - Epidural Steroid Injections, Radio Frequency Ablation, Botox, Nerve Blocks, Trigger Point Injections, Lidocaine Infusion
- Devices:
  - Neuromodulator (Spinal Cord Stimulators, PNS)
  - Intrathecal Pumps for administration of medication to treat spasticity or pain
- Education & Counseling: essential

Adjuvant Therapies

- Physical Therapy
- Yoga/Tai Chi
- Aquatic Therapy/Swim
- Psychology
- Acupuncture
- Massage
- Chiropractic
- Mirror Therapy
- Hypnotherapy
What We Don't Have

Magic Pills Are Easier, but They Just Don't Exist

Case #1 Cancer Related Pain

C.G. 56 year old female

DX: Stage 4 Breast Cancer, metastasis to hip

Referred for implantation of pump for administration of Intrathecal Opioids

Oral medication: inconvenient, dose limiting side effect of sedation

Patient goal to improve pain control and remain active
Multimodal Treatment

1. Intrathecal Pump implanted: Hydromorphone and Bupivacaine
2. Oral meds discontinued
3. Added PTM = Patient Therapy Manager, prn IT dosing
4. Interventional treatment with Thoracic Sympathetic Blocks for post mastectomy neuropathic pain. (Necrotic breast)
5. Counseling and Emotional Support: NMPM Providers and Staff

Outcomes
Superior pain cool as compared to oral opioids
No dose limiting side effects of sedation, constipation
No longer a slave to clock, to take pills
PTM allowed her to manage her pain
She continued working their Flea Market stand
IT opioid in combination with interventional treatment was very effective
Ultimately, she suffered severe headaches due to brain metastasis refractory to IT therapy and steroids
Case #2 Chronic Pain due to Trauma

J.S., 33 year old male, history of MVA (ejected) at age 25 years. Injuries included TBI, RUE Brachial plexus injury with nerve root avulsion near the cord. Trach, ICP monitor, Peg tube.

Surgery 10/2007 Supraclavicular brachial plexus exploration with neuroplasty and decompression, neurolysis of spinal accessory nerve. InfraClavicular exploration with neuroplasty and decompression of the posterior cord, resection of neuroma.

DX: Complex Regional Pain Syndrome Type II

His chief complaint, “the shooters” as he describes the shooting, burning pain from the shoulder to the 1st and 2nd digits. Constant, severe pain.

Multimodal Treatment

1. Medical management with Fentanyl patches, dose ranged from 25 - 100 mcg/hr Q 72 hr
2. Adjuvant medication: Gabapentin 1200 -3600 mg/day, Duloxetine 30 - 60 mg /day
3. Stellate Ganglion Blocks: monthly, now every 4 months
4. He transitioned to Suboxone mid 2014 due to side effects from Fentanyl. Weaned off Suboxone February 2016
5. Education and counseling
Outcomes
Reduction in frequency and intensity of the “shooting” neuropathic pain
Interventional treatment with Stellate Ganglion Block Q 4 months
Discontinued all controlled substances
Working part time
Reconnected socially as mood improved

Case # 3 Lumbar Radicular Pain
D.C. 69 year old female chronic right lumbar radicular pain
History of decompressive lumbar laminectomy 2008
PT, Interventional treatment with LESI, Chiropractor, TENS
Lumbar Fusion L3-S1 in 2011
Experienced a few months of pain relief
Pain returned, sleep, mood and activity level suffered

Multimodal Treatment
1. PT
2. Medical Management: Duloxetine, Gabapentin, Baclofen, NSAIDS, prn short acting opioid
3. Interventional TX: Lumbar Epidural Steroid Injections reduced radicular pain 50-75%
4. Education/counseling
Outcomes

D.C. resumed active lifestyle
Reports improvement in mood, “quality of life is better”
Attributes this to multimodal treatment, injections, medications and counseling were effective
Counseling and support most effective in helping to manage pain

Case # 4 Spastic Quadraparesis

C.S. 27 year old male
DX: CP with Spastic Painful Quadraparesis
He walked and spoke as child
Tone increased, physical and verbal skills declined.
Dorsal Rhizotomy in 1997
Botox therapy for spasticity, partially effective
Referral to NMPM for Intrathecal Baclofen trial
Successful Intrathecal Trial
Medtronic Synchromed II pump implanted August 2015
Benefit from IT Lioresal

Reduction in tone allowed him to propel WC
Ashworth Score 3+/3+ bilateral, now 2/2
Legs no long scissor when seated or lying
Verbal skills returned
Mood improved
Daily care less painful, easier

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