Perspective of the Medical Community regarding Pain Management and Best Prescribing Practices

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Pain Management

- What is Pain?
- Scope of Problem
- How Did We Get Here?
- Best Practices
- Common Practices
- Worst Practices

Pain

- What is Pain?
- Pain- The sensation of actual or potential tissue damage
- Pain- Complex phenomena mediated by multiple receptors and pathways
- Subjective complaint- There is no current “pain test”

Pain Management

- Pain is undertreated.
- Chronic pain is widespread.
- There are medical consequences to untreated pain.
- Narcotics can help treat pain.
- Prescription drug abuse is growing.
- Drug overdose deaths and addiction are rising.
- Overdose and death rates have increased since the Federation of State Medical Boards (FSMB) pain guidelines.

Pain Management

- Diagnosis is important
- History and Physical are still critical to diagnosis
- Chronic pain is a real disease with known pathology
- People lie
- Symptoms and physical must agree over time
- MRI is not magic test
- MRI poorly correlates with subjective complaints
- Your chance of a positive MRI is your age

What Brought Us Here

- Early 1990's- Concept that narcotics are underused in the treatment of chronic non cancer pain
- Development of high dose long acting narcotics
- Academics who believed there was no risk of abuse with narcotics
- University of Wisconsin Pain Studied Group pushed for loosened Medical Board scrutiny
- Astroturf lobbying groups for decreased Medical Board scrutiny

What Brought Us Here

- Physicians get little formal training in pain and pain medications
- There is money/Professional advancement/Trips for talking about long acting narcotics
- There is no money/advancement/trips for talking about responsible prescribing
- The problem is a small minority of MDs
- There is a larger community of MDs who will justify any use of narcotics (slippery slope defense)

What Brought Us Here

- In Re Williams
- Supreme Court Ohio 1991
- 60 Ohio St 85,573 NE 2d 638
- Wright, dissenting "… We are telling those charged with policing the medical profession that their expertise as to what constitutes the acceptable standard of medical practice is not enough to overcome the assertion that challenged conduct does not violate a state statue…"

What Brought Us Here

- Hoover vs. The Agency For Health Care Administration
- District Court of appeal of Florida, 1996
- 676 So 2d 1380
- Court held that the Florida Board could not overrule a hearing officer(non physician/medical officer) and that following any guideline was a defense to board action.

- The pain clinic explosion in Florida followed

Pain Management-Best Practice

- Board Certified (ABMS) Pain Medicine
- Board Certified Anesthesia/PM&R/Neurology
- Interventional Pain Management
- Multispecialty Pain Clinic

Pain Management-Best Practice

- Narcotic Contract
- Referral Based
- Accepts Insurance
- Comprehensive history and physical exam
- Prior records reviewed. Must come directly from prior treating physician
- Physician Owned
- Narcotics not only modality offered

Narcotic Contract

- Enforced
- No early refills
- No Medication on nights and weekends
- Only one MD prescribing controlled substances
- One pharmacy
- Agree to random pill counts and UDS

Best Practices

- Initial comprehensive H&P
- Diagnostic Testing as needed
- Monthly follow up by MD
- Monthly f/u with PA with MD evaluation every three months
- Interventional treatment/PT/surgical evaluation as indicated
- Treatment/evaluation for depression
- Response to narcotics documented
- Narcotic risk assessment

Best Practices

- Does not dispense medications at clinic
- Documentation of response to medications
- Documentation of increased functionality
- Multiple medications used (pain has multiple pathways and receptors)
- Individualized treatment
- Understands addiction vs. habituation
- Willingness to send for addiction consultation
- Uses appropriate consultation

Red Flags

- History drug abuse, drug related arrests, alcohol abuse
- Family history addiction
- Young age
- History physical, sexual, emotional abuse
- ER visits for opioids
- Bought street drugs
- Stole money for drugs
- Sex for drugs
- Seeing multiple MDs for drugs

Red Flags

- Prostituted for drugs
- Prescription forgery
- Sold prescription drugs
- Lost/stolen medications
- Early refill
- Travelling long distance
- Unwillingness to try non medication based treatment
- Multiple drug “allergies”
- Street drug vernacular

Yellow Flags

- Hoard medications
- Requested specific drugs
- Expresses worry over medication rotation
- Family concern about medication use
- No response of pain to treatment
- Non compliance with treatment plan
- PE does not agree- “Tanned and Toned”
- Drug related tattoos

Common Practices

- Urine drug Screen (UDS)
- Not a magic bullet
- Multiple issues with false positives/negatives
- No evidence it shows what we think it shows
- Is useful as random test
- May be fraud and abuse issue
- Pushed by testing companies

Prescription Drug Monitoring

- Began in Kentucky
- Has not decreased drug abuse
- Only used by 1/3 of MDs in Kentucky
- Not used by “Pill Mill” MDs
- Security breech in Virginia
- Privacy issues

Washington State Response

- Can not prescribe more than 120 mg of Morphine equivalent daily without a consult by a board certified pain medicine specialist.
- Must be seen at least yearly by the specialist
- Must be seen at least quarterly by the prescribing MD

Worst Practices

- Cash Only
- Walk in allowed
- Accepts Out of State patients without a referral
- Advertises
- Non ABMS board certified “pain” MD with patients coming from a great distance
- Client can bring old records
- Non MD owned
- Drugs are the answer. What was the question?

Worst Practices

- No exam/Cursory exam
- Check Off visit form
- Dispense on site
- Security Guard
- No response to patient overdoses
- Accepts pharmacy print outs as documentation
- Does not respond to signs suggesting abuse/addiction
- Record does not address red flag/yellow flag issues
- Does not respond when pharmacies stop accepting scripts

Worst Practices

- Pain management/weight loss clinic
- MD was retired. Now “pain” MD working for non-MD
- OB/GYN doing pain
- Coupons in ad books