

Pain Management Treatment Options

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Pain Management Treatment Options

- Prescribing Opioids for Subacute & Chronic Pain:
 - If and When?
 - How Long & How Many Pills?
- How Can the CURES Database Help?
- Alternative Treatment Modalities to Opioids

Chronic Opioid Analgesic Therapy (COAT)

- No evidence to support long term efficacy
- Ample evidence of significant risk for harm
- Opioid therapy associated with
 - Side-effects
 - Tolerance common
 - Physical dependence
 - Can result in addiction
- Proceed with caution when considering whether to initiate opioids or transition to COAT

Opioid Facts

- For chronic pain, opioids are not superior in decreasing pain or disability compared to
 - NSAIDs, acetaminophen
 - Tricyclic antidepressants (e.g., amitriptyline, etc.)
 - Anticonvulsant drugs (e.g., gabapentin, etc.)

Opioid Induced Side-effects

- Nausea and vomiting
- Constipation
- Drowsiness, lethargy and cognitive impairment
- Depression
- Hormonal changes
- Sexual dysfunction
- Urinary retention
- Hypotension and peripheral edema
- Respiratory depression

Opioid Facts

- Increase risk of opioid misuse with
 - high daily doses (>50-80 mg/day MED)
 - greater daily supply of pills
- The longer the opioid prescription, the greater chance of being on an opioid a year later
- Strong association between chronic daily opioid use and mortality, even at intermediate doses

Risk Factors for Misuse & Abuse

- History of addiction to opioids, alcohol and/or other drugs
- Personal or family substance abuse history
- Adverse childhood experiences (ACE)
 - Neglect
 - Physical, emotional, sexual abuse
- Comorbid psychiatric disorders

MTUS ACOEM Opioids Guideline

- Not the first line of treatment for pain
- Avoid in patients with opioid abuse risk factors
- Should not in general be used for mild injuries
- Only prescribe at the lowest dose that provides pain relief, for a limited time (1 - 2 week for acute injuries or post-operatively), and with no refill, prior to re-assessment

MTUS Guideline for the Use of Opioids

- Patient should be educated about opioids and adverse possible adverse events – expectation should be clear for use only short-term
- For chronic usage
 - Monitor function, not just pain reduction
 - Repeated weaning trials recommended

Guidelines for the Use of Opioids

- Use screening tools for risk factors & addiction
 - e.g., ORT: Opioid Risk Tool
- Opioid treatment agreement
- Random urine drug testing
- **P**rescription **D**rug **M**onitoring **P**rogram (PDMP)
 - CA: **C**ontrolled Substance **U**tilization **R**ever and **E**valuation **S**ystem (CURES) <https://oag.ca.gov/cures>

Warning Signs of Substance Use Disorder

- Intoxication & aberrant behavior
- Reports of lost or stolen prescriptions
- Failure to achieve pain reduction
- Failure to improve in function
- Acquisition of opioid prescriptions from multiple physicians - CURES
- Failed urine drug testing (UDT)

Medical Treatment Utilization Schedule (MTUS)

- Switched to ACOEM Guidelines as of December 1, 2017
- MTUS Drug Formulary as of January 1, 2018

MTUS Drug Formulary

- Drug MUST be used in conjunction with MTUS
- Opioid use is moderately not recommended for treatment of subacute and chronic nonmalignant pain
- Max. daily opioid dose recommended for 50 MED
- Opioid weaning/tapering recommended – safely
- Select group of patients benefit from opioids

Legacy Cases (< 1/1/2018)

- Transition cases
- 04/01/2018 - Formulary “Phase-In”

MTUS Opioid Guideline

Acute Pain (up to 4 Weeks)	Routine Use of Opioids for Treatment of Non–Severe Acute Pain	Strongly Not Recommended
	Opioids for Treatment of Acute, Severe Pain	Recommended
Postoperative Pain (up to 4 Weeks)	Limited Use of Opioids for Post–Operative Pain	Recommended
Subacute (1-3 Months) and Chronic Pain (> 3 Months)	Routine Use of Opioids for Subacute and Chronic Non–Malignant Pain	Moderately Not Recommended
	Opioids for Treatment of Subacute or Chronic Severe Pain	Recommended

Criteria for Prescribing Opioids

- Limited to cases in which other treatments are insufficient and criteria for opioid use are met
- Efficacy (pain relief & increased function)
- No or manageable side-effects
- Physician must be documented opioid benefit

Weaning Tapering Detoxification

- Should never be abrupt
- Best done slowly
- Consideration for conversion to Suboxone
- Patients who have been on long-term chronic opioids may be difficult to completely wean
- Provide pain treatment alternatives

MTUS Supported Treatment Alternatives

- Non-opioid medications including
 - Certain Antidepressants
 - Certain Anticonvulsants
 - Analgesics
 - Certain Muscle Relaxants (but not Valium or Soma)
- Psychological evaluation and approaches including
 - Cognitive behavior therapy (CBT)
 - Biofeedback
- Physical therapy approaches
 - Exercise and work conditioning
- Other
 - Acupuncture
 - Aquatics therapy
 - Yoga

What Does the MTUS Chronic Pain Guideline Recommend?

- Early Intervention & Functional Restoration approaches
- Treat with a biopsychosocial FR approach
 - Physical (Pathophysiology)
 - Psychological state
 - Consider all factors including IWs belief and expectations and childhood and life experiences
- Focus of treatment
 - Medication optimization with weaning of meds
 - Locus of control IW based
 - Increased function with return to life and work activities

ACOE Chronic Pain Guideline

Summary of Recommendations

Laboratory Tests for Chronic Persistent Pain	Recommended
Needle EMG and Nerve Conduction Study to Diagnose	Recommended
FCEs For Chronic Persistent Pain	Recommended
Aerobic Exercise for Chronic Persistent Pain	Recommended
Strengthening Exercise for Chronic Persistent Pain	Recommended
Aquatic Therapy for Chronic Persistent Pain	Recommended
Yoga for Other Chronic Persistent Pain	Recommended
Oral NSAIDs for Chronic Persistent Pain	Recommended
Acetaminophen for Chronic Persistent Pain	Recommended
Gabapentin and Pregabalin for Chronic Persistent Pain	Recommended
Duloxetine (Cymbalta) for Chronic Persistent Pain	Recommended
Muscle Relaxants for Acute Exacerbations of Chronic Persistent Pain	Recommended
Topical NSAIDs for CPP When Target Tissue Superficial	Recommended
Lidocaine Patches for Chronic Persistent Pain	Recommended
Acupuncture for Chronic Persistent Pain	Recommended
Psychological Evaluation for Chronic Persistent Pain	Recommended
Biofeedback	Recommended
Cognitive Behavioral Therapy	Recommended
Pain Programs	Recommended

Should You Prescribe Chronic Opioids?

- Maybe; an individual choice
- If yes, must follow guidelines to avoid problems
 - Opioid Agreement
 - Urine Drug Testing
 - CA PDMP CURES
 - Prescription Drug Monitoring Program
 - Controlled Substance Utilization Review and Evaluation System
 - Monitor compliance and document efficacy
 - Treat side-effects
 - Regular weaning/tapering trials
- If no; refer to Pain Specialist



QUESTIONS?

