Opioid Prescribing Guidelines
And
Integrative Treatment Approaches

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Pima Pain Management
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PAIN
IS SOMETHING TO MASTER,
NOT TO WALLOW IN.
~ Anaiis Nin

Sobriety By The Grace Of God ©
Pain Management Guidelines are a Hot Topic

MPR > News > Dangerous Drug Combo Contributing to Opioid Overdose Risk
March 16, 2017
Dangerous Drug Combo Contributing to Opioid Overdose Risk

THE CHEESE TRAIL OF GOOD DOCUMENTATION!

Author: Jennifer Bolen
Pain Management Guidelines are a Hot Topic

OPIOID-INDUCED RESPIRATORY DEPRESSION

CO2 stimulates the respiratory drive. CO2 levels signal the brainstem to increase the respiratory rate. Opioids binding to μ receptors in brainstem suppress chemoreceptor responses to hypercapnia.

BLOCK

Opioids block the CO2 feedback loop. Breathing slows or stops. Self-potentiating cycle may result in life-threatening OIRD, associated hypoxemia, and/or respiratory arrest.
Pain Management Guidelines are a Hot Topic

One Child Poisoned By Opioids Every 45 Minutes, Study Indicates. CNBC (3/20) reports online that a study by the Center for Injury Research and Policy and the Central Ohio Poison Center at Nationwide Children’s Hospital found “poison control centers across the country field 32 calls a day from families with a child who has been exposed to opioids,” totaling “about one call every 45 minutes.” What’s more, the rate of suicide via overdose “increased by more than 50 percent throughout the course of the 16-year study.” The findings were published in the journal Pediatrics.

Prescription Medication Side Effect Reports Increased Fivefold From 2004 To 2015, Analysis Concludes. The Milwaukee Journal Sentinel (3/17) reported that from 2004 to 2015, there has been a fivefold increase in the number of prescription drug side effect reports filed with the Food and Drug Administration, according to an analysis by the Milwaukee Journal Sentinel and MedPage Today. According to the data, “drugs used to treat diseases such as rheumatoid arthritis, psoriasis, multiple sclerosis, a type of cancer and diabetes are among those with the greatest number of reports.”
Why Some Patients Require High Dose Opioid Therapy

Chronic pain syndrome represents the end stage of maladaptation of having pain as the stressor and, as a result, homeostasis is severely disturbed in all aspects—with abnormal default settings for emotions, immunity, hormone balance, thought, and memory.

By Edward Manougian, MD
A conversation with a friend is never a waste of time.
Opioid Prescribing

Laws
Guidelines
Challenges
Potential Solutions
Need for Advocacy
Opiate Prescribing: Laws

Certification

How to write a prescription

Database Reference

Rules differ by State
Opiate Prescribing: Guidelines

The most stringent are what should be followed

Federal

FDA, DEA, CDC

TIRF/REMS

State

State Board

State legislature/governing:
Opiate Prescribing: State Guidelines

Check out this video on YouTube:

https://youtu.be/adjEw3SBSs8

Medication disposal guidelines

http://www.fda.gov/ForConsumers/ConsumerUpdates/ucm101653.htm

Arizona Opioid Prescribing Guidelines, Nov 2014

Azdhs.gov
Opioid Prescribing: Guidelines

History

Physical Exam

Opioid Risk Evaluation: ORT, SOAPP

Pharmacy Board review

Urine Drug testing: frequency?
Pain Management: How Is Pain Treated

Pain Medication Ladder

FDA recommendations

CDC recommendations

DEA recommendations

State guidelines

Professional guidelines

Lowest dose of Opiates for the least amount of time
Pain Management: How Is Pain Treated

Medications Used In Pain Control: Typical other than Opiates

- Anti-inflammatory
- Tylenol-based
- Anti-epileptics
- Anti-depressants
- Muscle relaxers (a few classes of these)
Opiate Prescribing

Practitioner’s Manual: An Informational Outline of the Controlled Substances Act

WWW.DEAdversion.usdoj.gov

The Opiate Epidemic; Article Collection

HTTP://explore.tandfonline.com/page/beh/the-opiate-epidemic

A supplement to Pain Practice Management: Opioid Prescribing and Monitoring; How to Combat Opioid Abuse and Misuse Responsibly

Federal and State Boards Guidelines
Opiate Prescribing: Guidelines

Professional Organizations

Insurance companies

Carrier

Carve out coverages;

Rationale not understandable
Opiate Prescribing: Challenges

Patient Involvement and Perspective
Patient Referral/Treatment and Care
Proper Treatments and Evaluations Available
Insurance coverage
Politics/Society
Safety and Protection
Confusion
THINGS OUTSIDE MY CONTROL

- OTHER PEOPLE'S ACTIONS
- OTHER PEOPLE'S OPINIONS
- OTHER PEOPLE'S FEELINGS
- OTHER PEOPLE'S MISTAKES

THINGS I CAN CONTROL

- MY ATTITUDE
- MY EFFORT
- MY BEHAVIOR
- MY ACTIONS
to be a great team member

ADVERSITY

JONGORDON.COM
Opiate Prescribing: Challenges
Patient Perspectives and Involvement

- Living situation
- Social situation
- Past treatments
- Willingness to participate in their care plan
- Education
PLEASE
TRY NOT TO JUDGE
HOW SOMEONE
IS DEALING WITH
A PAIN YOU
HAVE NEVER
EXPERIENCED.

tinybuddha.com
Opiate Prescribing: Challenges
Patient Referral/Treatment and Care

Physician/Midlevel Education

Understanding evaluation and psychological status

Combination of Medications

Types of Testing

Types of Therapy

Authorization
Opiate Prescribing: Challenges
Proper Evaluations Available

Physical Examination/Biomechanics
Imaging
Electrodiagnostics
Lab Testing

For Compliance/Guidelines
For diagnostic and forensic

Biopsies and other modalities

TELL ME AGAIN WHAT THE ICD-10 CODE FOR

"BECAUSE I'M A DOCTOR AND I WANT IT" IS.
Forward Head Syndrome

- Headaches & Migraines
- Dizziness
- Neck Pain
- TMJ
- Back Pain
- Shoulder Pain
- Acid Reflux
- High/Low Shoulder
- Sinus Conditions
- Itchiness
- Strength-Related Issues
- Fibromyalgia
- Tendonitis
- Carpel Tunnel Syndrome
- Numbness/Tingling in arms/hands
- Pinched Nerve
- Arm Pain
- Muscle Tension
- Bone Spurs
- Degenerative Disk/Joint Disease
- Fatigue
- Rotator Cuff Issues
- Spinal Decay
- Golf/Tennis Elbow
- Dowager’s Hump
Opiate Prescribing: Challenges
Proper Treatments Available

Injection Therapies
Medication Management
Medication Interactions and Authorizations
Complimentary and Alternative Approaches
Physical Modalities
Surgical Options
Access to care
Transformative care is a strategy to really improve the care for patients with pain. It basically means integrating training of patients with treatment of patients. Evidence-based treatments work very well, slightly above placebo, and work fairly well short term, but most patients don’t want to be on long-term medications if they can help it. So training patients reduces those factors that contribute to the persistence of the pain, whether they be ergonomics, exercise, repetitive strain, emotional issues, loneliness—there are a lot of psychosocial factors that play a role. Each of those are factors that, if you improve, it actually turns the volume down on the pain, both at the peripheral level as well as the central level. So transformative care is a very simple concept of integrating training in with treatments.
Opiate Prescribing: Challenges
Insurance Coverage and Authorization

Constantly Changing

Timing affects Safety and Care

Step Therapy

Formularies and Carve Outs

Coverage affects Safety and Care
How Will MACRA Affect Me?
MIPS and APM Flowchart

Am I in an eligible APM?

- Yes
- No

Am I in an APM?

- Yes
- No

Is this my first year in Medicare OR am I below the low-volume threshold?

- Yes
- No

Do I have enough payments or patients through my eligible APM?

- Yes
- No

Qualifying APM Participant

- Excluded from MIPS
- 5% lump sum bonus payment (2019-2024), higher fee schedule updates (2026+)
- APM-specific rewards

Favorable MIPS scoring & APM specific rewards

Not subject to MIPS

Subject to MIPS

Bottom line: There will be financial incentives for participating in an APM, even if you don’t become a QP

Key: APM = Alternative Payment Model  
MIPS = Merit-Based Incentive Payment System  
QP = Qualifying APM Participant

Source: The Centers for Medicare & Medicaid Services
Opiate Prescribing: Challenges
Politics/Society

Media

Government

PACs

Conflict/Partisanship

Hidden Agendas?
WHAT I THINK

WHAT I CAN PUT INTO WORDS

WHAT I SAY TO OTHER PEOPLE

WHAT PEOPLE ACTUALLY UNDERSTAND

VIA ARCFLY
MEDICAL HACK:

So, your **doctor ordered a test or treatment** and your insurance company **denied it**. That is a typical cost saving method.

OK, here is what you do:

1. Call the insurance company and tell them you want to speak with the "**HIPAA Compliance/Privacy Officer**" (By federal law, they have to have one)

2. Then ask them for the **NAMES** as well as **CREDENTIALS** of every person **accessing your record** to make that decision of denial. By law you have a **right** to that information.

3. They will almost always **reverse the decision** very shortly rather than admit that the committee is made of low paid HS graduates, looking at "criteria words," making the medical decision to deny your care. Even in the rare case it is made by medical personnel, it is unlikely that it is made by a board certified doctor in that specialty and they **DO NOT WANT YOU TO KNOW THIS**!

4. Any refusal should be reported to the US Office of Civil Rights (**OCR.gov**) as a HIPAA violation.

~ BAA, RN
Opiate Prescribing: Challenges
Safety and Protection

Pharmacists Have Guidelines too

Constant Changes Affect Patient Safety

Benzodiazepines and Soma use

Abuse deterrent Formulations

Naloxone use
A Review of Skeletal Muscle Relaxants for Pain Management

Spasticity and spasm: 2 distinct reactions to motor neurons that require unique and sometimes complementary therapies.

By Jeffrey Fudin, PharmD, DAIPM, FCCP, FASHP and Mena Raouf, PharmD

Although grouped under a single drug class, skeletal muscle relaxants are a heterogeneous group of structurally unrelated medications with variable pharmacologic and safety profiles.¹-³ Skeletal muscle relaxants are used commonly for the treatment of 2 conditions: spasticity and local musculoskeletal spasms. Approximately 2 million Americans, including more than 300,000 people over 60 years of age, are prescribed muscle relaxants.
BOY, I SAY BOY...

YOU'RE ABOUT TO EXCEED THE LIMITATIONS OF MY MEDICATION.

FIFTYONEFIFTY
Opiate Prescribing: Challenges

Confusion

Understanding Research

Understanding Guidelines

Mismatch with Insurance

Mismatch with Patients

Hard to come up with protocols
Do what you feel in your heart to be right— for you’ll be criticized anyway.

—Eleanor Roosevelt
WHIPPET

WHIPPET GOOD
Pain Management: Addressing Addiction

Journal of Addictive Diseases

AOAAM

SAMSHA

Use of Naloxone

Use of Buprenorphine products

How to write them properly; courses
Pain Management: Addressing Addiction

Striatal H3K27 Acetylation Linked to Glutamatergic Gene Dysregulation in Human Heroin Abusers Holds Promise as Therapeutic Target

Overall, our data suggest that heroin-related histone H3 hyperacetylation contributes to glutamatergic transcriptional changes that underlie addiction behavior and identify JQ1 as a promising candidate for targeted clinical interventions in heroin use disorder. http://dx.doi.org/10.1016/j.biopsych.2016.09.015

10-Hz Repetitive Transcranial Magnetic Stimulation of the Left Dorsolateral Prefrontal Cortex Reduces Heroin Cue Craving in Long-Term Addicts☆

http://dx.doi.org/10.1016/j.biopsych.2016.02.006
Conclusions: Medicaid expansion has the potential to reduce the financial barriers to buprenorphine utilization and improve access to medication-assisted treatment of opioid use disorder. Active physician participation in the provision of buprenorphine is needed for ensuring that Medicaid expansion achieves its full potential in improving treatment access.
Pain Management: Addressing Addiction

Insurers End Policies Requiring Prior Authorization for Opioid Use Disorder
By Nikki Kean

Managing Opioid Use Disorders and Chronic Pain
Interview With Daniel Alford, MD, MPH, professor of medicine, assistant dean of Continuing Medical Education, and director of the Clinical Addiction Research and Education Unit and Safe and Competent Opioid Prescribing Education (SCOPE of Pain) programs at Boston University School of Medicine and Boston Medical Center.
Percutaneous Electrical Neurostimulation for Detoxification in Opioid-Dependent Chronic Pain Patients

The use of this unique, nonpharmaceutic outpatient technique can accomplish a safe, cost-effective, and rapid reduction in the use of opioids, even when previous weaning methods have been unsuccessful.

By Jayson A. Hymes, MD, MPH, FACPM and Marcos Sedghi
When you live with chronic pain, you never tell the truth. When someone asks you how you are or how you feel, you lie & say, I'm fine or I'm ok, & you smile.
Never hold your farts in. They travel up your spine, into your brain and that's where shitty ideas come from.
Integrative Pain Management
How To Look For The Cause?

Why

Understanding the cause allows for proper treatment no matter the approach.
One does not walk into the forest and accuse the trees of being off-center, nor do they visit the shore and call the waves imperfect.

So why do we look at ourselves this way?

Tao Te Ching
Integrative Pain Management

Treating Multiple Pain Syndromes: A Case Series Using a Functional Medicine Model

Learn how applying a functional medicine model to manage the underlying causes of multiple systemic pain syndromes, using a more patient-centric team approach, helps improve care.

By Gordon D. Ko, MD, CCFP(EM), FRCPC, PhD, Leigh Arseneau, BSc, ND and Robyn Murphy, ND
Relaxe
Não há necessidade de pressa
ou de forçar as coisas a acontecerem.
Tudo está ocorrendo no momento
mais perfeito e exatamente como
deve ser e se a etapa for ruim,
desfrute do aprendizado.
Integrative Pain Management

How Is Pain Treated?

Physical
Chemical/Medicinal
Metabolic/Nutrition
Psychological
Spiritual
Pain Management: How Is Pain Treated

Traditional and Conservative

Direct Treatment

Surgical

Therapy ...although there are many types...

Medication
Pain Management: How Is Pain Treated

Integrative: takes into account the Traditional and Conservative Approach

Functional Approach

TCM: 5 elements and Ba Gua

Medicinal approaches: homeopathic, naturopathic, other influences

Biomechanical

Systemic/nutritional/neurotransmitters

Spiritual/Psychological
Neurotransmitters are endogenous chemical messengers that transmit signals across a chemical synapse, from one neuron to another “target” neuron, muscle cell, or gland cell. Some neurotransmitters are excitatory, facilitating transmission of messages, while others are inhibitory neurotransmitters, impeding transmission. These chemical messages are critical in the modulation of pain.
Neurohormones in Pain and Headache Management: New and Emerging Concepts

The authors discuss a special set of neurohormones with pain-related functions, which if tapped for their intrinsic use, may diminish the need for opioids.

By John Claude Krusz, PhD, MD and Forest Tennant, MD, DrPH

The recent discovery and awareness that the central nervous system (CNS) makes specific hormones for intrinsic use in addition to those for peripheral use is a profound finding that is critical to clinical pain and headache management. Some neurohormones provide the physiologic effects of neuroprotection and neurogenesis that are essential for pain reduction, prevention, and treatment.
Your body's ability to heal is greater than anyone has permitted you to believe.
Osteopathic Principles: 4 Tenets

The body is a unit; the person is a unit of body, mind, and spirit.

The body is capable of self-regulation, self-healing, and health maintenance.

Structure and function are reciprocally interrelated.

Rational treatment is based upon an understanding of body unity, self-regulation, and the interrelationships of structure and function.
Osteopathic Treatment Considerations For Head, Neck, and Facial Pain

Use of osteopathic manipulative treatment relies on precise and individualized manual therapy to maintain or restore circulation of body fluids, leading to improved mobility.

By Victoria A. Troncoso, DO, Deborah Heath, DO, Roya Vahdatinia, OSM-IV and Leonard B. Goldstein, DDS, PhD
Integrative Pain Management
How Is Pain Treated
Not Every Herb is Marijuana
What about Kratom?
Medical Foods Hold Promise In Chronic Pain Patients

Underutilized until now, medical foods have the potential to improve patient outcomes by alleviating pain and lowering the medication dosage while maximizing tolerability and safety.

By Michael J. Brennan, MD, Steve H. Yoon, MD and Todd Lininger, MD
Pain Management: How Is Pain Treated

Atypical Medications Used in Pain Management

- Low Dose Naltrexone
- Blood Pressure Medications
- Weight loss Medications
- Topical preparations
Doctor told me to drink more water

By “water” i mean whiskey, and by “doctor” i mean ME.
Integrative Pain Management

How Is Pain Treated

Medical Alternative Therapies for Pain

Cold laser

Acupuncture

Electrical: TENS, High Frequency, Scrambler, Frequency Specific; Wave specific

Injection

Manipulation
Integrative Pain Management

Music Therapy Reduces Pain in Spine Surgery Patients

Article ID: 672021
Released: 28-Mar-2017 5:05 PM EDT
Source Newsroom: Mount Sinai Health System
http://www.newswise.com/institutions/newsroom/3418/
Acupuncture can help reduce the risk for coronary heart disease (CHD) in patients with fibromyalgia, a new study suggests (Arthritis Res Ther 2017;19:37).
Electroacupuncture Promotes CNS-Dependent Release of Mesenchymal Stem Cells

Electro-acupuncture (EA) performed in rats and humans using front-limb acupuncture sites, LI-4 and LI-11, and Du-14 and Du-20 increased functional connectivity between the anterior hypothalamus and the amygdala and mobilized mesenchymal stem cells (MSC) into the systemic circulation. In human subjects, the source of the MSC was found to be primarily adipose tissue whereas in rodents the tissue sources were considered more heterogeneous. Pharmacological disinhibition of rat hypothalamus enhanced sympathetic nervous system (SNS) activation and similarly resulted in a release of MSC into the circulation. EA-mediated SNS activation was further supported by browning of white adipose tissue in rats. EA treatment of rats undergoing partial rupture of the Achilles tendon resulted in reduced mechanical hyperalgesia, increased serum IL-10 levels and tendon remodeling, effects blocked in propranolol-treated rodents. To distinguish the afferent role of the peripheral nervous system, phosphoinositide-interacting regulator of transient receptor potential channels (Pirt)-GCaMP3 (genetically encoded calcium sensor) mice were treated with EA directed at hind limb immune points, ST-36 and Liv-3 and resulted in a rapid activation of primary sensory neurons. EA activated sensory ganglia and SNS centers to mediate the release of MSC that can enhance tissue repair, increase anti-inflammatory cytokine production and provide pronounced analgesic relief. This article is protected by copyright. All rights reserved.

Integrative Pain Management
How Are People in Pain Living

Counselling and Mind Body techniques

Tapping
EMDR
Hypnosis
Meditation
Yoga
It’s pretty remarkable that mindfulness meditation can be more powerful than morphine. Morphine has been shown to, on average, reduce chronic pain by about 25%. Mindfulness meditation has been shown to, on average, reduce chronic pain by about 40% and in some cases up to 93% with short-term and long-term benefits. It’s simply the act of bringing your awareness to what you’re actually experiencing in the present moment without judgment. We found that with mindfulness, patients with chronic pain and depression and anxiety are more able to differentiate between the physical sensations in the body and the thoughts about the sensations—the memories around pain or resentment around pain or anxiety. With people who cope with chronic pain by either feeling overwhelmed and anxious or who feel like they want to check out from their experience, who want to ignore or get away from their pain, we found that mindfulness is a great bridge to bring them back to the present moment, with nonjudgment. To think “What are the actual sensations that I’m experiencing right now?” or “What does this pain feel like?” and “Can I bring courage to be with it rather than to fight it or ignore it?” Over time, the more chronic pain patients do this, the more gray matter is actually grown in the prefrontal cortex, the stronger the thalamus is, and the insula, in helping to know which pain signals are worth paying attention to and to increase proprioception inside the body and also deactivate portions of the amygdala that decreases the emotional response to pain, which is often very harmful and actually increases pain. Neuroscience research is showing how important it is to increase cognitive function and decrease emotional responsiveness to pain and engage the patient into their real-life experience, bring courage to be with their pain and to remove the physical sensations from all of the anxiety and feelings of overwhelm around the pain.
Integrative Pain Management
How Are People in Pain Living

Perspective adjustments
Epigenetics
Modified living
Integrative Pain Management
How Are People in Pain Living

**Giving**

Volunteer work
Donations
Crafts and Hobbies
Food
Internet blogs
Experiences and advice

**Receiving**

Receiving
Accepting help and food
Sharing
BE INSPIRED.
"Those who are skilled in combat do not become angered, those who are skilled at winning do not become afraid. Thus the wise win before the fight, while the ignorant fight to win."

- O Sensei Ueshiba
Now You Can Train For The Most Recession Proof Job Available Today

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- speak in spiritual riddles
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- charge exorbitant rates
- seduce attractive students
- write your book
- open your web site
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- You have a nice smile
- You are amazing
- YOU ARE BEAUTIFUL
- You light up the room
- YOU ARE LOVED
- Your laughter is contagious
- You are an inspiration to others
- YOU ARE SMART
- You are making a difference
- You are so strong