

DIRTY DRUGS: DONE DIRT CHEAP

Kaylea Boutwell, MD

Interventional Pain Management Specialist

Pain and Rehabilitation Specialists of St. Louis

Introduction

- My Background:
 - Missouri Native
 - Saint Louis University School of Medicine
 - Saint Louis University Hospital
 - Residency
 - General Surgery
 - Anesthesiology and Surgical Critical Care
 - Cleveland Clinic Foundation Hospital
 - Fellowship
 - Interventional Pain Management
 - Board Certified, Anesthesiology/Critical Care
 - Board Certified, Pain Management/Medicine

Introduction

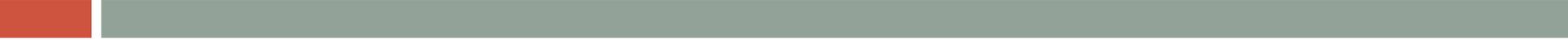
- Currently
 - ▣ Pain and Rehabilitation Specialists of Saint Louis, LLC
 - ▣ Independent practitioner in St. Louis, MO
 - ▣ Focus on Interventional and Non-Operative care of the spine and joints.
 - ▣ Comprehensive practice scope
 - Rx, Physical Therapy/Rehab, Interventional

Introduction

- There ARE alternatives to the historically common high-dose, high-COST long term narcotic plans.

Case 1:

- New injury patient.
- Opportunity to get in right, get in early.
- Avoid Narcotics.
- Facilitate Functional Rehabilitation
- Cultivate Rapport.
- Establish RTW expectations.
- Focus on the Future.



□ Todd C.

- 38 y/o Construction Worker
- Twist/Lift Mechanism with Acute LBP
- Referred from Occ Med for Eval and Tx
- NSAIDs PRN, Mm Relaxant PRN
- Light Duty x 2 wks total
- P.T. x 4 visits
- ESI x 1
- RTW no restrictions, OTC NSAIDs PRN

Case 2:

- What you've got is what you've got.
- Frustration due to delays in care.
- Early use of narcotics.
- Inconsistent Rehabilitation and Advanced Therapy
- Adversarial Attitudes
- Loss of RTW motivation
- Focus on the here & now.

■ Barbra I.

- 46 y/o Female
- Crush Injury R Hand 2013, Dx “CRPS”
- Stellate Ganglion Blocks x 21 total
- From opioid naïve to....
 - Methadone 10mg QID
 - Lyrica 200mg TID
 - Valium 10-20mg PO QHS In less than 8 weeks

- Inpatient detoxification program
- D/C narcotics entirely, D/C Lyrica for cognitive impairment and blurry vision
- Rx: Gabapentin 600/600/900
- Transdermal Ketamine, Clonidine, Gabapentin, Bupivacaine
- Physical Therapy
- RTC – Recognized me for the first time in 4 visits
- RTW with Restrictions due to ongoing subjective pain complaints

Case 3:

- That ship has sailed!
- Frustration due to progression of pathology – physiologic or psychologic/behavioral.
- Late, chronic dependence on/addiction to narcotics.
- Adversarial Ah-Tih-TUUUUDES
- RTW.... Yeah, right.
- Focus on the past.

■ Gary P.

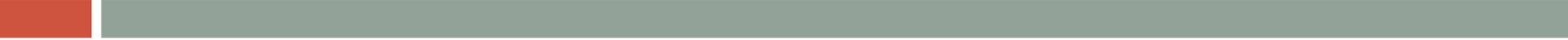
- 57 y/o male, RUE Amputation 2011
- Survival only ~20%
- Survived only to become “a monster”
- Oxycontin 80mg TID
- Percocet 10/325 Max 8/day.... Up to 20/day
- Colace, Senna, Lyrica 50mg BID

- Counseling therapy
- Weaned from all narcotics
- Lyrica 100/100/100
- Gabapentin 900 QHS
- Lidoderm Patches
- Physical Therapy to reduce nerve traction
- KPLR Channel 11 – Search “Pain Awareness Month”



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- Alternatives to the historically common high-dose, high-COST long term narcotic plans.

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- Medications, Drug Screening
 - Procedures
 - Multi-Modal Therapy



- Medications, Drug Screening

Most Purchased Rx by Total Dollars Paid in Worker's Compensation Claims

- **Celecoxib (Celebrex - anti-inflammatory)**
- **Hydrocodone (Vicodin, Lortab, Norco - painkiller)**
- **Carisoprodol (Soma - muscle relaxant)**
- **Oxycodone (Percocet, OxyContin - painkiller)**
- **Gabapentin (Neurontin - painkiller)**
- **Ranitidine HCL (H2-Blocker)**
- **Naproxen (anti-inflammatory)**
- **Duragesic (Fentanyl - painkiller)**

Evidence-Based Pharmacotherapy

- Narcotic and Non-Narcotic Pharmacotherapy
 - ▣ CHOOSE APPROPRIATE CLASS OF ANALGESIC!

Evidence-Based Pharmacotherapy

- Non-Narcotic “Pain Killers”
 - Anti-depressants
 - Membrane stabilizers
 - Alpha-2 Agonists
 - Benzodiazepines/Sedative-Hypnotics
 - Muscle Relaxants
 - NSAID’s
 - Homeopathic Remedies and “Neutraceuticals”

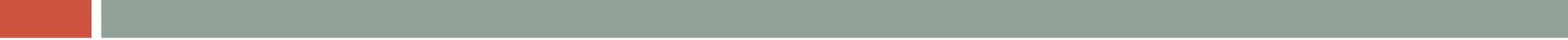


Narcotics

- ❑ Tramadol, T#3, T#4
- ❑ Hydrocodone, Pentazocine, Methadone
- ❑ Percocet, Morphine Sulfate, Dilaudid, Nucynta
- ❑ Extended Release Narcotics
 - ❑ OxyContin (Oxycodone)
 - ❑ MSContin (MSO4)
 - ❑ Avinza (MSO4), Kadian (MSO4)
 - ❑ Exalgo (Hydromorphone)
 - ❑ Opana (Oxymorphone)
 - ❑ Duragesic (Transdermal Fentanyl)
 - ❑ Butrans (Transdermal Buprenorphine)

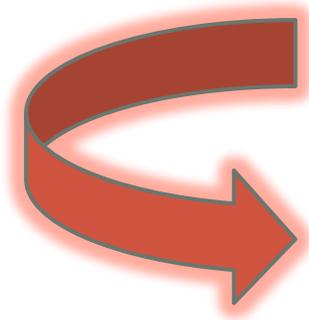
“Webster et al (154) showed that patients receiving more than a 450 mg equivalent of morphine over a period of several months were, on average, **disabled 69 days longer** than those who received no early opioids, had **3 times** increased risk for **surgery**, and had **6 times** greater risk of **receiving late opioids**. Fillingim et al (153) indicated that opioid use was associated with greater self-reported disability and poorer function.”

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- Upon initiating opioid therapy,
agree with patient on criteria for failure of medication
 - Common failure criteria include:
 - lack of significant pain reduction
 - lack of improvement in function
 - persistent side effects
 - Noncompliance
 - Opioid Induced Hyperalgesia

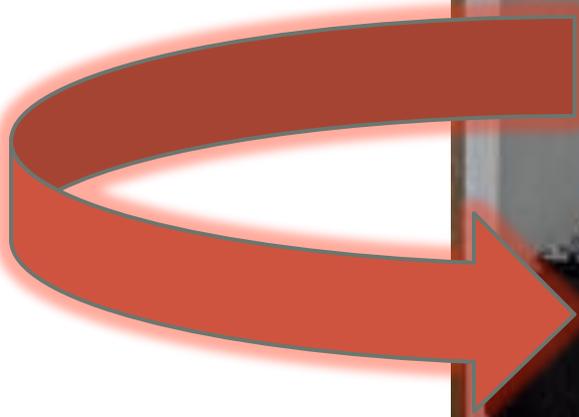
Opioid Induced Hyperalgesia

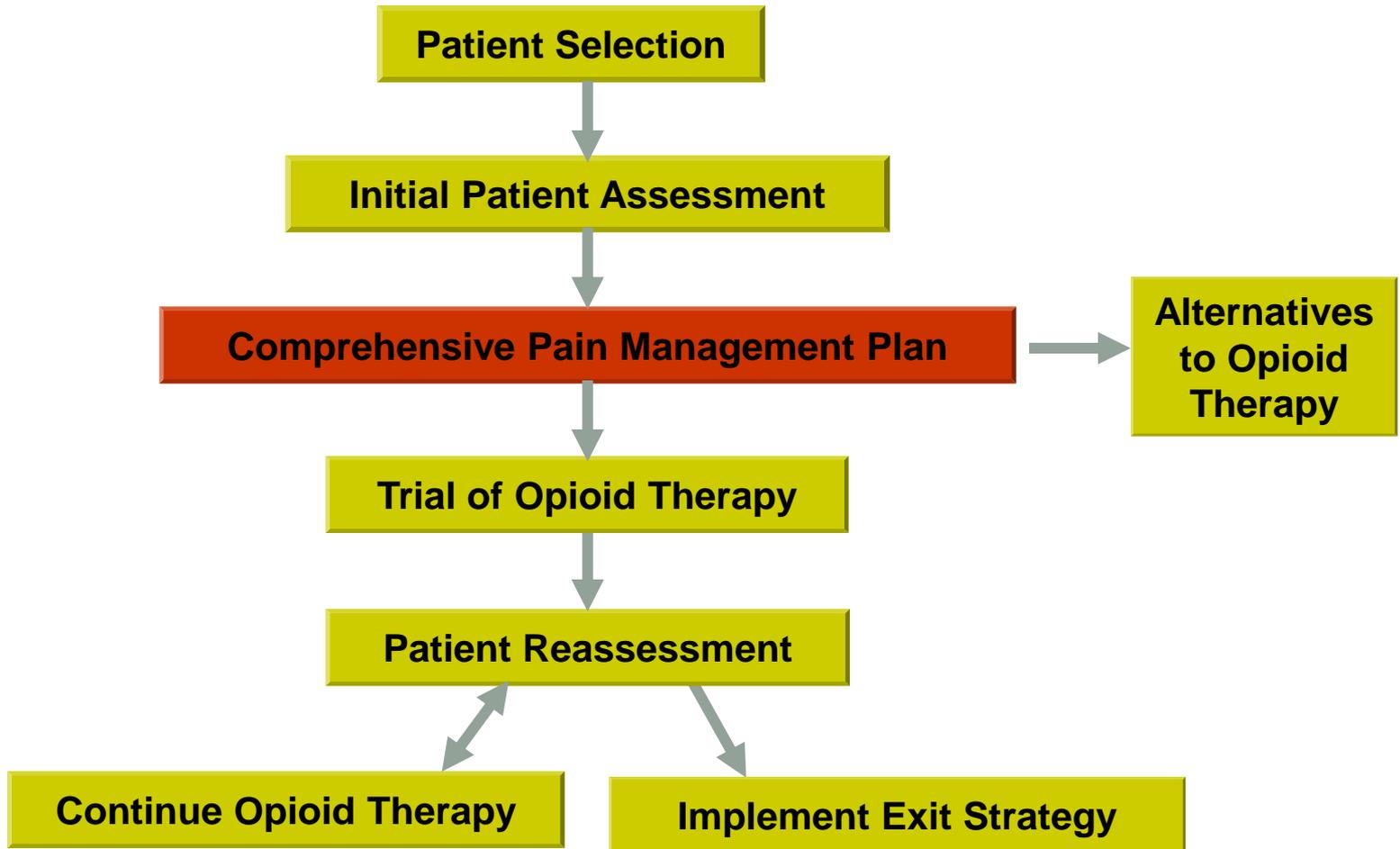
“Pain Killers”



Opioid Induced Hyperalgesia

**“Pain
Killers”**





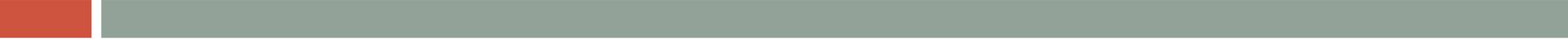


Spinal Cord Stimulation Intrathecal Pump Therapy

- Radiculopathy
- Polyneuropathy (Diabetic, Alcoholic)
- Peripheral Nerve disease
- Special/Atypical headache
- Angina
- **TRIAL should reduce pain by >50%**
- “Adaptive Stim”
- MRI Compatible

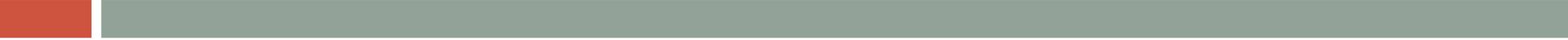
- Chronic Pain Syndromes
- Cancer Related Pain Therapy
- ****Should *REPLACE* PO narcotics****
- Significant developments in treatment science.
- Targeted CNS therapy eliminates systemic exposure and related chronic disease
 - ▣ GI stasis/constipation/diverticulitis
 - ▣ Endocrine disorders – Low Testosterone
 - ▣ Sleep Disorders – Poor healing, psychiatric issues
 - ▣ Mood Disorder

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- Vertebral Body Compression Fractures
 - Special Imaging
 - Configuration of the Fracture
 - Often **ELIMINATES** pain almost **IMMEDIATELY**



□ Pro-Inflammatory Foods:

- Sugar → Stevia
- Common Cooking Oils → Macadamia, Olive Oil
- Trans Fats → Avoid Processed Foods
- Dairy Milk → Almond Milk, Kefir
- Feed Lot Raised Meat → Organic, Free Range
- Processed Meat → Organic, Free Range, Non-Processed



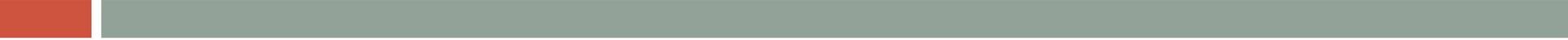
- Pro-Inflammatory Foods:

- Alcohol → Water

- Refined Grains → Non-Processed Grains

- Food Additives (MSG, etc) → Limit processed foods, use herbs and natural sweeteners

- Any food to which there is “intolerance” → Avoid the food like the plague.

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- Appropriate Analgesics
 - Interventional Treatments
 - Physical Therapy
 - ▣ Aquatic/Land Based
 - ▣ Work Hardening/Conditioning
 - Psychological
 - ▣ Cognitive/Behavioral
 - Other

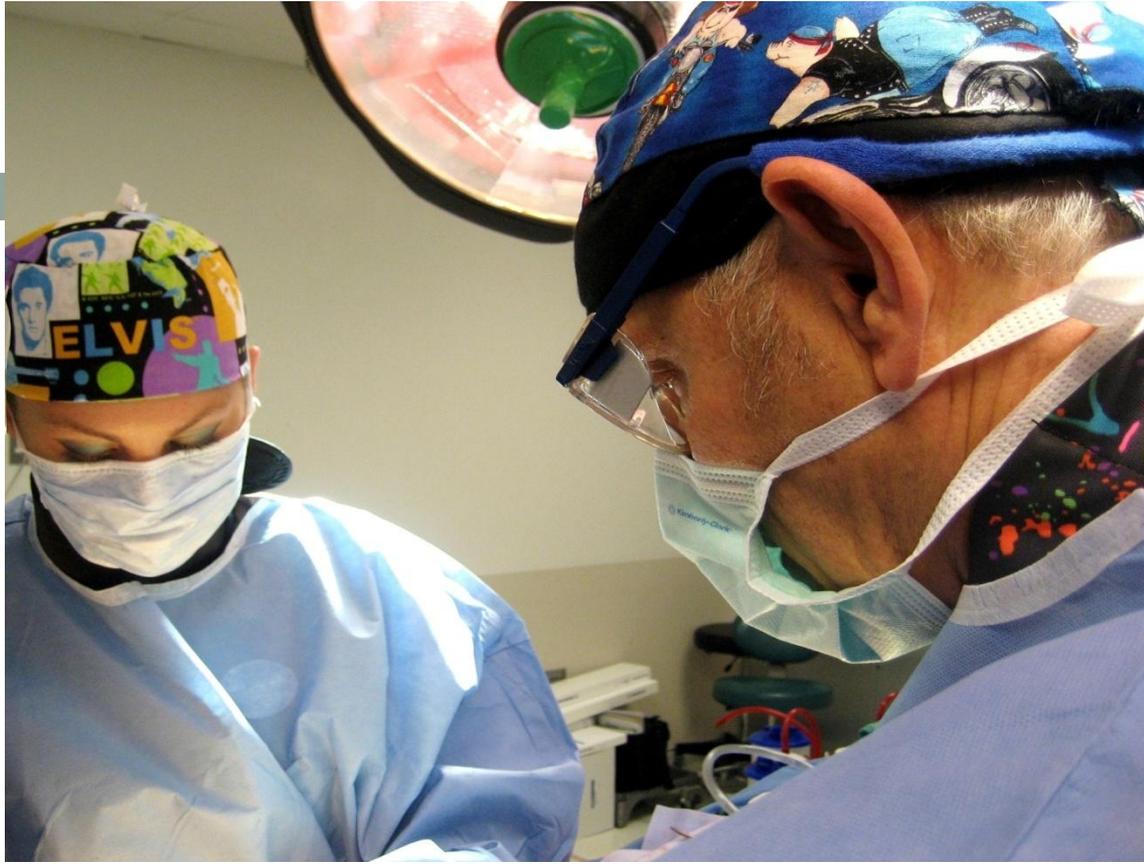


Penny Wise, Dollar Foolish



"The other foot also Mrs. Zipsky!"

- There ARE alternatives to enduring and perpetuating the high-dose, high-COST long term narcotic plans.
- Getting the patient early and implementing effective care is the BEST preventative medicine.
- Recognize these opportunities, and consider referring early to physicians/providers that can be assets BOTH to you financially and to your patients clinically.
 - Appropriate Analgesics, consistent de-emphasis on narcotics
 - Cost/Benefit, EBM Decisions and Algorithms
 - Monitor patients and apply information/observations
 - Clear communication with patient/insurer
 - Transparency, Integrity



Thank You.