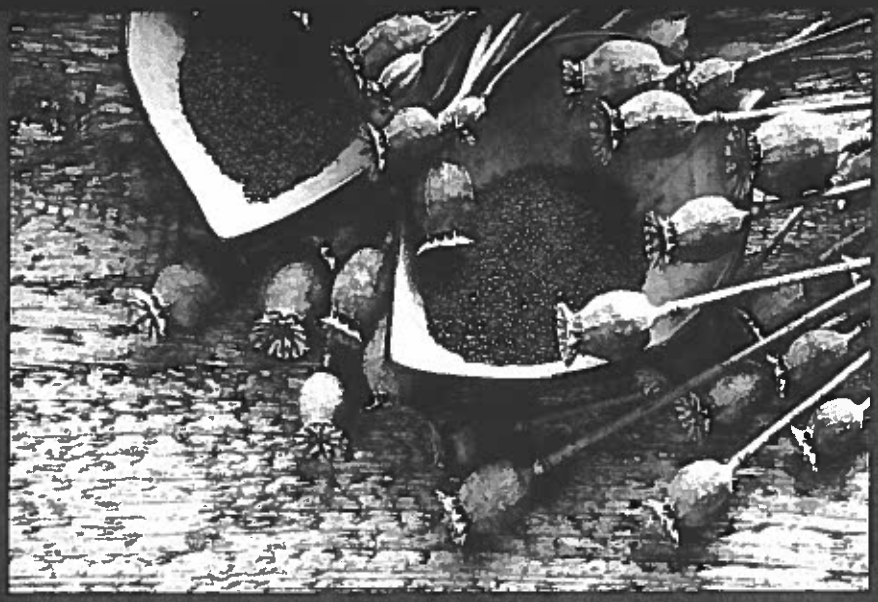
34TH ANNUAL MEDICAL SEMINAR ON WORKERS' COMPENSATION

OPIATE MEDICATION CONCERNS

KEITH RAZIANO, M.D. & PAUL MEFFERD, D.O.
THE PHYSICIANS' SPINE & REHABILITATION SPECIALISTS OF GA



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Opiate Medication Concerns

The Physicians' Spine and Rehabilitation Specialists of GA
Keith Raziano, M.D.
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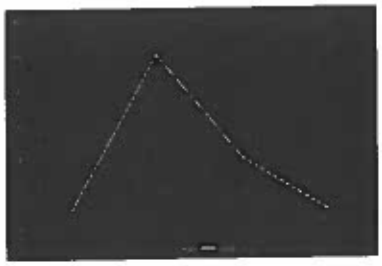
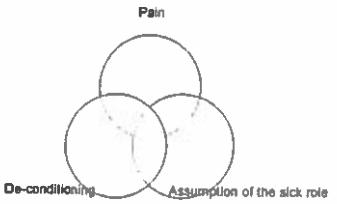
Pain can be a symptom...

...or not.

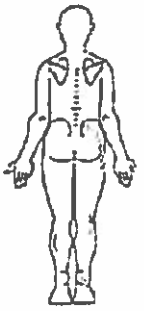


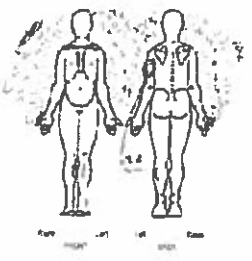
Chronic Pain Syndrome



Sometimes identification of the pain generator can be difficult

Which is easier to diagnose?





Two Forms of Pain Management

Palliative	Rehabilitative
• Focus on Pain	• Focus on Function
• Patient controlled	• Physician controlled
• Pain behaviors valid/productive	• Pain behaviors not valid/counterproductive
• Opiate drugs often indicated	• Opiate drugs have limited/no indication
• Physical and behavioral rehabilitation optional	• Physical and behavioral rehabilitation encouraged

The Facts about Opiates

- Efficacy only in acute/malignant pain
- No efficacy in chronic non-malignant pain >13 months
- High doses/long term use may cause increased pain
- Multiple side effects that impair function
- Abuse and diversion of prescription opiates is causing a national healthcare crisis

Opioid Guidelines

Opioid Guidelines in the Management of Chronic Non-Cancer Pain

Andrea M. Trescot, MD, Mark V. Boswell, MD, Sukdeb L. Atluri, MD, Hans C. Hansen, MD, Timothy R. Deer, MD, Salahadin Abdi, MD, Joseph F. Jasper, MD, Vijay S. Singh, MD, Arthur E. Jordan, MD, Benjamin M. Johnson, MD, Roger S. Chou, MD, Ehren L. Bunker, MD, Mary Jo Elliott, MD, Kenneth D. Wilkins, MD, P.K. Saunders, MD, Jamie H. Swicegood, MD, Andrew C. Mooney, MD, Beverly A. Christo, MD, W. Stephen Mahone, MD, and Laxmaiah Manchikanti, MD

Evidence was designated based on Scientific merit as Level I (conclusive), Level II (strong), Level III (moderate), Level IV (limited), or Level V (indeterminate).

Results: After an extensive review and analysis of the literature, the authors utilized two systematic reviews, two narrative reviews, 32 studies included in prior systematic reviews, and 10 additional studies in the synthesis of evidence. The evidence was limited.

Studies

- "...Average claim costs of workers receiving seven or more opioid prescriptions were ***3 times*** more expensive than those of workers who receive zero or one opioid prescription, and these workers were ***2.7 times*** more likely to be off work and had ***4.7 times*** as many days off work."

  - -- Gardner, Laura, MD, *Pain Management and the Use of Opioids in the Treatment of Back Conditions in the California Workers' Compensation System*, June, 2008

Studies (cont.)

- "Early use of higher morphine equivalent amounts of opiates in acute LBP was significantly associated with worse long-term outcomes, including prolonged disability, increased medical utilization, including surgery, and continued opioid use."

  - -- Webster, Barbara, BSPT, PA-C, *Relationship Between Early Opioid Prescribing for Acute Occupational Low Back Pain and Disability Duration, Medical Costs, Subsequent Surgery and Late Opioid Use*, SPINE, Vol. 32, No 19, pp 2127-2132, 2007.

Effects of Opiates

- Initial:
  - Pain relief
  - Euphoria
  - Relaxation
  - Constipation
  - Dizziness
  - Nausea/Vomiting
  - Itching
  - Dry Mouth
  - Mentation changes
- Intermediate (> 7 Days)
  - Tolerance begins within hours to days
  - Decreasing efficacy
    - Less pain relief
    - Duration of pain relief reduced
  - Irritability
  - Sleep disturbances
  - Continued cognitive impairment

Effects of Opiates

- Chronic (> 6 months)
  - Tolerance escalates
  - Dependence
  - Insomnia resistant to sleep-aids
  - Personality and behavioral changes
    - Aggression
    - Irritability
    - Depression
- Hormone changes
  - Subnormal Testosterone levels in men
- Immune suppression
  - Macrophage and lymphocyte compromise
- Higher rates of disability
- Impairment operating vehicles/machinery
- Increased sensitivity to painful stimuli

Neurophysiologic effects of Opiates

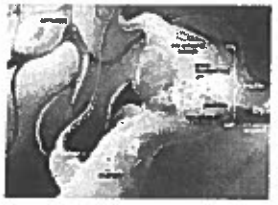
- Analgesia
- Early hyperalgesia (hours)
- Acute cross tolerance to analgesic effects of other opiates
- Delayed hyperalgesia (days)
- Development of Opiate-Induced Hyperalgesia

Opiate-Induced Hyperalgesia

- Glial cells are responsible for normal nerve function and care
- In chronic pain, glial cells can become over-sensitized and cause nerves to feel pain more easily
- Pain is also triggered by stimuli not normally painful
- This sensitization is worsened with prolonged opiate usage

Take Home Message

- The "old" way of thinking: Increase pain medication until pain is relieved or the side-effects become too great
- The "new" way of thinking is to limit opiates
- **Solution**: Wean off those who are on high dose, long-term opiates

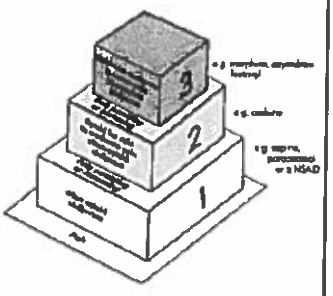


How Did We Get Here?

Did something change? Are we a culture that believes there is a drug for everything?

Pharmacologic Treatment Pyramid

- WHO -- 1996
- Was developed for acute pain and chronic malignant pain
- Ignores other modalities
  - Physical therapy
  - Behavioral
  - Therapeutic interventions

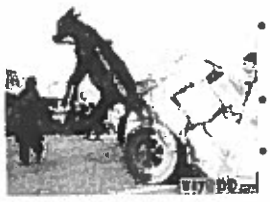


Pain as a Vital Sign

- World Health Organization encouraged pain levels be addressed at every visit
- Attorneys filed lawsuits for patients claiming their pain was inadequately addressed
- Significant increase in opiate prescriptions
- Many primary care physicians got in over their heads
- Prescriptions for dangerous and often poorly understood medications like Oxycontin and Methadone became common

When one problem turns into another....

Drug Treatment: How much is too much?



- Pain out of proportion to objective findings
- Request for increase in dose/frequency despite lack of efficacy
- High doses of opiates, but still high VAS scores
- Addiction/diversion behaviors
  - Substance abuse
  - Early refills/lost rx

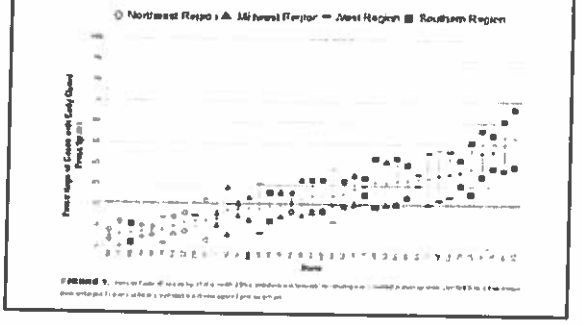
Is There a Problem?

- United States
  - 4.6% of world's population
    - 2007: ~301 million
  - Utilizes 80% of the world's prescription opioids
    - Trescot et al. *Pain Physician 2006; 9:1-39.*
  - "Pill-Mills" originated in Florida (George Brothers)
    - Migrating north
    - Lucrative, pseudo-legal drug-dealing
    - Barrels of excess cash burned in back
    - Rampant drug abuse and selling

Retail Sales of Opiates (grams)

	1997	2005	% Change
Methadone	518,737	5,362,815	933%
Oxycodone	4,449,562	30,628,973	588%
Fentanyl	74,086	387,928	423%
Hydromorphone	241,078	781,287	244%
Hydrocodone	8,669,311	25,803,544	198%
Morphine	5,922,872	15,054,846	154%
Meperidine	5,765,954	4,272,520	-26%
Codeine	25,071,410	18,960,038	-24%

Opiate Usage Per Region



Death by Overdose

- The death rate for prescription drugs increased 84.2%, from 7.3 to 13.4 per 100,000 population from 2003 to 2009 in Florida alone
- In 2009, 28,000 deaths occurred in the U.S. due to overdose of prescription opiates (One person overdoses every 19 minutes)
- Oxycodone is the number one prescription drug killer
  - Why did the FDA take Darvocet off the market?
  - Vioxx? Double the risk of cardiovascular event than Advil.

Pain Management is a Black Hole!

If you're a pain physician in the Worker's Compensation arena, you are viewed as the enemy. We want to change that perception.

Multidisciplinary Approach

- Structured Pain Management Options
  - Structured plan
    - Focus on intervention and rehabilitation
    - Narcotic agreement
    - Appropriate psychological involvement
    - Routine follow up
    - Routine screening
    - BOUNDARY ESTABLISHMENT
- Interventional Procedures
  - Epidural Steroid Injections
    - Transforaminal
    - Translaminar
  - Facet Joint Injections
  - Radiofrequency Neurotomy
  - Discograms
  - Spinal Cord Stimulation
    - There are some who will benefit, but...
    - Carries a very high cost and limits settlement in the Work Comp arena
    - Rarely recommended in Worker's Compensation

Our Goal:

- **We practice with function and return to work in mind.**
- We do not prescribe long-term opiates when at all possible
- Early intervention and rehabilitation!
- Limit medications
- Limit costs
- Use generic whenever possible
- Facilitate an end to a case and prevent the "black hole" so commonly seen in Pain mgmt
- Take over "old cases" and achieve MMI and settle

Medication Quiz!

Column One

- OxyContin 40 mg Q8h
- Lyrica 150 mg Q12h
- Lidoderm Patches 2 Daily
- Cymbalta 60 mg Q12h

Column Two

- Oxycodone 30 mg Q6h
- Gabapentin 300 mg Q8h
- Lidocaine Ointment Q8h
- Fluoxetine 20 mg Daily
- Nortriptyline 50 mg Daily

Column One

- OxyContin 40mg Q8h = $700 per month
- Lyrica 150 mg Q12h = $200 per month
- Lidoderm Patches (2) = $700 per month
- Cymbalta 60 mg Q12h = $500 per month

Column Two

- Oxycodone 30 mg Q6h = $200 per month
- Gabapentin 300 mg Q8h = $35 per month
- Lidocaine Ointment = $60 per month
- Fluoxetine 20 mg QD = $25 per month
- Nortriptyline 50 mg QD = $25 per month

Side-by-Side

Column One

- Brand name medications
  - $2100 per month!
  - $25,200 per year

Column Two

- Generic medications
  - $345 per month!
  - $4,140 per year

Wrap Up

- The goal is to treat early and concentrate on FUNCTION rather than symptom relief
- Limit opiate medications as much as possible early in the injury
- Wean those who are on high dose, chronic opiates
- Limit the cost of other medications
- Return to work!

Locations

Keith Raziano, M.D.
5730 Glenridge Drive, Suite 100
Sandy Springs, GA 30328
404-816-3000 (phone)
678-904-5797 (fax)
kraziano@thephysicians.com

Paul Mefferd, D.O.
790 Church Street, Suite 550
Marietta, GA 30060
770-419-9902 (phone)
770-419-7457 (fax)
pmefferd@thephysicians.com

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39

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38