

Addressing Chronic Pain Cases

*How an Insightful Understanding and Managed Multidisciplinary Treatment
Can Yield Improved Results*

The problem of patients with chronic pain appears to be on the rise, both in terms of the number affected and the associated costs. In 2000, Congress declared this the “Decade of Pain Control and Research” in response to these trends. Unfortunately, despite a proliferation of new drugs and advanced medical procedures for addressing pain, the problem persists.

Many statistics document the extent of the problem:

- At any given time, approximately one out of two Americans is in pain and one out of four has persistent or chronic pain¹
- 80% of Physician office visits are due to pain²
- Pain medications are the 2nd most commonly prescribed drugs in the US³
- 14% of medical costs are due to back conditions involving discs or radicular symptoms and 11% of medical payments are due to nonspecific low back pain⁴
- 250,000 lumbar surgeries are performed annually⁵

The workers’ compensation industry is well aware that pain adversely impacts the workplace. A study published in *The Journal of the American Medical Association*⁶, reported that 13% of the total American workforce experienced a loss in productive time (a mean of 4.6 hours/week) during a 2-week period due to a pain condition. This loss costs employers an estimated \$61.2 billion per year. Alarming, more than 75% of this lost productive time occurs in the form of reduced performance while employees are at work.

The Pain Process

When thinking about chronic pain, it is important to understand that pain is not an event, but rather a process or progressive condition. To effectively and proactively impact these claims clinically, it is important to understand how a sub-population of injured workers transforms from experiencing acute pain following an ordinary physiological trauma to suffering chronic pain, a biopsychosocial condition.

Figure 1. Pain Process Map

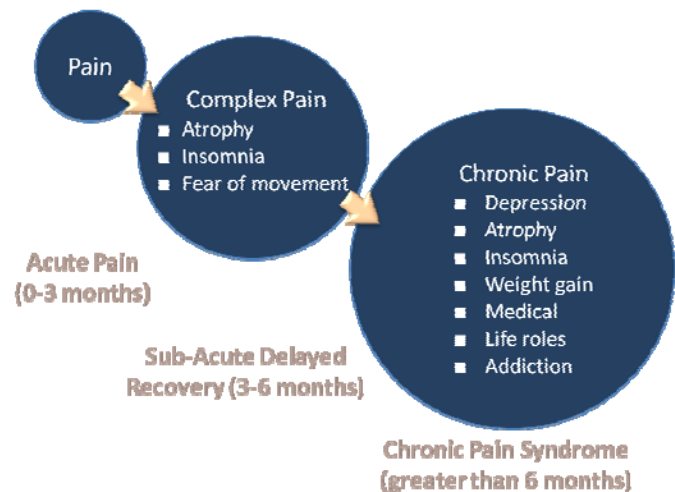


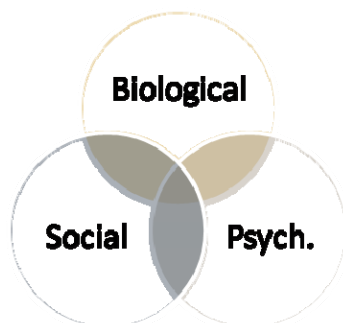
Figure 1 illustrates the fundamental progression toward chronic pain. During the process, biological, psychological and social components intertwine to create a highly individual experience. This is because pain is interpreted by individuals based on their tolerance, fears, cultural and experiential background. The subjective experience of pain

affects one's life and adds stress to it. Likewise, life and stress affect one's pain.

A Biopsychosocial Condition

Chronic pain is very different from acute pain. The complexity and progressive nature of the three interconnected elements require integrated treatment.

Figure 2. The Biopsychosocial Model of Chronic Pain



The biological response is the most well understood aspect and is due to a physiological disturbance that directly stimulates pain receptors. Two examples of these medical mechanisms include nociceptive (stimulation of pain receptors) and neuropathic pain (abnormal sensitivity of pain reception due to nerve injury).

Chronic pain also involves a psychological component that impacts each individual's perception of pain, behavior and reporting. This emotional dimension may materialize in a variety of ways including catastrophic thinking, pain-related anxiety, symptom magnification, fear avoidance, dependence, quick-fix seeking and addiction. Many in the chronic pain population have concurrent depression, anxiety, substance abuse and/or personality disorders.

Finally, the social aspects of chronic pain, one's culture, lifestyle and other personal demographics, also contribute to the syndrome. These issues often impact and delay recovery, lead to possible litigation, and contribute to other work place issues.

Often, the worker will adopt an illness role, or "pain persona," and become less productive.

Not surprisingly, patients lack knowledge about the variety of factors involved in how they feel and can be poor medical historians. Ailments, regardless of the cause, are often reported simply as "pain."

When the treating physician fails to recognize each of the biopsychosocial components and applies only medical remedies, results are often sub-optimal. This complexity helps explain why so many cases of chronic pain persist despite many new medical innovations.

Distinguishing Chronic Pain

Recognizing chronic pain behavior takes skill. Providers, case managers and claims professionals alike should watch for symptoms that are out of proportion to the injury, and apply evidence-based medical guidelines in determining diagnoses and interventions.

Warning signs include:

- Drug seeking from multiple providers
- Diagnoses that do not meet objective criteria
- Deviation from evidence-based medicine
- Procedures provided in a trial and error manner
- Lack of measurable treatment outcomes
- Escalating opiates and/or progressive polypharmacy
- Excessive activity restriction
- Significant psychological issue or pain behaviors
- Delayed return to work

Multidisciplinary Treatment

The main challenge to addressing chronic pain is distinguishing the specific factors involved and selecting the right multidisciplinary treatment plan to interrupt the progression toward a chronic pain condition.

Studies have proven evidence-based, multidisciplinary treatment of chronic pain to be most successful. No other approach has consistently demonstrated positive outcomes with respect to return to work, decreased health care utilization, reduction of opioid medication use, increased function and reduced disability claims.

However, success requires a motivated individual and a skilled treatment team willing to work within the biopsychosocial paradigm. One must clarify the diagnosis, ensure the right care and match the proper interventions with the right circumstances.

Clarifying the Diagnosis

It is imperative to clarify the diagnosis using objective criteria and not rely solely on the highly variable self-report. The case manager should clarify any inconsistencies and ask questions such as:

- Is the diagnosis confirmed with objective findings?
- Were controversial diagnostic criteria used?
- Are behavioral and/or emotional factors contributing to prolonged recovery?
- Are any additional evaluations needed?

As long as one measures the problem using a subjective pain rating alone, the psycho-social influences will likely be overlooked and all pain, regardless of cause, will be treated similarly.

Ensuring the Right Care

Once clear on the issues, coordination of the right care becomes the priority. Appropriate providers will emphasize functional restoration over an interventional approach. Additionally, they will use evidence-based medical guidelines and cognitive/behavioral techniques to move the focus of control and responsibility back to the injured worker.

Claims professionals play an important role. Specifically, they help guide the injured worker to the best providers, those that address behavioral

factors. Additionally, claims professionals coordinate a care plan that addresses the emotional, motivational and other secondary issues. Although not every chronic pain patient needs a full multidisciplinary program, all should be managed with a function restoring, cognitive behavioral approach consistent with evidence-based medicine.

Preparing the injured worker and providers for this treatment requires additional ground work, but it is as equally important as the program itself. Together, the preparation and care management will assure a smooth transition back to the community and the retention of clinical gains.

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Monitoring Interventions

Another key role the claims professional can play is monitoring the prescribed interventions. Having the support of independent pain experts, such as Paradigm, will help prevent or address addictive medication abuse, ensure prescriptions are within proper clinical guidelines, and evaluate the appropriateness of surgeries and costly procedures.

The goal is not to deny care, medication or procedures, but rather to understand the circumstances in which the interventions will be successful and when other types of care (e.g. behavior therapy) will prove more useful.

Paradigm Results

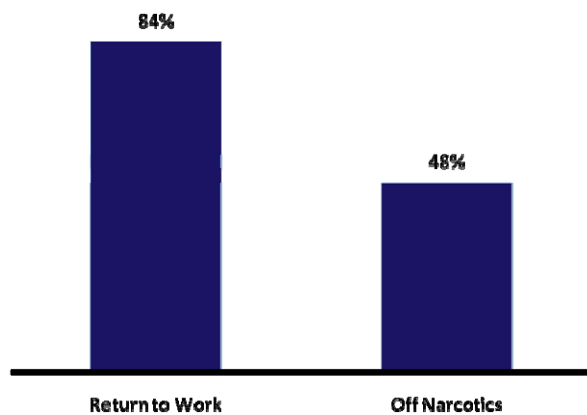
Paradigm's Systematic Care ManagementSM model addresses all aspects of chronic pain and ensures timely and appropriate multidisciplinary treatment. This approach incorporates each of the elements outlined--a biopsychosocial orientation, consistent use of evidence-based medical guidelines and multidisciplinary treatment managed by diagnosis

clarification, coordinated care and informed monitoring of interventions.

Paradigm’s methodology delivers outstanding outcomes in both early (figure 3) and later stage (figure 4) interventions.

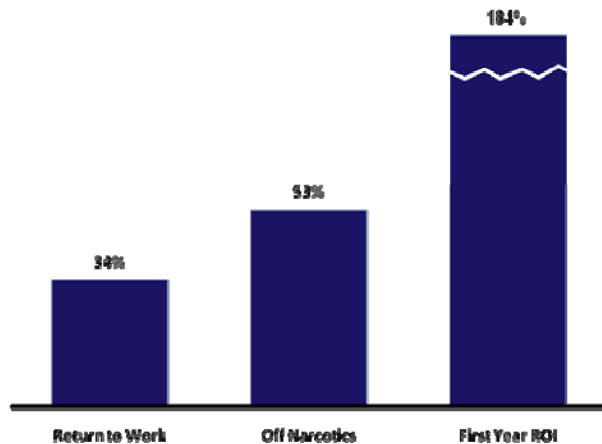
Figure 3 illustrates Paradigm’s success in returning the employee to work when allowed to manage the case just as the individual begins to exhibit chronic pain warning signs.

Figure 3. Early Referrals (less than one year from date of injury)



The later stage results shown in figure 4 demonstrate how the right approach can even impact later stage cases referred for medical management an average of six years from the date of injury.

Figure 4. Later Referrals (average case age six years from date of injury)



Background Information

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End Notes

1. Physical pain aggravates majority of Americans, according to poll from Stanford, ABC News and USA TODAY. May 9, 2005. Available at: http://med.stanford.edu/news_releases/2005/may/pain-poll.html (accessed April 6, 2009).
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