

Pain Management in the Life Care Plan
A Review of Modalities
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Learner Objectives

- ▶ Understand current definitions of pain
- ▶ Demonstrate knowledge of current clinical guidelines for opioid management
- ▶ Identify novel pain medications
- ▶ Identify injections for management of chronic pain
- ▶ Understand spinal cord stimulation
- ▶ Identify conservative pain management modalities
- ▶ Identify CPT codes associated with pain management modalities
- ▶ Understand applicable CPT codes

What is PAIN

▶ According to the International Association for Study of Pain, pain is defined as:
"An unpleasant sensory and emotional experience associated with actual or potential tissue damage, or described in terms of damage"

Definition of Pain

- ▶ **Acute Pain**
 - ▶ Acute pain is induced by injury (trauma, disease, treatment intervention, etc.) that results in the activation of nerve receptors at the site of local tissue injury. Pain resolves when the underlying mechanism heals; less than 3 - 6 months
- ▶ **Chronic Pain**
 - ▶ Chronic pain is pain that extends beyond the expected period of healing; greater than 3 - 6 months
- ▶ **Acute on Chronic Pain**
 - ▶ Exacerbation or aggravation of chronic pain symptoms

Implications for Life Care Planning

- ▶ Understanding the definition of pain
- ▶ Consideration for pre-existing issues (aggravated or exacerbated pain)
- ▶ Foundation for inclusion of Pain Management Modalities in the Life Care Plan

Pain Management Modalities

- ▶ **Medications**
 - ▶ Review of Opioids
 - ▶ Current Guidelines
 - ▶ Novel Opioid Medications
- ▶ **Injections**
 - ▶ Epidural, Medial Branch Blocks, Rhizotomy
- ▶ **Spinal Cord Stimulation**
 - ▶ Trial and Permanent Implantation
- ▶ **Conservative Pain Management Modalities**

Pain Management Modalities Implications for the Life Care Plan

- ▶ Review CPT codes for injections, spinal cord stimulation, and conservative pain management modalities
- ▶ Discussion: What is REASONABLE to Include and When

What are Opioids

- ▶ Semi-Synthetic Opioids
 - ▶ Oxycodone, hydrocodone, heroin
- ▶ Synthetic Opioids
 - ▶ Fentanyl, methadone, tramadol
- ▶ Naturally Occurring Opioids
 - ▶ Morphine, codeine
- ▶ ALL bind to opioid receptors in the brain and change how pain messages are transmitted throughout the brain and body

Prescription Opioid Medications

- ▶ According to the 2014 National Survey on Drug Use and Health: Approximately 2.1 million Americans used prescription drugs non-medically for the first time within the year
- ▶ According to the CDC: More than 11.5 million people reported misuse of prescription pain medicine in 2016

Drug Overdoses

According to the CDC:

- ▶ More than 72,000 drug overdoses occurred in the United States in 2017; the sharpest increase occurred among deaths related to fentanyl and synthetics opioids (nearly 30,000 deaths)

Prescription Opioid Drug Misuse

One of the reasons for high prevalence of prescription drug misuse includes EASE of ACCESS

Opioid Use Guidelines

- ▶ CDC Guidelines for Prescribing Opioids for Chronic Pain - United States, 2016
- ▶ 2018 Annual Surveillance Report of Drug-Related Risks and Outcomes - United States. Surveillance Special Report 2. Centers for Disease Control and Prevention, U.S. Department of Health and Human Services, published August 31, 2018
- ▶ Comparison of Guidelines

CDC Guidelines for Prescribing Opioids for Chronic Pain - United States, 2016

- ▶ Checklist for Prescribing Opioids for Chronic Pain
 - ▶ Have non-opioid therapies been optimized (PT, exercise, CBT, non-opioid meds)
 - ▶ Assess pain and function
 - ▶ Review the Prescription Drug Monitoring Program (PDMP) data
 - ▶ Calculating opioid dosage morphine milligram equivalent
 - ▶ Reassess at intervals of 3 months or less
 - ▶ Urine Drug Screenings

Comparison of Recommendations

- ▶ Dosage of recommendations for exercising caution are lower than previous guidelines
- ▶ Prior guidelines are associated with a focus on "High Risk" patients; now all patients are considered at risk
- ▶ More information regarding guidelines on monitoring and discontinuing opioids

Discontinuing Opioids

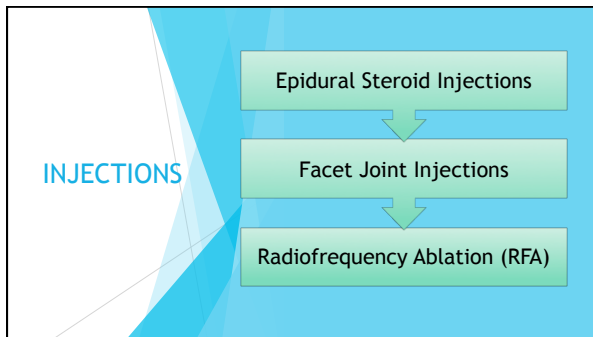
- ▶ Suboxone: a prescription medicine that contains the active ingredients buprenorphine and naloxone.
- ▶ Methadone: used for opioid maintenance therapy to help with tapering in people with opioid dependence and for chronic pain
- ▶ Injection Buprenorphine
- ▶ Opioid medications that reduce pain but are not addictive

Costing

- ▶ Healthwarehouse.com
- ▶ Goodrx.com
- ▶ Urine Drug Screens - CPT code 80306
 - ▶ FairHealth
 - ▶ Physicians Reference Fee
 - ▶ Medical Fees

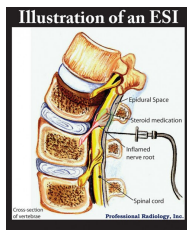
Pain Management Modalities

- ▶ Medications
 - ▶ Review of Opioids and Current Guidelines
 - ▶ Medications to Discontinue Opioids
 - ▶ Novel Opioid Medications
- ▶ Injections
 - ▶ Epidural, Medial Branch Blocks, Rhizotomy
- ▶ Spinal Cord Stimulation
 - ▶ Pre-operative clearance; Trial; Permanent Implantation
- ▶ Conservative Pain Management Modalities
 - ▶ Acupuncture, Biofeedback, Massage

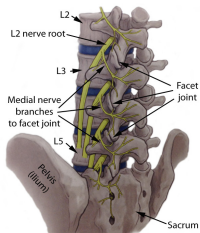


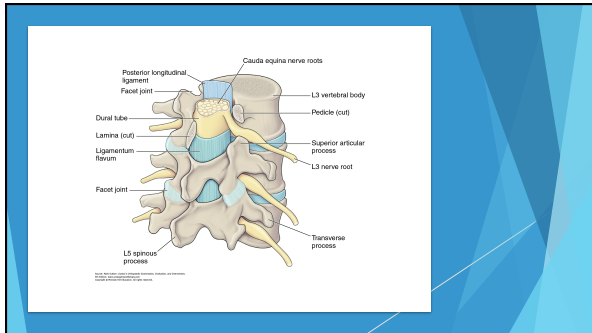
Epidural Steroid Injections

- ▶ Corticosteroids and likely local anesthetics are injected into the epidural space around the spinal cord
- ▶ Usually performed using x-ray fluoroscopy
- ▶ **Interlaminar approach** - placing the needle into the back of the epidural space
- ▶ **Caudal approach** - needle is placed in the sacral hiatus, a small opening just above the tailbone
- ▶ **Transforaminal approach** - needle is placed alongside the nerve as it exists the spine; medication administered into the 'nerve sleeve'
- ▶ No consensus on frequency; up to three times per year



Facet Joints



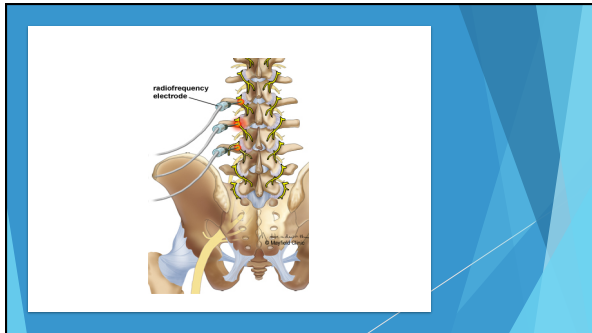


Facet Joint Injections

- ▶ Also referred to facet nerve block or medial branch block
- ▶ Like epidurals, typically done without sedation
- ▶ Local anesthetic is administered
- ▶ Confirm needle is in the joint
- ▶ Anesthetic and anti-inflammatory medication administered

Radiofrequency Ablation (RFA)

- ▶ Destroying the nerve fibers carrying pain signals to the brain
- ▶ Also called rhizotomy
- ▶ Option for individuals who have had successful pain reduction after a diagnostic nerve block
- ▶ Performed in an outpatient setting with access to fluoroscopy



CPT codes for Injections

- ▶ Epidural Steroid Injections
- ▶ Facet Joint Injections
- ▶ Radiofrequency Ablation

Comparison of Costs for Injections

- ▶ FairHealth
- ▶ AHD
- ▶ Physicians' Reference Fee
- ▶ Medical Fees

Spinal Cord Stimulator

- ▶ Psychological clearance
- ▶ Trial
- ▶ Permanent Placement
- ▶ Battery replacement
- ▶ Maintenance costs

Pain Management Modalities

- ▶ Medications
 - ▶ Review of Opioids and Current Guidelines ✓
 - ▶ Medications to Discontinue Opioids ✓
 - ▶ Novel Opioid Medications ✓
- ▶ Injections
 - ▶ Epidural, Medial Branch Blocks, Rhizotomy ✓
- ▶ Spinal Cord Stimulation
 - ▶ Trial and Permanent Implantation ✓
- ▶ Conservative Pain Management Modalities
 - ▶ Physical Therapy, acupuncture, massage

CONSERVATIVE PAIN MANAGEMENT

- ▶ Current guidelines recommend non-opioid management for chronic pain
 - ▶ Exercise
 - ▶ Physical Therapy
 - ▶ Acupuncture
 - ▶ Supportive Counseling

Conservative Modalities

- ▶ CPT codes
- ▶ Foundation for inclusion of pain management modalities
- ▶ Frequency of services in the Life Care Plan

Marijuana for Management of Pain

Considerations for the Life Care Plan

- ▶ Pre-existing conditions
 - ▶ Physician oversight
 - ▶ Costing

Thank you

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