

## Chronic Pain Management

Delayed Recovery Risk Factors  
Early Intervention & Functional Restoration

**Steven D. Feinberg, M.D.**

Board Certified, Physical Medicine & Rehabilitation  
Board Certified, Electrodagnostic Medicine  
Board Certified, Pain Medicine  
AME/QME

Adjunct Clinical Professor  
Stanford University School of Medicine

Feinberg Medical Group  
Functional Restoration Programs  
Palo Alto & Los Gatos, California

## Salutary Effects of Work

**"Employment is nature's physician, and is essential to human happiness"**

Galen (Greek physician AD 172)

## Medically Excused Absence

1. **Required** - clinical circumstances dictate / Physician Decision
2. **Discretionary** - clinical considerations influenced by employee / physician supported
3. **Unnecessary** - no medical issues, employee driven / physician supported

## Protracted Work Absence

- Continuation in "sick role" with assumption of unnecessary risk
- Loss of self-confidence
- Financial insecurity
- Familial/Social disruption
- Deterioration in work relationships/loss of work

## Protracted Work Absence

- Increased Stress, Depression
- Medicalization – becoming a professional patient
- Delayed Recovery
- Downward spiral of disability and dysfunction
- Development of anger and entitlement

## Delayed Recovery Characteristics

- Loss of "locus of control"
- Results in functional decline, drug dependency, depression/anxiety and chronic pain
- **Disability** is out of proportion to **impairment**
- Largely preventable
- **Predictors** have been identified

### Scope of Delayed Recovery

- This subpopulation of IWs represents:  
An estimated minimum **10%** of CA WC cases, consuming **75%** of medical/indemnity resources

### Factors for Delayed Recovery

- Loss of employment or prolonged work absence
  - highest value in predicting delayed recovery
- Previous history of delayed recovery or rehabilitation
- Lack of employer support to accommodate patient
- Psychosocial Risk Factors
  - The elephant in the room!

### Predictors of Delayed Recovery

- Include:
  - distress, depression, anxiety
  - excessive pain/disability behaviors
  - high pain ratings
  - fear-avoidance/maladaptive beliefs
  - focus on litigation
  - somatization
  - job dissatisfaction

### Predictors of Delayed Recovery

- Physicians who
  - Rely on a traditional medical model
  - Focus on pathology not the patient
  - Find the pathology (pain generator) and mask it with medications, blast it with procedures or take it out with surgery
- Many physicians and lay people do not understand that there is not always a correlation between findings and disability

### Dynamics of Delayed Recovery

- Most individuals accept some physical discomfort as a part of living, some cannot
- Psychologically and/or socially stressed individuals more frequently seek medical attention
- They can be “cure-focused” with a sense of entitlement

### Delayed Recovery

- They seek medical verification as an explanation of their distress
- A medically acceptable diagnosis permits sublimation of psychosocial issues, and transfer of the “locus of control”
- The claimant becomes a high user of medical services, submitting to all interventions offered
  - Many well-meaning MDs are happy to accommodate them with pills, tests & procedures

### Early Identification

- Patients not responding to conservative therapy
- Those thought to be at risk for delayed recovery
- Consider simple screening devices to identify those at risk for delayed recovery
  - Örebro Musculoskeletal Pain Questionnaire
  - The Pain Disability Questionnaire

### Functional Restoration Approach to Chronic Pain Management

- Many injured workers require little treatment, and their pain will be self-limited
- Others will have persistent pain, but can be managed with straightforward interventions and do not require complex treatment

### Functional Restoration Approach to Chronic Pain Management

- However, for patients with more complex or refractory problems, a comprehensive multidisciplinary approach to pain management that is individualized, functionally oriented (not pain oriented), and goal-specific has been found to be the most effective treatment approach

### Functional Restoration

- Locus of control issues
- Timely and accurate diagnosis
- Assessment of psychosocial strengths and weaknesses including analysis of support system
- Evaluation of physical and functional capacity

### Functional Restoration

- Treatment planning and functional goal setting for return to life and work activities
- Active physical rehabilitation
- Cognitive behavioral treatment
  - Identify and deal with anger and fear avoidance
- Patient and family education
- Frequent assessment of compliance and progress

### Functional Restoration - I

- Therapy for chronic pain ranges from single modality approaches for the straightforward patient to comprehensive interdisciplinary care for the more challenging patient
- Therapeutic components such as pharmacologic, interventional, psychological and physical have been found to be most effective when performed in an integrated manner

## Functional Restoration - II

- All therapies are focused on the goal of functional restoration rather than merely the elimination of pain and assessment of treatment efficacy is accomplished by reporting functional improvement
- Typically, with increased function comes a perceived reduction in pain and increased perception of its control

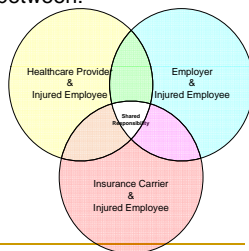
## Functional Restoration - III

- This ultimately leads to an improvement in the patient's quality of life and a reduction of pain's impact on society
  - Proposed Chronic Pain Medical Treatment Guidelines 8 C.C.R. §§9792.20 – 9792.26 Medical Treatment Utilization Schedule (June 2008)
- Win-Win situation
  - IW returns to life activities including work, stabilized medically, and avoids iatrogenic complications
  - Employer avoids unnecessary costs and has return of able employee.

## Key Point

The key to **successful** disability management is **effective communication** between:

- The Injured Employee,
- The Health Care Provider,
- The Employer, and
- The Carrier



**A Shared Responsibility**

## Summary

- Early identification of injured workers prone to delayed recovery to avoid chronic pain syndrome
- Avoid
  - Prolonged work absence
  - Passive treatment approaches
  - Long term opioids
- Encourage
  - Early RTW
  - Active treatment approaches
  - Education
  - Locus of control with injured worker
  - Communication

## Chronic Pain

- The Pain Puzzle
- Pain is a complex clinical phenomenon
- Pain is a symptom when it occurs acutely but a disease when it presents chronically

## Cost of Chronic Pain

- Considerable human suffering
  - Individual
  - Significant others
- Society loses
  - Loss of a productive member of society
- primary reason for delayed recovery and costs in workers' compensation
  - Most chronic pain problems start with an acute pain episode
  - Therefore, effective early care is paramount in preventing chronic pain

### Chronic Pain Definition

- Chronic pain is persistent or recurrent pain, lasting beyond the usual course of acute illness or injury, or more than 3 - 6 months, and adversely affecting the patient's well-being
- **Pain that continues when it should not**

### Clinical Evaluation of Chronic Pain

- Pain is a subjective experience
- There is no objective measurement for a patient's pain
- The astute clinician must carefully evaluate the subjective and objective data (history and physical exam findings, imaging results, lab tests, psychosocial assessment) to evaluate the patient's behavior and subjective report

### Biomedical Model

- Views pain in the context of the etiologic factors (e.g. injury) or disease that resulted in the painful condition - Pain Generator search
- There is always a direct causal relationship between a specific pathophysiologic process and the presence and extent of a particular symptom

### Biomedical Model

- This model has served the medical community well with acute and some chronic disease states
- This approach can result in inadequate pain relief and unacceptable levels of disability in those with pain that persists well after the original injury has stabilized or healed

### Biopsychosocial Model

- The biopsychosocial model of pain recognizes that pain is ultimately the sum of the patient's
  - Biology
  - Psychological state
  - Cultural background/belief system
  - Relationship/interactions with the environment
    - workplace, home, disability system, and medical providers
- The focus is on the patient not the disease

### Sir William Osler (7/12/1849 - 12/29/1919)

- The good physician treats the disease
- The great physician treats the patient who has the disease
- It is more important to know about the patient who has the disease than about the disease the patient has

### Treatment Goals

- Provide each patient with education and a range of tools that can help them confidently and more effectively manage pain
- Increase the person's sense of emotional well-being and independence
- Improve relationships and return to self-sufficiency and a normal lifestyle

### Treatment Goals

- Establish achievable goals that enable increased productivity and return to work
- Provide quality care that is cost-effective and within accepted guidelines

### Questions

- Aging workforce: What is work related and what is related to the natural progression of aging?
- What are we responsible for and how do we point this out to the treating physician?
- How do we deal with future medical care medication issues?