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Chronic Pain Management Care Plan

* Chronic pain is different from injury pain. The goal of treatment is to enable functioning. Pain is rarely eliminated, but should be made tolerable so that you can do what needs to be done. Many things can help. Opioids are only one part of care, and rarely the most important.
* Physical Measures – Research consistently shows that physical measures are important for optimal function. Strengthening and improving flexibility consistently provide more improvement than any class of medication.
  + You are currently in optimal physical condition.
  + You need to participate in Physical Therapy.
  + You need to do the following exercises:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Psychological Complications – Living with pain long term can lead to anxiety and/or depression. Underlying mental illness and substance abuse require treatment for your pain to be optimally managed.
  + You are currently not experiencing psychological complications.
  + You need to have an “Assessment” to see what efforts might help you the most.
  + Counseling may be helpful for you.
  + We are providing the following medications:
  + Psychiatric services are needed.
* Non-opioid medical treatments – Studies have shown that seizure medications and antidepressants can lower the need for opioids, even when the patient does not have seizures and is not depressed. When medicines are used to lower the dose of opioids they are called adjuvant medications.
  + You are currently doing well without need for adjuvant medications.
  + You might benefit from the following seizure medication:
  + You might benefit from the following antidepressant:
  + You have tried and not benefitted from the following adjuvant medications:
  + NSAIDs sometimes help, but risks increase with age.
  + Muscle relaxants are rarely helpful for more than a week or two. They increase the risk for complications when used with other medications.
* Medical treatments provided by other providers can sometimes be helpful.
  + Acupuncture can be helpful, even though the exact mechanism has not been proved.
  + Spinal manipulative therapy works mostly for new injuries.
  + Massage – This sometimes makes the pain tolerable, but since massage can be enjoyable without pain, it is seldom covered by health insurance.
  + Pain management – Occasionally, pain management injections can provide long term relief from pain caused by a particular nerve compression without needing surgery.
  + Surgery – A small minority of patients with chronic pain not caused by cancer will benefit from surgery. Surgery outcomes are best when there is loss of function for a short time before surgery. Surgery provides minimal improvement when the only indication is chronic pain.

Opioids for Chronic Non-Cancer Pain

* Opioids have been used for centuries for relief of short term pain (less than 2 weeks).
* There is evidence that opioids can improve pain in cancer patients near the end of life.
* There is little evidence that pain is less in patients taking opioids for more than one month.
* Patients prescribed opioids for more than a week get less pain relief. We call this tolerance.
* Patients who have developed tolerance often develop symptoms of withdrawal – often even before the next scheduled dose.
* Trying to get off opioids can cause a lot of anxiety and a loss of energy. >90% of patients who get off opioids take opioids again within one year. Success rates are better with buprenorphine, but still not good.
* Most patients with chronic pain who opt to stay on opioids long term will feel better and think less about their pain if they are maintained with buprenorphine.
* Induction – getting off other opioids and starting buprenorphine – is unpleasant for one to three days until we find the best dose of buprenorphine.
* Acute pain, e.g. for surgery, can be managed in the hospital.
* Urine testing – Most people who die from prescription opioids buy them on the street or take other drugs, including alcohol. One way to keep you safe is for us to have a plan for testing you randomly. This is so you will not be tempted to use your prescription in any way not prescribed – and to not take any other medication that might affect your safety. The best way to minimize testing is to take your opioid as prescribed and NOT take other drugs or alcohol.
  + The call – You will be randomly called to present to the office to produce a urine specimen within 24 hours. Failure to show up will increase the frequency of testing. You should come to your lab appointment ready to produce a specimen.
  + If you have taken other drugs – You should report it before giving your specimen so we can trust you. It may mean that you will need to get your medications from a provider that can provide closer supervision to keep you safe.
  + Cost – We work with insurer limits. When the frequency required to keep you safe is more than your coverage, you will be expected to pay the lab for the test ~ $500.
* Prescription refills – Opioids will not routinely be refilled without a visit. Plan for time away – yours and your providers – by making sure you will not run out. Changes of appointments initiated by you will not be a reason for a refill without a visit.
* Prescription costs – Insurers preference different products. Safer options are not always the cheapest option. We will not change a prescription without giving you a chance to understand what a change will cost you. We can’t guarantee that we will be able to prescribe the cheapest option for you.
* Stopping opioids – Doing it is hard! If you want to try, we will work to get you off in a way that allows you to function. This requires months to minimize withdrawal symptoms. We will continue to offer random urine testing for a year following your last dose to help you stay off.