MINISTRY MEDICAL GROUP – Managing Pain, Improving Lives

For the past three months, you have received weekly updates on safe opioid prescribing practices outlined in the Wisconsin Medical Examining Board Opioid Prescribing Guideline. Safe opioid prescribing is only one part of the overall strategy to Managing Pain, Improving Lives. Effective treatment of chronic non-cancer pain requires a person-centered, biopsychosocial approach that balances medical interventions, rehabilitation, and psychological support.

This week’s pain update is focused on the comprehensive chronic pain evaluation. Pain that persists beyond the expected duration of tissue healing requires a more comprehensive assessment to rule out new pathology, identify change in type of pain e.g., new neuropathic pain, and to assess the impact of psychosocial functioning on the overall pain presentation and treatment plan.

PRE-VISIT PLANNING:

- Check the Prescription Drug Monitoring Program (PDMP) to evaluate pattern of controlled substance use.
- Obtain previous records, scans, and consultations from outside providers as applicable.

DURING THE OFFICE VISIT:

- A comprehensive chronic pain evaluation checklist has been developed to guide the clinician through a complete biopsychosocial evaluation.
- Helpful evaluation hints:
  - Establish the chief complaint early in the interview. Interview tip: “What is the most important thing you would like to get out of this visit?” Understanding the patient’s reason for visit, whether for pain management, disability evaluation, or refill of prescriptions, sets the tone of the interview.
  - Sudden, explosive onset of pain is more worrisome for an urgent or emergent condition compared to a chronic, diffuse, non-specific pain complaint.
  - Special consideration is giving to evaluation of acute, worrisome changes in a long-standing, stable pain syndrome. Thorough evaluation is needed to rule out new pathology versus exacerbation of the chronic pain.
  - Use of a body map (pain map) is extremely valuable. Patients often have multiple pain sites with varying characteristics. The body map helps pinpoint specific areas of concern.

FOLLOW-UP AS NEEDED:

- Contact prior treating physicians. A direct conversation with previous providers can add medical and psychological insight into the patient’s pain presentation and can save cost by avoiding duplication of testing.
- Evaluate results of urine drug screen if sent for confirmation.

WORKFLOW CONSIDERATIONS:

- Register self and delegates for ePDMP.
- Consider sending the patient a pain questionnaire prior to the initial office visit to assist with data collection and guide the patient interview.
- Develop documentation templates or encounter plans (Athena) to facilitate thorough documentation of pain evaluation and diagnosis.

For questions, contact Peggy Lutz, Service Line Director, Pain Management peggy.lutz@ascension.org or Robert Sedlacek, MD, Family Medicine, Merrill robert.sedlacek@ascension.org