Conducting an ePain Assessment: Asking the Right Questions, Using the Best Tools

CMEO Podcast Transcript

Steven Stanos:

Hello. My name is Dr. Steven Stanos. On behalf of CME Outfitters I'd like to welcome you and thank you for joining us for the first of a three-part REMS CMEO BriefCase Series. Today's episode is titled *Conducting an ePain Assessment: Asking the Right Questions, Using the Best Tool*. Today's activity is part of a series of risk evaluation and mitigation strategies, or REMS, education, covering the FDA blueprint, opiate analgesic REMS, education blueprint for healthcare providers involved in the treatment and monitoring of patients with pain. REMS compliant education is a critical component of the extended-release long-acting, or ER/LA, opioid analgesic REMS program to provide education to clinicians on safe opioid practices, as well as current regulations and guidance on treating pain and prescribing opioids appropriately.

To meet the requirements for REMS, at the end of the activity, complete the post-test and evaluation to receive your CME CE credit. CME Outfitters will submit your completed information to the FDA. It's that easy. We hope you'll join us for the entire series of cases. Case-based learning is a great way to illustrate not only the challenging patients you may see, but also a great way to share experiences and strategies for overcoming those challenges. Watch your email for additional REMS compliant education from CME Outfitters.

Again, I'm Dr. Steven Stanos. I'm the Medical Director of the Swedish Health System Pain Medicine Services in Seattle, Washington. And I'm past president of the American Academy of Pain Medicine. Let's start with an overview of our goals for today's activity. Our learning objective is to apply knowledge of acute and chronic pain pathways in underlying mechanisms to clinical assessment and appropriate management. The impact of COVID-19 on patients with pain has been significant. We can all appreciate everything we've been through over the last number of months with regards to the initial response to COVID-19, but I think it's important to remember patients with chronic pain, even prior to COVID have had issues with ongoing depression, thoughts of suicide. And there's been a number of barriers to actually getting them the right kind of care they need in a timely way.

We know with COVID, there were some significant challenges with that. That being said, those challenges also helped us to really develop better tools, including the use of telemedicine to help provide care. And so with this presentation, we're going to focus on providing comprehensive multidisciplinary care within a telehealth and telemedicine approach. So we'll look at opioid prescribing, pain management, a bio-psychosocial model, and how you can use that with doing televisits, whether they be virtual or telephonic encounters. Related to that, we know across the country, there was a number of emergency guidance from the DEA, FDA, and CMS regarding improving telehealth. Much of the plan changes for telehealth that were ready for January 1st, 2021 were moved up to April of this year, and we saw a significant improvement in our ability to provide these services.

There was emergency legislation that waived a lot of the longstanding restrictions for the use of telehealth. Medicare and some Medicaid programs are reimbursing for telephone and telehealth visits, which also helped to really provide care not only to new patients, but to established patients. There was parody for billing telephonic visits with in-person visits, which is also helpful. CMS waived a number of requirements on practitioners to improve their ability to prescribe medications, including controlled substances. In some cases, CMS approved PT and occupational therapy, or OT services, that also could be provided through virtual health. So again, there were a number of practical changes that were made that also helped deliver care, but that doesn't mean there were some other things you can do as a clinician to help kind of improve how you deliver telehealth to your patients.

Steven Stanos:

So with that in mind, we wanted to propose and present to you a vignette of a patient we're calling Sam. Sam is a 37-year-old male. He has a previous history of laminectomy. He was referred by his surgeon to his primary care provider for more conservative management. The MRI showed mild to moderate right L5-S1 disk protrusion. He's tried physical therapy, but it was too painful. He was also prescribed Naproxen 500 milligrams twice a day, and cyclobenzaprine three times a day. His job as a customer service representative at a local car dealership requires a lot of sitting and standing most of the day, and so he has troubles with his pain progressing even prior to COVID, and has had significant problems while he was at home off from work with worsening pain.

Sam is also going to be reporting poor sleep, which has also been really impacting his quality of life. Just for some background for Sam, he's got a past medical history of ADHD. He's been stable on his stimulant medication for a number of years. Again, he's had an L4-5 laminectomy and discectomy. He's got a father with a family history of back pain. Within his social history, reports of counseling related to stress in his twenties when he was undergoing a divorce and at that time was experiencing significant anxiety. From a substance use history, he did use alcohol in college, currently only consuming three drinks per week. And he occasionally reported smoking marijuana. He is not a tobacco smoker.

So we took kind of a general overview of his past medical history, his surgical history, but really importantly, also looking at social history, family history, and in a deeper dive into use of substances. So, with that, I want to bring Sam into our telehealth virtual visit and we're going to kind of walk through a couple of different areas of our interactions as we progress Sam through our initial assessment, a two-week follow-up and then actually a six-month follow-up as he's treated under my care. Now that we know somewhat about Sam's history, what would you do next? How would you begin your evaluation of Sam?

Before we continue with our assessment and management of Sam, I think it's important to take a couple seconds to review the importance of a biopsychosocial model of pain. HHS Pain Management Inter-Agency Task Force, in 2019, published a really good overview of the necessity of using biopsychosocial model, where we look at the biologic factors, the psychologic factors, and the social factors, not just with chronic pain, but even acute pain. With that model, it ensures that we're going to be doing a more comprehensive approach to our assessment, as well as developing better treatment plans. Before we introduce you to Sam via our video interaction, it's important to understand telehealth tips.

A nice review was written earlier in the year. There's been a lot that's been published on how to use telehealth tips for your own clinic interactions. I think it's important to get to know your technology, schedule appointments for your patients for televisits or virtual visits when they're not going to be distracted, reinforce the positives, so any kind of positives that the patients may have with their follow-ups, with what they've been able to do. Because remember, this is still very stressful time for many patients and even the stress of getting their actual interaction and technology to work before the call can be stress inducing. Use complimentary resources. In our clinic, we've developed a number of resources that guide our patients to websites, to apps that they can use, and so you really can incorporate those into your treatment with your patient.

Steven Stanos:

Set goals with patients, whether it's short-term or long-term goals, maybe one to two goals that you can focus on with each interaction. And again, integrate self-help activities, whether it's apps, like I mentioned, again, giving them other tools separate from a medication or maybe just physical therapy. So how can they use behavioral health in other interventions to help manage their pain? And again, I think it's important with any of these to remember it somewhat can be clunky at times, but you want to remember the context of these visits, be flexible with patients. If there's issues, have a good backup strategy, whether you're going to call them on the phone to continue with the exam, if there's say a problem with your technology. So again, I think you can use this in a very creative way. And what I've seen from patients is they really like this. It's different.

I think it's always interesting to see someone in their own home, or their own apartment, or their workplace, so I think it just adds a different level of understanding of your patients. With that background of telehealth and an understanding of a biopsychosocial approach, we now want to move towards our video interaction with Sam, our patient. In the first area, we're going to focus on psychosocial and functional assessment. Prior to our telehealth visit with Sam, in our clinic, our patients are called two or three days before the visit. Our nurse or medical assistant is able to go through and do a medication reconciliation and do the normal things that they check with patients when patients are in our office for a regular face-to-face encounter.

Then, patients are sent actually an email with a link to their visit and they're told to call 10 minutes before where they're then placed into a virtual waiting room. And then when the physician is ready, we're able to admit them to the visit. So it does take a little bit of preparation, but that means at the time of your visit, a lot of the other technical issues are taken care of and the patients are really ready to go. So Sam, I mean, we've talked a lot about the pain and how it's really in your back and shooting down your right leg. Besides the severe pain you're having, how is this impacting your mood? Have you been more irritable or anxious? I reviewed some of your answers on the questionnaire, which I appreciate you completing, and it seems like that's been a problem as well.

Sam:

Yeah. It's been kind of rough. I've been a lot more anxious and worried about this. Yeah, I'm more irritable. I'm worried more. I'm just not myself. I don't really feel like I'm myself these days and it's concerning to me. It's really concerning to me.

Steven Stanos:

Yeah. I'm sorry to hear that, but how's this impacting like your daily function? What time do you get up in the morning? What are you doing most of the day since you've been off?

Sam:

I mean, I'm usually a fairly active guy, but I mean, this pain is so bad, I don't want to do anything. I can barely sit for 15 or 20 minutes at my computer doing work and the pain gets too bad, where I have to get up. And then if I'm walking, sitting around for too long, the pain gets worse. So I'm just kind of lying, I'm just trying to lie down and take it easy just to give me some kind of reprieve. So I'm really just lying around most of the day to try to just ease this pain, you know?

Steven Stanos:

What time are you going to bed? Are you having trouble sleeping?

Sam:

Yeah, that's kind of rough too. I'm trying to go to bed around like 9:00, 10:00, sometimes a little bit later. And then when I'm sleeping, I'm waking up every couple hours, usually, just with pain and discomfort. It's kind of restless. And then I'm waking up, prior on... I mean, usually, I wake up around 6:00. This is more around 4:00 or 5:00 in the morning, so it's pretty interrupted.

Steven Stanos:

Yeah. So unfortunately, besides the severe pain, this has obviously impacted your mood and your sleep, so I think there's some things we can work on here.

Sam:

Yeah, I'd appreciate that. Great.

Steven Stanos:

There are a number of pain assessment tools. I think most of us are familiar with pain scales, including the numeric rating scale, the visual analog scale. There's also the faces pain scale that's been used. But I think if you're going to really use a good biopsychosocial model for assessing pain, the psychologic and behavioral health questionnaires can be really helpful. We use the GAD-7, which is generalized anxiety scores, the PHQ-9, which assesses depression. There's also a PHQ-2, which is an even shorter screening tool. You can also use pain catastrophizing tools. The PEG, which was based on the brief pain inventory, that looks at pain over the last week, the P or enjoyment in life, the E, and G, general activity.

That's a nice kind of quick three questions that you can use for your assessment and follow up with regards to how the pains have been affected, as a pain score as well as their activity and enjoyment in life. The opioid risk tool can be used for patients as a screening tool for predicting apparent behavior. It's commonly used with patients that are managed on opioid therapy. Again, we have different scales. The key is using maybe two or three of those that can cover those different areas, whether it be the psychologic as well as the analgesic issues that you're looking at. Then, how do you use those together and really be following up on those questionnaires as patients fill those out.

Okay, Sam, we're going to test a couple of different areas, including your strength sensation, and also some techniques to check the irritation of the nerves in your lumbar spine. First though, I want you to put your hands on your chest, and then from that position, try to stand up from your chair. Okay, good. That's actually a good test for L-5 or S-1 strength. Okay, so you can stand back up. Okay. You can put your hands down. Now, I actually want you to turn and face the wall behind you. And if you can, kind of move your chair. That's good. And then go up on your tiptoes three times. And as you do that, do you feel like your leg's weak? Are you having more pain in your leg?

Sam:

Yeah, it feels different in my right. It feels weaker, like it started to cramp up in my right calf.

Steven Stanos:

Okay. That might be a sign of a weakness in your S1 nerve root distribution. Okay. Now, I actually want you to stay like that facing the wall to your right. Or no, I'm sorry, yeah, face the wall to your right, kind of turn. There you go. Put your hands on your waist and I want you to flex forward. We're just going to look at how your spine motion is. The kind of pain keeping you from going further?

Sam:

Yeah, that's about what I'm comfortable with, yeah.

Steven Stanos:

Oh yeah. Okay. Then, lean back like you're looking up to the ceiling. It looks like that's kind of hard to do. Do you have more pain in your back by your belt line when you're doing that?

Sam:

Yeah, not as bad as going forward, but it's still uncomfortable.

Steven Stanos:

Okay. Then, what I want you to do is face the wall behind you and I'm going to have you actually press on the muscles on your own in your back. With your three fingers, your three main fingers there, push along that spot right above your belt line. Is that sore in those muscles on the side? Those are your paraspinal muscles.

Sam:

Yeah, yeah.

Steven Stanos:

Okay. Then, I want you to push down into your buttock muscle on both sides. Do you have tenderness on the left side?

Sam:

The left side's okay.

Steven Stanos:

It's okay? How about the right side?

Sam:

Yeah, that doesn't feel good.

Steven Stanos:

Okay. So soreness there. Okay, so that's good. Now, I actually want you to kind of sit back down in your chair. Then, if you could just tilt the camera... Actually keep the camera... Tilt the camera a little bit, I'm sorry. We're going to check the tension on your nerves a little bit. Actually yeah, tilt that up a little bit higher. I'm sorry, go back up, a little bit higher. That's good.

That'll be perfect. Okay. Put your hands behind your back, we're going to put tension on your lumbar nerve roots to see if you have kind of nerve irritation. Put your chin to your chest and lean forward. This is what we call a slump seated test or a straight leg raised seated test. Then as you're leaning forward like that, lift your left leg up like you're kicking a ball. Do you feel any pain in your leg?

Sam:

No, that feels okay.

Steven Stanos:

Now, I want you to kick your right leg out like you're kicking a ball. Does that hurt as you're doing that?

Sam:

Yeah.

Steven Stanos:

Do you feel pain in your back or your leg when you do that?

Sam:

Kind of both. It went down to my leg.

Steven Stanos:

Okay. I want you to actually do that again slowly. I'm sorry this hurts. Bring your leg up and then I want you to look up to the ceiling. As you look up to the ceiling, does that help decrease the pain or does it stay the same?

Sam:

No, it's better.

Steven Stanos:

Okay. That might be a sign that you have S1 or L5 nerve root irritation. Then, the last part I want you to do is just tilt the camera down so I can see your knees and your feet. We're going to check a sensation in your legs. This will actually help us to maybe determine if you've got nerve compression from your back. First, I want you to, with both your pointer fingers, touch the tops of your thighs. That's the L2 nerve. That feels normal or numb?

Sam:

No, that feels numb.

Steven Stanos:

Okay, good. Now touch, with both hands, the inside of your knee. That's L3. Okay, does that feel normal?

Sam:

Yeah, it feels normal.

Steven Stanos:

Okay. Then, touch down by your feet, the inside of your ankles. That's the L4 nerve distribution. Does that feel normal?

Sam:

Yeah, it feels good.

Steven Stanos:

Touch on the top of your feet. That's the L5 dermatome. Does that feel normal or less on one side?

Sam:

That feels pretty normal too.

Steven Stanos:

Okay. Then, I want you to touch on the side of your feet to the bump of your ankle. Does that feel the same or less?

Sam:

I don't feel as much in my right foot.

Steven Stanos:

Okay. Then, go up higher behind your calf and touch the back of your calf muscles. Do you feel normal there or decreased on the right side?

Sam:

I don't know, I still don't feel as much of my right side there.

Steven Stanos:

Okay, that might be a sign that you have S1 compression from your spine. Okay Sam, thanks for getting us through this exam. You did a great job. If you want to sit back up towards the table and adjust your camera. Sam, we went through motor strength testing, sensory testing, and we looked at kind of the soft tissues and the muscles that can be contributing to the pain. In a couple of minutes, I'll get back with you and we'll go over what I'm thinking the pain may be coming from and what our next steps are. Thanks, Sam.

Sam:

Thank you, doctor.

Steven Stanos:

Given the psychosocial and physical exam assessment we performed on Sam, putting that all together, there's probably evidence of severe S1 radiculopathy on the right side. There's also myofascial pain with weak and inhibited muscles, as well as sleep. It's really impaired, it's impacting his overall quality of life. Sam also reported in his questionnaires and with our questioning significant distress. There's anxiety, and probably underlying depression, and really a lot of fear about his condition and what's going to happen.

I think there's different things we can work on. Again, we want to be thinking of this from a biopsychosocial perspective. Putting that together, what are our smart goals? Well, they need to be specific, measurable, attainable, relevant, and timely. All of you, hopefully from just this assessment of our patient with acute spine pain, how can you apply that to your practice? Our goal would be to really recognize that pain is much more than just no susception and it can also be influenced by psychological and social factors.

You really want to include not just the physical, but functional and psychosocial assessment tools, as well as in your discussion with your patient during your evaluation, as well as during any follow-ups. Considered Telehealth is actually a really good tool that you can use to actually improve how you interact with your patients, as well as provide them with kind of more self-management skills and motivation to really take ownership in their care. Thank you for joining us today for episode one of our three part REMS CMEO BriefCase Series. I hope you'll join episode two, where we'll dive a bit deeper into treatment decision making with our patient Sam.

To view additional case based education on pain management, please visit www.cmeoutfitters.com. Please also visit the opioid education hub. You'll find other REMS activities as well as a broad range of educational activities and resources for healthcare providers and patients. And as a reminder, to meet the requirements for REMS, complete the post-test and evaluation to receive your CMECE credit. CME Outfitters will submit your completion information to the FDA. We hope you'll be able to integrate these pain assessment and management strategies into your clinical practice. Thank you.