

Optimizing Functional Restoration Programs for Chronic Pain

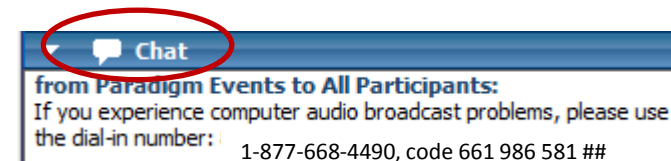
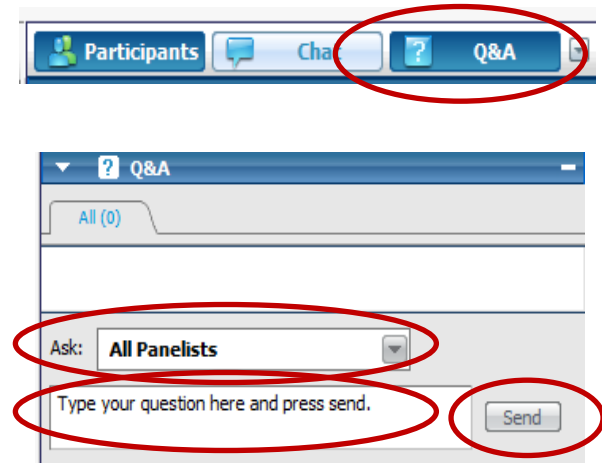


Steven Moskowitz, MD Senior Medical Director, Paradigm Outcomes

Fernando Branco, MD Medical Director, Midwest Employers Casualty Company

First, a Few Housekeeping Points

- Slides advance automatically
- Question and Answer period at end
- Submit questions at any time
 - Q&A panel is on the lower right side (If you don't see it, click the "Q&A" button in the upper right)
 - Type a question into the lower section of the Q&A panel that appears
 - Ask "All Panelists" and click "Send"
- A copy of the presentation is posted at paradigmcorp.com/webinars; a copy of the replay will also be emailed
- **In order to receive CCMC credit**, after the closing comments, close out of the WebEx window. **Two windows will pop up** with 1) the WebEx feedback survey and 2) the **CCMC credit survey**. Upon completion of the CCMC survey, you will be redirected to a copy of the CCMC Verification of Completion certificate.
- If you experience computer broadcast audio problems, please use the dial-in number posted in the Chat panel



Our Presenters

Dr. Steven Moskowitz



- Senior medical director for Paradigm's pain program
- Physiatrist with 30 year experience
- 30 years experience in managed care and program development

Dr. Fernando Branco



- Medical Director for Midwest Employers Casualty Company
- MD with specialty in physical medicine and rehabilitation, pain management and addiction medicine
- 30 years experience in rehabilitation and pain management



Optimizing Functional Restoration Programs for Chronic Pain

Today's Webinar Objectives

Our conversation centers on four primary goals.

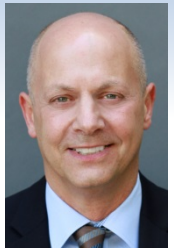


Dr. Moskowitz

1. Evaluate and identify ***effective functional restoration*** programs
2. Learn how to ***prepare an injured worker*** for a functional restoration plan
3. Recognize ***key challenges*** functional restoration must overcome for successful outcomes
4. Detect red flags and ***avoid less effective*** programs

Functional Restoration Program

Functional restoration defined



Dr. Moskowitz

- **Basic principles of functional restoration**
- **What is a functional restoration “program”?**
 - ODG or ACOEM definition
 - Chronic Pain Management Program (CPMP)
- **What makes it a program vs a service?**
 - Interdisciplinary goals, coordination, communication
 - Appropriate equipment and resources
 - Outcome driven and outcomes data
 - Objective clinical measures
 - Stable resources

Functional Restoration Program

Case example - Evelyn



Dr. Branco

- 30-year-old female, very active
- Full time chef in a restaurant
- May 2007 during a break, Evelyn went outside and fell down a few steps
- She ends up with her right leg caught between stair bars
- Patient was taken to ER and immediately diagnosed with Complex Regional Pain Syndrome



Functional Restoration Program

Case example - Evelyn



Dr. Branco

■ Past Medical History:

- Two MVAs in 1991 & 2001
- S/P right Anterior Cruciate Ligament (ACL) repair in 2001
- 2x S/P right knee arthroscopic surgery in 2000 and 2006
- Learning disabilities
- Concussion as a child



Functional Restoration Program

Case example - Evelyn



Dr. Branco

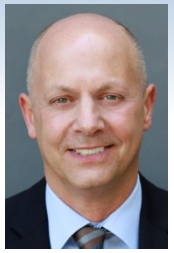
■ By 2012:

- Multiple sympathetic blocks
- Spinal cord stimulator
- Cane, walker and wheelchair
- OxyContin, Oxycodone, Lyrica, Zanaflex, Baclofen, Klonopin, Compazine, Zofran, Reglan and Colace
- 2012: 11 hospital visits in a period of two months with severe nausea and vomiting
- Bilateral lower extremities spasms
- Severely depressed and anxious
- Severe sleep disturbance
- Pain pump was recommended



Functional Restoration Program

Is this the right program for Evelyn?



Dr. Moskowitz

Per ODG Guidelines

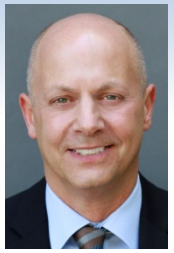
- High dependence on healthcare system (CRPS)
- Severe deconditioning
- Continued use of prescription meds
- Psychosocial sequelae
- Other treatment strategies not working
- Risk of invasive procedures

Expanded Criteria

- Inaccurate diagnosis
- High dose opioids
- Escalating polypharmacy
- Severe functional disability
- Escalating procedures
- Poor outcomes
- Case intransigence
- High behavioral issues
- High MSA

Successful Functional Restoration

Six steps must be followed



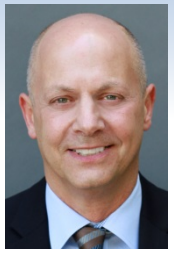
Dr. Moskowitz

Steps to a Successful Functional Restoration Referral

1. Secure an agreement to participate with the injured worker
2. Develop a program selection criteria
3. Manage participation (getting injured worker to participate and stay)
4. Review the curriculum
5. Measure outcomes
6. Manage the transition back into the community

Successful Functional Restoration

Injured worker participation



Dr. Moskowitz

Step 1: Injured Worker Agreement to Participate

- Cognitive behavioral techniques (e.g., TTM Stages of Change)
- Setting expectations
- Agreement of treating MD
- Locating a new MD
- Family involvement
- Logistical issues (e.g., childcare, pet care, transportation)

Successful Functional Restoration

Case example - Evelyn



Dr. Branco

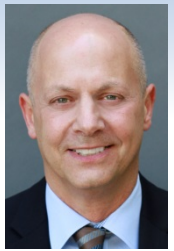
■ Step 1: Injured Worker Agreement to Participate

- Referred to intense functional restoration program
- Strong resistance from patient and attending physician
- Months of preparation and delays by patient and attending physician



Successful Functional Restoration

Selection criteria based on IW needs



Dr. Moskowitz

Step 2: Program Selection Criteria

- Diagnosis specialization and clarification
- Structure (inpatient vs outpatient)
- Detoxification (including polypharmacy reduction)
- Restoration of function
- Local resource vs. distant

Successful Functional Restoration

Case example - Evelyn



Dr. Branco

■ Step 2: Program Selection Criteria

- Locating the right program for Evelyn based on needs
 - CPRS diagnosis clarification
 - Needs 24/7 structure (inpatient)
 - Needs detoxification expertise and commitment
 - Needs aggressive functional rehabilitation
 - Nothing near her home
- *Programs not appropriate for Evelyn*
 - Nearby local outpatient functional rehabilitation
 - Inpatient detoxification program
 - CRPS specialty pain program and interventional center



Program selected:

Rosomoff Pain Center



Successful Functional Restoration

Principles for participation



Dr. Moskowitz

Step 3: Managing Participation in the Program

- Getting injured worker to participate and stay
- The “program curriculum”
 - What happens?
- Discharge criteria
 - When are they ready to leave?
- Transition back into their community
- Outcomes

Successful Functional Restoration

Case example - Evelyn



Dr. Branco

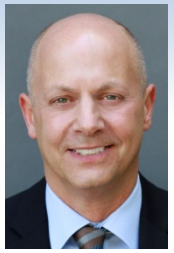
■ Step 3: Managing Participation

- Arrives with with mother and father
 - Family support and enablers
- Angry and uncooperative
- “Fell” twice from her wheelchair
 - No witnesses and no injuries
- Demanding higher amounts of medications
 - Narcotics, sedatives and nausea meds
- Refusing to participate
 - Alleging being forced to be there and her doctor did not “approve” Functional Restoration



Successful Functional Restoration

Review the course



Dr. Moskowitz

Step 4: The Curriculum

- Diagnosis clarification
- Detoxification and polypharmacy reduction
- Restoration of function
- Decreased reliance on the healthcare system

Successful Functional Restoration

Case example - Evelyn



Dr. Branco

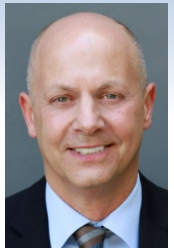
■ Step 4: The Curriculum

- Diagnosis was clarified with hands on and detailed physical examination
 - Doctors experienced on CRPS
- Disease conviction was addressed since admission
- Tapering of the medications was introduced on admission
 - Started on the second week after trust was built
- Medication conviction was addressed during admission
 - Reinforced by entire multidisciplinary team
- Functional restoration achieved with direct involvement with patient
 - 1:1 treatment for 8 hours/day
- As function improved, mood, sleep and endurance improved



Successful Functional Restoration

Measure results



Dr. Moskowitz

Step 5: Tracking Outcomes

Programs should monitor and document:

- Participation
- Performance
- Behavior
- Medical and detailed functional progress
- Urine drug monitoring

Outcomes to avoid:

- Leaving against medical advice
- Long-term opioid maintenance therapy
- Addition of compensable diagnoses
- “Relapse” to prior behavior
- Mismanagement of “re-injury”
- Return to prior enablers

Successful Functional Restoration

Case example - Evelyn



Dr. Branco

■ Step 5: Tracking Outcomes

- Slowly started to participate
- Four weeks of treatment
 - Three inpatient and one outpatient
- Admitted June 4, 2012
- Family response managed
- Graduated June 30, 2012
 - Discontinued all medications except Lyrica
 - Lyrica discontinued in August
 - Going to gym 5 days/week
 - Full release to work October 2012



Successful Functional Restoration

Discharge criteria



Dr. Moskowitz

End of Program

- Goals achieved
- Discharge plan in place



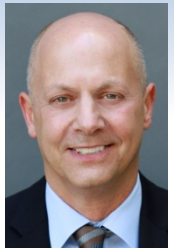
Beware of premature discharge for

- Intractable lack of compliance
- Disruptive behavior
- Lack of progress
- Departure AMA
- Illegal activity
- Acute medical illness



Successful Functional Restoration

Manage transition



Dr. Moskowitz

Step 6: Transition Back into the Community

- A new primary treating physician
- Immediate follow-up post discharge with discharge summary
- Immediate commencement of gym program
- Short course of transitional CBT
- Opioids non-certified, prior physician non-certified
- Functional restoration program communication and follow-up
- Readiness to respond to a “relapse”

Successful Functional Restoration

Case example - Evelyn



Dr. Branco

■ Step 6: Transition Back to the Community

- Patient returned to Functional Restoration Center for a post-discharge assessment
 - One month and three months post DC
- CBT started
 - Patient changed counselors per her request as he was not CBT oriented
- Gym membership
- One month follow up
 - Evelyn was walking one mile and sometimes running eight miles
 - She injured her ankle and treated it with modalities and ice
 - Continued exercising
- After pregnancy, decided to stop all meds
 - However, she continued to use her SCS at times against Rosomoff's advice
 - Doctor continued to negatively influence her, but patient was able to move on with her life regardless



Successful Functional Restoration

The value proposition



Dr. Branco

Health and Functional Improvement



Calculated Savings

Successful Functional Restoration

Case example - Evelyn



Dr. Branco

■ Case Settled February 2013

- MSA \$227,000
- Indemnity \$54,000
- Avoided pain pump (\$226,000)
- Stopped medications (\$888,600)
- (\$1.1M) avoided future medical costs on the MSA alone
- Lifetime medical exposure was \$3M+

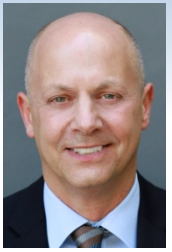




Case Management Considerations

Case Management Considerations

Functional restoration summary



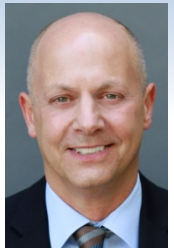
Dr. Moskowitz

Functional restoration = restoration of function

1. UR guidelines are helpful, but this is a ***CM process***
2. Choosing the best program depends on ***matching program with needs***
 - Needs can include diagnosis clarification, detoxification, behavioral rehabilitation, structure/reinforcement and distance
3. The program must be able to ***address and decrease polypharmacy, excessive medical treatments, function***
4. The ***return on investment*** can be impressive

Successful Functional Restoration

Review the six steps



Dr. Moskowitz

Steps to a Successful Functional Restoration Referral

1. Secure an agreement to participate with the injured worker
2. Develop a program selection criteria
3. Manage participation (getting injured worker to participate and stay)
4. Review the curriculum
5. Measure outcomes
6. Manage the transition back into the community

Reminder Regarding CCMC Credit

In order to receive CCMC credit, **after the closing comments, close out of the WebEx window.**

Two surveys will pop up: 1) the WebEx feedback survey and 2) the CCMC credit survey.

Upon completion of the CCMC survey, you will be redirected to a copy of the CCMC Verification of Completion certificate.

If the CCMC survey does not pop up, you may access the survey from:

<https://www.surveymonkey.com/r/functionalrestoration>

Tip: If your work computer has blocked Survey Monkey, access the link via your home computer.

Question and Answer Session

Submit your questions in the Q&A panel on the right of your screen.

Dr. Steven Moskowitz



Dr. Fernando Branco



Experiencing computer audio broadcast problems?

Please use the toll-free dial-in number: 1-877-668-4490, access code 661 986 581 # #



Follow Paradigm on Facebook: www.facebook.com/ParadigmOutcomes



Follow Paradigm on Twitter: www.twitter.com/ParadigmSays



Find informative videos on our YouTube channel: www.youtube.com/paradigmoutcomes



Read Outlook on Outcomes, Paradigm's blog: www.paradigmcorp.com/blog