

Psychosocial Issues in Complex Pain Cases: A Practical Approach

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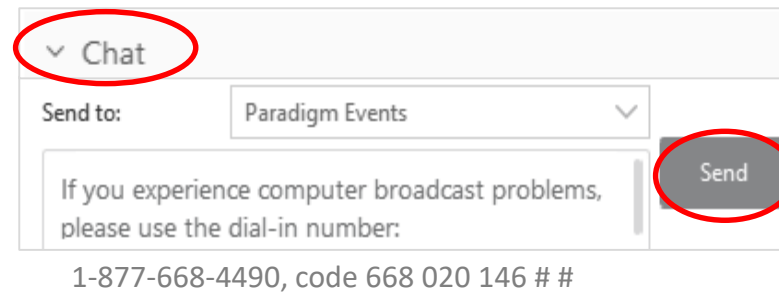
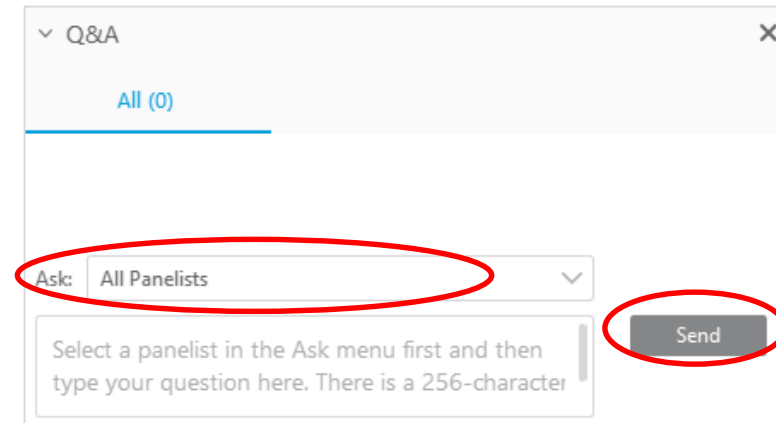
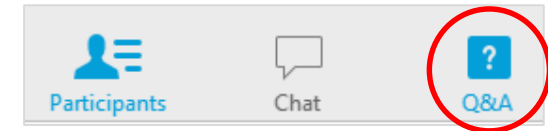
OUTCOMES

Steven Moskowitz, MD, Senior Medical Director

Evelyn Bonilla, RN, Director of Clinical Services

First, a Few Housekeeping Points

- Slides advance automatically
- Question and Answer period at end
- Submit questions at any time
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Today's Speakers

Steven Moskowitz, MD
Senior Medical Director



Evelyn Bonilla, BA, RN, CCM
Director of Clinical Services



- Senior medical director for Paradigm's pain program
 - Physiatrist with 30 year experience chronic pain, neurological rehabilitation
 - 30 years experience in managed care and program development
 - Certified in Managed Care Medicine
- Develops strategies that help injured workers reduce dependency on opioids using a biopsychosocial approach to treatment
 - Has worked in healthcare for more than 20 years, focusing on clinical and administrative management of catastrophically injured patients

Today's Webinar Objectives

Our conversation centers on four primary goals.

1. Appreciate the ***importance*** of psychosocial risk factors in recovery.
2. Cite the ***prevalence*** of mental health challenges in catastrophic populations.
3. Describe various ways these challenges ***impact recovery and outcomes*** in complex pain cases.
4. Understand applying a ***systematic approach*** to managing psychosocial challenges and improving functional and financial outcomes.



**Understanding Psychosocial
Issues in Complex Pain Cases**

Origin of the Biopsychosocial Model

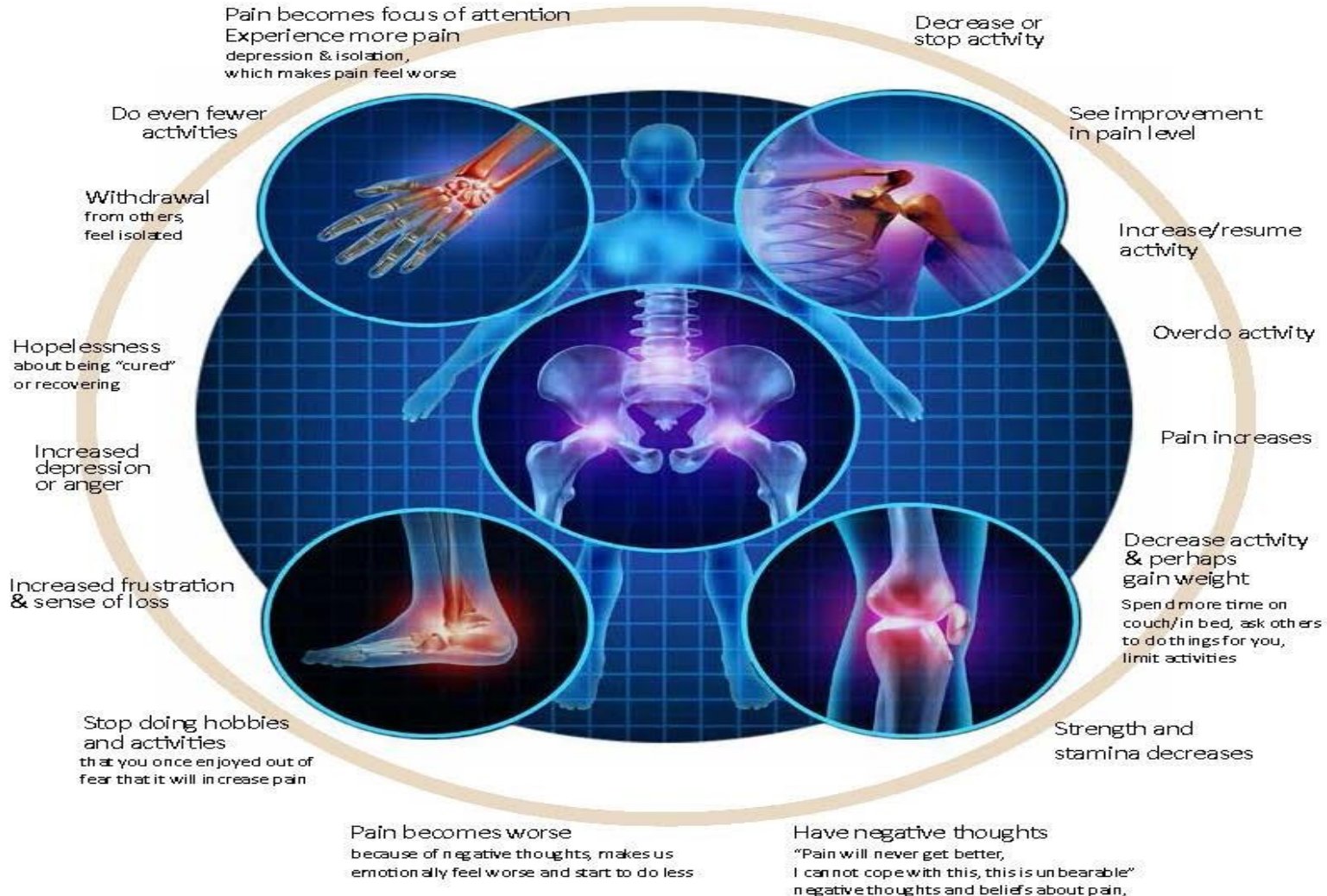
In a 1977 article in Science, psychiatrist George L. Engel called for "the need for a new medical model."

Attributes disease outcome to the intricate, variable interaction of factors:

- **Biological:** genetic, biochemical
- **Psychological:** mood, personality, behavior
- **Social:** cultural, familial, socioeconomic

The biopsychosocial model counters the biomedical model, which attributes disease to biological factors, such as viruses, genes, or somatic abnormalities.

The Pain Cycle

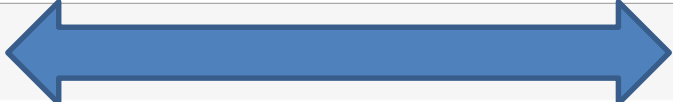


Greatest Obstacles to Achieving Desired Claim Outcomes

2016 Workers' Compensation Benchmarking Study

492 survey responses from WC claims insurance companies

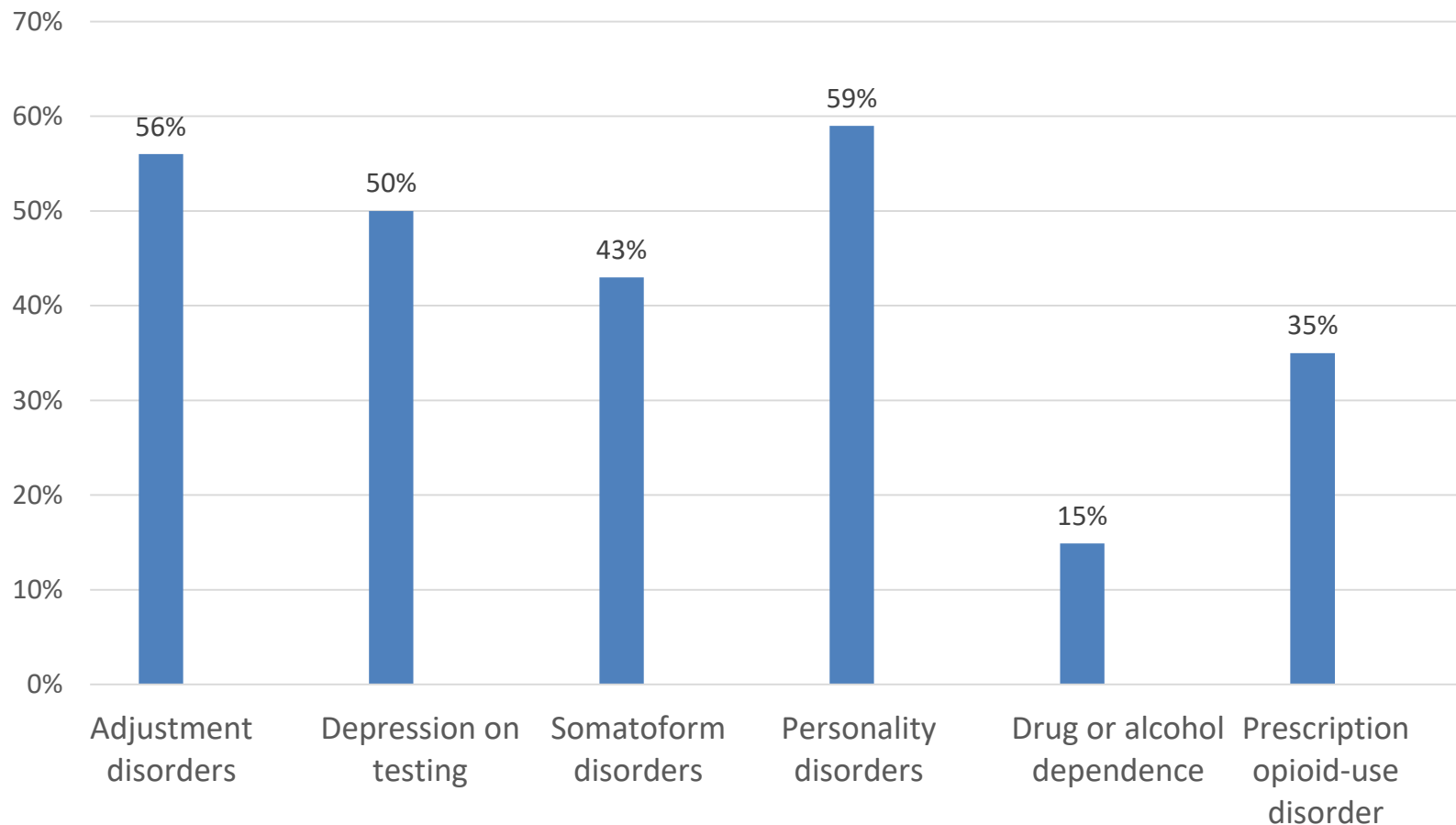
Answer	Overall Rank
Psychosocial / co-morbidities	1
Lack of RTW option / accommodation	2
Litigation	3
Employee / employer relationship	4
Late injury / claim reporting	5
Proactive / timely communication with stakeholders (i.e. employee, employer, providers)	6
Legalese statutory requirements / communication	7
Employee doesn't understand the workers' comp system	8
Jurisdiction / geographic differences	9
Access to care	10



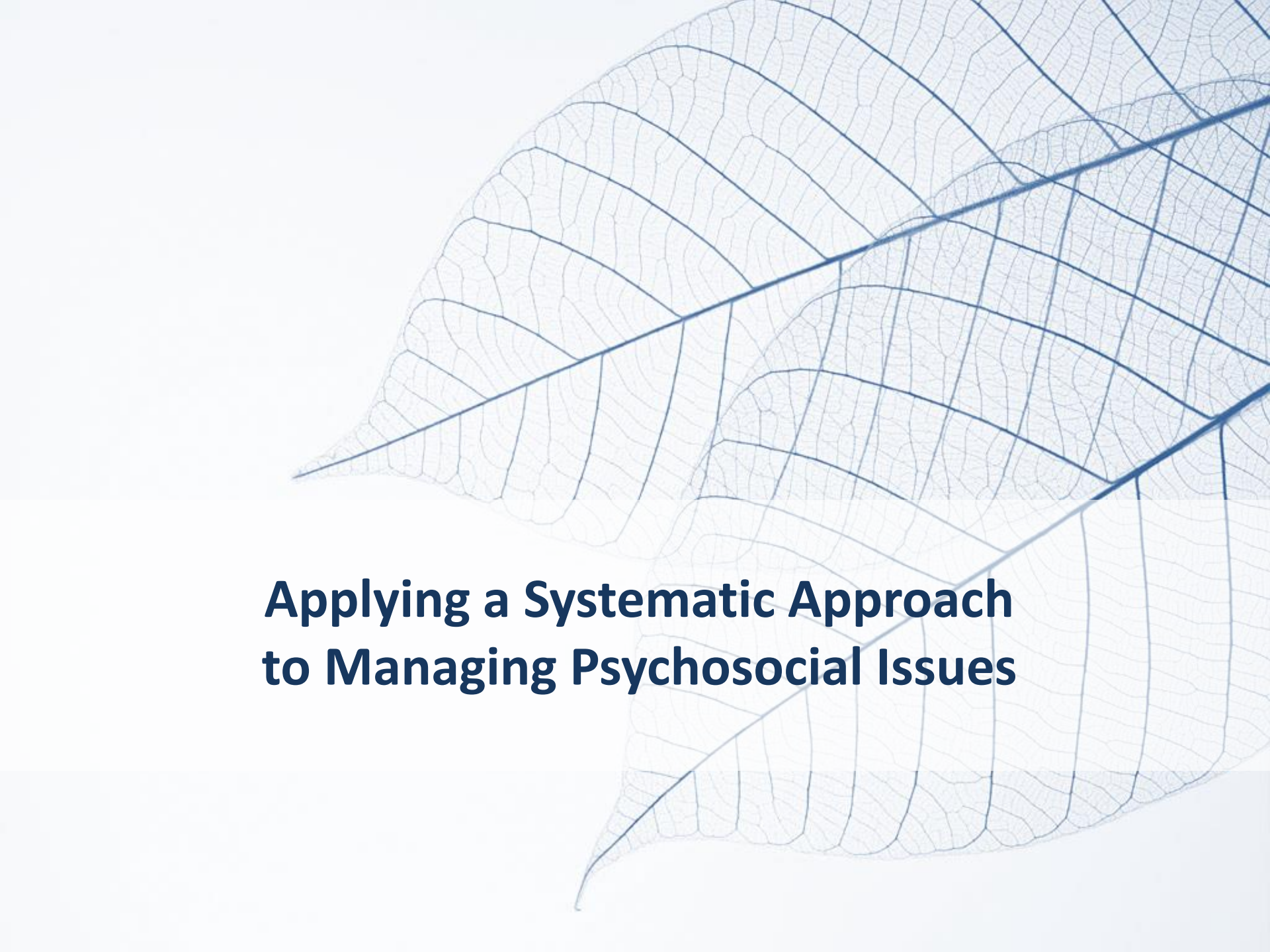
Source: Denise Zoe Algire. Study by Rising Medical Solutions November 2016

Prevalence of Psychosocial Problems in Chronic Pain

Percent Comorbidity Between Psychosocial Disorders and Pain



Sources: Comorbidity Between Psychiatric Disorders and Chronic Pain, Fishbain et al. Current Review of Pain 1998, 2:1–10; Prevalence of Prescription Opioid-Use Disorder Among Chronic Pain Patients: Comparison of the DSM-5 vs. DSM-4 Diagnostic Criteria, Journal of Addictive Diseases, 30:3, 185-194, DOI



**Applying a Systematic Approach
to Managing Psychosocial Issues**

How These Cases May Present to Claims

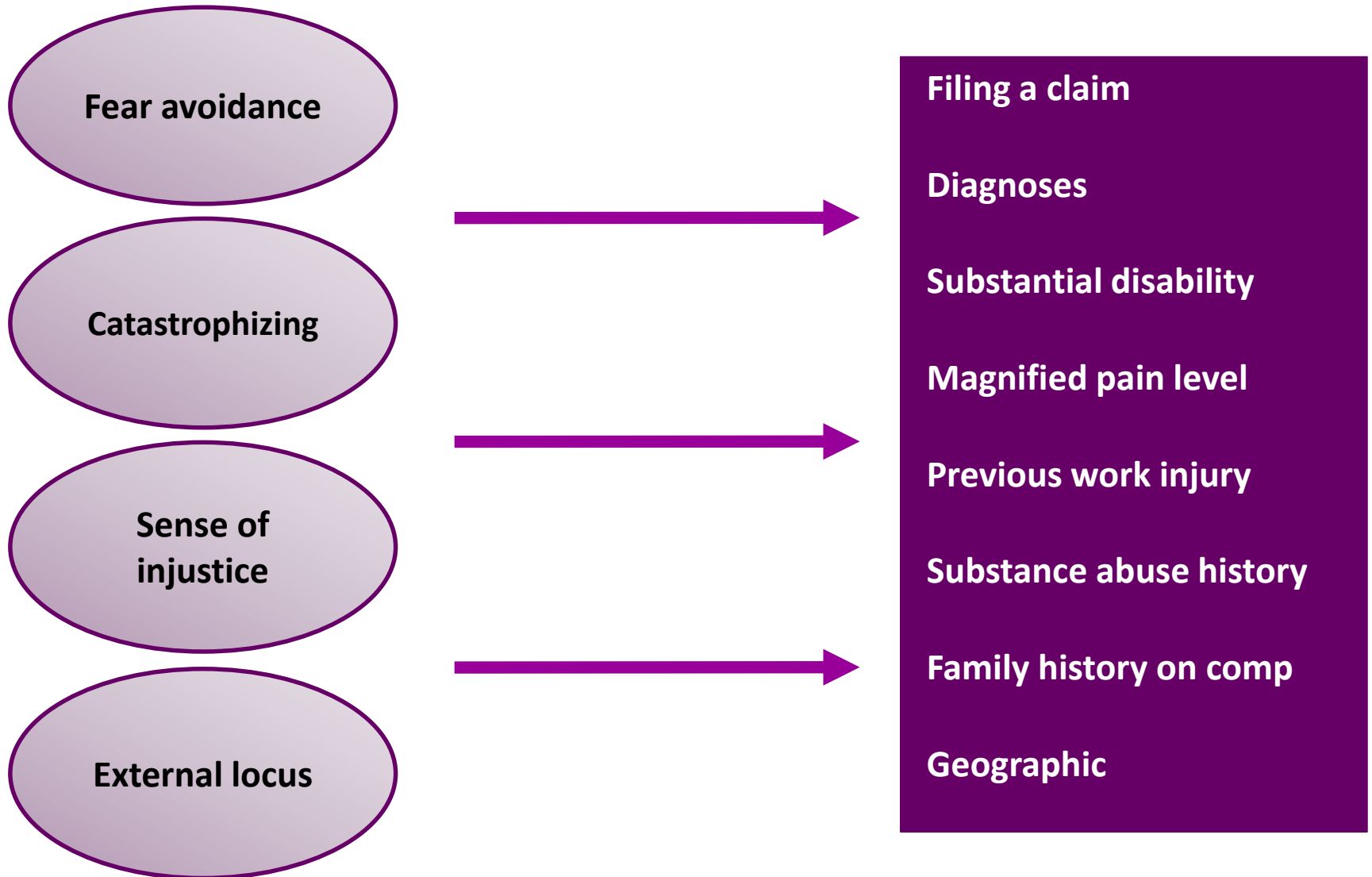
Best predictors of acute injury progressing to chronic pain and delayed recovery

- Filing a WC claim
- Radiculopathy , other diagnoses:
 - TOS, CRPS
- Substantial pain disability
- Catastrophic behavior, high pain intensity
- Litigation
- Previous work injury with extended lost time
- History of substance abuse
- Family history of being on compensation
- Geographic factors/providers

Sources: Compensation and Chronic Pain; Teasell RW., Journal; Clin J Pain. 2001 Dec;17(4, Suppl):S46-64 and Early Predictors of Chronic Work Disability, A Prospective, Population-Based Study of Workers, With Back Injuries

Cognitive Distortions

Drivers of pain disability



Selecting Psychosocial Resources

The individual case determines which is appropriate.

Self Care

- Family support
- Support groups
- Online structured self-help, apps
- Mindfulness-based interventions

Behavior Change

- Cognitive behavioral therapy (CBT)
- Psychoeducation
- Health coaching

Modalities

- Biofeedback
- Eye Movement Desensitization
- Mirror

Interdisciplinary Programs

- Detoxification
- Functional restoration

Lifestyle

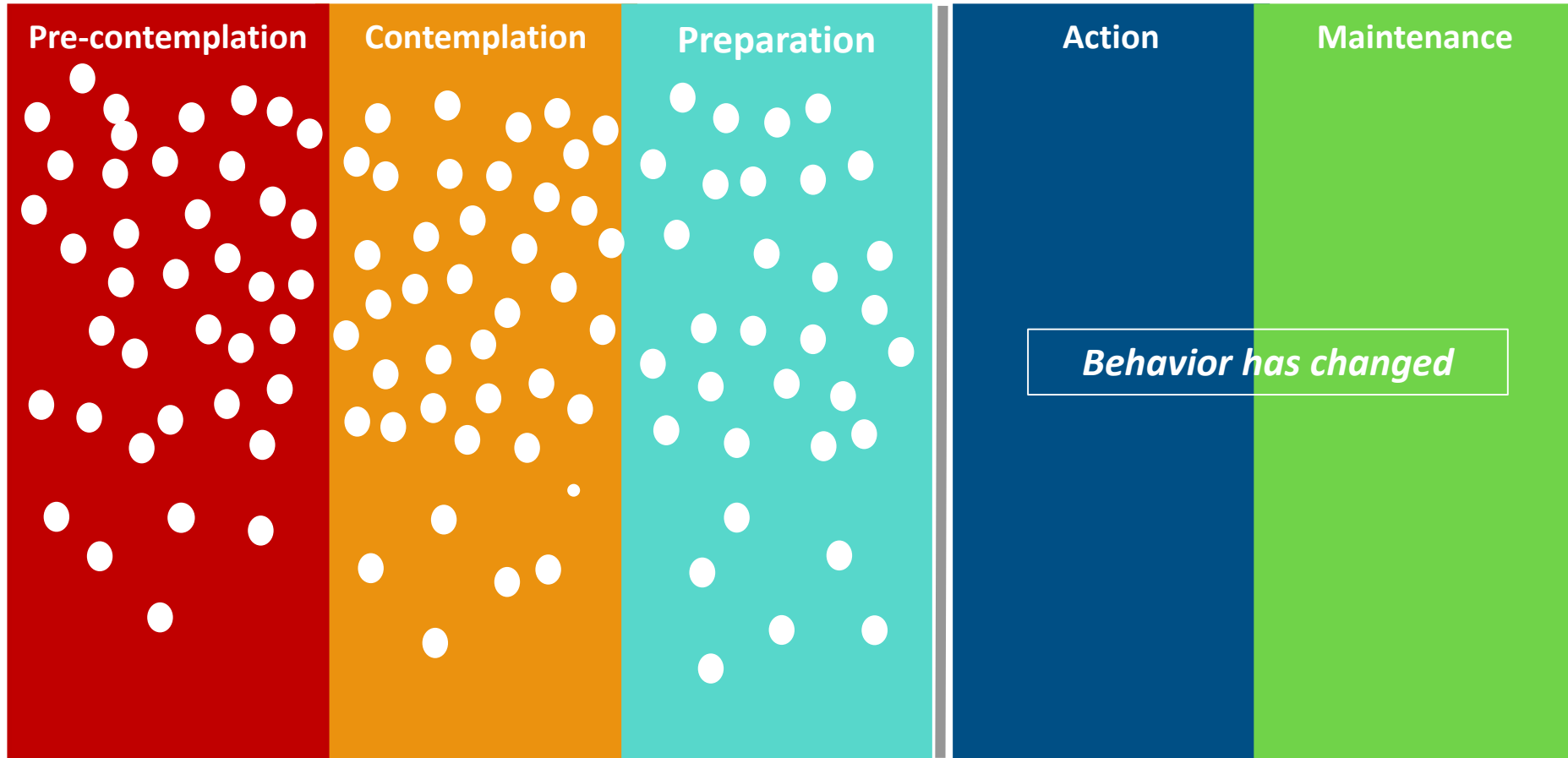
- Avocational
- Vocational
- Life skills

Claims Psychosocial Strategies

- Claims team
- Provider
- Psychosocial providers
- Stages of change

Behavior Change

Behavior change messages most effective for those who need to change





Paradigm Case Study

Case Study

The wounded warrior

- 2004: independent military contractor serving in Iraq
- Injured when a suicide bomber killed armed guards outside the mess hall, then broke in and blew himself up 10 feet away
- Scheduled to leave for home the next day to see his newborn son



Case Study

As the case presented...

- Injuries to his entire body, most notably bowel and bladder
- 2 years in surgical rehabilitation in Germany before being transferred to The Walter Reed Medical Center
 - 3 years of medical records lost at Walter Reed
- Prescribed 270 mg of morphine equivalents by pain management specialist
- Anesthesiologist was on leave and had a spinal cord stimulator on the table upon her return
- Resistant to case management



Pre-Contemplation

Has no intention to adopt the behavior in the next six months

- Unsure of how to:
 - Be a positive role model during his son's early childhood years
 - Build a life with his fiancé
 - Provide for his family
- Pain all over his body from shrapnel
- Can't imagine coming off narcotics, yet fears becoming an addict
- Convinced the spinal cord stimulator will take away his pain
- Unquestioningly follows his treating physician's orders



Contemplation

Intends to adopt the behavior in the next 6 months

- Underwent many reconstructive surgical procedures to bowel and bladder, including colostomy, which was reversed
 - Ate only breakfast and then spent 3 to 5 hours on his bowel regimen
- How to control his pain?
- Agreed to discuss a functional restoration program
- Began to consider an improved quality of life



Preparation

Intends to adopt the behavior in the next 30 days, already taking small steps

- Paradigm Medical Director
 - Collaborative discussion on disadvantages of long term opiate use and how a spinal cord stimulator would increase risk to his already challenged bowel program
 - Agreed to the **Functional Restoration Program** and to removing the spinal cord stimulator
- Wounded warrior agreed to an admission date for the Functional Restoration Program
- Allowed Paradigm Network Manager to coordinate his travel and shared plans with his son and fiancé



Action

Have adopted behaviors with the past 6 months

- Learned Peristeen System (bowel irrigation) for bowel regimen
 - Practiced on a daily basis and recorded his results to share with functional restoration team for tips and suggestions
- Began eating one snack
- Prepared for second part of his admission to wean off narcotics



Maintenance

Continue to practice healthy strategies for more than 6 months

- Goal: to continue to support him in the behaviors that have helped him be in charge of managing his pain
- Getting him back on track
- Reinforcing use of tools to ensure the slip up doesn't turn into a major backslide
- Utilizing his support system
 - Working together to ensure the overarching goals for his continued success



Case Study Conclusion

Learning from the Wounded Warrior

Beginning the process of change:

- **Reflect** on the experience
- Traditionally, these injured workers were **written off** as addicted, angry, apathetic, and avoidant
- In reality, he **wasn't ready** for change
- Suggesting changes when he wasn't ready made him **more resistant**

Applying the Stages of Change model:

- We overcame potential resistance with **empathy**
- We helped him understand **the connection between** pain, thoughts, feelings, and behaviors
- We identified where thoughts, feelings and behaviors **enter the pain cycle**



Adopting a Broader Approach

Psychosocial Resources

Incorporate the appropriate resources into your larger plan

Self Care

Interdisciplinary
Approaches

Behavior Change

Lifestyle

Modalities

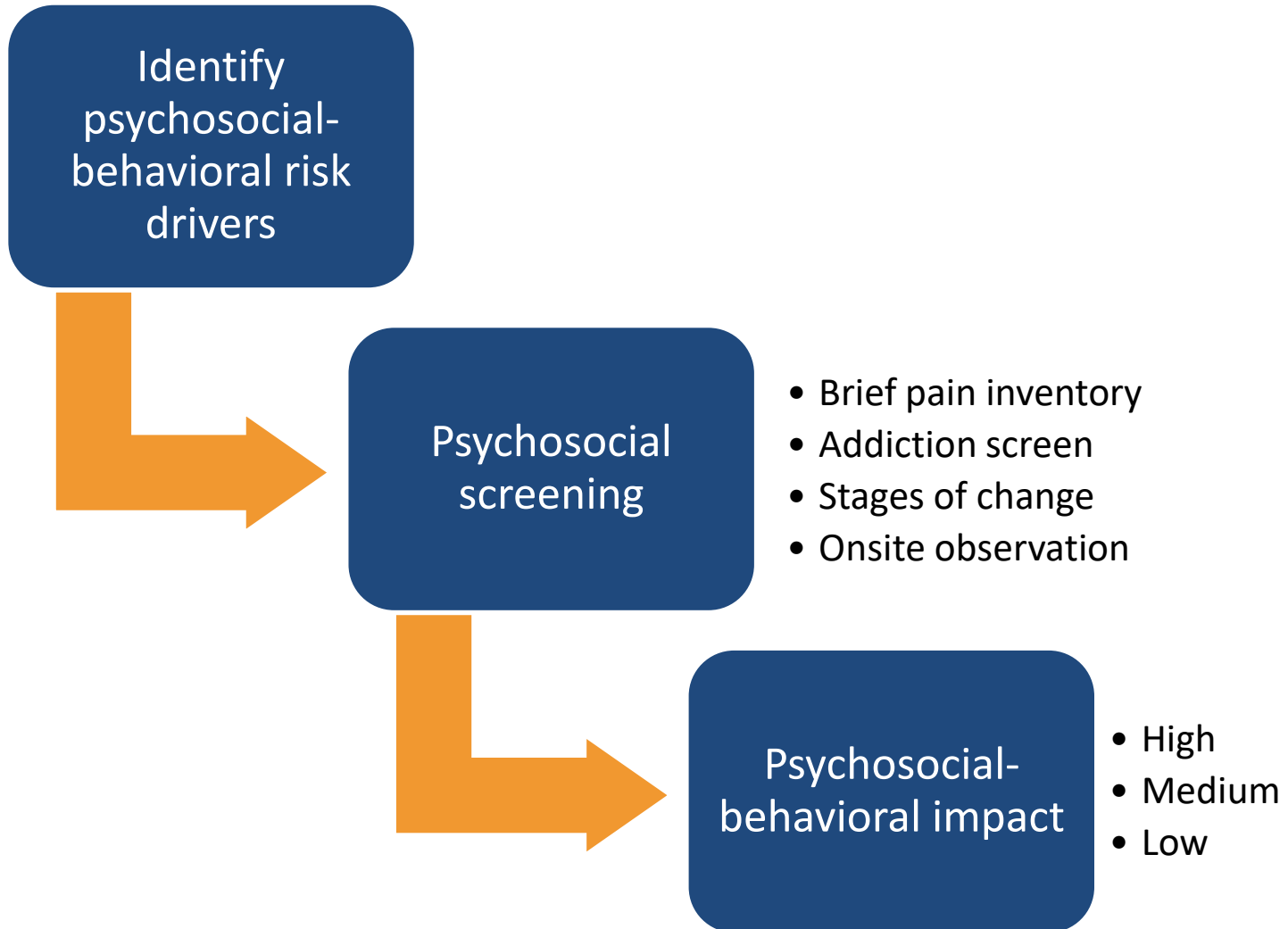
Claims Psychosocial
Strategies

Desired Workers' Compensation Treatment Outcomes

Improved health, behavior and function

As this improves	...this should be the result
<i>Catastrophizing</i>	Improve pain complaint
<i>Fear avoidance</i>	Decrease disability Re-integrate into community
<i>External locus of control (seeking a quick fix)</i>	Improve health literacy Wean off opioids Decrease healthcare utilization
<i>Sense of injustice</i>	Return to work Resume normal lifestyle

Needs Assessment



How to Manage the Mental Health Resources

Staged approach, adapted from Official Disability Guidelines criteria

Step 1: At the level of primary care

- Psychosocial risks or minor issues
- Identify and address specific pain concerns
- Emphasize self-management, education/training of providers

Step 2: Individualized psychosocial services

- Continued pain/disability after normal time for recovery
- Identify patients who continue to experience pain and disability after the usual time of recovery.
- Consultation, allows for screening, assessment of goals

Step 3: Within a program

- Pain is sustained in spite of continued therapy
- More intensive care may be required from mental health professionals (multidisciplinary treatment approach)

Adopting a Broader Approach to Psychosocial Issues

Avoid potential pitfalls

All resources need to be managed

- Not all therapy is the same
- Not all therapists are the same
- Careful selection and oversight is important

Psychosocial interventions are often necessary, but are not sufficient

- Needs to be part of an overall strategy
- Avoid burned bridges

Unintended consequences can be minimized

- Mission creep
- Excuse to be disabled
- Need clear mission

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

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

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.

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