Formed in 1992, our heterogeneous SIG recently celebrated its 20th year of operation. Our focus on loss control, claims management (including superior knowledge of Missouri’s laws by lobbying the MO legislature) and having an active board of directors has allowed our combined ratios to remain under 90%.
Collected over $100 million in premium

Returned over $9 million of surplus to members

Retained over $4 million in surplus on books

A big part of our success is due to taking our claims handling in-house in 2003. This change has enabled us to more effectively handle our claims.

Prior to 2003 it took 48 months from the beginning of the accident year for management to see that over half of the accident years no longer had adverse loss development. Since 2003 it only takes 24 months to make that same statement, and at 12 months over 37% of our years have salvage.
Example of In-House Claims Management

- 2002 back injury to a welder
- 2004 MMI but must remain on narcotics for failed back syndrome
- 2006 settled indemnity but medical left open
- Treated with eight doctors prior to 2011, still nothing to offer but narcotics
- 2011...began treating with Dr. Boutwell

EXTREME MAKEOVER:
Pain Management Edition

Kaylea Boutwell, MD
Interventional Pain Management Specialist
Pain and Rehabilitation Specialists of St. Louis
3 October 2012
Introduction

- **My Background:**
  - Missouri Native
  - Saint Louis University School of Medicine
  - Saint Louis University Hospital
    - Residency
      - General Surgery
      - Anesthesiology and Surgical Critical Care
  - Cleveland Clinic Foundation Hospital
    - Fellowship
      - Interventional Pain Management
  - Board Certified, Anesthesiology/Critical Care
  - Board Certified, Pain Management/Medicine

- **Currently**
  - Pain and Rehabilitation Specialists of Saint Louis, LLC
  - Independent practitioner in Chesterfield, MO
  - Focus on Interventional and Non-Operative care of the spine and joints.
  - Comprehensive practice scope
    - Rx, Physical Therapy/Rehab, Interventional
FEATURE PRESENTATION

- 42 y/o male, Non-Smoker, No PMHx
- MVC 2002, Subsequent L4-5, L5-S1 fusion
- Persistent Pain Despite Solid Fusion
- ESI’s, PT, Nerve Root Injections, High Dose Opioid Rx
- By 2004, Daily High Dose Narcotic Rx and c/o “Severe Intractable Discomfort”

FEATURE PRESENTATION

- Pain Control “Poor”, Q of L “Non-Existant”
- Medications TRIaled:
  - Baclofen, Tegretol, Vioxx, Naproxen, Gabapentin
- Medications at time of June 2011 IME:
  - Oxycodone 5mg tabs TID
  - Methadone 10mg tabs QID
  - Ambien QHS
  - Senna BID
FEATURE PRESENTATION

Plan:
- Wean Methadone to 5mg tabs
- D/C Oxycodone altogether
- Rotate Ambien to Amitriptyline 25 QHS
- Continue Senna PRN
- Flector Patch to Low Back

FEATURE PRESENTATION

Follow Up:
- Wean Methadone to 5mg tabs – Done, D/C’d
- D/C Oxycodone altogether - Done
- Rotate Ambien to Amitriptyline 25 QHS - Great
- Continue Senna PRN – D/C’d
- Flector Patch to Low Back – Loved

PLAN:
- Cymbalta 30mg BID, naproxen 550mg BID, AqPT
FEATURE PRESENTATION

Follow Up: “Back to my/his old self”

PLAN:
- Amitriptyline 25 QHS - Continue
- Flector Patch to Low Back – D/C
- Cymbalta 30mg BID - Continue
- Naproxen 550mg BID – stomach issues? PRN/OTC
- AqPT – completed, encourage increase in activity AT
- OTC – Sleep Neutraceuticals
  - Melatonin, Valerian Root, Calcium, Magnesium; AM B1 vitamin

FEATURE PRESENTATION

Follow Up: “Completely Tolerable”

PLAN:
- Amitriptyline 25 QHS – Continue PRN
- Cymbalta 30mg BID – Continue, Re-Evaluate at F/U
- Naproxen 550mg BID – OTC PRN
- Home Exercise Program
- F/U 6 – 12 months
The Architecture:
Talk Overview

- Building a Solid Foundation
- Maintaining the “Building”
- Systems Analysis and Scheduled Repairs
  - Algorithms for:
    - Medications, Drug Screening
    - Procedures
    - Multi-Modal Therapy
Systems Analysis & Scheduled Repairs: Integrating Algorithms

- Medications, Drug Screening
- Procedures
- Multi-Modal Therapy
- Return To Work
  - Private Insurance
  - Worker’s Comp
Integrating Algorithms

- Medications, Drug Screening

Evidence-Based Pharmacotherapy

- Patient Selection
- Initial Patient Assessment
- Comprehensive Pain Management Plan
- Trial of Opioid Therapy
- Patient Reassessment
- Alternatives to Opioid Therapy
- Continue Opioid Therapy
- Implement Exit Strategy
Evidence-Based Pharmacotherapy

- Narcotic and Non-Narcotic Pharmacotherapy
  - CHOOSE APPROPRIATE CLASS OF ANALGESIC!
Most Purchased Supplies by Total Dollars Paid

- Celecoxib (Celebrex - anti-inflammatory)
- Hydrocodone (Vicodin, Lortab, Norco - painkiller)
- Carisoprodol (Soma - muscle relaxant)
- Oxycodone (Percocet, OxyContin - painkiller)
- Gabapentin (Neurontin - painkiller)
- Ranitidine HCL (H2-Blocker)
- Bextra (anti-inflammatory)*
- Naproxen (anti-inflammatory)
- Duragesic (Fentanyl - painkiller)

Consumer Reports Top Picks: Evidence-Based Pharmacotherapy

- Non-Narcotic Pharmacotherapy
  - Anti-depressants
  - Membrane stabilizers
  - Alpha-2 Agonists
  - Benzodiazepines/Sedative-Hypnotics
  - Muscle Relaxants
  - NSAID’s
  - Homeopathic Remedies and “Neutraceuticals”
Buyer Beware!!

Narcotics

- T#3, T#4
- Vicodin, Percocet, Vicoprofen, Methadone
- Morphine Sulfate, Dilaudid
- Extended Release Narcotics
  - OxyContin (Oxycodone)
  - MSContin (MSO4)
  - Avinza (MSO4), Kadian (MSO4)
  - Exalgo (Hydromorphone)
  - Opana (Oxymorphine)
  - Duragesic (Transdermal Fentanyl)

Evidence-Based Pharmacotherapy
Evidence-Based Pharmacotherapy

- Consider
  - Nucynta (Tapentadol) – Binds mu receptors, NERI
    Lower total dose of opioid, functions in both ascending and descending pain pathways.
Evidence-Based Pharmacotherapy

- Upon initiating opioid therapy, agree with patient on criteria for failure of medication.
- Common failure criteria include:
  - Lack of significant pain reduction
  - Lack of improvement in function
  - Persistent side effects
  - Noncompliance
  - Opioid Induced Hyperalgesia

“Webster et al (154) showed that patients receiving more than a 450 mg equivalent of morphine over a period of several months were, on average, disabled 69 days longer than those who received no early opioids, had 3 times increased risk for surgery, and had 6 times greater risk of receiving late opioids. Fillingim et al (153) indicated that opioid use was associated with greater self-reported disability and poorer function.”
“Webster et al (154) showed that patients receiving more than a 450 mg equivalent of morphine over a period of several months were, on average, disabled 69 days longer than those who received no early opioids, had 3 times increased risk for surgery, and had 6 times greater risk of receiving late opioids. Fillingim et al (153) indicated that opioid use was associated with greater self-reported disability and poorer function.”

Systems Analysis & Scheduled Repairs:

Algorithms

- Procedures/Interventional Techniques
Failure of Less Invasive Diagnosis or Treatment
- Pain Relief
- Additional Patient Information

Clinical Diagnosis
History and Physical Examination
Physiologic Data – SSEP, EMG
Structural Data – Xray, MRI, CT, Bone Scans

Clinical Working Diagnosis of the Pain Generator

Syndrome:
- Radiculopathy
- Discogenic Pain
- Stenosis

Epidural:
- Interlaminar
- Transforaminal
- Caudal

Procedure:
- Facet Arthropathy
- Facet Syndrome
- Primary Discogenic Pain

Facet Injection:
- Intra-articular
- MNBB

Discography

Typical HNP Findings

![Image of typical HNP findings]
Typical HNP Findings

- Imaging, combined with:
  - Increased pain with flexion
  - Positive Straight Leg Raise
  - Pain with prolonged positions
  - History of trauma/strain

Transforaminal Injection
**Therapeutic Blocks**

- **Control inflammation**
  - Corticosteroids (CS) relieve pain related to inflammation resulting from disk degeneration or injury due to chemical and immunological factors
- **Facilitate Recovery**
  - Conduction block in nerve compression, or chemical irritation/injury
- **Prevent and Suppress Edema**
  - Production of chemical inflammatory mediators, fiber deposition, capillary dilatation, cellular migration and phagocytic activity
- **Inhibits scarring**
- **Promotes lysis of adhesions**

**Electrical Systems:**

**Algorithms for Spinal Cord Stimulation**

- Radiculopathy
- Polyneuropathy (Diabetic, Alcoholic)
- Peripheral Nerve disease
- Special/Atypical headache
- Angina
Plumbing: Algorithms for Intrathecal Pump Implantation

- Chronic Pain Syndromes
- Cancer Related Pain Therapy

Brick and Mortar: Algorithms for Vertebro-, Kyphoplasty

- Vertebral Body Compression Fractures
  - Special Imaging
  - Configuration of the Fracture
Landscaping: Algorithms for Comprehensive Therapy

- Multi-Modal Therapy

Comprehensive Remodeling: Utilization of ancillary and multi-modal therapies

- Appropriate Analgesics
- Interventional Treatments
- Physical Therapy
  - Aquatic/Land Based
  - Work Hardening/Conditioning
- Psychological
  - Cognitive/Behavioral
- Other
The Architecture: Talk Summary

- Building a Solid Foundation
- Maintaining the “Building”
- Systems Analysis and Scheduled Repairs
  - Algorithms for:
    - Medications, Drug Screening
    - Procedures
    - Multi-Modal Therapy
Thank You.