



## **NORTHERN CALIFORNIA NEUROSURGERY MEDICAL GROUP, INC.**

**SPECIALIZING IN SPINE CARE, PAIN MANAGEMENT, ACUPUNCTURE AND EMG**

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## **I. INTRODUCTION.**

**A.** The treatment of pain is controversial, frequently difficult and often the source of much frustration for both the physician and the patient.

**B.** This pamphlet attempts to explain the way that Dr. Lieberman and the staff of the Northern California Neurosurgery Medical Group, Inc. approach pain. It discusses the reasons for our approach.

**C.** Pain medications can be dangerous. A single physician should be primarily responsible for supervising all of your pain treatment. That one doctor should provide all of your pain medications. If Dr. Lieberman and his staff provide your medications, you should not get any pain medications from any other doctors.

## **II. THE TREATMENT OF PAIN.**

**A.** Types of Analgesics. Pain medications can be separated into four broad categories.<sup>1</sup>

1. Non-opioid analgesics, the first category, include non-steroidal anti-inflammatory drugs (NSAID's) and Acetaminophen. Examples of non-steroidals include aspirin, Motrin, Naprosyn, Advil, Nuprin, Lodine, Vioxx, and Celebrex.

2. The second category includes the opiate or narcotic analgesics. These are medications similar to Morphine. Examples include Darvocet, Vicodin, Lorcet, Norco, Demerol, Methadone, Morphine, and Oxycontin.

a) Short acting narcotics generally last for a few hours and are taken on an "as needed" schedule. When the pain is severe, a dose is used. Tylenol#3, Vicodin, Norco and Percocet are examples.

b) Long acting narcotics are generally only used for chronic pain (that which lasts over a few months). They are used on a schedule and not ever "as needed." Oxycontin, MS Contin and Duragesic are examples.

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<sup>1</sup> Portenoy, R.K., Opioid Therapy For Chronic Non-Malignant Pain: A Review Of The Critical Issues, *J. Pain Symptom Manage* 1996;11(4):203-217



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3. Medications which are targeted to a particular disease or problem which causes pain comprise the third category. Muscle spasm, for example, is often treated with muscle relaxants. Examples of muscle relaxants include Valium, Soma, and Flexeril.
4. The fourth category consists of a diverse group known as “adjuvant analgesics.” These include medications are most frequently used to treat other conditions, such as depression or seizures. The drugs can sometimes be helpful in the treatment of pain. Examples include Elavil, Prozac, Tegretol, Neurontin and many others.

**B.** Addiction and Dependence. The potential for physical dependence and addiction is a major issue in the use of opioide drugs. The American Society of Addiction Medicine, the American Academy of Pain Medicine, and the American Pain Society have adopted the following definitions:<sup>2</sup>

1. “Physical Dependence” is a state of adaptation that often includes tolerance, and can be manifested by a withdrawal syndrome that is produced by abruptly stopping the medication. Withdrawal syndromes can include nervousness, sweating, blood pressure problems, and increased pain. Physical dependence is very different from “addiction.”
2. “Addiction” is a primary problem with genetic, psychosocial, and environmental influences.<sup>3</sup> It is characterized by impaired control over drug use, compulsive use resulting in harm, and the craving of medication. The main problem suffered by the addicts is that they continue to use the medication in spite of the harm that it causes them.
3. “Pseudo-Addiction” is a term used to describe patient behaviors that may resemble addiction behaviors. Pseudo-addiction may occur in patients with pain that is under treated. Pseudo-addiction can be distinguished from true “addiction” in that unusual behaviors resolve when the pain is effectively treated.<sup>4</sup>

**C.** Pain Medication Prescribing Considerations.

1. Treatment planning should be tailored to the individual patient and the presenting problem(s). Consideration should be given to various treatment modalities, including medication use, but also including physical therapy, blocks, surgery, acupuncture, and chiropractic care.

<sup>2</sup> The American Academy Of Pain Medicine, The American Pain Society, and The American Society Of Addiction Medicine.

Consensus Document: *Definitions Related To The Use Of Opioides For The Treatment of Pain*. Available at WWW.Asam.Org.

<sup>3</sup> Marcus, D.A., Treatment Of Non-Malignant Chronic Pain. *AM Fam Physician* 2000;61(5):1331-1336.

<sup>4</sup> Excerpted from Advance Update, Pain Management, Advance PCS Company Circular (2001).



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2. The periodic review of the treatment plan is necessary when using opioids and other pain medications.

### **D. Generic Drugs.**

1. Each medication has at least three names. There is at least one "brand name," a "generic name" and a "chemical name." Medicines that are made by more than one company will have more than one trade name. For example, acetaminophen (a generic name) is marketed under the brand names "Tylenol," "Panadol" and "Aspirin-free Excedrin."
2. When a manufacturer introduces a new drug, they typically select a "catchy" brand name. This name is used for advertising purposes and to promote the sale of the medication. The "chemical name" is not selected by the drug company, but rather describes the medication itself. "Chemical names" may be half a paragraph long. The "generic name" is often a shortened version of the "chemical name."
3. New drugs are often marketed by a single company, but even these "brand name" drugs are often manufactured by someone else, often generic drug manufacturer.
4. After a few more years, the patent on the new medication will expire. Other companies may begin to market the medication. They may create their own "brand names." The other companies may also sell the drug under the generic name. The drug, which is marketed by each of the different companies, is identical, according to the strict rules imposed by the Food and Drug Administration, and may even be produced by the same drug manufacturer.

## **III. Acute Pain.**

**A.** Acute pain is a short term or sudden pain. It can be associated with an injury such as a ruptured disc. It is expected after surgery. It may be treated in a variety of ways. Limitation of activity and appropriate physical therapy are important. Any of a variety of pain medications may be prescribed.



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**B.** Acute pain is treated most effectively using a combination of different medications. From two to four different drugs are frequently used. By using the medications together, the efficacy (the ability of the medications to treat pain) is increased and the incidence of side effects is decreased.

**C.** Specific medications are often best for treating certain kinds of pain. For example, a muscle relaxant is best for tight-knotted muscles that cause pain.

**D.** Typically the doctor will pick one medication from each of the several of the medication categories. He will select medications that work well together.

## IV. Chronic Pain

**A.** Chronic pain is very different from acute pain. Acute pain is usually the result of a specific problem. With treatment, the problem and the pain usually go away. Chronic pain may not be associated with an identifiable problem. Chronic pain may not go away, in spite of standard treatment. Even more than acute pain, chronic pain disrupts the home life and one's work. Chronic pain may not be visible. It is frequently misunderstood.

**B.** This pamphlet will help you understand your chronic pain, take control of your chronic pain, and allow you to return to a more normal life.

**C.** Chronic pain may originate from the neck or the back. It may be related to arthritis or to another medical condition. By some estimates, one in three Americans may suffer from chronic pain.

**D.** Chronic pain can be treated in a variety of ways. You may receive counseling or psychological support. Injections or a surgical operation may be recommended. High-potency pain medications may be prescribed.

**E.** Understanding Chronic Pain



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1. Acute pain is a defense mechanism. It signals the presence of an injury or illness. It helps the body avoid further damage. There is usually a clear source of pain. The pain messages then move through the peripheral nerves and spinal cord. The brain interprets the messages and the body responds. For example, if you touch a hot stove, the pain message is carried along the peripheral nerves, to the spinal cord, and finally to the brain. The brain identifies the problem and responds. In the above example, the response is to quickly pull the arm away. The brain may also fight the pain by sending out natural painkillers or "endorphins."
2. Chronic pain is a constant, long-term pain that may not be the result of a specific injury or problem. The source of chronic pain is often unclear. The pathways and the body's response to the pain are not well understood. The messages may not move along the peripheral nerves to the spinal cord and brain. The pain messages may come from within the nervous system itself. The brain may have trouble interpreting the messages. Often the body may not react properly or may even react in ways that worsen the pain. Abnormal nerve impulses, for example, can make the pain worse. With pain, it is natural to limit activities so that patients in pain are inactive.
3. Chronic pain may cause feelings of depression or helplessness, which can then worsen the pain. Chronic pain can cause social isolation. Friends may initially be concerned, but often they will back away over time. Even your family may lose patience. This too can cause more frustration, more depression, and more pain. The inactivity, isolation and depression become part of a vicious cycle. The inability to perform activities leads to more frustration and depression. The frustration and depression can then cause a further worsening of the pain. Because of all of this, chronic pain is often much more difficult to treat than acute pain.

**F. Multi-Modality Treatment**

1. The treatment of chronic pain involves medical care, physical therapy, emotional support and coordination with your work.
2. A physician can examine you to exclude any treatable problems. Physical therapists may help with programs to improve strength and flexibility. Counselors (psychologists, psychiatrists, religious leaders, and others) are often of great benefit.



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3. Recommendations for treatment may include the use of medications, nerve blocks, biofeedback, TENS units, acupuncture, injections, other physical treatments, and perhaps surgery.
4. Accepting the pain and taking responsibility for controlling it is an important step in pain management. No matter how the pain began, the patient must be responsible for his or her own treatment. If the patient does not become an active participant in the care program, treatment will not be successful. Understanding your limitations, working in an exercise program, and increasing activity a little every day are extremely important.

**G. Analgesics for the Treatment of Chronic Pain**

1. A consensus statement from the American Academy of Pain Management (AAPM) and the American Pain Society (APS) states that pain is often managed poorly. Treatment problems may be related to concerns about addiction and other potential side effects.
2. For some patients with chronic pain, analgesic drug therapy is the mainstay of treatment.<sup>5</sup> For other patients, drug therapy is just one element in a multi-modality strategy. Regardless, the optimal use of analgesic drugs is an essential goal of pain management.

**H. Guidelines for the Management of Non-Malignant Pain**

1. Opioid (narcotic) maintenance therapy (the long term treatment with narcotics) should be considered only after all other reasonable treatments have failed.
2. A single practitioner should be primarily responsible for treatment, and should write all medications.
3. Chronically used medications should be administered on an around-the-clock basis, rather than on an "as needed basis."
4. Failure to achieve even partial analgesia at low doses may indicate that narcotic treatment will not be successful.
5. Initially, patients should be seen and reassessed at least monthly.

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<sup>5</sup> Portenoy, R.K., Current Pharmacology Of Chronic Pain. *J. Pain Symptom Manage* 2000;19(Supp 1):S16-S20.



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**I.** Short-acting agents should treat exacerbations of pain or “break-through pain”. Long-acting medications (such as Oxycontin) should not be used “as needed.”

**J.** About Opiates

1. Northern California Neurosurgery Medical Group, Inc. is considering prescribing an opiate medication to help reduce your pain. Before your physician does this, you will be asked to adhere to a medication contract. Part of that contract involves understanding what opiate medication is.
2. Opiates are pain medications that resemble opium. Opium is a chemical used for thousands of years to control pain. It is found in Asian poppy plants. Most patients have taken some opiates to control their pain. Opiates include Vicodin, Percocet, Darvocet, Hydrocodone, Demerol, Methadone, Heroin, Morphine, Oxycodone, Dilaudid, and others.
3. Opiates work by binding to receptor sites on cells in the brain and spinal cord. The human brain actually makes its own chemicals to bind to these receptors. These chemicals are called endorphins and enkephalons. Opiates bind to these same receptor sites and change the way your brain and spinal cord process pain signals. Your pain is then reduced.
4. There are many side effects to opiates. The most common two are sedation and constipation. There are many other side effects including nausea, difficulty urinating, sweating, dizziness, difficulty swallowing, wheezing, decreased appetite, and itching. Frequently, you may have side effects with one type of opiate, but not with a different one.
5. The biggest fear for patients and physicians with opiate use is that of addiction. Most people do not realize that addiction is a mental problem. Very few patients treated for medical problems become addicts unless they have had previous problems controlling their drug or alcohol usage.
6. I define addiction as the compulsive (obsessive) use of a drug which results in physical, psychological, or social harm to the patient, and an insistence by the patient on continued use despite that harm.



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7. The vast majority of patients who take opiates will not become addicted. They will become physically dependent. Physical dependency means that if you stop the drug suddenly, you will suffer an abstinence syndrome. This may include diarrhea, cramping, flu-like symptoms, muscle aches, rapid heartbeat, and sweating. This withdrawal can be avoided by weaning (reducing the dose a little each day) over a two-week period at a time.

8. Using opiates to control pain is controversial. Many physicians believe it is better to suffer than to take morphine. Some physicians believe you can be taught to live with your pain. Others feel that pain is in your mind, and that you can be taught to ignore it. I have been more impressed with how narcotics have made many patients more functional and comfortable.

**K.** If you cannot adhere to our contract, or if I feel the drugs are harming you, I will stop prescribing them after weaning you off. This happens less than ten percent of the time with my patients. Not everyone is helped, but many are.





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## V. Oxycontin Instructions

### **A.** What is Oxycontin?

1. Oxycontin is a long-acting analgesic. It is designed to work for twelve hours. Once your doctor has established the proper dose for comfort and function, the medication needs to be taken every twelve hours. The medication is not taken "as needed." The medication should be taken at the same time each day.
2. For example, some patients find it helpful to use the Oxycontin at 8:00 AM and 8:00 PM. Any time is okay, as long as the doses are spaced about twelve hours apart.

### **B.** Why do I also need short-acting medications?

1. For many patients, pain varies in intensity, and there are times when an additional amount of medication is required for comfort. An example is when pain improves and activity increases. The increased activity may cause more pain. Short-acting medications may be required as supplements to the long-acting drugs.
2. Continue to take the Oxycontin exactly as prescribed. Use the short-acting drugs only when needed. Do not adjust the Oxycontin dose without first consulting your doctor.

### **C.** What about side effects?

1. Many patients experience side effects as the dose of Oxycontin is changed. Many of these side effects are mild or transient. An example is constipation, which is addressed later in this pamphlet. Drowsiness is another example. Once the Oxycontin dose is properly adjusted, the side effects usually resolve.

**D.** While the Oxycontin dose is being adjusted, it is important not to drive, operate dangerous equipment, or sign important contracts.

### **E.** Anything else?



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1. You cannot stop Oxycontin abruptly. Make sure that you call your physician for an appointment at least one week before the Oxycontin runs out. Oxycontin can only be given with a triplicate prescription. Triplicates cannot be telephone in to the pharmacy, and can be mailed only when there are special circumstances. The doctor will not ordinarily write prescriptions without an office visit. Please plan ahead.

## VI. Fentanyl Patch Instructions

### A. What is the Fentanyl patch?

1. Fentanyl (also known as Duragesic) is a short-acting analgesic. It is however placed in a gelatin patch that is worn on the skin. Each of the patches slowly releases the medication over a three day period.
2. Once your doctor has established the proper dose for comfort and function, the patches are only changed every three days. The medication is not taken "as needed."

### B. Why do I also need short-acting medications?

1. For many patients, pain varies in intensity, and there are times when an additional amount of medication is required for comfort. An example is when pain improves and activity increases. The increased activity may cause more pain. Short-acting medications taken by mouth may be required as supplements to the fentanyl patch.
2. Continue to take the fentanyl patch exactly as prescribed. Use the short-acting drugs only when needed. Do not adjust the fentanyl dose without first consulting your doctor.

### C. What about side effects?

1. Many patients experience side effects as the dose of fentanyl is changed. Many of these side effects are mild or transient. An example is constipation, which is addressed later in this pamphlet. Drowsiness is another example. Once the fentanyl dose is properly adjusted, the side effects usually resolve.

**D.** While the fentanyl dose is being adjusted, it is important not to drive, operate dangerous equipment, or sign important contracts.

### E. Anything else?



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1. You cannot stop using the patches abruptly. Make sure that you call your physician for an appointment at least one week before the supply of patches runs out. Fentanyl can only be given with a triplicate prescription. Triplicates cannot be telephone in to the pharmacy, and can be mailed only when there are special circumstances. The doctor will not ordinarily write prescriptions without an office visit. Please plan ahead.



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## VII. Laxative Protocol

**A.** Opiate pain medications will almost always cause constipation. A laxative regimen can help you avoid these problems.

**B.** A daily bowel regimen is as important as your other medical treatments. The overall goal is to have a bowel movement every one to three days. Responses vary. Use the guidelines below to find a regimen that works best for you. When pain medications are changed, the bowel regimen may also need to be revised.

**C.** A Laxative Plan.

1. Take two Senokot tablets at bedtime.
2. If you do not have a bowel movement in the morning, take two Senokot tablets after breakfast.
3. If you do not have a bowel movement by evening, take three Senokot tablets at bedtime.
4. If you do not have a bowel movement the next morning, take three Senokot tablets after breakfast.
5. If there is no bowel movement within 48 to 72 hours, contact a physician.
6. Once you start having bowel movements, continue taking the lowest dose of Senokot that works. For example, if two Senokot tablets at bedtime were effective, continue using two Senokot tablets at bedtime. If three Senokot tablets twice per day were required, continue using three Senokot tablets twice a day.
7. Finally, remember that the use of laxatives often must continue. Stopping the laxatives abruptly can cause very severe constipation.