

# CLAIMS COMPANION™



*Chesapeake Disability Management, Inc*  
*Reclaiming Lives, Improving Outcomes.*

Volume 4, Issue 1

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## Chronic Pain

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The challenge of pain is that it is subjective in nature and is defined by the personal experience of the individual experiencing the pain. The medical community's understanding of chronic pain now includes the impact that the mind has in processing and interpreting pain signals.

Nurse case managers in workers' compensation have seen a number of chronic pain patients with a variety of pain source histories and the subsequent development of chronic pain. Almost all have undergone multiple surgical procedures and some have been labeled as a "failed back". These are the patients who have undergone multiple back surgeries and still have pain in spite of many surgical efforts to "fix" the problem. Orthopedic and neurosurgical specialists have less interest in managing these individuals as they have not responded favorably to surgical intervention.

The experience of chronic pain begins, most often, at the functional anatomy level of the nociceptive system which consists of the peripheral and central nerve system. The peripheral nervous system consists of small nerve fibers away from the body core which is supported by the spinal cord. These small nerve fibers in the peripheral nervous system converge into the region of the spinal cord. This area of the spinal cord is referred to as the dorsal horn and this area acts as a relay system in pain signal transmission. The pain response is relayed to the thalamus in the brain and this area ascends the message to the limbic system and sensory cortex. The experience of pain may arise from injury or disease to visceral, somatic or neural structures in the body. Thus chronic pain may be a manifestation of malignant or non malignant origin.

Pain is subjective and is challenging to evaluate. Objective testing is not valid as there are no clinical tests that can objectively verify the presence or absence of chronic pain. We currently use a scale of 1-10 asking people to choose a number along that scale. This test relies on the individual's perception of pain.

Chronic pain impairs the ability to direct attention and hence perform attention demanding tasks. The pain sensations capture the attention of people with chronic pain. This is frequently a nurse case manager's observation while attempting to conduct an intake interview with an injured worker with chronic pain. Examples of this would include an impaired ability to concentrate, appearing distracted, fidgeting, inability to recall dates or names of medications, not being able to sit still, a demon-

### Upcoming Events!

#### BCA/WCA Joint Meeting

Date: Thursday, January 7th  
Time: 5:30 p.m.  
Location: Timbuktu Restaurant  
1726 Dorsey Road  
Hanover, MD 21076  
Speaker: Rick LaFata

#### NRH Medical Rehabilitation Network, CARPPS, & VARPS 2010 Spring Conference

Date: Wednesday, March 24,  
Location: Martin's Crosswinds  
7400 Greenway Center Drive  
Greenbelt, MD 20770

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**Chronic Pain** *continued from page 1*

strated lack of focus or confused history of the event and a tendency to be unable to discuss the chronic pain in a concrete way.

Pain that has been present for a period in excess of six months and has not responded to traditional therapeutic modalities is considered chronic pain. The clinical goal is “pain management.” This is most frequently a multidisciplinary approach which covers not only the chronic pain experience but also the secondary and related sequel which can include depression and anxiety. *(See the Case Study below for an example of an injured worker who was referred to onsite case management and subsequent interventional therapy 8 years after an industrial accident.)*

On occasion the services of interventional therapy are found to be necessary and these are provided by a physician with an anesthesiology background. These services include pulse, radio frequency, neuromodulation, direct introduction of medication and nerve ablation may be used for structural or organ/systems response. An intrathecal pump may be used to deliver small quantities of medication directly into the spinal fluid or a spinal cord stimulator which is an implantable medical device that creates electric impulses near the dorsal surface of the spinal cord may be recommended. This device provides a paresthetic sensation that alters the perception of pain by the individual. Injections such as epidural steroid injections and facet joint injections may be effective when the cause of pain is accurately localized to a particular site but each injection needs to be evaluated on its own merit and outcome. It is important to consider the adjunct therapeutic services such as behavioral therapy, biofeedback, acupuncture, and some physical therapy modalities including soft tissue release. Nurse case managers well versed in mind body connection will be prepared to reinforce the best physician driven treatment plan with an injured worker.

We continue to seek effective means of treating chronic pain to assist injured workers to return to a productive life and enjoy their day to day activities of living.

## Chronic Pain Case Study: Industrial Accident

Mr. Getson, a 56 year old industrial electrician, who weighed 210 pound, was 6 foot tall, was reportedly a smoker and had experienced an industrial accident in 2000. At that time he was crushed between a dumpster and a building as a result of a forklift backing into the dumpster.

He was emergently transported to a trauma center and underwent multiple surgical procedures including open reduction and internal fixation of a right elbow fracture, repair of facial fractures, treatment for a pneumothorax including chest tubes and open reduction and internal fixation of the L4-5 area for a vertebral fracture with subluxation without neurologic compromise. He was eventually transitioned to home and out patient therapy.

Initially his healing appeared on target for a seamless recovery but his back pain was not improving while his other injuries healed. In 2002 and 2005 he underwent additional surgical intervention of the lumbar spine including a spinal fusion. However his complaints of pain after post operative recovery never wavered below a 5 on a scale of 1 to 10 with one being pain free and 10 defined as need for emergency care. He was treated with multiple narcotics over the years and had a decrease sphere of life activities. When he met an onsite medical case manager he reported that his life was “consumed” by the chronic pain. He was unable to leave the house except for medical appointments and had lost his role within the family as he was not able to participate in the activities of the household.

By length of disability and his failed surgical attempts he met the parameters of a chronic pain patient. After a meeting with the attending surgeon and a referral and consultation with a pain management specialist Mr. Getson was found to be a good candidate for an interventional chronic pain treatment program. Conjoined with this treatment was talk therapy and aquatics. We are glad to report that after three months Mr. Getson was able to resume his personal life and a modified work experience using his transferrable skills.

## Puff Pastry Breakfast Strudel (Makes 2 Strudels)

Courtesy of Janet Burgess, Chef, Culinary Adventures, San Diego, CA. Email: [cooksrule2@yahoo.com](mailto:cooksrule2@yahoo.com)

A delicious breakfast dish with puff pastry, scrambled eggs, ham and hash browns. It can be assembled quickly, even the night before.

### Ingredients:

1 box of puff pastry dough (Pepperidge Farms or Trader Joe's)  
 2 tablespoons unsalted butter  
 1 cup frozen cubed hash brown potatoes  
 1 cup red or green bell pepper, seeded, dice  
 ½ cup onion, diced  
 1 cup ham, diced  
 10 eggs  
 4 ounces cream cheese, softened  
 2 tablespoons orange juice  
 1 egg plus 1 tablespoon water  
 2 tablespoons Parmesan cheese, shredded

### Directions:

Preheat oven to 400°. Thaw pastry according to package instructions, about 30 minutes.

Melt butter in a large nonstick pan over medium high heat. Add hash brown potatoes and sauté 5 minutes. Stir in bell pepper and onion; sauté 3 minutes, then add ham.

Whisk eggs together, add to pan and scramble just until set, they will finish cooking in the pastry. Season with salt and pepper to taste. Remove pan from heat and stir in cream cheese and juice until well blended. Refrigerate egg mixture while preparing pastry.

Unfold a pastry sheet on a work surface that's been dusted with flour. Roll pastry lengthwise to about 12"x 10" then transfer it to parchment paper on a baking sheet. Cut off top corners of pastry sheet. Notch bottom corners to create end flaps. Spoon half the egg mixture down the center; cut strips on both sides at a 45 degree angle. Fold the flaps at both ends, and then braid the strips across the filling. Repeat with the remaining pastry and egg filling.

Combine the remaining egg and water; brush over the tops of the strudel. Sprinkle with cheese and bake 20-30 minutes, or until golden. Let cool 5 minutes before slicing.

## Did You Know? Smoking and Healing

The detrimental effects of smoking on health are well publicized. Smoking damages nearly every organ in the human body and is linked to at least 15 different cancers. It causes emphysema, increases your risk for heart disease and is responsible for 1 in 5 deaths in the U.S. each year. It is also well documented that secondhand smoke has adverse effects on those around you.

But did you know that smoking has a very negative impact on healing? If you are recovering from surgery, a wound, or an injury to a bone, and you are a smoker, you can expect problems in the healing process.

Smokers take longer to heal after surgery than nonsmokers. The toxic chemicals in cigarette smoke (nicotine, carbon monoxide and hydrogen cyanide) impede wound repair. In fact, many smokers are advised to stop smoking prior to surgery, or when recovering from wounds or a disease.

The toxins in cigarettes cause blood vessels to tighten up, decreasing the blood flow to the healing area. The damaged tissues are unable to get the nutrients and oxygen they need to heal properly. Smoking also decreases the oxygen level in the blood. Tissues that are healing require plenty of oxygen which they don't get from a smoker.

Smoking also interferes with bone healing. Like the organs and tissues in the body, bones are nourished by blood. Studies show that there is a significant difference in the healing time of bones between smokers and non-smokers. The average healing time for a smoker can be over 2 months longer.

If there hasn't been enough evidence to encourage an uninjured individual to quit, perhaps the idea of a longer time returning to a pre-injury condition may be convincing. Smoking not only decreases the chances of recovering completely, it lengthens healing time and you will be less satisfied with the outcome.

Sources: *The American Cancer Society*, *The American Council on Science and Health (ACSH)*, and *Smoking Hurts Bones*, by Jonathan Cluett, M.D., *About.com*

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**Chesapeake Disability Management, Inc.** offers a unique approach to complex catastrophic and vocational case management. We have designed our services to empower individuals to succeed in their own rehabilitation and proactively reclaim their lives. We believe that our focus on maximizing the individual's role in functioning more independently—at home, in the community, and at work or school—can significantly reduce the emotional, economic, societal and legal costs for all parties involved throughout the treatment.

**Specialized Catastrophic Injury and Disease  
Management Team:**

Carole Stolte-Upman, a registered nurse with a Master's Degree in Rehabilitation Counseling, founded CDM in 1991. She has first-hand experience with the most complex, chronic and catastrophic cases, and has carefully selected a team of credentialed case managers, all with hands-on experience with catastrophic injury and vocational case management. They understand the importance of immediate treatment planning and rehabilitation activities to assist the individual in returning to a productive life. They also know that the careful management of this process will reduce emotional, economic, societal and legal costs, and they work hard to make this a reality for every stakeholder involved throughout the case process, while ensuring the best possible outcomes.

**Word Search**

- |            |            |
|------------|------------|
| Blood      | Pain       |
| Chemical   | Pastry     |
| Chronic    | Perception |
| Diced      | Recovering |
| Disability | Scrambled  |
| Eggs       | Smoking    |
| Ham        | Strudel    |
| Healing    | Subjective |
| Industrial | Surgery    |
| Injury     | Therapy    |
| Management | Toxins     |
| Oxygen     | Wound      |

G W X B R M O D K B G T U R M  
 N O U D G P S O C H N S S T D  
 I U T H E R A P Y J I N T T A  
 L N E N I T R E Y D R E R I B  
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 E O S U B J E C T I V E D N W  
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 S E P N R L A C I M E H C P I  
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 D O O L B I C N E C D N N T D

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