

The Podiatrist's Role in Pain Management

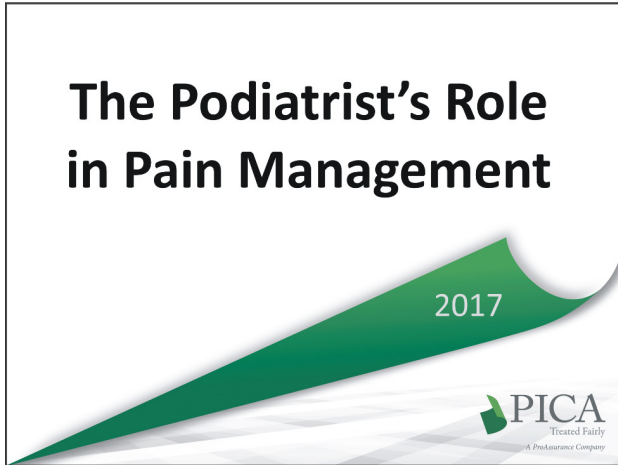


Figure 1.

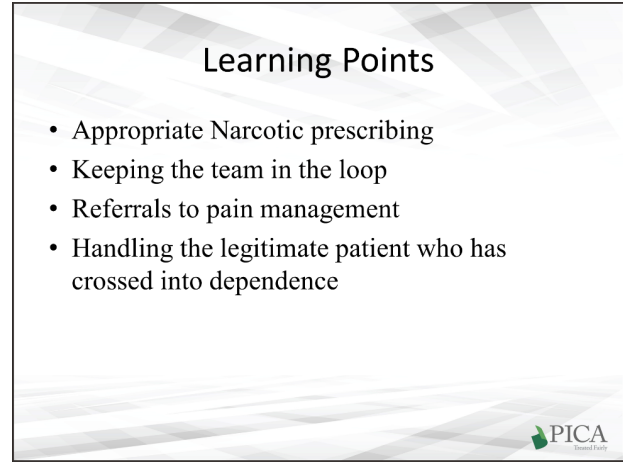


Figure 2.

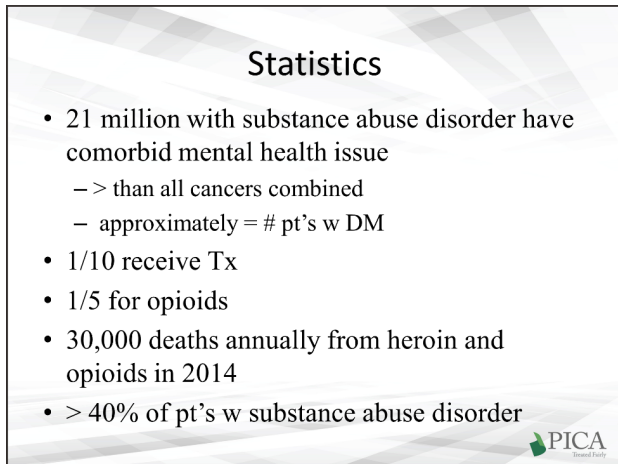


Figure 3.

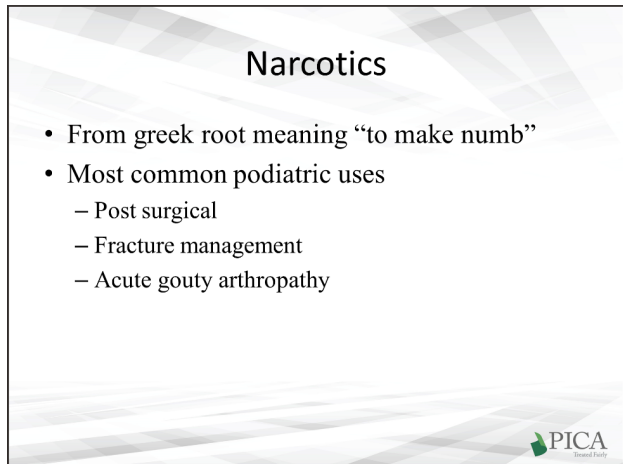


Figure 4.

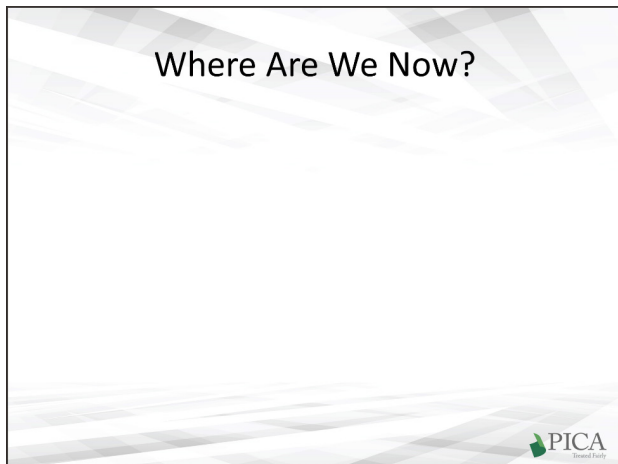


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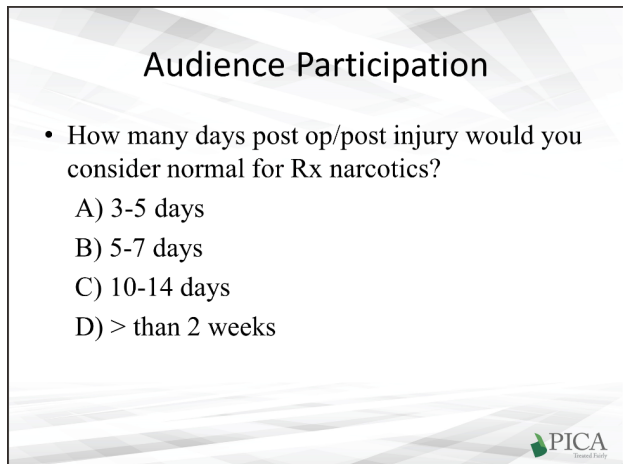


Figure 6.

Audience Participation

- What is your most commonly prescribed narcotic
 - A) Hydrocodone 10
 - B) Hydrocodone 7.5
 - C) Hydrocodone 5
 - D) Oxycodone 10
 - E) Oxycodone 7.5
 - F) Oxycodone 5




Figure 7.

Audience Participation

- How many pills do you prescribe for a typical postop forefoot procedure such as an Austin?
 - A) 20
 - B) 30
 - C) 40
 - D) 50
 - E) 60




Figure 8.

Audience Participation

- Do you prescribe chronic narcotic medications for your patients (Routinely)
 - A) Yes
 - B) No




Figure 9.

US FDA Drug Schedules

- I: No currently accepted medical use
 - Heroin, LSD, cannabis, ecstasy
- II/IIN: High potential for abuse
 - Hydrocodone, oxycodone, meperidine, hydromorphone, cocaine, methadone, fentanyl, adderall, Ritalin, Dexedrine
- III/IIIN: Low to moderate abuse potential
 - Tylenol with codeine (<90 mg), ketamine, testosterone, anabolic steroids




Figure 10.

US FDA Drug Schedules

- IV: Low abuse potential
 - Xanax, Ultram, Valium, Ambien
- V: Lower than Schedule 4 Abuse potential
 - Lyrica, Lomotil, cough syrups w < 200mg codeine/100cc




Figure 11.

New Medications

- Tapentadol
 - Nucynta
- Buprenorphine*
 - Suboxone
- Naltrexone
 - Vivitrol
 - Suboxone



Figure 12.

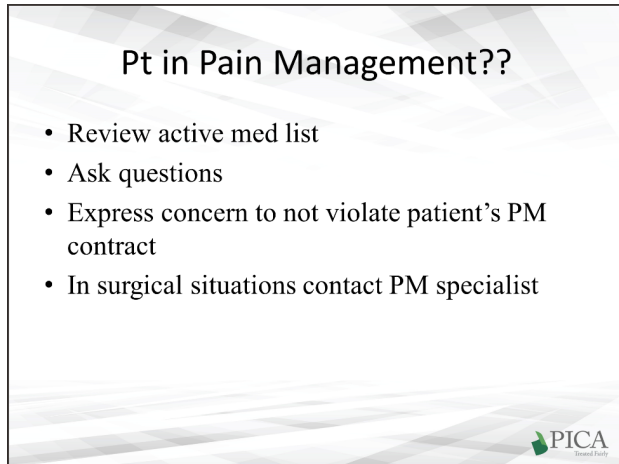


Figure 13.

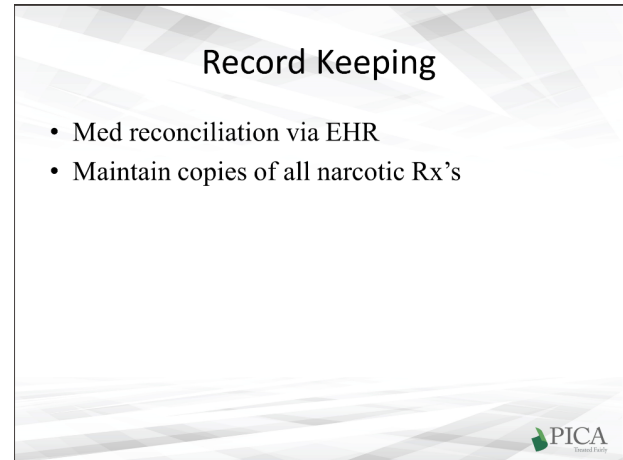


Figure 14.

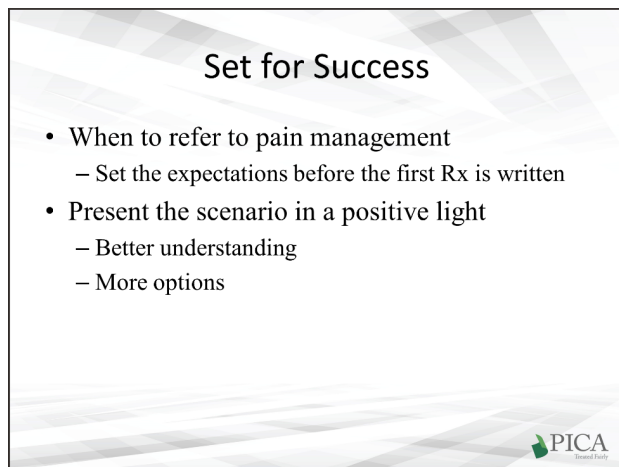


Figure 15.

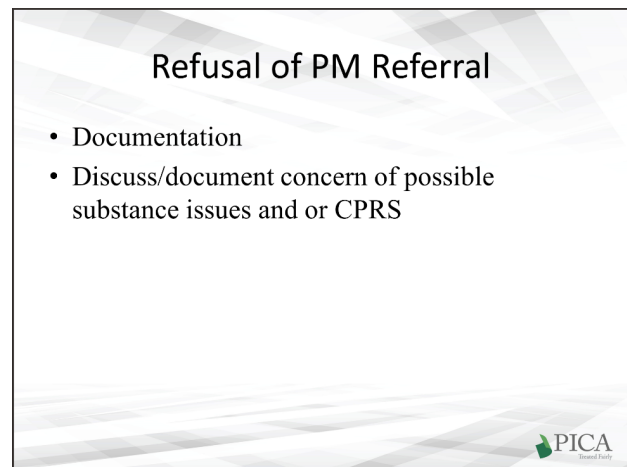


Figure 16.



Figure 17.

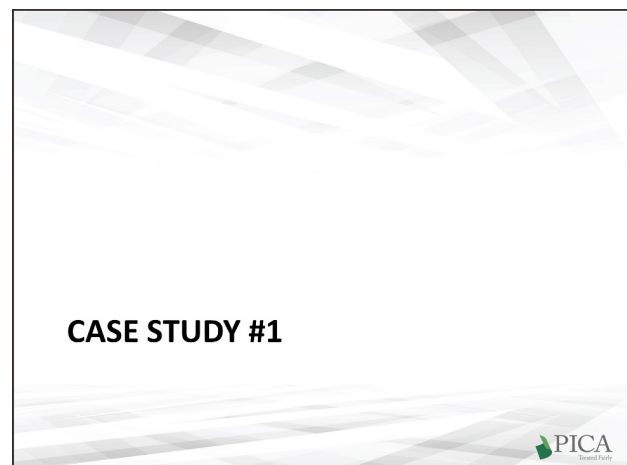


Figure 18.

The Patient

- 22-yr.-old male
- Job required him to stand for 12 hrs. at a time
- C/O severe pain due to flat feet
- Saw podiatrist approx. every 2 wks. over course of 7 yrs.
- Known by podiatrist to be a convicted drug dealer and drug abuser




Figure 19.

Treatment (cont.)

- At time pt. was last seen by podiatrist, he had the same complaints and the same treatment was being rendered
- 13 days after last visit with podiatrist, pt. died from a drug overdose




Figure 20.

Allegations

- Improperly over-prescribed narcotic medications when they were not indicated




Figure 21.

Defense Challenges

- No justification for treating flat feet with the number of prescriptions provided by the podiatrist
- Documentation in the MR was grossly insufficient




Figure 22.

Outcome

Plaintiff elected not to pursue claim




Figure 23.

CASE STUDY #2




Figure 24.

The Patient

- 43-yr.-old M, married, father, landscaper, surfer
- Long hx. cocaine, marijuana, pain med. & alcohol abuse
- Medical hx.
 - bilat. hip replacements
 - Mult. work-related injuries
 - Chronic foot, ankle & knee pain
- Long-term friend of one of treating podiatrists (Pod #1)
- Did landscaping for other treating podiatrist (Pod #2)
- Treated with Pod #1 for various podiatric complaints for several years



Figure 25.

Treatment Relevant to Claim

- Pod #1 treated pt. for:
 - ankle pain
 - a jammed toe, L foot
 - L foot, ankle, knee, hip and low back pain due to limb length discrepancy
 - L.g. plantar fibroma
- Treatment course – 18 mos.
 - Regularly prescribed Vioxx and Lortab
- Pod # 2 saw patient twice during that period (per MR)
 - Treated for L ankle pain & inversion injury to R foot
 - Prescribed Darvocet-N 100 on both occasions



Figure 26.

Complication

- Pt. died of acute drug hydrocodone intoxication – possibly a combination of narcotic pain medications



Figure 27.

Allegations

- Failure to appropriately maintain a proper doctor/patient relationship
- Failure to follow SOC in prescribing controlled substances
- Failure to maintain appropriate patient records
- Failure to record prescriptions for narcotic substances
- Failure to recognize the pt.'s drug-seeking habits
- Failure to refer to a pain mgmt. specialist
- Failure to properly assess the patient psychosocially prior to prescribing opiates in light of the pt.'s hx. of drug addiction



Figure 28.

Defense Challenges

- Pharmacy prescription records indicate Pod #2 wrote prescriptions for pain medication for which there were no office notes
- Last prescription filled (Hydrocodone) was written by Pod #2 three days prior to pt.'s death
- Little justification for prescribing excessive narcotics in MR



Figure 29.

Defense Experts' Opinions

- While narcotic pain meds prescribed collectively by both doctors was on ↑ end of spectrum, not excessive
- Lortab prescriptions most likely not what caused pt.'s death
- Pt. may have been taking additional narcotics from other sources
- Pharmacy refilled prescriptions prior to date approved by doctor



Figure 30.



Figure 31.

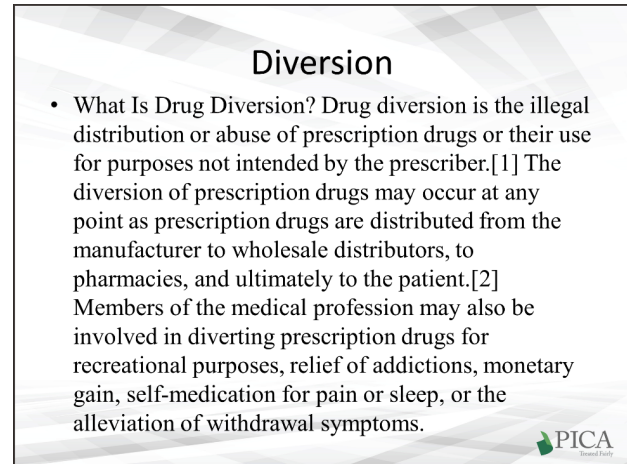


Figure 32.

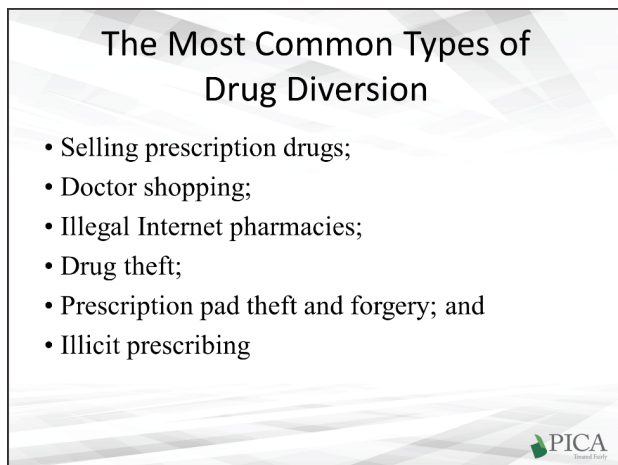


Figure 33.

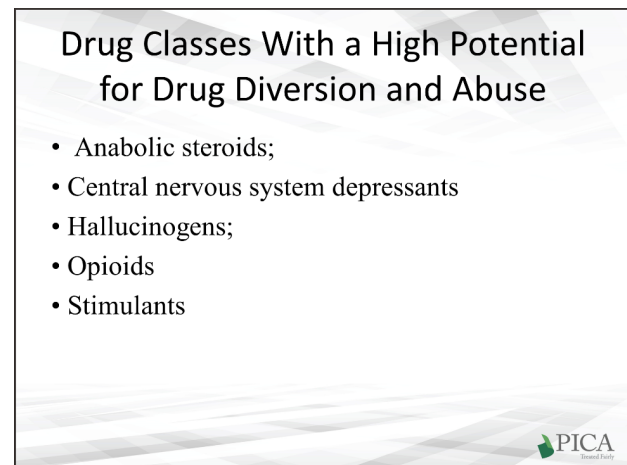


Figure 34.

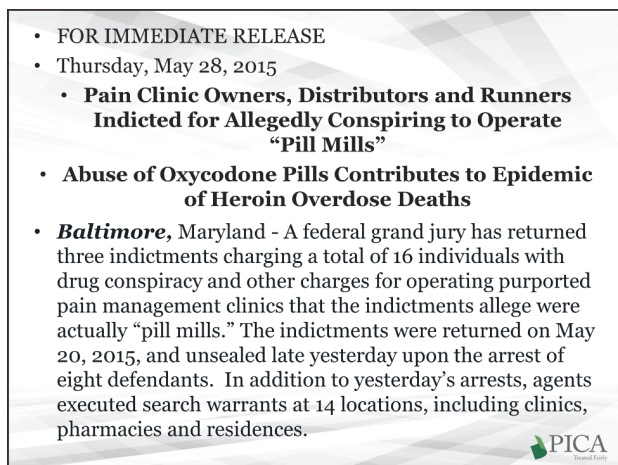


Figure 35.

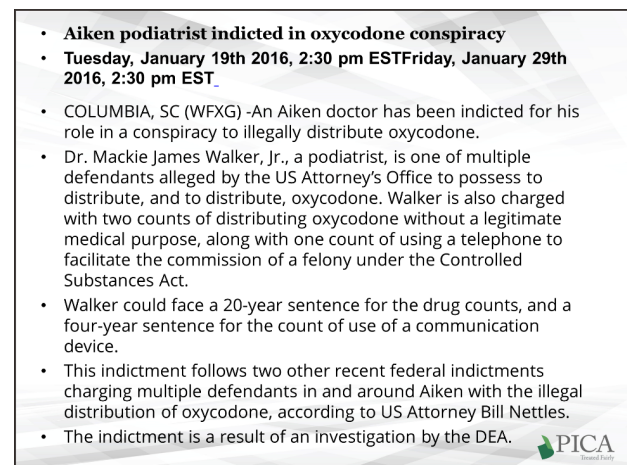


Figure 36.

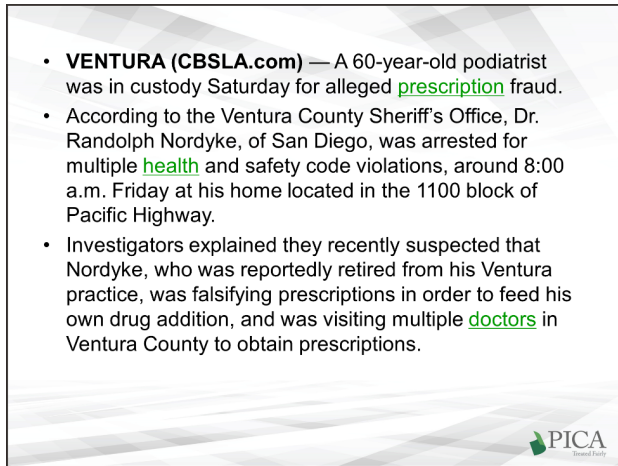


Figure 37.