The Podiatrist's Role in Pain Management

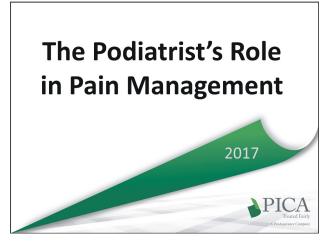


Figure 1.

Statistics

- 21 million with substance abuse disorder have comorbid mental health issue
 - -> than all cancers combined
 - approximately = # pt's w DM
- 1/10 receive Tx
- 1/5 for opioids
- 30,000 deaths annually from heroin and opioids in 2014
- > 40% of pt's w substance abuse disorder



Figure 3.



Figure 5.

Learning Points

- Appropriate Narcotic prescribing
- Keeping the team in the loop
- Referrals to pain management
- Handling the legitimate patient who has crossed into dependence



Figure 2.

Narcotics

- From greek root meaning "to make numb"
- Most common podiatric uses
 - Post surgical
 - Fracture management
 - Acute gouty arthropathy



Figure 4.

Audience Participation

- How many days post op/post injury would you consider normal for Rx narcotics?
 - A) 3-5 days
 - B) 5-7 days
 - C) 10-14 days
 - D) > than 2 weeks



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

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



Figure 9.

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.

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.

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.

New Medications

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



Figure 12.

≥PICA

Pt in Pain Management??

- · Review active med list
- Ask questions
- Express concern to not violate patient's PM contract
- In surgical situations contact PM specialist



Figure 13.

Set for Success

- When to refer to pain management
 - Set the expectations before the first Rx is written
- Present the scenario in a positive light
 - Better understanding
 - More options



Figure 15.

Handling Addictive Behavior and Solicitation Scenarios

- Empathetic evaluation/conversation
- Resources
- Proper authority
 - DEA
 - Local city/county authorities



Figure 17.

Record Keeping

- Med reconciliation via EHR
- Maintain copies of all narcotic Rx's



Refusal of PM Referral

- Documentation
- Discuss/document concern of possible substance issues and or CPRS



Figure 14.

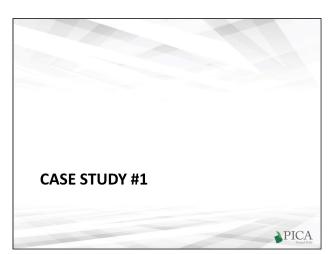


Figure 18.

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.

Allegations

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



Figure 21.

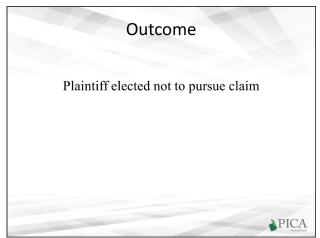


Figure 23.

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.

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.

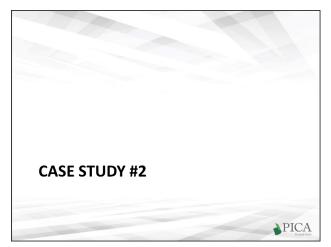


Figure 24.

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.

Complication

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



Figure 27.

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.

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
 - Lg. 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.

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 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.

Outcome Resolved through settlement negotiations prior to trial

Figure 31.

The Most Common Types of Drug Diversion

- Selling prescription drugs;
- · Doctor shopping;
- Illegal Internet pharmacies;
- Drug theft;
- Prescription pad theft and forgery; and
- Illicit prescribing



Figure 33.

- FOR IMMEDIATE RELEASE
- · Thursday, May 28, 2015
 - Pain Clinic Owners, Distributors and Runners Indicted for Allegedly Conspiring to Operate "Pill Mills"
- Abuse of Oxycodone Pills Contributes to Epidemic of Heroin Overdose Deaths
- Baltimore, Maryland A federal grand jury has returned three indictments charging a total of 16 individuals with drug conspiracy and other charges for operating purported pain management clinics that the indictments allege were actually "pill mills." The indictments were returned on May 20, 2015, and unsealed late yesterday upon the arrest of eight defendants. In addition to yesterday's arrests, agents executed search warrants at 14 locations, including clinics, pharmacies and residences.

Figure 35.

Diversion

• What Is Drug Diversion? Drug diversion is the illegal distribution or abuse of prescription drugs or their use for purposes not intended by the prescriber.[1] The diversion of prescription drugs may occur at any point as prescription drugs are distributed from the manufacturer to wholesale distributors, to pharmacies, and ultimately to the patient.[2] Members of the medical profession may also be involved in diverting prescription drugs for recreational purposes, relief of addictions, monetary gain, self-medication for pain or sleep, or the alleviation of withdrawal symptoms.

Figure 32.

Drug Classes With a High Potential for Drug Diversion and Abuse

- · Anabolic steroids;
- Central nervous system depressants
- · Hallucinogens;
- Opioids
- Stimulants



Figure 34.

- · Aiken podiatrist indicted in oxycodone conspiracy
- Tuesday, January 19th 2016, 2:30 pm ESTFriday, January 29th 2016, 2:30 pm EST
- COLUMBIA, SC (WFXG) -An Aiken doctor has been indicted for his role in a conspiracy to illegally distribute oxycodone.
- Dr. Mackie James Walker, Jr., a podiatrist, is one of multiple defendants alleged by the US Attorney's Office to possess to distribute, and to distribute, oxycodone. Walker is also charged with two counts of distributing oxycodone without a legitimate medical purpose, along with one count of using a telephone to facilitate the commission of a felony under the Controlled Substances Act.
- Walker could face a 20-year sentence for the drug counts, and a four-year sentence for the count of use of a communication device
- This indictment follows two other recent federal indictments charging multiple defendants in and around Aiken with the illegal distribution of oxycodone, according to US Attorney Bill Nettles.
- The indictment is a result of an investigation by the DEA.



Figure 36.

- VENTURA (CBSLA.com) A 60-year-old podiatrist was in custody Saturday for alleged <u>prescription</u> fraud.
- According to the Ventura County Sheriff's Office, Dr. Randolph Nordyke, of San Diego, was arrested for multiple health and safety code violations, around 8:00 a.m. Friday at his home located in the 1100 block of Pacific Highway.
- Investigators explained they recently suspected that Nordyke, who was reportedly retired from his Ventura practice, was falsifying prescriptions in order to feed his own drug addition, and was visiting multiple doctors in Ventura County to obtain prescriptions.



Figure 37.