February 27, 2013 - Your Latest News on the Specialty of Pain Medicine

LATEST NEWS from the American Academy of Pain Medicine

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Pain Research in the News

Pain Can Be a Relief
February 22, 2013 [Source: The Research Council of Norway]
Using MRI, research from the University of Oslo revealed that the brain changed how it processed moderate pain according to the context and what the alternative was (best or worse possible pain). If the pain was less than anticipated, a sense of relief was powerful enough to turn the negative experience of pain into a sensation that was comforting or even enjoyable. Full story...

Stopping Cold: USC Scientists Turn Off the Ability to Feel Cold
February 12, 2013 [Source: University of Southern California, USC]
Researchers at USC have discovered a link between the experience of cold and a protein known as TRPM8, which allowed them to selectively shut off the ability to sense cold in mice while still leaving them able to sense heat and touch. They hope this discovery will lead to the development of better pain treatments without knocking out all ability to feel for the patient in pain. Full story...

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Pain News

AAPM’s State-of-the-Art, Comprehensive Textbook of Pain Medicine to be Published in March 2013
Editor-in-Chief Timothy R. Deer MD

Springer Science+Business Media is proud to announce the forthcoming publication of Comprehensive Treatment of Chronic Pain by Medical, Interventional, and Behavioral
Designate AAPM on Your AMA Membership Ballot

If you are an AMA member, you should be receiving your Specialty Representation Ballot in the mail shortly. Please take a moment and complete your Ballot, either with the self-addressed postcard or on the Internet at: www.ama-assn.org/go/ballot. Be sure to designate AAPM as your Specialty Society. It is very important that we have sufficient AAPM votes for continued representation in the House of Delegates. Thank you.

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DEA National Take-Back Initiative

National Take-Back Initiative April 27, 2013

The next DEA National Prescription Drug Take-Back Day will take place across the country on Saturday, April 27, 2013, from 10:00 AM – 2:00 PM. For more information...

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Practice Management & Coding Updates

Changes to MUEs and Modifier 50

CMS has announced a modification to the MUE (Mutually Exclusive Edits) program to avoid potential inappropriate reporting of certain codes. A MUE is the maximum number of units that can be reported for a particular CPT/HCPCS code by the same provider for the same patient on the same date of service. The MUEs are based on claims history and input from specialty societies on common clinical practice. Full story...

Next Coding Webinar: March 13, 2013

Coding and Documentation in an EMR (Electronic Medical Records) World

This webcast will outline the coding challenges and opportunities presented by electronic medical records (EMRs). The appropriate use of the coding and documentation tools available in many EMRs will be discussed. Speaker Emily Hill will also identify the potential legal and clinical issues associated with EMR designs and usage and outline key attributes important in an effective and compliant EMR. Register now...

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Substance Abuse & Addiction Research

Opioids Drive Continued Increase in Drug Overdose Deaths

Drug overdose deaths increased for the 11th consecutive year in 2010, according to an analysis from the Centers for Disease Control and Prevention. The findings are published today in a research letter, "Pharmaceutical Overdose Deaths, United States, 2010," in the Journal of the American Medical Association (JAMA). Full story...
**AstraZeneca Announces Results From Long-Term Safety Trial Of Naloxegol In Patients With Opioid-Induced Constipation**

February 26, 2013 [Source: Pharmalive.com]

A Phase III open label, randomized, 52-week, long-term safety trial of naloxegol (a peripherally-acting mu-opioid receptor antagonist) versus usual care (UC) in patients with non-cancer related pain and opioid-induced constipation (OIC) reported no serious adverse events (SAEs), as well as no increases from baseline levels in mean daily pain scores or mean total daily opioid dose in either the naloxegol or the UC arm. Full story...

**Imprimis Pharmaceuticals Announces Successful Results From Its Pharmacokinetic Study For Its Impracor Topical NSAID**

February 19, 2013 [Source: ClinicaSpace]

After a successful pharmacokinetic study of Imprimis Pharmaceuticals' Impracor (a topical analgesic cream that delivers a therapeutic dose of ketoprofen) the company hopes to begin Phase 3 human clinical trials. Full story...

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**State Advocacy**

**Alaska House Bill 53:**** An Act establishing a consultation requirement with respect to the prescription of opiates under certain circumstances.**

**CT Raised Bill No. 6389:**** Statement of Purpose: To require health care practitioners to register for access to the electronic prescription drug monitoring program.**

**Iowa SSB 1015:**** A bill for an act relating to professions, which may practice together in professional limited liability companies and including effective and applicability date provisions.**

**Indiana SB 272:**** Requires the medical licensing board of Indiana to adopt rules establishing standards and protocols in the prescribing of controlled substances.**

**Montana SB 323:**** Revise workers’ compensation laws on prescribing schedule II and III drugs.**

**Oklahoma: HB 2271:** Bill relates to access to central repository information for controlled dangerous substances; requiring registrants to check information in central repository to review patient history prior to prescribing medications; permitting liability of registrants; and providing an effective date.

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**AAPM Members in the News**

**Painkiller Abuse Reaches Epic Proportion**

February 20, 2013 [Source: RT America]

AAPM President-Elect Lynn R. Webster MD comments on the rescheduling of hydrocodone products. View video interview...

View AAPM Position Statement on Rescheduling
Hydrocodone: Patient and Public Health Considerations

What Can Stop the Incessant Rise of Prescription Drug Overdoses
February 21, 2013 [Source: Southern California Public Radio]
Dr. Webster is interviewed by Southern California Public Radio. Listen...

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Register Now for AAPM's 29th Annual Meeting
April 11-14, 2013, Fort Lauderdale, FL
Preconference sessions: April 10-11, 2013

Register Now

View AAPM's 2013 Annual Meeting Schedule at a Glance.

Plan to attend the 29th Annual Meeting which includes a
COMPREHENSIVE PAIN MEDICINE CURRICULUM:

Specific Pain Types
• Headache
• Shoulder and Neck Pain
• Chronic Abdominal Pain
• Complex Regional Pain Syndrome (CRPS)
• Cancer Pain: Improving the Diagnosis and Treatment of Cancer Pain Syndromes

Psychology
• Psychopharmacology
• Hot Topics in Pain Psychology

Research
• Plenary Session on Functional Neuroimaging of Chronic Pain, along with Clinical Trials and Clinical Practice
• Advancing Pain Research in Clinical Practice
• National Institutes of Health (NIH) Pain Research: Optimizing Funding Through Grant Writing

Opioid/Analgesics
• Clinical Pearls of Safe Opioid Prescribing
• Chronic Opioid Therapy Under Siege: Strategies, Protocols, and Outcomes with High-Risk Patients
• Managing Acute Pain in Chronic Opiate Patients
• Curbing Opioid Dose Escalation in Chronic Non-Cancer Pain, Chronic Pain and Addiction

Plus
• Value-Based Care for Pain Medicine
• Assessing Impairment and Disability of the Pain Patient

Visit the Annual Meeting section of the AAPM website for detailed meeting information.
**Pain Abstracts in the News**

**The Stress Model of Chronic Pain: Evidence from Basal Cortisol and Hippocampal Structure and Function in Humans**
*March 2013 [Source: Brain]*

Abstract: Summary: Recent theories have suggested that chronic pain could be partly maintained by maladaptive physiological responses of the organism facing a recurrent stressor. The present study examined the associations between basal levels of cortisol collected over seven consecutive days, the hippocampal volumes and brain activation to thermal stimulations administered in 16 patients with chronic back pain and 18 healthy control subjects. Results showed that patients with chronic back pain have higher levels of cortisol than control subjects. In these patients, higher cortisol was associated with smaller hippocampal volume and stronger pain-evoked activity in the anterior parahippocampal gyrus, a region involved in anticipatory anxiety and associative learning. Importantly, path modelling—a statistical approach used to examine the empirical validity of propositions grounded on previous literature—revealed that the cortisol levels and phasic pain responses in the parahippocampal gyrus mediated a negative association between the hippocampal volume and the chronic pain intensity.

Read more...

**Serotonin and noradrenaline reuptake inhibitors (SNRIs) for fibromyalgia syndrome**
*January 31, 2013 [Source: the Cochrane Library]*

Abstract: Background: Fibromyalgia syndrome (FMS) is a clinically well-defined chronic condition of unknown etiology characterized by chronic widespread pain that often co-exists with sleep disturbances, cognitive dysfunction and fatigue. Patients often report high disability levels and poor quality of life (QOL). Drug therapy focuses on reducing key symptoms and improving quality of life.

Read more...

**Peripheral Nerve Injury Is Associated with Chronic, Reversible Changes in Global DNA Methylation in the Mouse Prefrontal Cortex**
*January 28, 2013 [Source: PLOS One]*

Maral Tajerian, Sebastian Alvarado, Magali Millecamps, Pascal Vachon, Cecilia Crosby, M. Catherine Bushnell, Moshe Szyf, Laura S. Stone

Abstract: Changes in brain structure and cortical function are associated with many chronic pain conditions including low back pain and fibromyalgia. The magnitude of these changes correlates with the duration and/or the intensity of chronic pain. Most studies report changes in common areas involved in pain modulation, including the prefrontal cortex (PFC), and pain-related pathological changes in the PFC can be reversed with effective treatment.

Read more...

**PubMed Pain Abstracts**

The following abstracts are posted at PubMed.gov:

**Personalized Medicine and Opioid Analgesic Prescribing for Chronic Pain: Opportunities and Challenges**

Bruehl S, Apkarian AV, Ballantyne JC, Berger A, Borsook D, Chen WG, Farrar JT, Haythornthwaite JA, Horn SD,
Complex Regional Pain Syndrome: Practical Diagnostic and Treatment Guidelines, 4th Edition

PAIN & AGING SECTION
Adherence to Pharmacological Treatment of Chronic Nonmalignant Pain in Individuals Aged 65 and Older

PALLIATIVE CARE SECTION
Zoledronate for Metastatic Bone Disease and Pain: A Meta-Analyses of Randomized Clinical Trials

TRANSLATIONAL RESEARCH SECTION
Botulinum Toxin Type A Reduces Hyperalgesia and TRPV1 Expression in Rats with Neuropathic Pain

MUSCULOSKELETAL SECTION
Assessment of Pressure-Pain Thresholds and Central Sensitization of Pain in Lateral Epicondylalgia

ACUTE & PERIOPERATIVE PAIN SECTION
The Insiders’ Experiences with Continuous Transversus Abdominis Plane Blocks for Analgesia After Cesarean Delivery

View all topics in the February issue of Pain Medicine Journal or go to the Library section of the AAPM website for more information.

MEMBERSHIP

AAPM Membership Renewals
Membership renewals are currently being sent out. Don’t miss the opportunity to continue being a part of the primary organization for physicians practicing in the specialty of pain medicine. As a member you will continue to receive the AAPM E-News, Pain Medicine, the official journal of AAPM, as well as representation and advocacy in Washington DC, up-to-date coding information, discounts on AAPM’s Annual Meeting, and a host of other member benefits.

Pay dues online or for phone assistance, please call customer service at 847/375-4731.

Bring in a new, paid, active AAPM member and receive the Plenary Proceedings of the 24th Annual Meeting, which contains exciting, forward thinking perspectives currently driving the emerging field of pain medicine. A $79 value. Contact kkathan@connect2amc.com to receive your thank you for referring a new AAPM member.

Source: Department of Anesthesiology, Vanderbilt University School of Medicine, Nashville, Tennessee.
Abstract: Use of opioid analgesics for pain management has increased dramatically over the past decade, with corresponding increases in negative sequela including overdose and death. There is currently no well-validated objective means of accurately identifying patients likely to experience good analgesia with low side effects and abuse risk prior to initiating opioid therapy. This paper discusses the concept of data-based personalized prescribing of opioid analgesics as a means to achieve this goal. Strengths, weaknesses, and potential synergism of traditional randomized placebo-controlled trial (RCT) and practice-based evidence (PBE) methodologies as means to acquire the clinical data necessary to develop validated personalized analgesic-prescribing algorithms are overviewed. Copyright © 2013 American Pain Society. All rights reserved.
PMID: 23374939 [PubMed - in process]
PMCID: PMC3564046 [Available on 2014/2/1]
Read more...

Influence of Ketamine and Morphine on Descending Pain Modulation in Chronic Pain Patients: a Randomized Placebo-Controlled Cross-Over Proof-of-Concept Study
Br J Anaesth. 2013 Feb 5; [Epub ahead of print]
iNieters M, Aarts L, Sarton E, Dahan A.
Source: Department of Anesthesiology, Leiden University Medical Center, 2300 RC Leiden, The Netherlands.
Abstract: BACKGROUND: Descending inhibition of pain, part of the endogenous pain modulation system, is important for normal pain processing. Dysfunction is associated with various chronic pain states. Here, the effect of ketamine and morphine on descending inhibition is examined using the conditioned pain modulation (CPM) paradigm in chronic neuropathic pain patients. RESULTS: Without treatment, no CPM was detectable. Treatment with ketamine, morphine, and placebo produced CPM responses of 40.2 (10.9)%, 28.5 (7.0)%, and 22.1 (12.0)%, respectively (for all treatments, CPM effect P<0.05), with no statistical difference in the magnitude of CPM among treatments. The magnitude of CPM correlated positively with the magnitude and duration of spontaneous pain relief.
PMID: 23384733 [PubMed - as supplied by publisher]
Read more...

A Double-Blinded Randomised Controlled Study of the Value of Sequential Intravenous and Oral Magnesium Therapy in Patients with Chronic Low Back Pain with a Neuropathic Component
Yousef AA, Al-Deeb AE.
Source: Faculty of Medicine, Tanta University, Tanta, Egypt.
Abstract: Persistent mechanical irritation of the nerve root sets up a series of events mediating sensitisation of the dorsal roots and dorsal horns in the spinal cord: Current evidence supports the role of magnesium in blocking central sensitisation through its effect on N-methyl-d-aspartate receptors. We studied the role of sequential intravenous and oral magnesium infusion in patients with chronic low back pain with a neuropathic component. We recruited a cohort of 80 patients with chronic low back pain with a Leeds Assessment of Neuropathic Signs and Symptoms pain scale score ≥ 12, who were receiving a physical therapy programme. All patients were treated with anticonvulsants, antidepressants and simple analgesics; in addition 40 patients received placebo for 6 weeks (control group), while the other 40 patients received an intravenous magnesium infusion for 2 weeks followed by oral magnesium capsules for another 4 weeks (magnesium group). Patients were asked to rate their pain using a numerical rating scale. Anaesthesia © 2012 The Association of Anaesthetists of Great Britain and Ireland.
PMID: 23384256 [PubMed - in process]
Read more...

Development and Validation of a Pressure-Type Automated
With membership at an unprecedented level, more than 2,400 physicians and their pain teams are part of this premier medical specialty society, practicing in pain medicine from origins in anesthesiology, neurosurgery, neurology, physiatry, and psychiatry. Now in its 29th year, the American Academy of Pain Medicine (AAPM) continues to provide education, training, advocacy and research in the specialty of pain medicine. Consider joining AAPM today and become part of this growing medical specialty society. Visit www.painmed.org for more information.

Join the AAPM Linked-In Group and become a "fan" of AAPM on Facebook.

Save the Date for the 2014 Annual Meeting
• March 6-9, 2014 (Thursday-Sunday)
• Preconference sessions begin March 5, 2014
• Phoenix Convention Center and Sheraton Phoenix Downtown Hotel

Quantitative Sensory Testing System for Point-of-Care Pain Assessment
Harte SE, Mirza M, Ichesco EA, Halvorson ME, Clauw DJ, Shih AJ, Kruger GH.
Source: Department of Anesthesiology, Chronic Pain and Fatigue Research Center, University of Michigan Medical School, Ann Arbor, MI, 48106, USA.

Abstract: Quantitative sensory testing (QST) can provide useful information about the underlying mechanisms involved in chronic pain. However, currently available devices typically employed suffer from operator-dependent effects, or are too cumbersome for routine clinical care. This paper presents the design and initial validation of a novel automated pressure-pain type QST platform, termed the multi-modal automated sensory testing (MAST) system. The MAST configuration presented consists of wireless, hand-held thumbnail pressure stimulators (with circular 10 mm(2) rubber tips) and graphical touch screen interface devices to manage the QST process and obtain patient feedback. Validation testing of the custom-designed force sensor showed a 1 % error for low forces increasing to 2 % error for larger loads up to 100 N (full-scale). Validation of the controller using three ramp rates (64, 248, and 496 kPa/s) and six pressures (32, 62, 124, 273, 620, and 1116 kPa) showed an overall mean error of 1.7 % for applied stimuli. Clinical evaluation revealed decreased pressure pain thresholds in chronic pain patients (98.07 ± SE 16.34 kPa) compared to pain free, healthy control subjects (259.88 ± SE 33.54 kPa, p = 0.001). The MAST system is portable and produces accurate, repeatable stimulation profiles indicating potential for point-of-care applications.

PMID:23381890 [PubMed - as supplied by publisher]
Read more...

Topical Analgesics in the Management of Acute and Chronic Pain
Source: Department of Neurology, Albany Medical College, Albany, NY.

Abstract: Oral analgesics are commonly prescribed for the treatment of acute and chronic pain, but these agents often produce adverse systemic effects, which sometimes are severe. Topical analgesics offer the potential to provide the same analgesic relief provided by oral analgesics but with minimal adverse systemic effects. This article describes the results of a systematic review of the efficacy of topical analgesics in the management of acute and chronic pain conditions. A literature search of MEDLINE/PubMed was conducted using the keywords topical analgesic AND chronic pain OR acute pain OR neuropathic pain and focused only on individual clinical trials published in English-language journals. The search identified 92 articles, of which 65 were eligible for inclusion in the review. Copyright © 2013 Mayo Foundation for Medical Education and Research. Published by Elsevier Inc. All rights reserved. PMID:23374622 [PubMed - in process]

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NIH Clinical Studies & Trials
The following studies and trials are posted at ClinicalTrials.gov:

Mechanisms of Sleep Disruption Hyperalgesia (ESP2)
This study is not yet open for participant recruitment.
First received: February 15, 2013 Last updated: NA Last verified: February 2013
Sponsor: Johns Hopkins University Collaborator: National Institute on Drug Abuse (NIDA)
Information provided by (Responsible Party): Michael T. Smith, Ph.D. Johns Hopkins University
ClinicalTrials.gov Identifier: NCT01794689
Stated Purpose: Twenty percent of Americans suffer from chronic pain. Sleep disturbance is similarly prevalent and among the most common and disabling neurobehavioral problems associated with chronic pain. This research is designed to evaluate the effects of disrupted sleep patterns on mood, inflammation, the perception of pain, and pain relief. This study will help
researchers understand the relationship between sleep and pain, and how
sleep disturbance might influence chronic pain conditions.

Can Therapy Alter CNS Processing of Chronic Pain: A
Longitudinal Study
This study is currently recruiting participants.
First received: February 15, 2013 Last updated: February 19, 2013
Sponsor: University of Vermont
Collaborator: National Institute of Arthritis and Musculoskeletal and Skin Diseases (NIAMS)
Information provided by (Responsible Party): Magdalena Naylor, MD, PhD, University of Vermont
 Principal Investigator: Magdalena Naylor, MD, PhD Faculty, University of Vermont College of Medicine
ClinicalTrials.gov Identifier: NCT01794988
Stated Purpose: The purpose of this study is to investigate whether a psycho-
therapeutic approach, group Cognitive Behavioral Therapy (CBT) plus a relapse
prevention program, Therapeutic Interactive Voice Response (TIVR), modifies
the dysfunctional sensory, emotional, and cognitive neural circuitry associated
with chronic pain.

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