AAPM E-News
April 15, 2016 - Your Latest News on the Specialty of Pain Medicine

LATEST NEWS from the American Academy of Pain Medicine

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Advocacy

AAPM Participates Washington State Hearings on Coverage for Injections
AAPM President-Elect Steven P. Stanos, Jr., DO, represented AAPM and Providence Health & Services in coordinated testimony before the Washington State Health Care Authority. He urged them to continue coverage for lumbar epidural and sacroiliac injections for patients with cervical and lumbar pain. This formal review was called by Washington State in order to review updated evidence for epidural injections and safety concerns since a prior 2011 decision. Full story...
To view the MPW press release...

American Academy of Pain Medicine Endorses First Comprehensive National Pain Strategy
To view statement...

A Special Advocacy Message from AAPM President, Daniel Carr, MD...

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Pain Research in the News

Researchers Identify Root of Chronic Pain as Potential New Drug Target
April 11, 2016 [Source: National Institutes of Natural Sciences]
An international team of researchers centered at the National Institute for Physiological Sciences (NIPS) has identified a sequence of events in the S1 cortex, a remote region of the brain not directly affected by spinal cord injury, that contribute to sustained mechanical allodynia. The findings are to be reported in The Journal of Clinical Investigation. Full story...

Is a Popular Painkiller Hampering Our Ability to Notice Errors?
April 8, 2016 [Source: University of Toronto]
The research, authored by a team including postdoctoral fellow Dan Randles and researchers from the University of British Columbia, is the first neurological study to look at how acetaminophen could be inhibiting the brain response associated with making errors. Full story...

New Bio-Based Supply Chains for Medicines
April 4, 2016 [Source: National Center for Complementary and Integrative Health (NCCIH) at the National Institutes of Health (NIH)]
View VideoCast...

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Practice Management & Coding Updates

UnitedHealthcare Initiates Prior Authorization Policy
Emily Hill, PA, AAPM Coding Consultant
UnitedHealthcare has announced a new prior authorization process for select musculoskeletal and pain medicine procedures beginning April 4, 2016. The effective date for Illinois, Iowa and Colorado is June 6, 2016. The requirement will apply to UnitedHealthcare Commercial (including Exchange members), Mid-AtlanticMD Healthplan Individual Practice Association, Inc., and Optimum Choice, Inc. Services provided in all sites of service (e.g., inpatient and outpatient hospital, physician office, etc) are included. Read more...

New Virtual Coding Seminar: Understanding RBRVS and What it Means for You and Your Practice
Wednesday, May 4, 2016 - 12:00 PM CT (1:00 PM ET)
This live virtual seminar will discuss the requirements for determining and assigning RVUs to physician services and the impact on appropriate coding. It will also address the need for physicians to understand how compensation models based on RBRVS are constructed and how to evaluate these models. Other opportunities to apply RBRVS to practice management activities will be reviewed.
For more information or to register...

Available Now! 2016 Illustrated Coding and Billing Expert for Anesthesia/Pain Management
Optimized for medical necessity and reimbursement understanding, this all-in-one resource focuses on a subset of CPT anesthesia services, as well as surgeries, medicine and ancillary services CPT codes linked to Pain...
Management interventions chosen by experts who take into consideration utilization, denial risk and complexity.

Full time Addiction Medicine Specialist Needed in Staten Island, NY MD/DO
The Spine and Pain Institute of New York
Staten Island, NY
One of the premier pain management practices in the area is looking for an addiction specialist to add to the team in Staten Island.

Experience Mercy Pain Medicine in Carthage
Mercy Clinic
Missouri
Mercy Clinic Carthage has an excellent opportunity for a BC/BE Pain Medicine physician!

National Take-Back Initiative
April 30, 2016 [Source: DEA]
For more information...

White House National Drug Control Policy Director Speaks on Heroin Addiction Forum Hosted by NBC10
April 12, 2016 [Source: NBC10.com]
White House National Drug Control Policy Director Michael Botticelli appeared on a panel as part of a community forum on heroin addiction hosted by NBC10 on Tuesday, April 12. Full story...

White House Director of Drug Policy Joins National and Local Leaders in Announcing Medication-Assisted Treatment Trainings
April 8, 2016 [Source: The White House]
Washington, D.C. – Today, Director of National Drug Control Policy Michael Botticelli announced that the New Mexico Medical Society, the New Mexico Hispanic Medical Society and the U.S. Substance Abuse and Mental Health Services Administration (SAMHSA) are partnering to hold trainings to enable more New Mexico physicians to be able to provide their patients with buprenorphine for prescription opioid and heroin use disorders. Full story...

Increasing the Buprenorphine Patient Limit
March 30, 2016 [Source: Health and Human Services Department]
The Secretary of the Department of Health and Human Services (the Secretary) (HHS) proposes a rule to increase the highest patient limit for qualified physicians to treat opioid use disorder under section 303(g)(2) of the Controlled Substances Act (CSA) from 100 to 200. The purpose of the proposed rule is to increase access to treatment for opioid use disorder while reducing the opportunity for diversion of the medication to unlawful use. To be assured consideration, comments must be received at one of the addresses provided below, no later than 5 p.m. on May 31, 2016.

FDA Announces the 2nd International Conference on Accelerating the Development of Enhance Pain Treatments (ADEPT-II)
Sponsored by Analgesic, Anesthetic, and Addiction Clinical Trial Translations, Innovations, Opportunities, and Networks (ACTTION)
June 15-17, 2016, Washington DC
For more information...

FDA Takes Important Step to Increase the Development of, and Access to, Abuse-Deterrent Opioids
Open Comment Period Ends May 24, 2016
March 25, 2016 [Source: FDA]
The U.S. Food and Drug Administration today issued a draft guidance intended to support industry in their development of generic versions of approved opioids with abuse-deterrent formulations (ADF) while ensuring that generic ADF opioids are no less abuse-deterrent than the brand-name drug. Full story...
Physician Payment Sunshine Act Resources:

- AMA's Recommended 4 Steps for Physicians to Support Accurate Data
- AMA Toolkit for Physician Financial Transparency Reports (Sunshine Act)
- The Official CMS Website for Open Payments (Physician Payments Sunshine Act)

Pain Medicine Highlights:

Volume 17, Issue 4

GENERAL SECTION
- Intravenous Ketamine for Rapid Opioid Dose Reduction, Reversal of Opioid-Induced Neurotoxicity, and Pain Control in Terminal Care: Case Report and Literature Review

SPINE SECTION
- Clinical Efficacy of Percutaneous Endoscopic Lumbar Annuloplasty and Nucleoplasty for Treatment of Patients with Discogenic Low Back Pain

EDUCATION & TRAINING SECTION
- Improving Trainee Competency and Comfort Level with Needle Driving Using Simulation Training

PSYCHOLOGY, PSYCHIATRY, IMAGING & BRAIN NEUROSCIENCE SECTION
- The Perceived Control Over Pain Construct and Functional Status

NEUROMODULATION SECTION
- Transcranial Direct Current Stimulation (tDCS) Targeting Left Dorsolateral Prefrontal Cortex Modulates Task-Induced Acute Pain in Healthy Volunteers

ACUTE & PERIOPERATIVE PAIN SECTION
- Cancer Recurrence and Regional Anesthesia: The Theories, the Data, and the Future in Outcomes

HEADACHE & FACIAL PAIN SECTION
- Migraine, Osmophobia, and Anxiety

State News

Indiana Governor Signs Step Therapy Bill
View Senate Bill 41...

NH: Opioid Prescribing Rules
April 6, 2016 [Source: New Hampshire Board of Medicine]
The Board has voted on final opioid prescribing rules that impose several new requirements on licensees. Please take time to review these important rules. If approved by the Joint Legislative Committee on Administrative Rules (JLCAR) on April 15, 2016, the rules will be adopted by the Board of Medicine at its next meeting and would be effective the following day. Full story...

Substance Abuse and Addiction Research

Some Drug Addicts More Likely to Relapse Than Others: Study
April 13, 2016 [Source: McMaster University, Canada]
People with drug addictions who started opioid abuse later in life use injections for their drugs, or increased their use of downers before starting drug treatment, are more likely to relapse from treatment than others, says a new study from McMaster University. Full story...

Potential for Misuse & Diversion of Opioids to Addicts Should Not Overshadow Their Therapeutic Value
March 24, 2016 [Source: Journal of Palliative Medicine]
Opioids are very effective for treating some types of pain, such as cancer pain and postoperative pain, but not for other kinds of pain like chronic low back pain. An increase in the number of opioid-related deaths among addicts has led to the current movement to restrict opioid prescribing by state and federal authorities. While a laudable goal, these restrictions threaten to block their use for safe and effective pain relief when medically indicated. Full story...

International Pain News

Regulatory Update - Health Canada Confirms Proposed Regulations Requiring Tamper Resistance for Oxycodone will not Move Forward at this Time
April 4, 2016 [Source: Health Canada] Full story...
Exercise Not Acupuncture for People with Low Back Pain says NICE in Draft Guidance
March 24, 2016 [Source: National Institute for Health and Care Excellence]
NICE is updating its 2009 guidance on the early management of low back pain and has today published draft recommendations for public consultation.
Full story...

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New Guidelines

Virginia Hospitals Develop New Prescribing Guidelines to Combat Opioid
April 13, 2016 [Source: Virginia Hospital & Healthcare Association]
A Task Force established to examine ways to reduce opioid abuse, particularly related to emergency room prescribing practices, has developed a set of recommendations to help guide hospital emergency departments in an era when prescription drug misuse has become more prevalent. The Task Force was created by action of the Virginia Hospital & Healthcare Association’s (VHHA) Board of Directors in January 2016. Full story...
View guidelines...

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AAPM Foundation News

AAPM Foundation Partners with Depomed to Launch Inaugural Pain Management Education Program
April 13, 2016 [Source: AAPM Foundation and Depomed]
AAPM Certificate of Completion Awarded Following Successful Completion of 6-month Online Program
The American Academy of Pain Medicine Foundation (AAPM Foundation) is pleased to be partnering with Depomed, a leading pain and neurology-focused specialty pharmaceutical company, in the launch of its innovative Pain Management Education Program. This first in the industry initiative is designed to integrate leading thought leaders with the foremost topics in the area of pain management with the goal of providing the non-clinical participant with a better understanding of situations facing today’s pain patients. Full story...

About the AAPM Foundation
The American Academy of Pain Medicine Foundation was created in 2011 to support the efforts of AAPM. The overarching focus of the Foundation's efforts is to advocate for patient safety by providing funding support to expand and enhance education and research. Visit the Foundation website to learn more about the Foundation and to make a donation today.

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AAPM Annual Meeting News

High Rate of Munchausen Syndrome Seen in CRPS
April 12, 2016 [Source: Pain Medicine News]
Full story...

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Education Resources

Sign-up Today to Receive Chronic Pain Research Alliance’s New E-Newsletter
Published by the Chronic Pain Research Alliance and developed to keep the medical-scientific community abreast of research advances, this e-newsletter contains abstracts of studies on the epidemiology, pathophysiology and clinical management of Chronic Overlapping Pain Conditions (COPCs). If you would like to sign up to receive future issues of COPCs Research Advances, click here. Past issues are available on the Chronic Pain Research Alliance website.

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Pain Abstracts in the News

Senate Committee Holds Hearing on Opioid Use among Seniors
April 12, 2016 [Source: JAMA]
Abstract: Nearly 30% of Medicare Part D enrollees used prescription opioids in 2014, a Centers for Medicare & Medicaid Services (CMS) official told the Senate Special Committee on Aging at a recent hearing on issues and emerging trends in opioid use among seniors.
Read more...

Meeting the Growing Need for Heroin Addiction Treatment
April 6, 2016 [Source: JAMA Psychiatry]
In this issue of JAMA Psychiatry, Oviedo-Joekes et al report the results of a single-site randomized noninferiority clinical trial in Vancouver, British Columbia, Canada, showing that supervised injection of hydromorphone hydrochloride is not inferior to supervised injection of heroin (diacetylmorphine hydrochloride) in long-term injection street opioid users.
Read more...

Structure of the Full-Length TRPV2 Channel by Cryo-EM
March 29, 2016 [Source: Nature Communications]
Abstract: Transient receptor potential (TRP) proteins form a superfamily Ca2+-permeable cation channels regulated by a range of chemical and physical stimuli. Structural analysis of a 'minimal' TRP vanilloid subtype 1 (TRPV1) elucidated a mechanism of channel activation by agonists through changes in its outer pore region. Though homologous to TRPV1, other TRPV channels (TRPV2–6) are insensitive to TRPV1 activators including heat and vanilloids.
Read more...

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PubMed Pain Abstracts

The following abstracts are posted at PubMed.gov:

Inflammatory and Neuropathic Cold Allodynia Are Selectively Mediated by the Neurotrophic Factor Receptor GFRα3
Proc Natl Acad Sci U S A. 2016 Apr 5. pii: 201603294. [Epub ahead of print]
Lippoldt EK1, Ongun S2, Kusaka GK1, McKemy DD3.
Abstract: Tissue injury prompts the release of a number of proalgesic molecules that induce acute and chronic pain by sensitizing pain-sensing neurons (nociceptors) to heat and mechanical stimuli. In contrast, many proalgesics have no effect on cold sensitivity or can inhibit cold-sensitive neurons and diminish cooling-mediated pain relief (analgesia). Nonetheless,
Cold pain (allodynia) is prevalent in many inflammatory and neuropathic pain settings, with little known of the mechanisms promoting pain vs. those dampening analgesia.

**Longitudinal Assessment of Small Fiber Neuropathy: Evidence of a Non-Length-Dependent Distal Axonopathy**


Khoshnoodi MA1, Truelove S2, Burakgazi A3, Hoke A1, Mammen AL4, Polydefkis M1.

Abstract: Importance: Few data are available on the natural history of small fiber neuropathy (SNF). Peripheral neuropathy typically follows a length-dependent pattern, leading us to hypothesize that patients with SFN would lose intraepidermal nerve fibers at the distal leg more quickly than at more proximal thigh sites. Conclusions and Relevance: Similar rates of IENFD decrease irrespective of cause were observed. Epidermal nerve fibers were lost at similar rates in proximal and distal sites, suggesting that SFN is a non-length-dependent terminal axonopathy.

**NIH Clinical Studies & Trials**

The following studies and trials are posted at ClinicalTrials.gov:

**The CHECK Trial: A Comparison of Headache Treatment in the Emergency Department: Compazine Versus Ketamine (Check)**

This study is not yet open for participant recruitment.

Sponsor: Mike O'Callaghan Federal Hospital

Information provided by (Responsible Party): Jill Clark, Mike O'Callaghan Federal Hospital

Principal Investigator: Christopher Pitotti, MD, Mike O'Callaghan Federal Medical Center

ClinicalTrials.gov Identifier: NCT02735343

First received: March 31, 2016

Stated Purpose: Investigators are comparing Ketamine to prochlorperazine-compazine for benign headaches in the ED. Subjects will be randomized into 1 of 2 groups. Group 1 will receive standard treatment of prochlorperazine-compazine 10 mg IV along with diphenhydramine 25 mg IV. Group 2 (research arm) will receive Ketamine 0.3 mg/kg along with ondansetron 4 mg IV. Subjects will be seen at 15, 30, 45, and 60 minutes post-intervention to obtain Heart Rate, Blood Pressure, Headache severity, Nausea severity, Vomiting severity, Anxiety severity, and Restlessness severity.

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