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CHANGES IN ARIZONA OPIOID REGULATIONS - WHAT DOES IT MEAN?

MANAGING
TRIGEMINAL
NEURALGIA
IN THE WINTER

&

INTRODUCING THE
NEWEST MEMBERS
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DOCTOR'S NOTE

CHANGES IN ARIZONA OPIOID REGULATIONS – **WHAT DOES IT MEAN?**

By Benjamin H. Venger, MD
Medical Director, TriState Pain Institute



At the end of January 2018, the AZ legislature unanimously approved changes regarding opioids throughout our state. The new laws are an effort to reduce addiction and overdosing. It is unclear at this time what the long-term impact will be for chronic pain patients. An underserved region, Mohave County lacks enough pain medicine clinics necessary to serve its current population. An influx of patients ordinarily treated by primary care, will add to this burden. As part of the new law, the legislature has allocated funds for behavioral health and addiction treatment. Nevertheless, both new and established patients will see or be impacted by changes starting almost immediately.

Current oversight of our care by others will increase. We may prescribe a particular medication, yet your insurance formulary may exclude it, or ask that other medications (generally less expensive) must be tried first. We also have no control over what specific medications pharmacies choose to stock, or even have available. The pharmacists are also significantly impacted by the new regulations, and even dentists and veterinarians now have additional responsibilities and oversight.

You must be aware that each prescription for a controlled substance will be registered in a statewide database known as the Arizona Controlled Substance Prescription Monitoring Database. This includes when a prescription was written and filled, what doctor prescribed the medicine, and which pharmacy dispensed the medication. While we have participated in this program for years, the new law requires all doctors and pharmacies to participate and report which will hopefully result in more accurate information to help in the provision of care to you. In an effort to prevent diversion of medications (diversion is where the prescribed medications are used other than as prescribed) we will also more frequently check urine samples for medications or their metabolites. Adherence to only your prescription medication and how the medication is to be taken is mandatory. Never take medications from others, or offer your medications to anyone. Follow the terms of your pain management contract.

Pain is also a symptom, not a diagnosis. In order to provide medications, especially those with any potential for addiction, you must have a diagnosis. This will necessitate not only x-rays, but also other imaging such as CT or MRI scans. You may need additional evaluations or consults. Interventions we perform are not only directed at alleviating symptoms, but also to provide confirmation that indeed a pain generator is located at the site of treatment.

Prescribing guidelines have been issued for opioid medication use. These are not absolute but serve as evidence-based guidelines for finding a balance between treating pain and reducing or eliminating the risks of addiction. As part of the new legislation, all participants will be subject to greater oversight. Exceptions do exist, such as cancer or end of life care. However, the bar has been raised in regard to prescribing and the reason(s) why you are receiving controlled medications, how much is prescribed, and validating that you are taking these correctly are even more of a priority than they always have been.

The most important step you can take is to educate yourself regarding your chronic pain. Our providers and staff can help you, along with the vast amount of information on line. None of these changes are permanent, and despite being passed in an emergency legislative session, will not be fully enacted for months as the legislature and responsible agencies work with doctors and pharmacists to create the details of how to effectively enact the law. Details about how pain management clinics will be operating, or what the impact the law will have on chronic pain patients, remains to be seen. Our goal is always to protect the patient while doing our best to combat what has become a public health crisis. We will stay on top of the current changes and keep you informed.

Introducing the Newest Members of the TriState Pain Institute Team



Okey
Iloegbunam, NP

Born in Nigeria, Okey moved to Queens, New York, in 1989, and became a naturalized U.S. citizen in 1999. Before moving to the US, he earned his bachelor's degree in zoology from the University of Nigeria, Nsukka and his master's degree in biological sciences, specifically parasitology, from the University of Calabar.

Okey worked within the health sector as a research scientist until he moved to New York. In 1998, he obtained his associate's degree in physical therapy from La Guardia Community College in New York. Okey worked as an assistant in different physical therapy settings before leaving for medical training overseas from 2000 to 2004. Between school and working, Okey took classes in nursing at Brenau University in Gainesville Georgia, where he obtained a BSN and MSN.

Okey has experience working in both the physical therapy and nursing fields, and he is currently in a Ph.D. program to obtain a degree in public health. For his Ph.D., Okey plans to do research on the challenges of using opioid medications for pain management. When the opportunity to work at TriState Pain Clinic presented itself, he became even more interested in an interventional approach to pain management. Okey is married with four children, and he has lived in New York, Seattle, the Caribbean, West Virginia, and Georgia.



Catherine
Nevels, FNP

Originally from Milwaukee, Wisconsin, Catherine Nevels earned her associate of nursing degree from Bryant & Stratton in 2009. Shortly thereafter, she received her bachelor's degree in nursing from Chamberlain University in 2010. Catherine completed her master's degree in nursing in 2017, is certified by the American Nurses Credentialing Center, and is a member of the Sigma Theta Tau International Honor Society.

Catherine has years of experience as a nurse, having traveled as an ICU travel nurse, worked as a staff nurse, then clinical coordinator of the ICU at Piedmont Rockdale in Conyers, GA. Catherine saw firsthand the need for individualized, compassionate, and holistic pain management after her husband was poorly diagnosed and treated for chronic pain associated with rheumatoid arthritis.

She is committed to efficient diagnoses and comprehensive pain management for patients to optimize their lives. Catherine is new to the TriState area with her husband of 15 years and 12-year-old son and enjoys off-roading in her spare time. She brings with her a wealth of critical, clinical experience and a passion for caring for patients to achieve effective pain management.

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MANAGING TRIGEMINAL NEURALGIA IN THE WINTER



Arizona may not experience cold, snowy winters like other parts of the country, but temperatures often drop to the high and low thirties and forties during the winter months.

Furthermore, it's not uncommon for winds to pick up as the weather becomes increasingly dry, which can make it difficult for patients with nerve pain to live each day without discomfort. This is especially true for patients who suffer from a condition called trigeminal neuralgia.

What is Trigeminal Neuralgia?

Trigeminal neuralgia is a chronic pain condition that affects the trigeminal nerve in the face. Patients who suffer from this condition may experience a wide variety of symptoms, including:

- *Burning, radiating pain along the lower face and jaw*
- *Electric shock-like pain that worsens with chewing, speaking, or touching the face*
- *Pain that lasts a few seconds or minutes long, depending on the severity of the condition*
- *Pain that affects one or both sides of the face*
- *Constant, aching pain of the gums, teeth, lips, cheeks, forehead, etc.*

The duration of symptoms for trigeminal neuralgia often is quite variable, depending on the severity of the condition. That said, patients who experience prolonged or recurring facial pain without improvement through conservative measures, such as over-the-counter pain relievers and hot or cold therapy, should see a pain management specialist right away.

Why? Not only can pain impact all aspects of one's personal and professional life, but also and more importantly, trigeminal neuralgia can produce pain episodes that increase in frequency and intensity over time. Other related entities, such as atypical facial pain, may start in one area of the face and spread to other areas, causing symptoms

that last days, weeks, or months. Like trigeminal neuralgia, these also can worsen over time.

How to Manage Trigeminal Neuralgia in The Winter

In addition to seeking a pain management physician for this condition, referral to a neurologist or neurosurgeon may also be beneficial. There are many medications, injections, radiation treatments, and surgeries to consider. In addition, there are a few "tips and tricks," for managing trigeminal neuralgia in the winter. The most obvious tip is to stay indoors where it's nice and warm, but if you have places to go and people to see, then consider these instead:

- *Wear lots of layers! You may feel silly wearing a hat, scarf, and/or facemask (balaclava) during your outings, but trust us; these cold weather accessories will protect your face from cold, harsh winds that can trigger your trigeminal neuralgia.*
- *Avoid alcohol and hot beverages. While these drinks may seem like go-to pain preventers, they can actually worsen pain with a horrible hangover, a burnt tongue, or a trigger that causes pain regardless of temperature.*
- *Stay active at an indoor gym where it's warm. Exercise produces endorphins, helps boost blood flow, and produces heat, which can decrease your pain symptoms. If you want to run outdoors, just make sure you're protecting your face with warm clothing!*

Finally, talk to the providers at TriState Pain Institute about your options for treatment. Dr. Benjamin Venger is not only a pain medicine expert, but also a Board Certified neurosurgeon; familiar and experienced in all of the interventional procedures offered to decrease pain trigeminal neuralgia symptoms. A steroid injection, nerve block, electric stimulation session, and/or prescription pain medication may keep your pain at bay during the cold, winter months!