



CHRONIC PAIN AND OPIOID MANAGEMENT CASE PRESENTATION FORM 2019-2020

Provider Name:

Provider Practice/City or Town:

Provider Phone Number:

Provider Email:

Does your case focus on one of our core topics?

Which date would you ideally like to present your case?

Please return the completed form to Mark Pasanen:

- Email attachment: mark.pasanen@uvmhealth.org
- Fax: (802) 847-5784 (Attn: Mark Pasanen)

Session	Date	Topic
1	May 3, 2019	Orientation – Best Practices
2	June 7, 2019	Compassionate Tapering
3	July 12, 2019	Functional Assessment
4	Aug 2, 2019	Assessment for Misuse
5	Sept 6, 2019	Psychological Factors Related to Chronic Pain
6	Oct 4, 2019	Interventional Pain Management
7	Nov 1, 2019	Urine Drug Testing/Monitoring
8	Dec 6, 2019	Acupuncture for Chronic Pain
9	Jan 10, 2020	Integrative Therapies for Chronic Pain
10	Feb 7, 2020	Motivational Interviewing
11	March 6, 2020	Conducting Group Visits
12	April 3, 2020	Cannabinoids for Chronic Pain



ECHO ID #

Presenter:

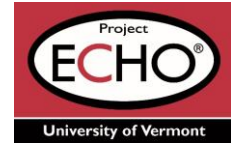
Presentation Date:

Please state your question(s) for the UVM ECHO?

Specific Requests

- Help with diagnosis/test interpretation/etc ...
- Help with pharmacologic treatment – specifically whether to continue opiates
- Help with non-pharmacologic treatment
- Other (details above)

Please provide clinical overview:



Patient Gender

- Male Female Other

Patient Age

Patient Weight

Patient Height

Pain Location

- Head
 Neck
 Upper Back
 Lower Back – non-radiating
 Abdomen
 Pelvic
 Upper extremity
 Lower Extremity

Pain Characteristic

- Constant
 Intermittent

Duration of Pain

- Months
 Years

Pain Quality

- Aching
 Burning
 Sharp
 Dull
 Associated numbness/tingling

Working Diagnosis

- Myofascial Pain/Fibromyalgia
 Arthritis
 Degenerative/Osteoarthritis
 Inflammatory/Rheumatoid
 Peripheral Neuropathy
 Chronic abdominal and/or pelvic pain
 Headache
 Migraine
 Chronic daily headache
 Other

Functional Status:

Average Pain Rating (0-10):

What alleviates the pain?

What exacerbates the pain?



Associated symptoms:

- Sleep disruption
- Depressed mood
- Other
- Fatigue
- Sexual Dysfunction

Current Medications

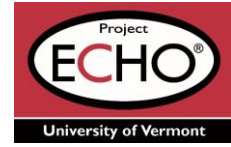
Current MME:

Pertinent Past Medical/Surgical History

Medications tried in past

- | | | |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <input type="checkbox"/> NSAID <ul style="list-style-type: none"><input type="checkbox"/> Ibuprofen/Naproxen<input type="checkbox"/> Celecoxib<input type="checkbox"/> Meloxicam | <input type="checkbox"/> Opioid <ul style="list-style-type: none"><input type="checkbox"/> Oxycodone<input type="checkbox"/> Hydromorphone<input type="checkbox"/> Hydrocodone<input type="checkbox"/> Morphine<input type="checkbox"/> Tramadol<input type="checkbox"/> Fentanyl | <input type="checkbox"/> Anticonvulsant <ul style="list-style-type: none"><input type="checkbox"/> Gabapentin<input type="checkbox"/> Pregabablin |
| <input type="checkbox"/> Acetaminophen | | <input type="checkbox"/> Antidepressant <ul style="list-style-type: none"><input type="checkbox"/> SNRI<input type="checkbox"/> SSRI<input type="checkbox"/> TCA |
| <input type="checkbox"/> Muscle relaxant <ul style="list-style-type: none"><input type="checkbox"/> Cyclobenzaprine<input type="checkbox"/> Tizanadine<input type="checkbox"/> Methocarbamol | <input type="checkbox"/> Others | |

Pertinent Review of Symptoms/Physical Exam:



Diagnostic Testing:

- Xray
- CT scan
- MRI
- EMG/NCV
- Labs
- Other (details below)

Pertinent Results:

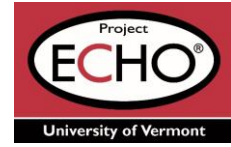
Non-Medication Interventions

- Physical Therapy
- TENS
- Water Therapy
- Acupuncture
- Chiropractic/Osteopathic
- Counseling/Psychology
- Massage
- Yoga

Procedural Interventions

- Epidural Steroid
- Medial Branch Block
- Radiofrequency Ablation
- Selective nerve block
- Spinal Cord Stimulator

Outcomes of Interventions?



Screening Tools/Assessments

- Depression (eg PHQ-2 or PHQ-9)
- Anxiety (eg GAD-7)
- Alcohol/Drug Use Screen:
- SOAPP/ORT
- COMM
- Urine Drug Monitoring/Testing
- Other

Patient Goals

Current Diagnostic/Treatment Plan?