

Case Studies in Pain Management



Irene Williams

Meet Irene Williams. She is 72 years-old and has been your patient for the last 20 years. You successfully got her to quit smoking, but unfortunately she developed lung cancer 2 years ago. She still sees her oncologist, although she completed treatment and has no evidence of current disease. She is anxious to remain healthy, especially that she is now a grandmother. Irene has come to see you for her yearly physical.

Patient: Irene Williams

Age: 73

History:

- Hypertension
- Osteoarthritis in both knees
- Lung cancer: Partial lung resection and chemotherapy, successful treatment, no evidence of disease. Regular follow-up with oncologist.

Reason for current visit

- Yearly physical

Current Medications

- HTC 25 mg qd
- Ibuprofen OTC PRN

Current complaints:

- Knees are much worse
- Burning, tingling and constant pain in her hands and since completion of chemotherapy.

Social History:

- Has been living with daughter since lung cancer diagnosis
- Daughter very busy with a full time job, several teen age children, and household responsibilities
- Irene is afraid she is burden to the family

After your initial examination of Irene, what would your next steps be?

- a. Refer her back to her oncologist for the painful peripheral neuropathy since it is probably a complication of her chemotherapy.
- b. Refer her to an orthopedic surgeon for further treatment of her osteoarthritis of her knees.
- c. Begin around the clock (ATC) acetaminophen and encourage her to return for a full evaluation of both painful complaints
- d. Tell her to continue her ibuprofen as needed and refill her blood pressure meds and order her yearly labs.

At your table, discuss what you think the right answer is and why.

Your answer: _____

Notes: _____

Irene is very interested in returning to get help for her discomfort, as long as the appointment can be at time that is convenient for her daughter to bring her in.

One week later

Irene returns and tells you, upon questioning, that the knee pain is 6-7/10 and keeps her from doing any household chores to help her daughter. The burning pain in her hands and feet (7/10) keeps her from doing chores as well as keeping her from her hobby of quilting. In addition, she is afraid to hold her new grandchild who occasionally comes to visit.

She has not mentioned the neuropathic symptoms to her oncologist because she doesn't want to take up her time "with something like this."

She takes 400mg ibuprofen 2-3 times a day, in addition to the acetaminophen you suggested at her last visit, so she can make her way around the house while alone during the day.

Diagnosis:

- Osteoarthritis
- Peripheral neuropathy secondary to chemotherapy.

Labs:

- Creatinine of 1.2
- Normal glucose
- Normal liver function
- Normal B12
- Normal electrolytes
- Normal ESR

What are your next steps?

- a. Increase the ibuprofen to 2400 mg daily with food and a PPI
- b. Continue prn ibuprofen and acetaminophen 4000 g daily with optional glucosamine
- c. Stop ibuprofen and begin oxycodone/acetaminophen, 2 pills every 4 hours as needed (cautioning her to keep the total daily acetaminophen dose <4000mg), along with a daily laxative
- d. Continue current dose of ibuprofen and add 10 mg of nortriptyline

At your table, discuss what you think the right answer is and why.

Your answer: _____

Notes: _____

She is reluctant to “take any more pills” but decides to try your plan because she would like to be able to do more at home. Her daughter was present as you discussed this option. A return appointment is scheduled for two weeks.

Two Weeks Later

Irene reports that she took the oxycodone/acetaminophen twice daily with fair relief of the knee pain but no help for the burning. Her son-in-law made some comments about her becoming “an addict” so she was careful not to take it more than twice daily.

Further questioning reveals that she has painful bowel movements every 3-4 days and is not taking any laxative because she has heard over the years that daily laxatives are to be avoided.

She becomes tearful and expresses frustration with her life in general since her cancer diagnosis, her widowhood, and her infirmity.

What are your next steps?

In addition to educating Irene regarding the need for daily laxatives when taking daily opioids you:

- a. Tell her to take the oxycodone/acetaminophen 4 times daily as needed
- b. Add nortriptyline 10 mg or gabapentin 300 mg, or pregabalin 50 mg, or duloxetine 30 mg
- c. Add oxycontin 10 mg BID
- d. Add an SSRI

At your table, discuss what you think the right answer is and why.

Your answer: _____

Notes: _____

You schedule a follow-up appointment for two weeks.

Two Weeks Later

Irene is pleased to report that her pain is much better. She has trouble putting a number on it but, on questioning, states that she has been able to unload the dishwasher for her daughter and had a very pleasant time holding her granddaughter at last Sunday’s family dinner.

She is taking daily senna and has a nonpainful bowel movement every day. At this point, you agree to continue the current regimen and plan regular visits every 3 months.

Six Weeks Later

Today, your receptionist gives you a message from Irene’s grandson requesting an early refill of the oxycodone/acetaminophen. He states his grandmother is having more pain and says he will pick up the script later that day.

What are your next steps?

How should you handle this request?

- a. Write the script for the grandson to pick up.
- b. Call Irene to confirm the need for an early refill and if confirmed, provide the refill, but have the patient set up an appointment within 1 week to re-evaluate her pain and discuss your office policy regarding long-term opioid prescribing.
- c. Refuse the request and vow not to start patients on opioids in the future so as to avoid hassles/concerns such as this.
- d. Insist Irene come in for an appointment before refilling her prescription.

At your table, discuss what you think the right answer is and why.

Your answer: _____

Notes: _____

One Week Later

With the issue of her grandson calling for her refill resolved, Irene is back in your office to further discuss her condition. Although her mood has stabilized and the burning has subsided, her knees are much worse.

What are your next steps?

After an examination, you now

- a. Consider consultation with orthopedist, acupuncturist and/or physical therapist
Explore the addition of complementary techniques such as acupuncture
- b. Agree to a higher daily dose of oxycodone/acetaminophen
- c. Convert her daily dose of oxycodone/ acetaminophen to oxycodone and continue oxycodone/acetaminophen prn
- d. Re-evaluate and discuss office policy on opioid use
- e. Review need to safeguard opioids so others in house are not tempted to take some
- f. All of the above

At your table, discuss what you think the right answer is and why.

Your answer: _____

Notes: _____

You continue to see the patient every 3 months for her pain management and she seems very pleased with the improved function she now has.

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