Pain Therapy

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Introduction

Pain therapy may consist of Pain Management Programs, Implantable Pain Therapy, Spinal Cord Stimulators, Platelet Rich Plasma Injections and Spinal Injection therapies. Pain therapy interventions usually occur in complex circumstances.

Pain Management Programs (PMP's) may be provided by a multidisciplinary team that typically consists of a doctor, psychologist, nurse, occupational therapist and physiotherapist. A PMP may be requested with or without the invasive pain therapies (Implantable Pain Therapy, Spinal Cord Stimulators, Platelet Rich Plasma Injections and Spinal Injection therapies). Similarly, these invasive therapies may be requested in isolation or as part of a broader treatment program.

There may be cases where significant complications or adverse sequelae conditions may arise as a result of such therapies/injections or there is insufficient evidence to support the proposed intervention. Therefore, to support your decision making and understanding of the medical evidence provided, requests for these types of procedures must be referred to the Clinical Panel **after** the information detailed below has been obtained.

Requests for these treatment modalities should be provided in writing by the LQMP carrying out the procedure.

All pain therapy treatment requests must:

- meet the requirements of Comcare's *Clinical Framework for the Delivery of Health Services*
- be discussed with an Injury Manager
- be referred to the Clinical Panel – for further guidance refer to the Clinical panel review page
- be determined under section 16 of the SRC Act .

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Pain Management Programs

Pain Management Programs (PMPs) may be appropriate for employees with an injury and resulting pain that:

- Impacts their physical and mental health
- Impacts their ability to undertake their normal activities
- Requires them to take medication to control their pain that may further impact their health long term or impede their function.

The aim of a PMP is to reduce the impact pain has on the injured person's life with a resultant improvement in independence and function.

PMPs have historically been used after all other treatments have been exhausted. However, they may be more effective if undertaken in the early stages of recovery. The goal of such programs is to support the injured person develop skills to manage their health and wellbeing more independently, allowing more activity and less reliance on medication to manage pain.

The specifics of each PMP can vary. Typically, there will be one-on-one sessions with a doctor, psychologist and physiotherapist and group sessions for educational talks, learning new skills and exercise. The duration of PMP's can also vary but will typically be 8 to 12 weeks in duration. PMP's may be delivered on an outpatient or inpatient basis. Because of the variation in PMP's, it is vital that the injured person is assessed as being suitable for the PMP being considered – the type and content of a particular PMP may not be suitable for a particular person but another PMP may.

Possible contraindications to participating in a PMP are severe and/or uncontrolled mental health conditions (such as depressions, anxiety and post-traumatic stress disorder), taking high doses of some pain medications, discomfort in group settings and limited English language or reading skills.

The benefits of a PMP can take several months after the completion of the program to be realised. It may also be necessary to undertake a PMP more than once.

When assessing a request for a PMP the general principles for providing medical treatment still apply. When receiving a request for a PMP (in addition to any other pain therapies), ensure the treating health practitioner recommending the spinal

injections has advised:

- the diagnosis, location of pain and relationship to the work-related injury or illness
- objective outcome measures (e.g. pain scores) to be taken pre and post PMP in line with Comcare's Clinical Framework for the Delivery of Health Services
- description (inpatient/outpatient, duration, components of the program) and expected costs of the program
- details regarding previous pain therapies/PMP for this injury and what were the objective outcome measures (i.e. pain chart scores) if the employee has had previous pain therapy/PMP
- the appropriateness of the injured person for the PMP requested has been considered.

Due to the complexities associated with requests for PMPs, they should be discussed with Injury Managers and sent to the Clinical Panel for advice. Following completion of an approved PMP, you should seek a post program report. This should provide information on program outcomes and future treatment/rehabilitation needs of the injured person.

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Implantable Pain Therapy

Implantable Pain Therapy (IPT) involves the use of an implantable prosthetic device to address persistent pain and may be considered when a range of alternatives for managing persistent pain have been fully explored.

IPT includes intrathecal analgesia (intraspinal pumps) and neurostimulation techniques (spinal cord stimulators).

There are three stages to IPT and each stage must be completed in sequence:

- Trial of neurostimulation or intrathecal analgesia
- Implantation of a permanent IPT device
- Replacement/repair of existing IPT (i.e battery or device replacement).

Trial of neurostimulation or intrathecal analgesia

Where requests are received for trial of neurostimulation or intrathecal analgesia, you should ensure written clinical rationale has been provided that includes the following information:

- the condition(s) being treated and the relationship to the work-related injury or illness
- a description of the IPT procedure with details of the prosthetic items being used
- the clinical indication for the IPT procedure, including reasons why more conservative treatments that the employee has tried for pain management have not been effective
- psychological suitability from treating psychologist/psychiatrist or alternatively independent psychiatrist
- anticipated effects the IPT will have on the employee's participation in activities of daily living and work; mobility; pain levels and mood; medication use (i.e. expected reductions)
- objective pre and post IPT outcome measures (e.g. pain charts) that will be used to measure the effectiveness of the procedure
- anticipated treatment plan following IPT procedure.

Where the above is not adequately addressed by the recommending doctor, you may consider seeking an opinion from an independent Pain Rehabilitation Specialist to clarify the employee's suitability for the treatment, and the relationship to the compensable condition.

Implantation of a permanent IPT device

Requests for implantation of a permanent IPT device, such as a spinal cord stimulator, should include the following information:

- a description of the IPT procedure with details of the prosthetic items to be used
- the objectively measured outcomes (e.g. pain charts) of the trial (stage 1 of the IPT procedure).

Replacement/repair of existing IPT

Requests for replacement or repair of existing IPT must include the following information:

- a description of the IPT procedure with details of the prosthetic being used
- evidence of the effectiveness of the IPT to date, including effect on employee's pain and function
- Justification stating why the procedure or replacement is required and details regarding urgency of the request
- An indication of whether replacement device parts are under warranty.

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Platelet Rich Plasma Injections

A Platelet Rich Plasma (PRP) injection involves injecting small amount of a person's own blood into soft tissue injuries to facilitate the natural healing process. It is currently considered as a non-established and new emerging therapy (NENET). Experimental medical treatments are usually not considered reasonable.

To assist the Clinical Panel review, you should ensure the treating health practitioner recommending the PRP injection has provided the following information:

- The diagnosis and the relationship to the work-related injury or illness
- Evidence based studies (Level 1 or 2) for the clinical indication being requested
- Details of all previously trialled treatments and services for the compensable condition and their measurable outcomes
- Description, expected costs of injections and whether they are intending to use MBS item codes
- Objective outcome measures to be used (pre and post procedure) and timing of assessment
- Expected outcomes from the proposed treatment, including functional outcomes (e.g. return to work)

The name, qualifications, skills and experience of the provider(s) requesting and performing the treatment.

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Spinal Injection Therapies

Spinal Injection Therapies include epidural injections, medial branch blocks, facet joint injections and sacroiliac joint injections.

You should ensure the treating health practitioner recommending the spinal injections has advised:

- the diagnosis, location of pain and relationship to the work-related injury or illness
- objective outcome measures (pain scores) to be taken pre and post injections in line with Comcare's Clinical Framework for the Delivery of Health Services
- description and expected costs of injections (MBS item numbers) in line with AMA rates.
- the exact location (levels and sides) and number of proposed injections

details regarding previous injections in these areas and what were the objective outcome measures (i.e. pain chart scores) if the employee has had previous injections.

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