Pain Management For Non-Surgical Treatment Of The Cervical Herniated Disc

Pain management has become very popular lately. What is pain management? Well, pain management is actually going to a physician who specializes in managing pain. There are two types of physicians. One, is a person who just prescribes medications and therapies, and the other is someone who does injections. Now, this maybe one person who does all those things, but frequently, they are now divided into two subspecialties where the people that are doing the injections do just injections and the people that do pain management with medications and therapy just do that. I had a chance to talk to Brad Cash, who is a type of doctor who does medication and physical therapy and some trigger point shots where he talks about his approach to a patient with a cervical herniated disc.

When a patient first comes to the office and they are having severe pain and we make a determination if we have an MRI and we see maybe they need surgery or maybe they do not need surgery. Assuming that they do not need surgery, then I am going to manage their pain. My first goal is to try to relieve some pain as quickly as possible.

Que 1: So what does that mean? Is that oral medications or injections or other things?

Ans 1: Right. If they are having severe pain and spasm and they are very inflamed, I will typically offer them an injection in the muscles around the neck to try to relieve some of that pain as quickly as possible.

Que 2: What do you use in the injection? What are the medicines? Is it steroid or is it anesthetic?

Ans 2: In that injection, I will typically use a small amount of steroids to reduce the inflammation, and I will use a local anesthetic like lidocaine like the dentist uses to numb your mouth.

Que 3: Does the shot hurt?

Ans 3: The shot feels like a little pinch and a little pressure. Typically, it is very well tolerated and most patients do not complain of too much pain from this simple type of injection.

Que 4: And then you also offer them oral medications to go home with a prescription?

Ans 4: Right, then I give them oral medications. If they are very inflamed, if I give them an injection, I will also give them a six-day steroid taper to try to help, really knock out the inflammation by taking the oral medication.

Que 5: Do you use a Medrol Dosepak or do you use your own?

Ans 5: I use a Medrol Dosepak.

Que 6: And what about narcotics? Do you consider giving a prescription for narcotic medications?

Ans 6: Also, if they are very inflamed, usually they have some degree of spasm, so I give them a muscle relaxer in addition to the steroids.

Que 7: What are the types of muscle relaxers that you use?

Ans 7: The most common muscle relaxers are things like Flexeril and Skelaxin, typically those are ones that you get in the emergency rooms and then if they are in severe pain, I will offer them some type of narcotic medication to take as needed for the pain as well.

Que 8: In the narcotics, there are short acting and long acting? Do you prefer the short acting or do you go to the longer acting ones for these patients, what is your preference?

Ans 8: For the newer patients where I will have a new type of pain or an acute pain, I use short acting medications only. I only use the long acting medications for those patients who have chronic pain.

Que 9: How do you know the dose? How do you know how much to give somebody for this? Is this just experience or is this something you really want to hit them hard? My philosophy is when the patients are in pain, I give them a big dose because they have got to break the pain and bring it down to a level where they can manage. Do you have the same philosophy or you are different from that?

Ans 9: We will determine that those are the patients, sometimes it could be pretty complex. I will try to first determine if they have taken any narcotic before and what their experience was, with the low dose or high dose, to try to get a feel of how much they might require. There are some patients who tell me that they were sensitive to medications. What if they have never taken a narcotic before? So I start them at a lower dose just in case, but if they need more, I will instruct them that they can take an extra pill, 45 minutes to 1 hour later if they are still having pain.

Que 10: What about anti-inflammatories?

Ans 10: While they are taking the steroid, I will tell them not to take any anti-inflammatories and I will instruct them after the steroid is complete, then it is okay to resume any anti-inflammatory medication like ibuprofen.

Que 11: Are there other medications and others you know Ultram, things like that that people might have heard about? Do you use any of those, the other ones out there besides narcotics, steroids, and anti-inflammatories?

Ans 11: Well, medications like Ultram, that is a lower level narcotic. So, if someone's pain is not so bad or they are fearful of taking narcotics, I might choose something like Ultram. There are also anti-depressant and anti-seizure medications which are also used for pain, and I typically will wait on using those in a newer patient and typically try to use those more for the chronic pain patient.

Que 12: So, that will be Neurontin, Lyrica, amitriptyline, things like that?

Ans 12: Yes.

Que 13: And then, do you see the patients for followup after they leave, I mean, what is your followup?

Ans 13: If I give them an injection and medication, I typically want to see them, especially if they are having severe pain, I want to see them 7 to 10 days later.

Que 14: How long do you follow them? Is it for just that one visit and that is the end or do you expect to see them back over and over?

Ans 14: Well, if I see them 7 to 10 days later and they are doing much better, I might wait until that point to start them on some therapy, whether it be physical therapy or chiropractics, or acupuncture. I do not want them to do any therapy while they are very inflamed.

Que 15: So, as a pain management physician, do you recommend other things like acupuncture or physical therapy, you are part of that management?

Ans 15: Yes, I try to decide what type of not only pharmaceutical treatments or injection treatments, but what type of therapeutic treatments might be offered to relieve their pain.

Que 16: When do you choose to send a patient for an injection? Like what are the criteria that you use to say, "okay, you need an epidural steroid shot from the interventional standpoint?

Ans 16: Right, if their MRI is indicating a significant disc herniation and they have severe symptoms and they do not get better from the oral medications within the first week or two, then they might, say you need an injection, I think the injection could be a little more aggressive and can take care of the pain, and especially down the arm a lot faster.

Que 17: When you treat a patient with chronic neck pain without arm symptoms, it just happens they have herniated disc on the MRI, that is a completely different approach. Is that right?

Ans 17: Yes, yeah, when a chronic neck pain patient with spasms and no pain down the arm, I am not expecting a radiculopathy. All other times, those patients have no flare-up of arthritic symptoms in their neck or they have a muscular or soft tissue type of spasm which is causing significant pain and usually will approach those patients a lot differently.

Que 18: A lot of patients come to me, they are very concerned, they have an acute herniated disc, they have pain on the arm, and they are really concerned about using medications, narcotics. They do not want to get addicted, so people are just dying in pain and they are just not taking the meds. I just tell them, "look this is the time to take your medication, you are not going to get addicted for this acute type of pain." Do you deal with that often where you want to prescribe a medication for a patient and they do not want to take it, what do you tell those patients?

Ans 18: Right. I do deal with that often because narcotic addiction is such a problem in society. As you say, some of the patients are very fearful of narcotics and getting addicted. I remind the patients that they are taking this for just a short period of time, just for the pain, and we will get them to stop the medication fairly quickly, within a week or two hopefully and that it is not a long-term solution to give them narcotics.

Que 19: Yeah, and on the flip side, I am sure you see patients who are called drug seekers who do have addiction problems, how do you deal with those people who come up and show up in pain and you know they have history of drug addiction, you know, how do you even deal with that as far as trying to relieve the pain, but not give them medicines that can get them addicted?

Ans 19: Sure, the patients that I know are drug seekers and now in New York state, we have ways of finding out who the drug seekers are, because in the New York State Registry that started on August 24th, allows us to look up who is taking what

medication, who prescribed it, and how much they prescribed the dose and when it was filled. So, now we have a good indication of who those patients are, so before I go into the room, I can then offer them all types of non-medicine type treatments, if I believe that they are just looking for medications and suggest to them that they obtain their medications from the current doctor that is giving them the medication. I think a pain management specialist should be _____ very early because of them we can assess you and decide what all the possible treatments are. _____ whether it will be medicines or injections or other therapeutics. Instead of going to each specialty separately, we can help you to decide which pathway you are going to take and if you need surgery, send you to the surgeon.

So the bottom line in pain management is, I love it. I think it is great if you can have someone to manage your pain and manage your care as you heal through this process with the cervical herniated disc. One word of caution though; there are some pain clinics which are really mills where they have a pain management doctor who is there just to prescribe medications over and over and send you to all types of therapy without even meeting or talking to you. Be careful of that. You really want someone like Brad Cash who is there to examine you, to talk to you, to listen to you, and monitor therapies as time goes on week by week. If you are getting better, you do not still need to take these high doses of medications and be careful with the meds. There is a high rate of addiction in America, a high rate of drug abuse, and you do not want to be hooked into taking these medications, so talk with your concerns to the doctor about that and make sure that you are not taking too much of the medication. But bottom line, pain management is terrific, and if you can get a practitioner to treat you, go ahead.

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