Controlling Chronic Pain

Instead of addictive opioids, many alternative treatments available

By Melanie Bretz

Katherine Walker

When it comes to chronic pain — pain that persists for three to six months or longer — the go-to treatment in the past few decades has been a group of prescription medications called opioids. Every day some 129 Americans die of a prescription drug overdose: That's more deaths than are caused by car accidents, according to the Centers for Disease Control.

The United States accounts for about 4.5 percent of the Earth's population, yet we consume 80 percent of the world's opiates, including OxyContin, Vicodin, morphine and other narcotic addictive medications. Each year, more than 700,000 emergency room visits are related to prescription drug misuse.

"In the past few years, I haven't worked a shift without seeing a patient who is suffering as a result of chronic opiate use," says Dr. Casey Grover, a board-certified emergency medicine physician at Community Hospital of the Monterey Peninsula.

Once used only for dire cases like relief for pain from cancer and traumatic injuries, opioids became an all-too-common treatment for chronic pain in the 1990s.

"The problem with opiates is that they don't treat the pain, they just make your body care less about it," Dr. Grover says.

When a bone is broken or you have a ruptured appendix, opioid medication can be used to allay the suffering until the cause is addressed. The goal is to eventually taper off these medications through a broad approach that might include physical therapy, non-opioid medications, surgical and non-surgical interventions like epidurals and nerve blocks, and complementary therapies such as mindfulness, coping skills, bio feedback and acupuncture, all shown to be significant in pain reduction.

"Chronic pain affects a person's life from both physical and emotional perspectives," says Dr. Lisa Kroopf, a board certified physical medicine and rehabilitation and interventional pain specialist at RehabOne Medical Group and on the medical staff of Salinas Valley Memorial Healthcare System.

"There are many ways to address chronic pain other than prescribing opioid medications. It's important to find the source of the pain when possible," says Dr. Kroopf. "Once we have an understanding of the root of the problem, we can create an individual treatment plan utilizing physical therapy, lifestyle modifications such as exercise and healthy diet, and pain medications as needed. Non-surgical, minimally invasive interventions such as epidural steroid injections can help reduce pain and restore function and quality of life."

Dr. Kroopf points out that opioids are only recommended in the first few weeks to months following surgery or traumatic injury, and that it's important to make sure the benefits outweigh the potential risks and side effects. Some non-opioid options frequently used for pain are anti-inflammatory, neuropathic and antidepressant medications.

Before being referred to Dr. Salar Deldar, a double board-certified pain medicine specialist on the medical staff at Community Hospital and founder of Pacific Rehabilitation & Pain, 57-year-old Katherine Walker had been taking opioid pain medications for chronic, debilitating pain for at least 20 years.

Auto and motorcycle accidents along with physically demanding work in her 20s took a cumulative toll. Osteoarthritis, osteoporosis, bulging disks, shoulder injuries and rib fractures added up to pain that wouldn't stop.

"At one point, I was taking four extended relief morphine and up to eight Percocet a day," says Walker. "I developed a high tolerance, but was still in pain. The medications made my brain numb. I was in so much pain, that I had no quality of life and got depressed."

She worked with her primary care physician to gradually wean off the morphine. A MRI revealed bulging disks, osteoporosis and osteoarthritis, and she was referred to a surgeon. Surgery wasn't the answer and the surgeon suggested she see Dr. Deldar.

That was at the end of 2014. "I had already weaned down to 10 milligrams of morphine a day by then," says Walker. "He said to keep weaning off and to gradually cut down on the Percocet too. He confirmed the cause of the pain and did a procedure to stop the pain signals. He provided pain intervention rather than only using opioid pain medications, and that made all the difference."

The procedure that helped Walker is called radiofrequency neurotomy of the lumbar facet joints. Facet joints are joints of the spine where the vertebrae meet. "They are bone-on-bone joints like our knees and hips," says Dr. Deldar. "And just like these joints, the joints of our spine can also have arthritis and result in severe low back pain. Unlike the knees and hips, we don't do joint replacement surgeries for this pain, but this and other non-surgical intervention provide significant relief for many patients."

The first step is a nerve block for the facet joints. Patients keep a pain diary before and after the procedure. If they note significant relief from the block, which is temporary, the doctor knows that the right nerve has been found.

"In a separate procedure, we go in with special needles that use radiofrequency to generate heat that 'burns' the nerve which ultimately can provide more long-term relief," says Dr. Deldar. "Our primary role is one of teacher and educator. We help patients understand what's going on in their body and give them tools to ease pain and maintain functionality and quality of life."

After the first treatment, Walker had physical therapy. A second treatment was done in May followed by more physical therapy.

"Two weeks after the first nerve burn, I was back on my motorcycle and playing with my grandkids again. I've not taken morphine for more than two years and, with Dr. Deldar's help, am working to eliminate the Percocet too. Dr. Deldar is an angel. He gave me my life back." ■