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Chronic Pain in the Medico Legal Context
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Pain

‘An unpleasant sensory and emotional experience which we primarily associate with tissue damage or describe in terms of tissue damage, or both.’

International Association for the Study of Pain, 2001

‘Neuropathic Pain is a pain arising as a direct consequence of a lesion or disease affecting the somatosensory system’

Treede et al., 2012
Pain in the UK

- Chronic Pain affects 43% of the UK Population*

- Almost 28 Million UK Adults suffer from Chronic Pain*

- European Research previously believed 7.8 million sufferers

- Likely to increase with an Ageing Population

- More Common in Females than Men across all Phenotypes

The National Rheumatoid Arthritis Society estimate 9.4 million working days are lost to Rheumatoid Arthritis*

TUC reported that British businesses lose an estimated 4.9 million days to employee absenteeism for work related back pain*

*https://www.britishpainsociety.org/media-resources/
Societal Impact

3. The cost of back pain to the exchequer is estimated to be in the region of £5 billion per annum in disability benefit.

4. Each affected employee takes an average of 19 days off work making this an enormous burden on industry and the economy.
Biopsychosocial Model of Health

**Biopsychosocial framework:** An approach to describing and explaining how biological, psychological, and social factors combine and interact to influence physical and mental health.

- **Psychological**
  - learning
  - emotions
  - thinking
  - attitudes
  - memory
  - perceptions
  - beliefs
  - stress management strategies

- **Biological**
  - genetic predisposition
  - neurochemistry
  - effect of medications
  - immune response
  - HPA axis
  - fight-flight response
  - physiological responses

- **Social**
  - social support
  - family background
  - interpersonal relationships
  - cultural traditions
  - socio-economic status
  - poverty
  - physical exercise
  - biofeedback

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Medicolegal Associates Limited
Complex Regional Pain Syndrome
<table>
<thead>
<tr>
<th>Other Names for CRPS</th>
</tr>
</thead>
<tbody>
<tr>
<td>Reflex Dystrophy Syndrome (RSDS)</td>
</tr>
<tr>
<td>Causalgia</td>
</tr>
<tr>
<td>Mimocasualgia</td>
</tr>
<tr>
<td>Minor Causalgia</td>
</tr>
<tr>
<td>Sudeck's atrophy</td>
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<tr>
<td>Sudeck's Osteodystrophy</td>
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<tr>
<td>Morbus Sudeck</td>
</tr>
<tr>
<td>Acute Bone Atrophy</td>
</tr>
<tr>
<td>Should-hand Syndrome (SHS)</td>
</tr>
<tr>
<td>Post Traumatic Sympathetic Dystrophy</td>
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<tr>
<td>Disuse Dystrophy</td>
</tr>
<tr>
<td>Neurodystrophy</td>
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<tr>
<td>Amplified Musculoskeletal Pain Syndrome (AMPS)</td>
</tr>
<tr>
<td>Post Traumatic Spreading Neuralgia</td>
</tr>
<tr>
<td>Algoneurodystrophy</td>
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<tr>
<td>Sympathetic Maintained Pain (PTD)</td>
</tr>
<tr>
<td>Post Traumatic Oedema</td>
</tr>
<tr>
<td>Minor Traumatic Oedema</td>
</tr>
<tr>
<td>Traumatic Angiospasm</td>
</tr>
<tr>
<td>Fracture Disease</td>
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<tr>
<td>Sympathetic Neurovascular Dystrophy</td>
</tr>
<tr>
<td>Reflex Neurovascular Dystrophy</td>
</tr>
<tr>
<td>Post Traumatic Osteoporosis</td>
</tr>
<tr>
<td>Sympathalgia</td>
</tr>
<tr>
<td>Periperal Acute Trophoneurosis</td>
</tr>
<tr>
<td>Steinbroker Syndrome</td>
</tr>
<tr>
<td>Dysfunction Syndrome</td>
</tr>
<tr>
<td>Lechirche's Post Traumatic Pain Syndrome</td>
</tr>
<tr>
<td>Post Traumatic Algodystrophy</td>
</tr>
<tr>
<td>Post Traumatic Vasomotor Syndrome</td>
</tr>
<tr>
<td>Traumatic Vasospasm</td>
</tr>
<tr>
<td>Transient Osteoporosis</td>
</tr>
<tr>
<td>Postinfractional Scelerodacryly</td>
</tr>
</tbody>
</table>
The Budapest Criteria

The Budapest Criteria should now be used to diagnose Complex Regional Pain Syndrome (CRPS):

A: The patient has continuing pain which is disproportionate to the inciting event
B: The patient has at least one sign in two or more of the categories
C: The patient reports at least one symptom in three or more of the categories
D: No other diagnosis can better explain the signs and symptoms

Sensory: Allodynia (to light touch and/or temperature sensation and/or deep somatic pressure and/or joint movement) and/or hyperalgesia (to pinprick)
Vasomotor: Temperature asymmetry (more than 1 deg.) and/or skin colour changes and/or skin colour asymmetry
Sudomotor/oedema: Oedema and/or sweating changes and/or sweating asymmetry
Motor/trophic: Decreased range of motion and/or motor dysfunction (weakness, tremor, dystonia) and/or trophic changes (hair/nail/skin)

Signs – see or feel a problem
Symptoms – patient reports a problem
Fibromyalgia is a disorder characterised by widespread musculoskeletal pain accompanied by fatigue, sleep, memory and mood issues. Researchers believe that fibromyalgia amplifies painful sensations by affecting the way your brain processes pain signals.
ACR Diagnostic Criteria

Widespread Pain Index
(1 point per check box; score range: 0-19 points)

1. Please indicate if you have had pain or tenderness during the past 7 days in the areas shown below.
   - Right jaw
   - Left jaw
   - Right shoulder
   - Right upper arm
   - Right lower arm
   - Right lower leg
   - Left shoulder
   - Left upper arm
   - Left lower arm
   - Left lower leg
   - Neck
   - Upper back
   - Lower back
   - Abdomen
   - Right hip or buttocks
   - Left hip or buttocks
   - Right upper leg
   - Left upper leg
   - Right lower leg
   - Left lower leg

2. For each symptom listed below, use the following scale to indicate the severity of the symptom during the past 7 days.
   - No problem
   - Slight or mild problem: generally mild or intermittent
   - Moderate problem: considerable problems; often present and/or at a moderate level
   - Severe problem: continuous, life-disturbing problems

   Points
   - A. Fatigue
   - B. Trouble thinking or remembering
   - C. Waking up tired (unrefreshed)

3. During the past 6 months have you had any of the following symptoms?
   - A. Pain or cramps in lower abdomen
   - B. Depression
   - C. Headache

Additional criteria (no score)

4. Have the symptoms in questions 2 and 3 and widespread pain been present at a similar level for at least 3 months?
   - No
   - Yes

5. Do you have a disorder that would otherwise explain the pain?
   - No
   - Yes
Spinal Pain

- Facet joint syndrome
- Sacroiliitis
- Radicular pain
**Pharmacological Treatments**

**Severe pain**
- Strong opioid ± nonopioid
- ± Adjuvant

**Moderate to severe pain**
- Weak opioid and/or nonopioid analgesia
  - Codeine
  - Tramadol
- ± Adjuvant

**Mild to moderate pain**
- Nonopioid analgesia
  - Codeine
  - Tramadol
  - NSAID
- ± Adjuvant

Used with permission from the World Health Organization.
Anti Inflammatory Medication

NSAIDs
Opioid Therapy

- Excellent drugs for acute pain and cancer pain
- Less useful for chronic pain NNT ~3 for several months only
- Side effects: nausea, constipation, pruritus, cognitive impairment
- Tolerance
- Dependence / withdrawal
- Addiction
- Hyperalgesia
- Hormonal Suppression
- Osteoporosis
- Mimic endorphins
Neuropathic Pain Management

- Antidepressants - Amitryptiline
- Local Anaesthetics - Lignocaine/ EMLA
- Anticonvulsants - Gabapentin/ Pregabalin/ Carbamazepine/ Valproate
- Opioids
- NMDA antagonists
- Sympatholytics
- GABA –ergics
- Capsaicin
Future Agents for Neuropathic Pain

- Ziconotide
- P2X3 - receptor antagonists
- Epibatidine
Psychological Therapies

Pain Psychologist
- CBT
- Operant Conditioning
- Psychoanalysis
- Relaxation
- Biofeedback

Psychiatric
- Similar Techniques
  but can prescribe medication
Pain Management Programmes

• Medication
• Setting SMART Goals
• Coping Techniques
• Contingency Planning
• Pacing
• Education
• Pain Behaviors
• Reinforcement
Minimally Invasive Pain Management
Radiofrequency Denervation

**DESTRUCTIVE**
Radiofrequency denervation
e.g: medial branch (facet joint) blocks

**NON-DESTRUCTIVE**
Pulsed radiofrequency - non destructive
e.g: nerve roots
Spinal Cord Stimulation
Implantable Intrathecal Pumps
Physical Rehabilitation Therapy

Break the cycle of pain using pain medicine techniques:

- Physical
- Heat
- Cold
- TENS
- Hydrotherapy
- Supports
- Ultra Sound
- Physiotherapist
- Chiropractor
- Osteopath
- Deep Tissue Massage
- Acupuncture
What is a Pain Expert

• Pain medicine specialists – specialised training and expertise in all aspects of diagnoses and management of painful conditions including acute, chronic and cancer pain.
• Pain medicine is a sub-specialism under the auspices of Royal College of Anaesthetists
• Consultant Anaesthetists who have undergone a significant period of specialist training in pain medicine
• Accredited full-time pain fellowship as part of RCoA pain
• Trained to provide a multi-dimensional assessment using internationally & well recognised validated scores for pain, function & psychological disorders.
• Their practice combines appropriate pathophysiological knowledge relevant to the nervous system as well as the musculoskeletal
• May overlap with other hospital specialisms but no other single speciality combines the scope or range of expertise of a pain expert.
The Role of the Pain Expert

- Pain medicine specialists required for both defendant and claimant where there is a relative lack of robust diagnosis, causation and prognosis.
- To focus solely on the Orthopaedic Expert’s opinion for example could be only half the story for your Client.
- Recognition by Courts that Chronic Pain is compensatable.
- 11th & 12th edn of Judicial College Guidelines for the Assessment of General Damages in Personal Injury Cases introduced a separate section for Chronic Pain Disorders including CRPS to award for general damages for pain, suffering, loss and amenity.
- A report from a pain expert can make a significant difference to the overall amount awarded to a claimant.
- Medical evidence from a credible Pain Expert doesn’t allow an allegation of malingering or “putting it on” to be pursued with full confidence.
Dealing with Surveillance
Case Studies
Personal Injury
Case Studies

49 F SEVERE RTA

- Cervical Facet Joint and Secondary Myofascial Pain Syndrome
- Emotionally distressed
- Interim payment
- Clinical pain psychology
- Meds and MIPM
- Discharged
- Case Settled
32 F INJURY AT WORK

- Trainee Nurse
- Attacked by patient on dementia Ward
- CRPS Upper Limb
- SCS
- Unable to continue Studies
- Case Settled
34M INDUSTRIAL ACCIDENT

- High pressure oil jet
- Traumatic amputation little / middle / ring fingers
- Phantom limb pain
- Neuropathic stump pain
- Phantom sensations
- Significant Award made
Case Studies

39 M LIFE CHANGING INDUSTRIAL ACCIDENT

- Father of 4 - Young son suffers Quadriplegic cerebral palsy
- Life threatening crush injury - Airlifted to Hospital
- Two lacerations to the liver and hepatic artery
- Portal vein bleeding
- Common bile duct transection
- Injury to the right diaphragm
- Avulsion of the right kidney
- Sigmoid colon haematoma
- Bleeding from the inferior vena cava
- Numerous Wound Infections
- Bowel complications
- Severe Depression and Isolation
- Significant strain on family and marriage

Case Settled for £5m – Life changing Sum for Family
Clinical Negligence
32 F POST SPINAL SURGERY

- Clinical Negligence Claim
- Unrecognised haematoma formation
- Complicated by infection
- Musculoskeletal pain
- Neuropathic leg pain
- Case Settled
Case Studies

47 F POST HYSTERECTOMY

• Clinical Negligence Claim
• Hypersensitivity & Neuropathic Pain following infections
• Incontinent/catheterised
  – significant impact on daily living/suicidal ideation
• Case Settled
Case Studies

39F OVER-PRESCRIBED PAIN MEDS

• Mother of 4 children
• Over-Prescribed Pain meds 16 years
• Back Pain following child birth
• Addiction, anxiety, depression
• Suicide ideation resulting in death
• Criminal Investigation
42 F COSMETIC FILLER

• Clinical Negligence Claim
• Facial Neuropathic Pain
• Auriculotemporal nerve
• Improving on medication and local nerve blocks ongoing
• Case recently settled
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