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## **Chronic Pain in the Medico Legal Context**

**19 September 2017**

# 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



# Societal Impact

1. The National Rheumatoid Arthritis Society estimate 9.4 million working days are lost to Rheumatoid Arthritis\*
2. 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 £5billion 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

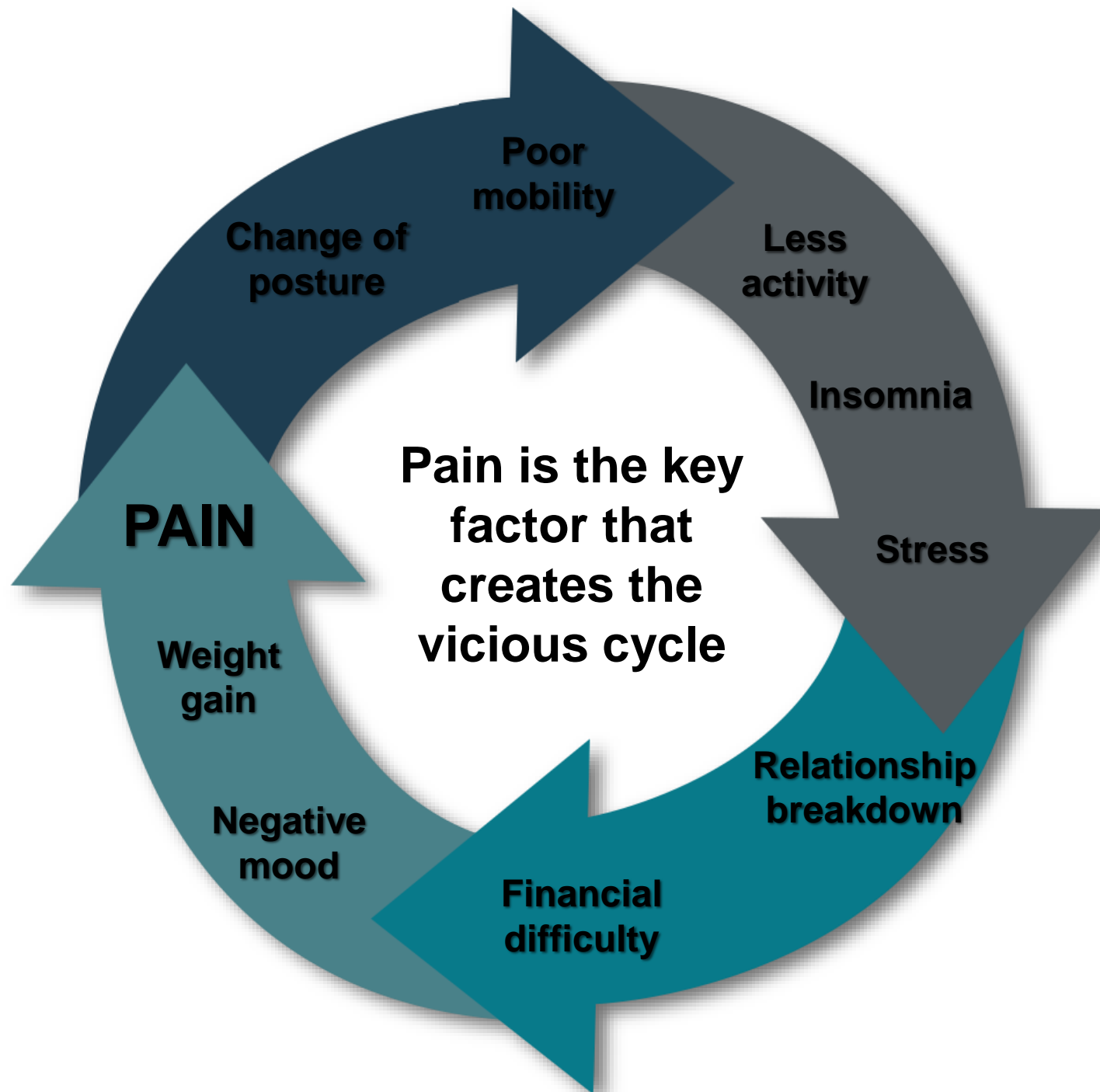




# Biopsychosocial Model of Health

- **biopsychosocial framework:** an approach to describing and explaining how *biological*, *psychological* and *social* factors combine and interact to influence physical and mental health





# Complex Regional Pain Syndrome (CRPS)

## Autonomic

Skin color changes  
Sweating  $\uparrow$  or  $\downarrow$   
Edema/swelling  
Skin temperature  $\uparrow$  or  $\downarrow$



## Psychological

Suffering  
Fear  
Anxiety  
Anger  
Depression  
Failure to cope  
Behavioral illness



## Sensory

Allodynia  
Hyperalgesia  
Hyperesthesia  
Hyperpathia  
Hypoesthesia



## Motor

Weakness  
Tremor  
Dystonia  
Myoclonus



## Inflammatory/ Trophic

Nail growth  
Hair growth  
Glossy skin  
Hyperkeratosis

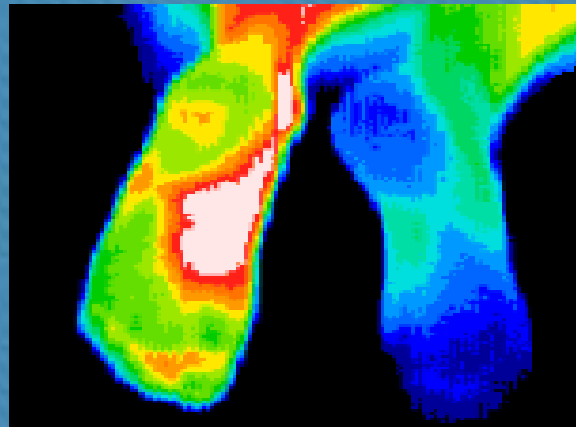


**CRPS I (RSD)  
Pain**





# Complex Regional Pain Syndrome



# Other Names for CRPS

- Reflex Dystrophy Syndrome (RSDS)
- Causalgia
- Mimocausalgia
- Minor Causalgia
- Sudeck's atrophy
- Sudeck's Osteodystrophy
- Morbus Sudeck
- Acute Bone Atrophy
- Should-hand Syndrome (SHS)
- Post Traumatic Sympathetic Dystrophy
- Disuse Dystrophy
- Neurodystrophy
- Amplified Musculoskeletal Pain Syndrome (AMPS)
- Post Traumatic Spreading Neuralgia
- Algoneurodystrophy
- Sympathetic Maintained Pain (PTD)
- Post Traumatic Oedema
- Minor Traumatic Oedema
- Traumatic Angiospasm
- Fracture Disease
- Sympathetic Neurovascular Dystrophy
- Reflex Neurovascular Dystrophy
- Post Traumatic Osteoporosis
- Sympathalgia
- Periperal Acute Trophoneurosis
- Steinbroker Syndrome
- Dysfunction Syndrome
- Lechirche's Post Traumatic Pain Syndrome
- Post Traumatic Algodystrophy
- Post Traumatic Vasomotor Syndrome
- Traumatic Vaspasm
- Transient Osteoporosis
- Postinfractional Sclerodacryly



# 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 Syndrome

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.

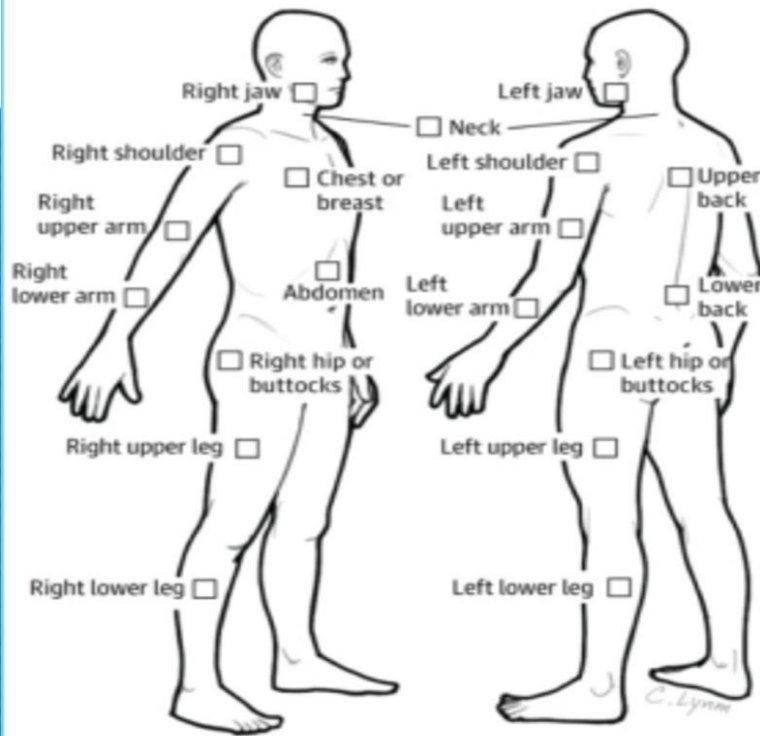


# ACR Diagnostc Criteria

## 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.  
Check the boxes in the diagram for each area in which you have had pain or tenderness.



## Symptom Severity

(score range: 0-12 points)

- 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

	No problem	Slight or mild problem	Moderate problem	Severe problem
<b>Points</b>	<b>0</b>	<b>1</b>	<b>2</b>	<b>3</b>
A. Fatigue	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
B. Trouble thinking or remembering	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
C. Waking up tired (unrefreshed)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

- ③ During the past 6 months have you had any of the following symptoms?

<b>Points</b>	<b>0</b>	<b>1</b>
A. Pain or cramps in lower abdomen	<input type="checkbox"/> No	<input type="checkbox"/> Yes
B. Depression	<input type="checkbox"/> No	<input type="checkbox"/> Yes
C. Headache	<input type="checkbox"/> No	<input type="checkbox"/> Yes

## 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?

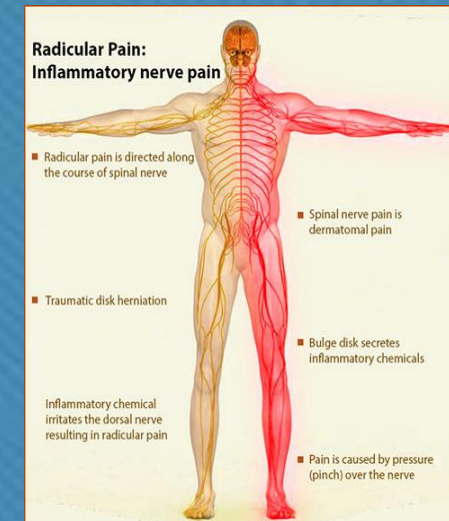
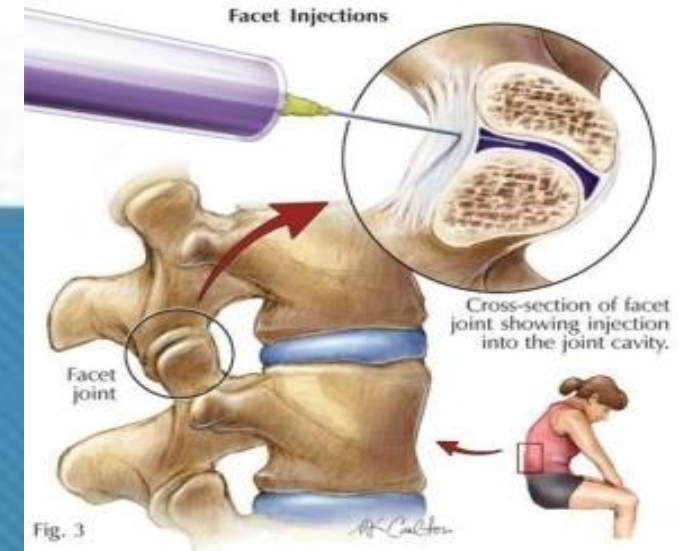
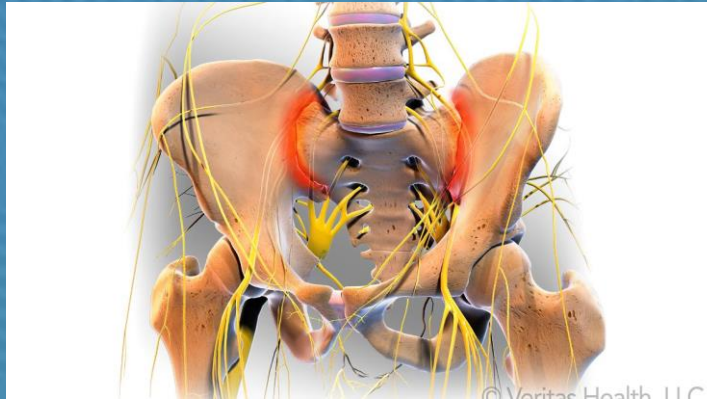
☐ No ☐ Yes

- ⑤ Do you have a disorder that would otherwise explain the pain?

☐ No ☐ Yes

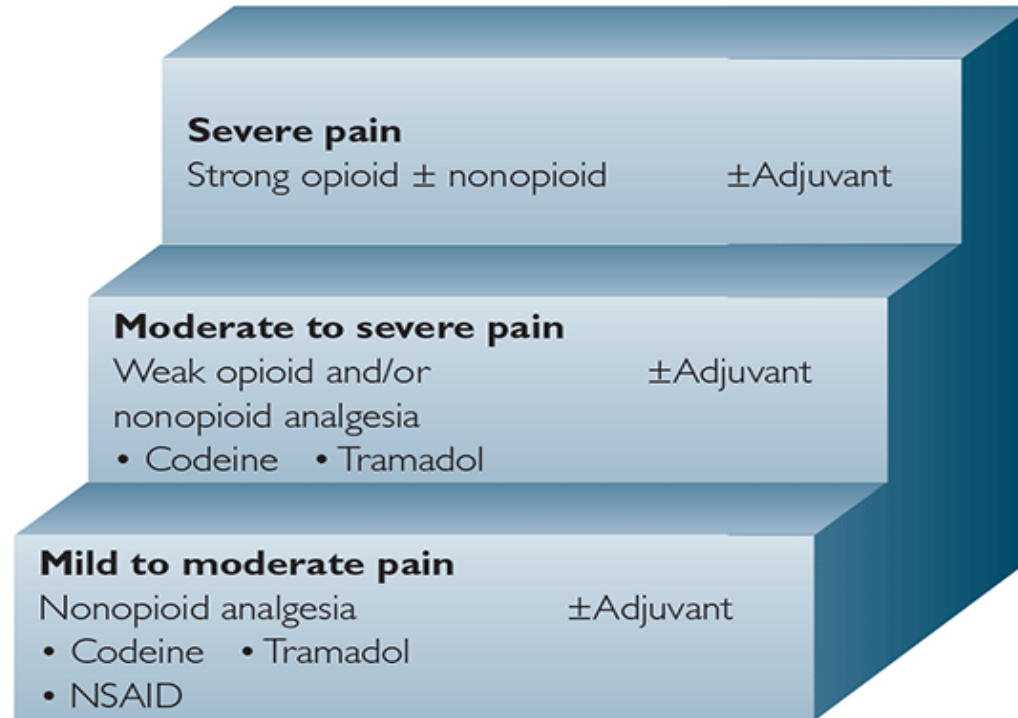
# Spinal Pain

- Facet joint syndrome
- Sacroiliitis
- Radicular pain



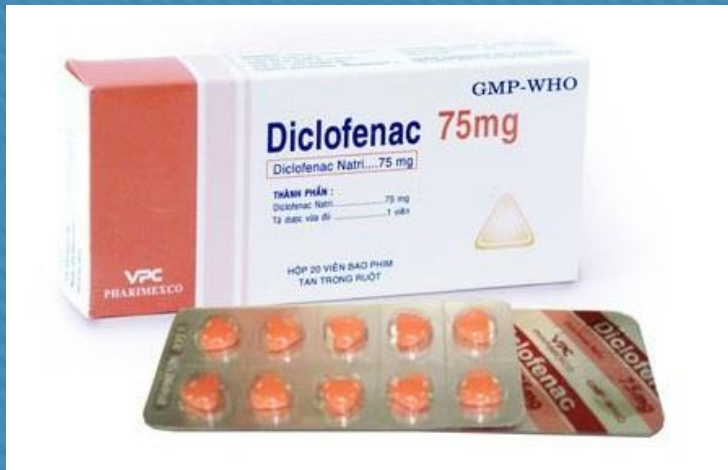


# Pharmacological Treatments



Used with permission from the World Health Organization.

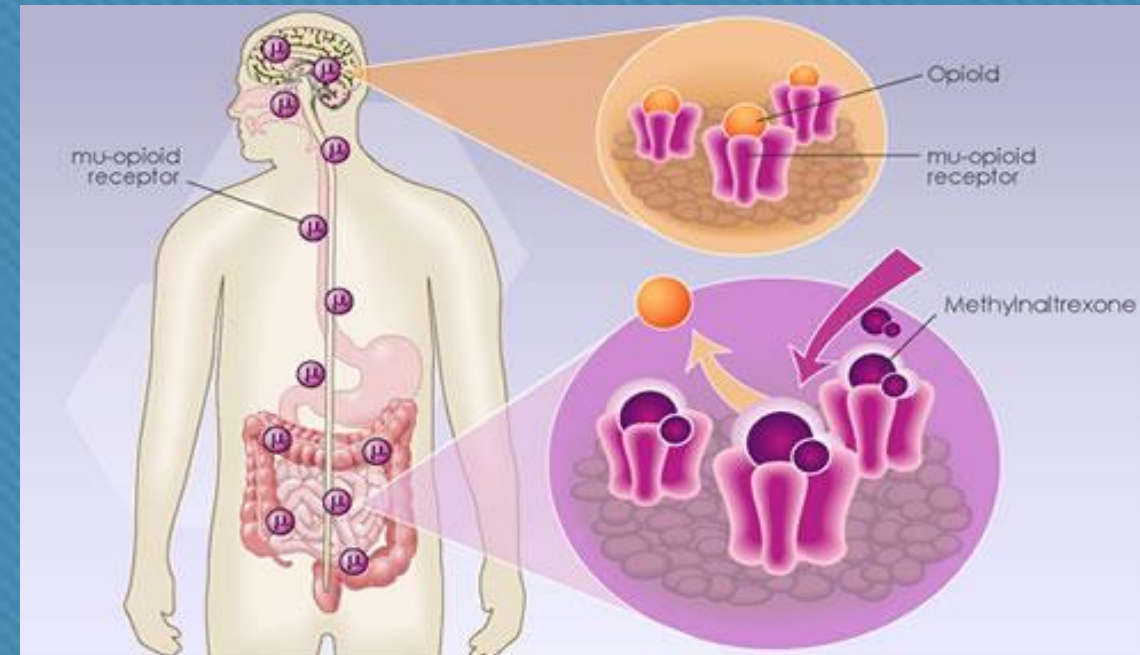
# Anti Inflammatory Medication





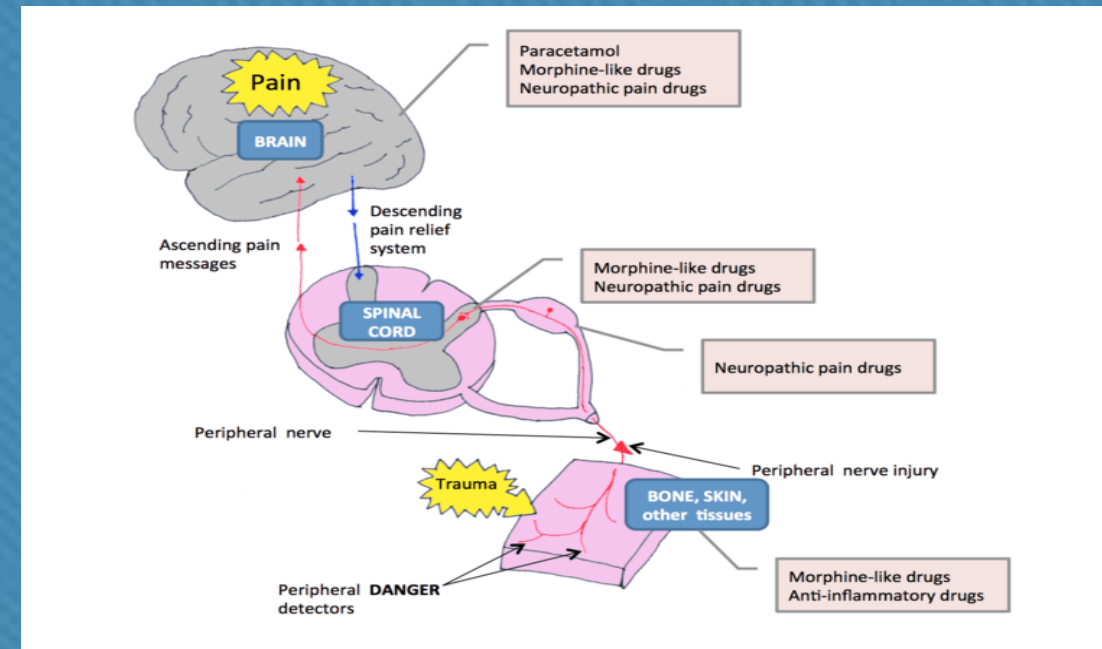
# Opioid Therapy

- 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





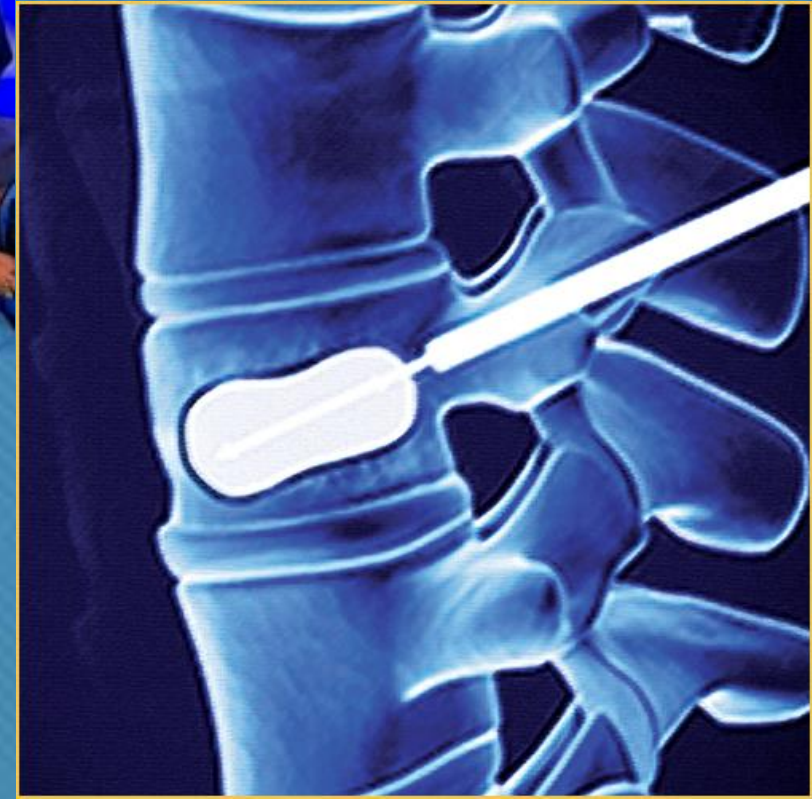
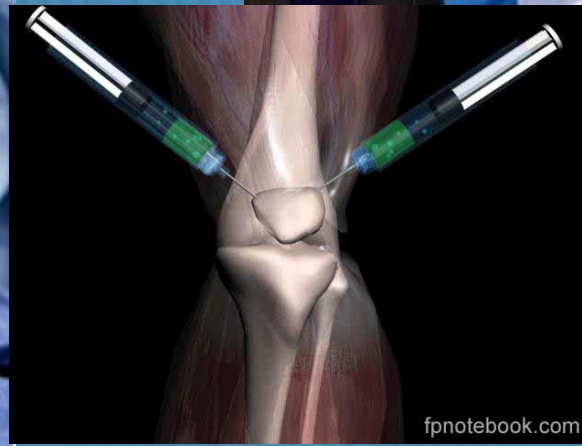
# Pain Management Programmes

- Medication
- Setting SMART Goals
- Coping Techniques
- Contingency Planning
- Pacing
- Education
- Pain Behaviors
- Reinforcement





# Minimally Invasive Pain Management





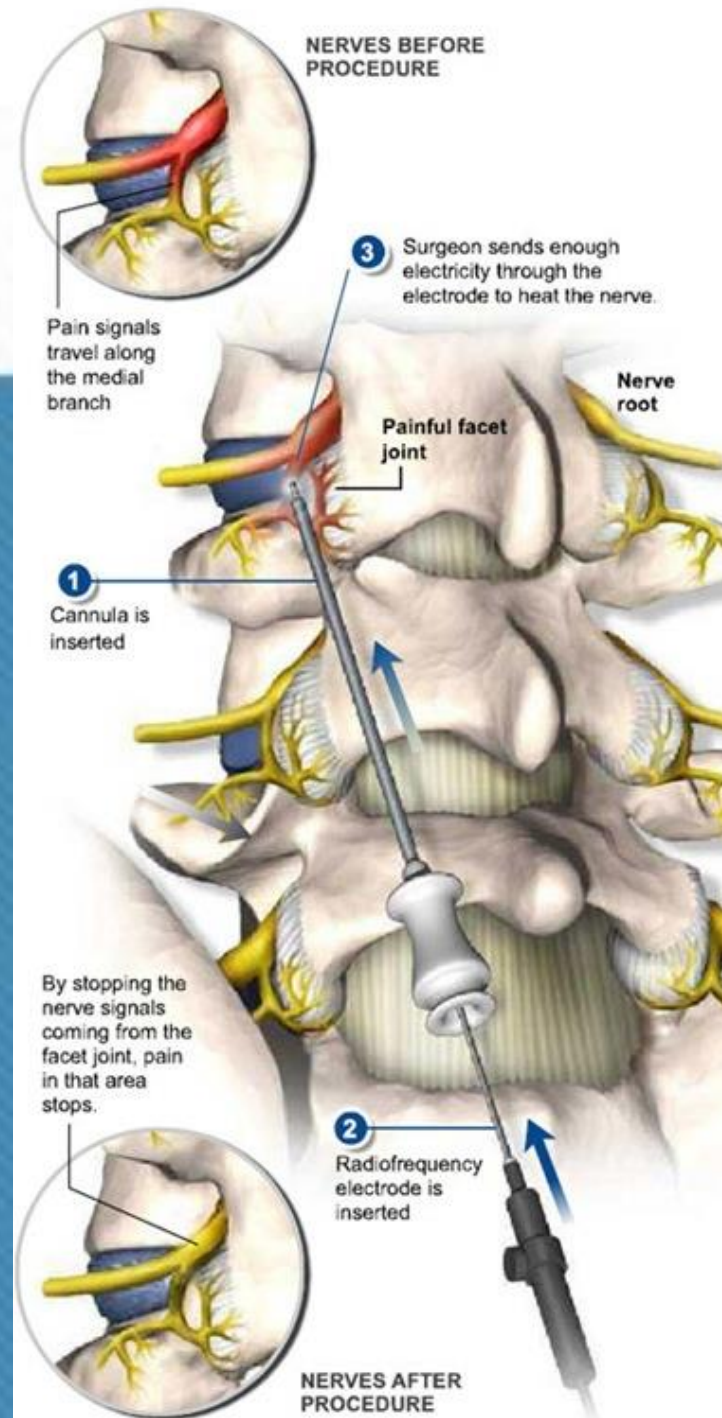
# Radiofrequency Denervation

## DESTRUCTIVE

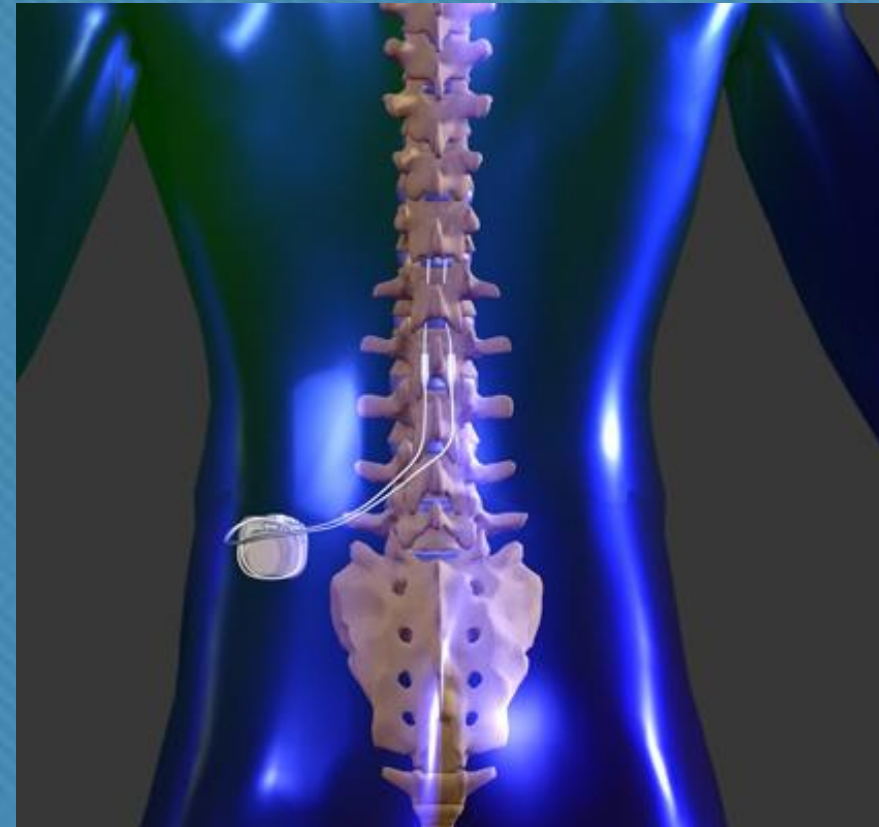
Radiofrequency denervation  
e.g: medial branch (facet joint) blocks

## NON-DESTRUCTIVE

Pulsed radiofrequency - non destructive  
e.g: nerve roots

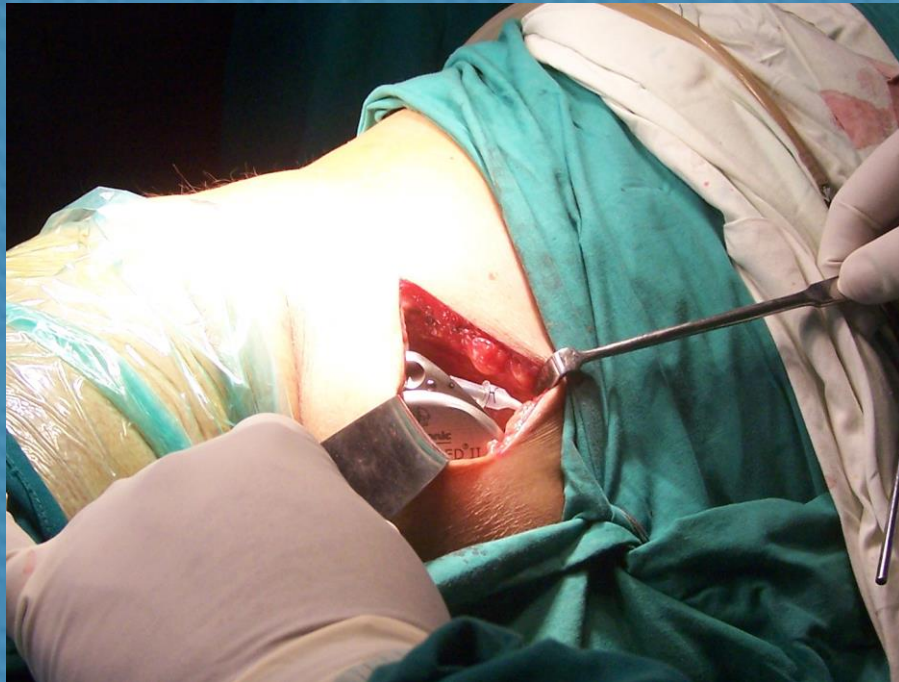


# Spinal Cord Stimulation





# Implantable Intrathecal Pumps

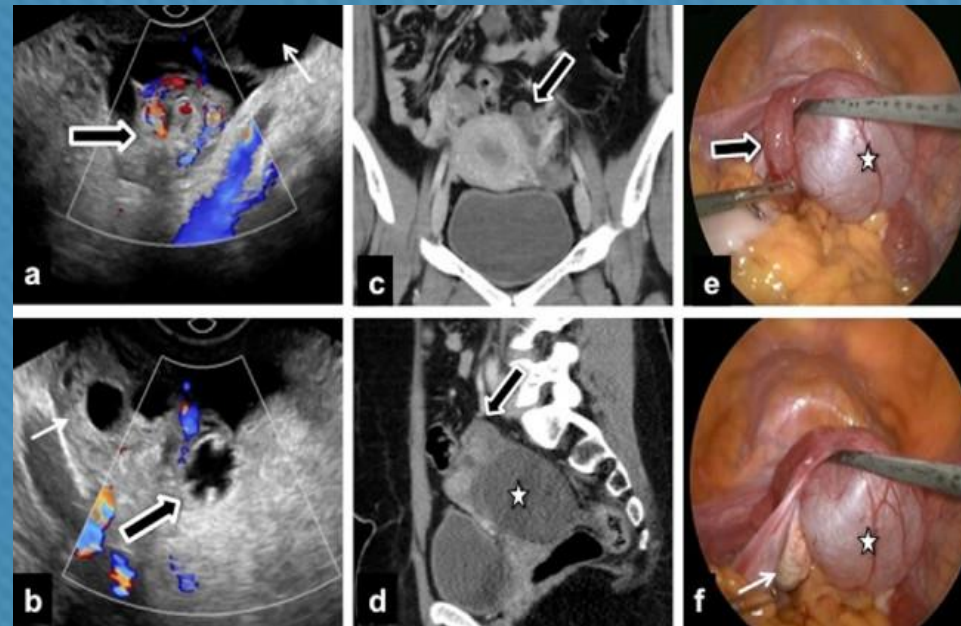




# Physical Rehabilitation Therapy

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
- 11<sup>th</sup> & 12<sup>th</sup> 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.

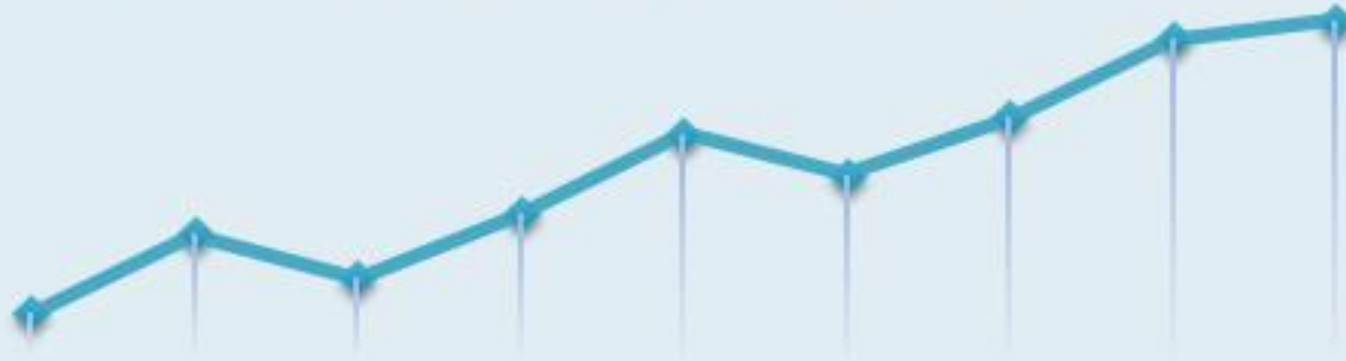


# Dealing with Surveillance



# Case Studies

THE PROOF:  
**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





# Case Studies

## 32 F INJURY AT WORK

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



# Case Studies

## 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



# Case Studies

## 32 F POST SPINAL SURGERY

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



## 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



# Case Studies

## 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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