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Volume 3(2)

June 2002

p 181–182

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**MEDICAL-LEGAL CASES IN PAIN MANAGEMENT EMPHASIZE THE  
NEED FOR “STANDARD OF CARE” GUIDELINES FOR PAIN  
SPECIALISTS AS WELL AS PRIMARY CARE GIVERS**

[ABSTRACTS: 18th Annual AAPM Meeting Abstracts: Clinical Cases]

Eisele, John H. Jr. MD; Fishman, Scott M. MD

Division of Pain Medicine, Department of Anesthesiology and Pain Management, University of California Davis, Sacramento, CA.

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Legal issues in pain management have historically been related to over-prescribing or inappropriate prescribing of narcotics and other CNS-acting drugs. However, recently a case was adjudicated against a physician for not adequately treating reported pain. Complaints regarding pain practice come to the State Medical Board from physicians, pharmacists, nurses, and from patients or patients' families. The complaints are usually issues of health and safety or competence and/or negligence. Recently CA published guidelines for assessing and treating chronic pain, however, they are not directed at pain practitioners, particularly those who become overzealous in the application of new treatments. We present four cases (A-D) that raise significant and common questions regarding what is and is not prudent and acceptable care. Each of these cases is taken from requested reviews of community pain practices that are involved in legal actions against them.

*Case A* deals with the management of narcotics and adjuvant drugs in a demanding patient with failed back surgery syndrome, and who demonstrates behaviors consistent with addiction. This case emphasizes the importance of setting clear guidelines for narcotic administration.

*Case B* covers the practice of frequent office-based injections of multiple trigger-points for myofascial pain, and the associated use of multiple drug administrations in the office, both IM and IV, including narcotics. This case highlights the signs of excessive intervention and the potential for reinforcing pain and pain behavior through office visits for emergency analgesic treatments.

*Case C* concerns the use of multiple and frequent invasive procedures in a chronic back pain patient who has minimal evidence of structural damage. This case underscores the

difficulties intrinsic to evaluating procedures when multiple blocks/injections are performed simultaneously.

*Case D* represents an aggressive treatment of a chronic migraine headache with multiple narcotics, including a continuous intra-thecal infusion. This case stresses the need to carefully evaluate whether risks outweigh benefits when treatments become repetitive and unorthodox.

As pain specialists, we must be able to reflect on our own standards of care, determine what is acceptable management and what is not, and self regulate or risk becoming further regulated.

*Accession Number: 00130495-200206000-00038*