

Updates from WorkSafeBC

New program for complex pain management

WorkSafeBC's new Pain Management Program is specifically designed for injured workers with complex pain issues. The multidisciplinary program, available in five clinics around the province, offers assessment and treatment by teams of physicians, psychologists, physical therapists, occupational therapists, and pharmacists.

Who is the program for?

The program is appropriate for injured workers:

- Whose primary barrier to return to work is pain and their ability to manage that pain.
- Who have unrealistic disability beliefs and significant psychosocial issues, including depression, that are beyond the resources of WorkSafeBC's Occupational Rehabilitation 2 Program.
- Who need management of pain medication (opioid and sedative/hypnotic).
- Who have complex regional pain syndrome and do not respond to sympathetic blocks (injured workers with complex regional pain syndrome who benefit and respond to sympathetic blocks are treated in WorkSafeBC's Sympathetically-mediated Pain Rehabilitation Services pilot program).

The five components of the program

1. Pain and medication assessment

When injured workers are referred to the Pain Management Program, the first step is a 2-day multidisciplinary pain and medication management assessment to provide treatment recommendations that may or may not include admission to the Pain Management Program.

2. Pain management modules

Most injured workers in the program attend pain management modules, group education sessions that run for 6 hours a day, 5 days a week, for 15 business days. They provide education on pain and stress management, group and/or psychological counseling, physical activation (stretching, strengthening, and cardio), real or simulated work activities, and management of opioid or sedative/hypnotic medication. To ensure optimal outcomes, injured workers sign a treatment agreement at the beginning of the process and attending physicians are kept apprised.

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3. Customized services

Some injured workers may require additional customized, individual sessions with specific team members. These customized sessions, which run in 4-week blocks for a maximum of 12 weeks, may occur either before the pain management modules to prepare the injured worker for the group sessions, after the modules to provide follow-up support, or as an alternative for injured workers who are not suited for the daily group sessions. The individual sessions include medication management, psychological treatment, monitoring of home exercise or functional activation program, and individ-

ual education sessions on pain management strategies.

4. Return-to-work planning and support

The Pain Management Program includes return-to-work planning and support that may include job site visits and monitoring for up to 6 weeks.

5. Post-discharge follow-up

Post-discharge follow-up, once a month for 1 or 2 days for up to a year, may be provided to address the injured worker's ongoing needs for managing chronic pain, as well as to review a maintenance plan, reinforce pain management skills, or support progress toward identified long-term goals.

MARP Assessment Program

The Medical and Return-to-Work Planning (MARP) Assessment Program, delivered by WorkSafeBC-approved clinics across the province, provides diagnostic clarification, establishes appropriate treatment options, and makes return-to-work recommendations for injured workers with outstanding medical issues and/or barriers to return to work. Once an injured worker is referred to the program, intake is typically 5 business days.

In the first three quarters of 2006, the MARP assessment program achieved return to work, with and without limits, for 38.5% of the referred injured workers and a client satisfaction score of 9.13 out of 10.

MARP offers three options:

1. A medical assessment to provide diagnostic clarification and treatment recommendations or confirmation of CRPS; a psychosocial screen; and a brief functional screen, if requested.

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get information about truly effective health therapies.

—**Lloyd Oppel, MD, MHSc, FCFP(Em)**

Chair, Alternative Therapies and Allied Health Committee

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2. A medical review and update for workers with protracted recovery periods, for example for a frozen shoulder, that require ongoing, periodic assessments.

3. A medical reassessment to review the MARP diagnosis, for example, for low back pain with new symptoms of radiculopathy, and/or treatment recommendations, and/or failure-to-progress treatment recommendations.

Referrals

To refer an injured worker patient to WorkSafeBC’s Pain Management or Medical and Return-to-Work Planning Assessment Programs, contact a medical advisor or case manager in your nearest WorkSafeBC office or use a Form 11.

—**Don Graham, MD, CCFP**
WorkSafeBC Chief Medical Officer



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