

Dear Doctor,

Since we opened our pain clinic in February 2016, our clinic has experienced a great deal of interest from family doctors. We anticipate that you will refer patients with chronic non-cancer pain to our medical clinic for assessments and opinions regarding the management of their chronic pain if you have not already.

The following tips regarding treatment options are based on my experience and published evidence, although due to time constraints, we understand if physicians cannot implement all suggestions offered here. New referrals will spend at least 75 minutes in their first interview, which includes a physical examination.

- If our pharmacotherapy plan recommends a trial of opioid therapy, we will offer to start and stabilize the patient on the medication but will eventually refer the patient back to their physician for ongoing treatment and follow-up, an essential requirement for seeing your patient. We remain available to reassess your patient if difficulties were to develop within our recommended treatment plan. As opioid receptor agonists have been studied for a three-month duration only, it is expected that tolerance and dependence can occur. As well, self-treatment is common, and addiction and diversion are frequent problems. We discourage the use of fentanyl, hydromorphone, and oxycodone. Instead, we recommend safer opioids such as Butrans patch, Suboxone S/L, Tramadol, Tapentadol.
- Physicians could reassess the effectiveness of Lyrica, Elavil, gabapentin, and opioids one by one. Many of these agents may cause weight gain, as well as lose effectiveness over time.
- We recommend Cymbalta if you have not prescribed it to your patient as the other SNRIs do not have a significant impact on norepinephrine receptors and pain. For Cymbalta, please refer to the product monograph. A simple approach to dosing is to start at 30 mg OD and increase every two weeks by 30 mg up to 60 or 90 or 120mg. Reassure your patient that it is normal to have nausea during the first 1-2 weeks, but it almost always disappears (95% of the time). Patients should take Cymbalta with food in the morning. 10% of patients will feel drowsy, and 10% will feel more awake.
- Addressing sleep disturbances is critical. Consider non-benzodiazepine pharmaceutical trials with options such as melatonin 5-15mg hs, Elavil, Nortriptyline, Lyrica, Prazosin, Seroquel, or Sublinox prn. Tell your patients that it can take between 2 to 5 days to get over side effects such as drowsiness. Ideally, the medications should be taken 2 hours before bedtime, and can then be adjusted according to the duration of benefit and side effects.
 - These treatments might lose effectiveness over time, and weight gain is common. Challenge these therapies often.
 - Please rule out sleep apnea and treat accordingly.
- Fibromyalgia should be considered a syndrome of chronic pain, not necessarily a final diagnosis. This may arise from whiplash, seronegative arthritis, or multiple sources of mechanical pain. Studies on whiplash show a negative impact on the descending inhibiting pathway leading to skin hyperalgesia. Inovo's approach is to systematically evaluate contributing pathologies and rule out seronegative arthropathy if applicable.

Suggestion: Complete an HLA B27 test in for patient with chronic neck or back pain when it is not the result of trauma. A positive test should lead to rheumatologic evaluation. It can be used as a screening tool.

Evaluate common causes of chronic pain through the following blood tests:

- Vitamin D, TSH, free testosterone, B12, creatinine clearance, CRP, ESR.
- Test/rule out glucose intolerance with the 75g oral glucose test.

Note: these tests are NOT mandatory before consultation at Inovo Medical

OTHER TREATMENTS WE CAN OFFER TO YOUR PATIENTS

Paramedical modalities may include the Stanford chronic pain self-management program (free), a physical rehabilitation program, massage therapy, spinal adjustment, acupuncture, yoga, tai chi, and stress management. Inovo also offers an Alter-G Anti-Gravity Treadmill.

Trigger Point Therapy and Nerve Blocks

A trigger point is a localized muscular disease that is formed as a result of poor posture, stress, repetitive motion, accident, etc. A nerve block is an anesthetic injection that targets a particular nerve or group of nerves to treat pain. The purpose of the injection is to diminish a pain signal coming from a specific location in the body. By repeating the treatment, pain frequency decreases. While not a cure, treatments can help increase function as well as reduce the need for medication. **This treatment is covered by OHIP.**

Diagnostic injection (medial or lateral branch blocks)

These injections are an anesthetic guided with fluoroscopy on the medial branch nerves that supply the facet joints also known as the zygapophysial joints. If the test is positive, our clinic can perform a nerve ablation. **This treatment is covered by OHIP.**

Nerve Ablation

Radiofrequency ablation (or RFA) is a non-surgical procedure used to reduce pain. An electrical current produced by a radio wave is used to heat up a small area of nerve tissue, thereby decreasing pain signals from that specific area. This procedure is done under fluoroscopy. For example, lateral branch blocks S1 to S4 can be ablated to treat sacroiliac pain. **This treatment is covered by OHIP.**

Epidural Steroid Injection

This non-surgical procedure provides relief when there is inflammation in the spine, such as disc herniation, spinal stenosis, and arthritis of the spine. The treatment is done under fluoroscopy. **This treatment is covered by OHIP.**

Botox for Chronic or Frequent Migraines

Before starting the treatment, we begin with a migraine assessment. The treatment relieves headaches and migraines for three months on average. We offer Botox for migraines at a very competitive price (125.00\$). OHIP does not cover the treatment.

Platelet-Rich Plasma Therapy (PRP)

This treatment uses platelets from the patient's blood to rebuild a damaged tendon, muscle or cartilage. PRP has been successful not only in relieving pain but also for jumpstarting the healing process of tissue. We do these treatments under ultrasonographic guidance. OHIP does not cover the treatment.

Stem Cell therapy

Adipose stem cells (ASCs) are an attractive and abundant stem cell source with therapeutic applicability in diverse fields for the repair and regeneration of acute and chronically damaged tissues. This treatment is done under fluoroscopy or ultrasound, depending on the treated area. It has the proven potential to regenerate cartilage, discs, hairs, and more. Generally speaking, one in two patients can expect a 70% pain relief after a single treatment. OHIP does not cover the treatment.

Nerve Hydrodissection

Nerve Hydro-dissection is a revolutionary technique used when treating peripheral nerve entrapments such as carpal tunnel syndrome and thoracic outlet. It involves using a solution such as saline to separate the nerve from the surrounding tissue, fascia, or adjacent structure. We do these treatments using a high-quality ultrasound imaging device. Patients usually need 1 to 6 treatments for complete healing. OHIP does not cover the treatment.

Please note that we rarely prescribe opioid medication. Feel free to contact our clinic if you have any questions regarding our assessment and treatment process.

NOT MANDATORY

<u>What Dosages tried</u>	<u>Effectiveness</u>
Cymbalta	
Melatonin 5-15	
Elavil	
Nortriptyline	
Lyrica	
Gabapentin	
Prazosin	
Seroquel	
Sublinox prn	
Cesamet	
Other ?	

Sleep apnea testing? _____

Rheumatology consultation? _____

For ease, you can just fax the test results

- HLA B 27
- Vit D
- TSH
- free testosterone
- B12
- creatinine clearance
- CRP
- ESR
- 75gr oral glucose test

Referral Form

Patient email if available _____

Referring MD Information
MD Stamp & Billing #

Patient Contact Information
For Patient Label

Please circle applicable practice model FHT FHG FHN FHO Other _____

Are you this patient's family physician? Y N Other _____

If yes, please attach a full list of current medications

Reasons for consultation

Patient's Past Medical Treatment / Profile – Has the patient received any of the treatments listed below?
If yes, why stopped?

- Nerve Blocks NSAIDs/COXIBs Opioids Cannabinoids Tricyclic
- Other Anti-Depressants Carbamazapine Gabapentin Pregabalin Topiramate

History of addiction/abuse? Y N **Concerns?** Y N :

- I recognize that my patient is being referred into an interdisciplinary program, and when indicated will receive care from allied healthcare professionals in addition to care from a physician with pain expertise. I acknowledge that I have read the conditions of this referral and I agree to resume care for this patient after discharge or when medication plan has been settled and patient is stable.

Initial consultation is free for chronic pain and sports medicine.

Clinic/s Referring to

- Chronic pain / Headache Sports / Concussion Regenerative medicine (We do financing)
- Rehabilitation Plastic / Cosmetic Sexual health

Physician Signature _____ *Date* _____

INOVO Medical Patient Referral Checklist

To optimize our central intake and referral process, Include ALL required information outlined in the checklist

- Our vision is to treat all sources of pain, therefore we encourage you to send us all imagery and reports pertaining to MSK active problems (Spine, Knees, Hips, Shoulders, Feet, etc).

- INOVO Medical Patient Referral Form
- Diagnostic Imaging – MRI – Xray – CT Reports of the affected areas (no older than 5 yrs)
- Pertinent Past Medical history
- Relevant consultation, treatments, surgeries
- Other _____

Please contact us if you have any questions or concerns