



INDUSTRIAL REHABILITATION CHRONIC PAIN / FIBROMYALGIA TREATMENT PROGRAMS

I. OVERVIEW

This is a multidisciplinary, biopsychosocial, wellness-based, functional restoration, pain-management program to treat central sensitization, which is the prime perpetuating factor in fibromyalgia, and myofascial pain syndrome.

This program is described as non-pharmacologic. Certain drugs prevent the patient from fully participating in or benefiting from a behavioral pain program. It is impossible to teach a patient, behaviorally, how: (1) to manage pain, if they are taking analgesics; (2) to manage sleep, if they are on drugs that increase or disturb sleep; and (3) to manage fatigue, if they are on drugs that increase fatigue or stimulate the patient. Generally these are analgesics (opioid and non-opioid), hypnotics, tricyclic antidepressants (which increase daytime fatigue and impair cognition), neuroleptic (often cause fatigue) muscle relaxants (generally ineffective and cause fatigue),

The services of Jeanne Melvin, MS, OTR/L, FAOTA are provided at her office in Santa Monica, California. For physical therapy, twelve sessions for self-management training are included in the program contract. This service is subcontracted to physical therapists close to the patient's home that are highly skilled in treating complex chronic pain patients. When other services are needed such as; psychotherapy pool therapy, and community fitness, a referral is made to specific providers close to the patient's home. These are not included in the contract fee. The coordination of all of these services is done by Ms Melvin through this program. **The treating or primary-care MD must provide the prescription for the specific services and drug withdrawal plans indicated.** All participating patients need a WC primary care physician.

This program is evidence-based and documented with standardized outcome assessments and a system for symptom rating. **It meets all of the standards for chronic pain management in the AMA Disability Impairment Guidelines. It is also supported by the National Guidelines for "Chronic non-malignant pain syndrome patients II: An evidence-based approach"** (www.guideline.gov).

Model of Care

The treatment approach is biopsychosocial in nature rather than based on psychological theory. The program is behavioral, in that it is based on teaching patients how to change their brain physiology through the behaviors of: restorative sleep, healthy nutrition, fitness exercise and effective coping skills (mood management). *The patient has to be able to actively work to improve her or his health.*

Goals

The overall goal is to have the patient be fully independent in effective self-management of their: sleep disorder, mood disorder, fatigue, fibromyalgia or pain diagnoses and associated symptoms (e.g. impaired cognition, TMJ syndrome, GERD). The goal is not to be fully pain free in six months, but to have a clear plan

Chronic Pain

Fibromyalgia

Fatigue

Sleep
Disorders

Rheumatic
Diseases

Jeanne Melvin
MS, OTR/L, FAOTA

Phone: 310.306.4247
Fax: 310.306.3903
JLMelvin@ca.rr.com

for resolving the central sensitization or bringing it under good control *The objective is to return the patient to being a person with solely a (past or ongoing) orthopedic or neurologic injury but no longer with the additional problems of insomnia, cognitive impairment, depression, fatigue; that is, without central sensitization. It is central sensitization that prevents recovery from common injuries.*

An effective self-management plan is one from which the patient experiences concrete, specific benefit and in which they, therefore, have confidence. They are asked to write their own personal self-management plan based on what they have learned in the program. (See below for description.) Together we finalize the plan, and it is their “road map to wellness” for the second three months of the program. And this roadmap is revised and fine tuned until discharge.

The patient is given a copy of their initial evaluation and their personal program goal-sheet. The therapeutic goals are written in terms of the behaviors required to achieve them so the patient knows what she or he needs to do to get well. Patients are able to work on the goals independently.

Program Outcomes

This behavioral program for fibromyalgia and musculoskeletal pain was developed by Ms. Melvin in 1981 in Wellesley, Mass. at the Arthritis and Health Resource Center, a wellness-orientated pain center she established and directed. She brought this program to Cedars-Sinai Medical Center in 1996, where several outcome studies were conducted over 7 years. In that program the average, severe, WC patient had an average of a 30% reduction in symptoms in 6 weeks. In the current Solutions for Wellness Program these patients have even better outcomes, with an average of 40-50% decrease of symptoms in 12 weeks.

Patients make a certain amount of improvement in the first 12 weeks. But once they have an effective self-management plan in place, they make approximately 10% further improvement per month for the next 4 months, based on their Symptom-Disability Score. Then they continue to improve, but at a slower rate.

Optimal outcomes occur when physical therapy, fitness programs and psychological services are prescribed and approved in a timely, simultaneous manner and physicians are cooperative in providing medication-withdrawal plans.

Outcome Assessment

Symptom-Disability Score: The patient identifies, prioritizes by severity, and rates on a 10-point scale their eight worst symptoms and two major disability areas (“10” is the worst the symptoms or disabilities have been over the last 2 weeks). Over the last 30 years, this Score has correlated the most with the patient’s perception of their improvement, compared to standard outcome assessments. And the patient’s perception of improvement is considered the gold standard in clinical outcome research.

The Fatigue Impact Scale (Fisk): This rates the severity of 40 fatigue-related symptoms and allows analysis of improvement based on cognitive, physical and psychosocial factors.

Beck Depression Inventory II

Self-Rating of Functional Impairment

Acceptance rate

All WC patients are from AME or QME referrals, so they are prescreened by physicians who are familiar with my program. This results in about a 99.5 % suitability acceptance rate into the program.

The main factors that limit participation are severe mental illness, profound cognitive impairment, poor medical management of psychiatric or medical problems, no treating physician to order therapy, lack of physician cooperation with drug reduction, unaddressed opioid dependency or addiction and patient noncompliance (which is rare).

II. PROGRAM REPORTS

A Comprehensive Behavioral Pain Management Evaluation (See attached description.)

This is an assessment of the patient's performance in all the behaviors that can amplify pain. This evaluation takes two hours and includes a formal report (5-7 pages) with objective goals. This report is faxed to the treating and primary MD's, the defense and applicant attorneys, the claims examiner and the referring AME (unless otherwise requested).

Re-evaluations are performed every 6 weeks.

The Re-evaluations are done approximately every 6 weeks. They are actually done on the 6th, 12th, 15th and 19th sessions, so cancellations can alter the schedule. The re-evaluations include a formal report (2-4 pages). These are faxed to the same parties as the initial evaluation. The reports are titled as "6-week," "12-week," "18-week" and "24-week" or "Discharge".

Interim Reports

Any significant change in the patient's status or problems with compliance will be submitted in writing to treating physicians, attorneys, or claims examiner, as indicated.

II. TREATMENT FORMAT

Individual Treatment Sessions (24 one-hour sessions over 6 months)

Treatment starts with a single 2-hour session per week for 6 weeks. Then it decrease to one hour a week for 6 weeks, then to one hour every other week for 12 weeks. A translation service for the individual sessions is not included in the program fee.

<u>1st Six Weeks</u>	<u>2nd Six Weeks</u>	<u>3rd Six Weeks</u>	<u>4th Six Weeks</u>
<u>Single 2 hr session per week</u>	<u>One hour session per week</u>	<u>One hour session every 2 weeks</u>	<u>One hour session every 2 weeks</u>
<u>Total 12 hours</u>	<u>Total 6 hours</u>	<u>Total 3 hours</u>	<u>Total 3 hours</u>
<u>Six, two-hour group sessions one per month on a Saturday</u>			

Group Treatment Sessions (2 hours a session, one time a month for 6 months)

This is a Wellness/Return to Work (or Life) Group solely for the WC patients in my program. All of the patients are in similar situations. They are P&S for orthopedic injuries and TTD for chronic pain or fibromyalgia. They are being considered for final P&S determination after they complete this program. The Group helps patients develop realistic expectations of their symptoms, circumstances and the process of returning to work or returning to a productive life. It is structured to use the group process to reinforce healthy behaviors and the patient's personal wellness program. This group is very dynamic, upbeat and popular. *It is not a psychotherapy group, but it is psychotherapeutic.*

Specific educational content and other material are provided. Records are kept of the patient's responses and their behavioral goal for the following month.

A summary of participation is included in the periodic reevaluation reports.

Both English-language and Spanish-language groups are provided. There is an additional fee to cover translation services for the Spanish-language group.

Note: the patient's appropriateness for this group is determined in the evaluation. Patients with certain psychiatric problems, severe chronic fatigue syndrome, or loaded on opioid analgesics are not appropriate for this group. If the patient does not attend the group for any reason the program fee will be adjusted.

Personal Self-Management Plan

Between the 8th and 12th weeks, the patient is asked to type or write out their full self-management plan for pain, fatigue, sleep disorders, stress, mood disorders and physical fitness. This serves as a guide for their home-based program over the next 4 months and it is modified to guide them after discharge.

Daily Activity- Sleep Logs The patients are asked to keep a daily Activity-Sleep Log to record their sleep and rest patterns and responses to the wellness interventions they implement to improve sleep. They rate their morning fatigue, mood and pain scores as a means to evaluate the quality or restorative nature of their sleep.

Education materials

Educational handouts are provided as the material is taught.
A binder is provided to all patients to organize program handouts
A copy of the book *Fibromyalgia Syndrome --- Getting Healthy* authored by Jeanne Melvin is provided for all patients with FMS and is used as a teaching tool.
Copies of all program evaluations and progress reports are provided.
All verbal recommendations are provided in writing.

IV. TREATMENT INTERVENTION

For Fibromyalgia Program

Behavioral pain-management training (including behavioral enhancement of serotonin)

Fatigue-management training (including: sleep retraining, time management, pacing, energy conservation, effects of food and exercise)

Behavioral sleep retraining (including: sleep-hygiene education, stimulus control, circadian-rhythm entraining)

Education to support **reduction of medications** that interfere with behavioral treatment (e.g.: analgesic, hypnotic, anxiolytic, neuroleptic and muscle-relaxant medications, according to the physician's plan) (See separate document on Medication Management in Behavioral Therapy)

Wellness lifestyle coaching

Stress-management and relaxation training and self-regulation of the autonomic nervous system (Includes training in meditation and mindfulness)

Cognitive-behavioral strategies (methods for controlling obsessive thoughts)

Self-management training for symptoms (associated with each specific pain disorder)

Education in **posture and body mechanics** (including simple exercises)

Education in specific **pain-free stretching techniques**

Family education (when possible)

Nutrition screening and healthy nutrition education (to improve energy, mental alertness and sleep quality)

Diaphragmatic breathing and chest expansion training (to reduce hypoxia in muscles, mobilize chest wall muscle and assist in mood and pain management)

Training in Activities of daily living: training (adaptive methods to improve functional ability)

Standardized outcome assessments

Education on community resources /community reintegration

Ergonomic workstation evaluations based on photographs of the work site.

Ergonomic training

Joint and tendon protection training

For Regional Myofascial Pain Disorders: The services are the same as for treatment of fibromyalgia with the addition of:

Joint and tendon protection training specific to the injury

Specific body-mechanics training

Self management of specific symptoms

Other Treatments

Phone support: Patients are invited to call or email if they have any questions about their program.

Biofeedback Training in self-regulation of the autonomic nervous system and **entraining of heart rate variability using the HeartMath computer-feedback system** to improve the patient's ability for controlling their autonomic nervous system to improve cognition, sleep, mood, and stress control.

Alpha-Stim™ microcurrent cranial stimulation (CES) and regional muscle electrotherapy (MET) is available. This device is unique and has been very helpful as a non-pharmacologic, self-management tool for pain, muscle spasms, severe muscle stiffness, TMJ syndrome, anxiety, depression and insomnia. There is extensive research documenting its efficacy on www.alpha-stim.com ("site map" link). It is used selectively for patients who are refractory to other behavioral interventions. Several trials are done in the clinic to demonstrate efficacy before a recommendation is made for home rental or purchase. The VA Administration invested a million dollars into research on the Alpha-Stim CES for treatment of post-traumatic stress and Alzheimer's disease.

"The Alpha-Stim™ cranial stimulation is applied with ear clip electrodes on the earlobes. This allows the microcurrent waveform to activate or improve function of the brainstem, a site at the base of the brain that sits atop of the spinal cord. This increases production of the chemicals serotonin and acetylcholine, which can affect the chemical activity of nerve cells that are both nearby and at more distant sites in the nervous system. In fact, the brainstem is situated to control the activity of nerve pathways that run up into the brain and that course down into the spinal cord. By changing the electrical and chemical activity of certain nerve cells in the brainstem, Alpha-Stim appears to amplify activity in some neurological systems, and diminish activity in others. This neurological 'fine tuning' is called modulation, and occurs either as a result of, or together with the production of a certain type of electrical activity pattern in the brain known as an alpha state which can be measured on brain wave recordings (called electroencephalograms, abbreviated EEG). **Such alpha rhythms are accompanied by feelings of calmness, relaxation and increased mental focus.**" (James Giordano, Ph.D., Director of Science for Electromedical Products International, Inc. of Mineral Wells, TX, and is Scholar in Residence at the Center for Clinical Bioethics, Georgetown University Medical Center, Washington, DC.)

V. COST and TERMS of AGREEMENT

The entire program, as described above, is billed at a flat fee payable in 5 invoices, due upon receipt of the evaluation and reevaluation reports. The fee for physical therapy is billed in 2 separate invoices. A Fee Contract and Authorization is submitted for approval to the Claims Examiner. Once this returned the patient is scheduled.

If a patient stops participating during the program for any reason, the fee for six-week period covered by the payment will be adjusted for each missed session after the discharge date; the program will be terminated and the carrier will **not** be responsible for the balance of the program fee.

Cancellations for a valid reason will be rescheduled. If a patient fails to show for an appointment without advanced notification or a valid excuse the appointment will not be made up.

If the patient is unable to attend a group session, this can be made up or replaced with an individual session.

Patients can be discharged by Ms Melvin at any time if they are verbally abusive, violence, noncompliance or not showing for appointments two or more times. This is a program for people who want to get well.

Attachment: "About Jeanne Melvin" clinical background information.

Solutions for Wellness provides a biopsychosocial approach to pain/symptom management for a wide range of orthopedic, rheumatic and neurologic disorders. For information about these programs or a detailed description about *Medication Management for a Biopsychosocial Pain /Fatigue-Management Program*, **please call 310-306-4247 or email: JLMelvin@ca.rr.com**

Thank you for your interest in the Solutions for Wellness Programs.