

OER Case Study 2: Chronic Pain (Spine and post CVA)

Patient is a 76 year old female, with extremely complex medical history. This includes lumbar fusion, with chronic post-operative low back pain, intracerebral bleed with resultant left hemiparesis, SI dysfunction, cervical spondylosis, and depression. Pain and functional deficits have been persistent despite multimodal, multidisciplinary management, which has included spinal injections, lumbar fusion, physical therapy, psychologic/psychiatric support, independent exercise, activity modification, adaptive equipment and multimodal medication management.

Co-morbid conditions have included longstanding depression on antidepressants, cardiac dysfunction and idiopathic tremor. She is receiving concurrent care with Neurology, Primary Care, and Psychiatry.

Has been under physiatry care for multiple years, and on chronic opioids for about the same amount of time. Has never shown any evidence of aberrant use, no escalation in dose over time. Prior to initiation of cannabinoids condition was static and was on essentially maintenance care. Has had home caregivers for years as well as excellent support of family. Has shown very good compliance with treatment.

On initial presentation, was taking the following for pain

- Oxycontin: 15 mg po qd
- Oxycodone: 10 mg BID prn, taking all days
- Advil prn

Was on exercise regime including core stabilization, ambulation training, transfer training, continued to require wheelchair vs walker assistance.

Was started initially on OER with titration to therapeutic dose. Found addition of ZZZ formulation at night greatly improved both pain, but especially sleep. Has tolerated well, with minimal adverse side effects slight somnolence with ZZZ if takes too late.

Present regimen:

OER dose: 2.0 ml twice/day, ZZZ dose: 1.5 ml @ night. Continues with physical therapy, home exercise and concurrent care with other specialists.

Results:

Severity of symptoms (Likert 0-10)

- Initial: severe (Average 7/10)
- On cannabinoids: severe (Average 7/10)*

Case Study

Pain medication use:

- Initial Morphine Equivalent Dose 52.5 mg/day
- On cannabinoids: 0 mg/day
- 100% reduction in opioid use. In addition to decreasing opiates, has been able to decrease use of Advil.

*Patient reported can deal with pain better, and although average Likert score has not changed, states is less disabling and degree and frequency of flares is somewhat less. Also describes better tolerance of pain, and is more relaxed.

Excellent patient satisfaction

Quality of Life (0-10, with 0 no quality of life, 10 cannot get better)

- Initial: 4/10
- post cannabinoids: 7/10 (43% improvement)

Modified Oswestry Low Back Disability Index:

- Initial 40%
- Post addition of cannabinoids: 46%,
- Representing no significant change in functional parameters, but no worsening

Additional benefits: Improved quality of sleep, decreased anxiety, and better control of tremor (verified through examination).

Other: has shown no evidence of fatigue in response to formulation over time.

Discussion: Addition of OER and ZZZ enabled allowed complete cessation of all opioids, with maintenance of level of function, improved tolerance of pain and very significant improvement in overall quality of life. This patient has chronic, severe disabling underlying disease which will most likely not improve over time, and the improvements noted are believed significant and without addition of cannabinoids would likely not have occurred.

Plan is to continue present regimen, including cannabinoids as part of her multidisciplinary regimen