Alternatives to Opioids for Pain Management: Meds, Needles, and Your Hands

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Disclosure
• Educational consultant for SonoSite, ACEP17

Objectives
• Discuss the evidence supporting a multi-modal approach to acute low back pain
• Review the utility and application of trigger point injections in the ED
• Introduce the concept of Osteopathic Manipulative Medicine and how it can be used in the ED
• Highlight best practice management of greater trochanteric pain syndrome

Effective and Research Proven Techniques
- Trigger Point Injection
- Osteopathic Manipulative Medicine
- Multimodal approach
- GTPS Injection

Global muscle spasm
LEFT lumbar paraspinal muscles
Fun Fact: Banging your head against a wall burns 150 calories

Take Home Point

Acetaminophen 1000 mg q 6-8

+ Ibuprofen 400 mg q 6-8

Diclofenac 1.3% patch

OR

Diclofenac 1% gel

Lidocaine 5%

(cream or ointment)

****Physical Therapy****

Restrictd ROM LEFT global tenderness + spasm diffusely

APAP

1000 mg

Acetaminophen

400 mg

1000 mg

Ibuprofen

800 mg

NSAIDS
Osteopathic Manipulative Therapy

Time constraints
Physician or Patient unfamiliarity
Unproven benefit
Physician disinterest

This is applicable to you
• 130+ million ED visits per year in the US
• 11% have OMT appropriate diagnoses
  • Musculoskeletal complaints
  • Strains and Sprains
• $40-$80 reimbursement for OMT treatments

Evidence

Ankle sprain
OMT + analgesics vs analgesics alone

Acute neck pain
OMT vs IM ketorolac

Muscle Energy
Contraindications

• Severe muscle strains  
• Severe debilitating osteoporosis  
• Patient requires intensive care monitoring  
• Fracture, dislocation, or severe joint instability at treatment site  
• Malignancy at the site of treatment  
• Osteomyelitis  
• Uncooperative patient

Documentation and Reimbursement

• Reimbursement
  • Use modifier -25 to the CPT code
  • 1-2 regions 98925.25
  • 3-4 regions 98926.25

  • Diagnosis should reflect the appropriate pathology
  • Cervical Somatic Dysfunction ICD-10 M99.01
  • Thoracic Somatic Dysfunction ICD-10 M99.02
  • Lumbar Somatic Dysfunction OCD-10 M99.03

Patient Satisfaction

• “There is tenderness, restricted movement, asymmetry, and spasm in the right paraspinal cervical muscle.”
• “Muscle energy was used to treat dysfunction.”
• “No complications noted, time out performed.”
Your colleagues

YOU!

8,000 people per year are injured by musical instruments

ICD-10: Y93.J

Say it with me........

STILL

NO

OPIOIDS

Restricted ROM LEFT focal tenderness + taut band or “knot”

APAP 1000 mg

Trigger Points
Trigger Point Management

- TPI > dry needling
- Cannot bill for dry needling alone

- Local anesthetic is BEST
- Marcaine > Lidocaine
- Steroids better results

Equipment

- 22 gauge 1.5 inch
- 2 mL

Trigger Point Injection Technique

Pirates wore earrings because they believed it improved their eyesight.

In 200 years what will our future colleagues laugh at about us!

GTPS

Greater Trochanteric Pain Syndrome
**Gluteus medius muscle**

**Iliotibial band**

**Trochanteric bursa**

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**Resisted External Derotation Test**

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**Management**

1. Acetaminophen 1000 mg q 6-8
2. Ibuprofen 400 mg q 6-8
3. Diclofenac 1.3% patch OR Diclofenac 1% gel
4. Lidocaine 5% (cream or ointment)
5. **Physical Therapy**
At 3 months
55% relief in Injection group

34% relief in analgesic group

These techniques are NOT HARD
They take relatively little time
Patients LIKE them

YOU’LL NEVER KNOW UNTIL YOU
TRY

You CAN BILL for them!

Combine medications whenever possible- SYNERGY!

DRUGS have their limits

OMT is an effective hands on billable procedure for MSK pain

GTPS hip pain = local + steroid injection

TPI is the best way to management focal irritable muscle spasm

Join the ACEP Pain Management and Addiction Medicine Section

THANK YOU!

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References


