

# MAPS PHILOSOPHY

## ON USING CONTROLLED SUBSTANCES FOR PAIN MANAGEMENT

### AN EXPLANATION FOR REFERRING PHYSICIANS AND OTHER HEALTH PROFESSIONALS

AT MAPS, WE SPECIALIZE IN THE MANAGEMENT OF ACUTE AND CHRONIC PAIN. OUR PRIMARY GOALS ARE TO:

- PROVIDE HIGH QUALITY, APPROPRIATE PAIN MANAGEMENT FOR OUR PATIENTS
- MEET THE NEEDS OF OUR REFERRING PHYSICIANS AND HEALTH CARE PROVIDERS
- REDUCE PAIN MANAGEMENT BURDENS ON AN ALREADY STRAINED HEALTHCARE SYSTEM BY REDUCING PAIN-RELATED EMERGENCY ROOM VISITS AND HOSPITALIZATIONS
- IMPROVE THE OVERALL HEALTH OF THE COMMUNITY BY EFFECTIVE PAIN MANAGEMENT

We are primarily an interventional pain clinic and we specialize in the use of minimally invasive fluoroscopic procedures to diagnose and treat persistent pain. We typically coordinate various types of non-invasive treatments with our invasive interventions. Non-invasive treatments offered at MAPS include specialized physical therapy, psychological intervention and our multidisciplinary chronic pain program.

Like many pain clinics, we sometimes prescribe opioids for pain management although we understand the potential risk of addiction in some patients. We believe that we can usually find more effective and less drastic alternatives for our patients and that long-term controlled substances should only be considered when all other reasonable treatments have been tried and failed. At MAPS, long-term opioids are prescribed within our Chronic Opioid Management Program (COMP). This program provides a fairly rigid structure which includes monthly medical evaluations, requirements to participate in physical therapy and/or psychological counseling if indicated, and random urine drug screens performed at our discretion.

If you refer a patient to us for opioid management, we will start with a thorough evaluation of the patient. We explain our pain management philosophy and our team approach and describe alternatives to the use of controlled substances. If the patient is not interested in exploring alternatives to controlled substances for pain management, we may recommend that the patient seek medical care elsewhere. Even if the patient has tried various treatments including injections at other pain clinics, we usually recommend trying again in our clinic with MAPS specialists using MAPS specialized techniques and equipment. Prior treatments may have been ineffective for a variety of reasons and similar treatments provided by our expert practitioners may prove helpful and allow the patient to reduce or discontinue their use of controlled substances.

MAPS providers may or may not agree to prescribe controlled substances to patients at the first visit. If, in our opinion, the patient has active chemical dependency or is at high risk for drug diversion or abuse, we will probably not prescribe controlled substances. Instead, we may recommend immediate referral to a chemical dependency treatment unit. If we are unsure of the patient's potential for chemical dependency, we may agree to take over prescribing of the patient's current medications on a limited basis during a transitional period while we further evaluate the patient. During this period we may prescribe controlled substances for a short time, subject to the patient keeping their scheduled appointments for psychological and physical therapy evaluations and following through with injection-type treatments, if any are recommended. Our goals during this transitional period are to avoid acute opioid withdrawal as we gain further insight into the patient's pain problem and determine response to interventional pain management.

As pain specialists, we understand how demanding patients with chronic pain can be. We also understand that many referring physicians do not have the resources for pain medication management in patients with difficult circumstances. Please understand that as a pain clinic we must try to address the needs of the patient, as well as the requests of the referring physician, while always remaining true to our practice philosophy and principles.



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