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NAPA PAIN INSTITUTE NEWS

Brief Updates on Topics For Pain Management

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Napa Pain Institute

NPI is celebrating 28 years serving patients from Napa Valley and beyond. NPI was established in 1992 by founder and nationally recognized expert and innovator in the field of Pain Management; Eric Grigsby, MD, MBA. He remains active in his emeritus status.

Scott Berta MD FAANS

Dr Berta, who joined NPI in the fall of 2019, is a Stanford-trained Board Certified Neurosurgeon. His previous appointment with UCSF brought him initially to work in Napa Valley. He now concentrates in evaluation and treatment of all chronic pain conditions with particular interest in head and neck pain and minimally invasive spine procedures.

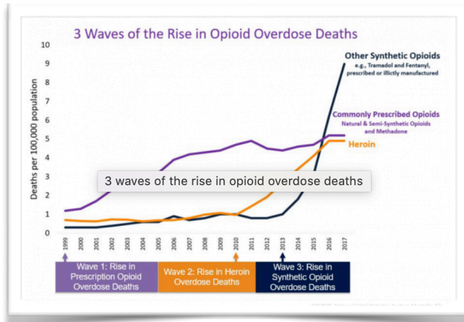
Advanced Practice Providers

NPI is blessed with many long-term employees highly experienced in pain management, particularly Dr. Gail McGlothlen DNP, and Kim Bellows PA-C.

Pain is a Four Letter Word

Welcome to the inaugural issue of NPI NEWS. Before launching into details about specific pain conditions and treatments please allow a brief digression...

Some of the best Evidence Based Medicine relies on reducing pathologic states into comprehensible algorithms. If clinicians become familiar with recognizing disease patterns, then, by following the steps, one can reason from "box A" - through "arrow B" - on to "circle C" and so on to proper diagnosis and effective treatment. In truth, some physiologic systems are amenable to this type of ministration, such as diabetes or hypertension. Classic reductionist scientific analysis has reaped massive advances in human disease understanding in fields like infectious disease and orthopedic surgery. For conditions of the mind, however, persistence in postulating the "brain as a machine" has run into the proverbial brick wall. There is no specified brain malfunction, or genetic abnormality which underpins the myriad of symptoms suffered by persons with chronic pain. Even though PAIN is composed of four simple letters let us never fall into the trap of believing there is a simple unifying deranged molecule hiding somewhere that is responsible for it. To state that PAIN is complicated is a vast understatement. Human consciousness is more than can be imagined. That's why being a Pain doc is cool.



CDC Reports on Opioid Overdoses

The past decade has witnessed a fundamental change in opioid prescribing patterns by US physicians. Implementation of dosing guidelines, standard urine drug testing, and availability of electronic prescription drug monitoring programs have helped stem the tide of prescription drug overdose deaths. However, those important clinical tools have had no effect in the advancement of heroine and illicit fentanyl overdose deaths which now account for over two-thirds of opioid related overdoses. Continued vigilance in screening patients with legitimate opioid prescriptions is essential. USPSTF recommends expanded screening all at-risk populations with urine drug testing. N3 Laboratories of Napa is the compliance monitoring reference lab used by NPI and its services are available for all clinical entities. (n3labotatories.com)

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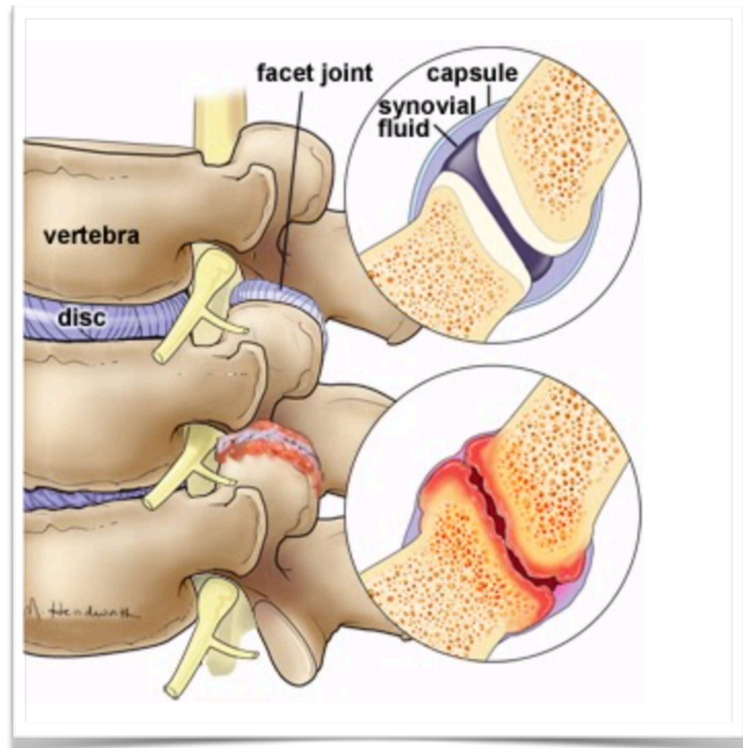

Low Back Pain

Thirty years ago, one would often hear that low back pain was “non-specific”, meaning there was no identifiable pathology that would explain the symptom. A lot has changed! With the advent of advanced anatomical discoveries, advancements in MR imaging, biochemical micro analysis, and refinements of diagnostic injections, almost all low back pain can be reasonably well defined. When the term “low back pain” is used it means only **axial** pain with the absence of a radicular component. Although the lumbar spine is quite complex, four entities account for 85% of the problem. Here are the four common types: 1) facet joint pain (arthritis), 2) discogenic pain arising from the disc, 3) sacroiliac joint pain, 4) vertebrogenic pain arising from the vertebral endplates. The prevalence of the four are somewhat age dependent with facet joint pain common in older patients and discogenic pain more common in younger. Facet joint pain is a highly manageable problem. Imaging and physical exam may not be useful in the diagnosis. The only reliable way to diagnose facet joint pain is by using a small volume (0.4ml) precision diagnostic block of the medial branch sensory nerve which innervates the joint. Typically, if two comparative blocks result in 80% or more relief then radio frequency neurotomy would be expected to duplicate that relief and last 6-24 months until nerve regeneration. RF can easily be repeated to restore pain relief and improve function.