

INTRACTABLE PAIN SYNDROME (IPS) 2021 UPDATE

Part three of five

PART THREE: NECESSITY OF DIAGNOSTIC TESTING

The most common complaint and “plea for help” that we receive is from persons with IPS who can’t get enough opioid and other pain relief medications. Apparently, many persons and families with IPS aren’t aware that the Federal Government, State Medical Boards, Malpractice Insurance Carriers, and Health Insurance Plans have restricted the number of opioid dosages that can be prescribed. Many, if not most, pain clinics and specialists will only do procedures such as injections or implant stimulators, and will only prescribe limited amounts, if any, opioids. Most pharmacies are now restricted from filling opioid prescriptions that come from a party who lives over 15 miles from the pharmacy.

In order to obtain opioids and some other drugs, particularly benzodiazepines, persons with IPS will need diagnostic tests and a causative diagnosis to prove they have a legitimate medical disorder that will permit their local physician to prescribe limited amounts of opioids and benzodiazepines.

PRIMARY DIAGNOSIS

Patients require a specific, causative diagnosis to obtain opioids and benzodiazepines. The major causes of IPS are:

- Adhesive Arachnoiditis
- Stroke or Traumatic Brain Injury (TBI)
- Neuropathy due to a specific cause (CRPS, cervical, autoimmunity)
- Less prevalent, but serious causes of IPS are: sickle cell, porphyria, pancreatitis, abdominal adhesions, interstitial cystitis, and lupus.
- Connective tissue/collagen disorder (EDS or other)
- Arthritis due to a specific cause

These diagnoses will not usually be acceptable to obtain opioids because they are too “non-specific” or “general”: failed back surgery syndrome, degenerative spine, fibromyalgia, central pain, headache, neuropathy.

REQUIREMENTS

Your primary causative diagnosis will have to be validated by MRI, X-ray, biopsy, and/or photographs. Medical records must document the diagnosis. You must have a hard copy, hand-carry set of records.

IPS DOCUMENTATION OF COMPLICATIONS

- CARDIOVASCULAR- Hypertension, elevated pulse rate, angina, arrhythmia, elevated glucose/cholesterol.
- ENDOCRINE- Abnormal cortisol, DHEA, pregnenolone, testosterone, prolactin.
- AUTOIMMUNITY- Inflammation markers, eosinophils, lymphocytes, anti-nuclear titers, thyroid peroxidase (TPO) antibodies: low immune-globulins

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