

## **32nd Annual Meeting**

# Ensuring Access to Pain Care

**Engaging Pain Medicine & Primary Care Teams** 

February 18—21, 2016 Preconference Sessions Begin February 17, 2016 Essentials for Treating the Patient in Pain<sup>™</sup> Program Begins February 20, 2016

Palm Springs Convention Center I Palm Springs, CA

## FINAL PROGRAM

## Moving Beyond Mμ with **Kappa Opioid Receptor Agonists** Leaving the Baggage Behind



## Saturday, February 20, 2016

## 12:15 рм to 1:15 рм

**Primrose Ballroom A** Palm Springs Convention Center Palm Springs, California

AAPM will provide lunch for all attendees starting at 11:45 AM

#### Learning Objectives

After attending this symposium, participants should be better able to:

- Recognize the unmet clinical needs and safety concerns with the current analgesic landscape
- Describe the unique pharmacologic properties of a new class of opioid the peripherally acting kappa opioid receptor agonist, CR845
- Identify the potential benefits of Oral CR845 in the management of chronic and acute pain, and I.V. CR845 for postoperative acute pain
- Evaluate the potential place in analgesic therapy of CR845

This program is supported by Cara Therapeutics



### Moderator

#### Joseph Stauffer, DO, MBA

Chief Medical Officer, Cara Therapeutics Inc., Shelton, Connecticut Assistant Professor, Department of Anesthesiology & Critical Care, Johns Hopkins University School of Medicine, Baltimore, Maryland

### Faculty

#### Michael J. Brennan, MD

The Pain Center of Fairfield, Fairfield, Connecticut Senior Attending Physician, Department of Medicine, Bridgeport Hospital, Bridgeport, Connecticut Associate Director, Chronic Pain and Recovery Program, Silver Hill Hospital, New Canaan, Connecticut

#### Lynn R. Webster, MD

Vice President of Scientific Affairs, PRA Health Sciences, Salt Lake City, Utah

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We appreciate your generous contribution to the success of the 32nd Annual Meeting. Together we can enhance patient care.





#### A Message from AAPM's President

It gives me great pleasure to welcome you to AAPM's 32nd Annual Meeting here in Palm Springs and to let you know about some of the wonderful educational opportunities you will have this week.

#### Learn from Distinguished Pain Specialists

One of the most prevalent distinctions of the American Academy of Pain Medicine (AAPM) is that it is composed of the foremost physicians in pain. Our faculty for this meeting work on the front lines of pain treatment, research, and practice. They are recognized experts in their fields and are consultants to the National Institutes of Health, U.S. Department of Defense, and other public health agencies. During this week, you will

- learn from those treating pain in top medical, clinical, and academic institutions
- obtain information you can take with you to be more effective in treating your patients
- understand how to improve collaboration with treatment teams in your daily practice.

#### **Treating Pain Together-Integrating Primary Care and Pain Specialists**

As a primary care physician, I see the daily need for collaboration between pain specialists, primary care physicians, and clinicians who have been trained in the basic medical science and language of pain care. Some of us treat patients every day who are consumed by their pain and just desire relief. Our collaboration as health providers can make or break an effective pain care treatment plan that will help those patients in the moment and, more importantly, for a lifetime. This week is our chance to learn, improve, seek, and perfect our communication and ability to help patients—together. As you review this program book or the schedule at a glance on the AAPM website (www.painmed.org/annualmeeting), you will see course designations to help you determine your interest. They are **eco** Primary Care, **1** Interventional Pain Specialist; and **20** DoD/VA.

#### **Additional Highlights of the Week**

- Essential Tools for Treating the Patient in Pain<sup>™</sup> has been a tried and tested, best-selling course for years. This year, to better serve primary care physicians and clinicians, the course has been moved to Saturday and Sunday. This is a general pain course focusing on the provider with very limited experience in pain management.
- The Ultrasound/Cadaver Program, jointly sponsored by the World Academy of Pain Medicine Ultrasonography (WAPMU), includes a 2-day didactic and handson cadaver training.
- The Medications Management Program for Opioids and Non-Opioids, co-chaired by Dr. Steven Stanos and Dr. W. Michael Hooten, discusses opioids and other drugs to help primary care physicians and pain specialists implement a more comprehensive, patient-centric approach to helping manage pain care treatment.
- Interventional and neuromodulation programming, presented in collaboration with the North American Neuromodulation Society (NANS), focuses on interventional techniques and neuromodulation therapies for the treatment of pain.
- The Chronic Migraine Education Program (CMEP) session, provided by the American Headache Society, discusses advances in diagnosis and insights into risk
  factors and mechanisms leading to migraine progression.
- Don't miss the AAPM Resource Center. It is the place to visit and to learn about all that's happening, with more 100 companies offering displays of cutting-edge technology and the latest advances in pain medicine. Stop by the AAPM booth (311) to learn more about the Academy, the AAPM Foundation, and the Pain Medicine journal.

Look through this program book, check out www.painmed.org/annualmeeting for additional details, and enjoy the conference!

Sincerely,

Bill McCarberg, MD President, The American Academy of Pain Medicine

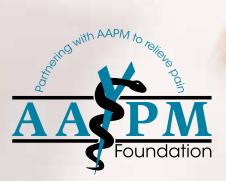
# Why should you support the AAPM Foundation?

## For our patients. And our profession.

We advocate for patient safety by providing funding support to expand and enhance education and research

Our priorities include:

- leading comprehensive prescriber education efforts
   to ensure patient safety
- furthering the clinical validity of appropriate and effective treatment and care
- advancing education and research to lessen the likelihood of acute pain becoming chronic
- providing readily accessible education for pain specialists and primary care clinicians alike
- instilling research values in the next generation of pain clinicians via early career investigator grants.





Visit **aapmfoundation.org** and click the "Donate" button to make a tax-deductible contribution.



# SUPPORT THE AAPM Foundation AAPM FOUNDATION

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Contact Kathy Checea, Director of Professional Relations, to learn how you can support the AAPM Foundation at **kchecea@painmed.org.**  **DONATE** ADVANCING PATIENT SAFETY

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**AMA Delegate** Robert E. Wailes, MD



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#### **Council of Past Presidents**

1985	Benjamin L. Crue Jr., MD FACS (Deceased)
1986	Joel L. Seres, MD

- Robert G. Addison, MD (Deceased) 1987
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#### **AAPM Program Committee**

#### **Annual Meeting Co-Chairs** Daniel B. Carr, MD MA



Professor of Public Health and Community Medicine Program Director, Pain, Research Education & Policy Tufts University School of Medicine Boston, MA

No relevant financial relationships

David J. Tauben, MD Chief, Division of Pain Medicine University of Washington Seattle, WA

ER/LA Opioid Analgesics REMS Program Companies (CME Grant Support/ Telemedicine Program Support/Speaker in COPE/REMS CME Activity); NIH Pain Consortium Award (Grant Funding-UW Center of Excellence in Pain Education)

# **2016 Essential Tools Co-Chairs**

#### Gagan Mahajan, MD Professor, Departments of

Anesthesiology and Pain Medicine Medical Director, Division of Pain Medicine

University of California–Davis Sacramento, CA No relevant financial relationships



La Jolla, CA

#### Farshad M. Ahadian,

MD

Boston Scientific (Principal Investigator);

Vertiflex (Principal Investigator)

Clinical Professor of Anesthesiology Medical Director, Center for Pain Medicine University of California-San Diego



Denver, CO

No relevant financial relationships

#### Scientific Poster Abstract Chair James C. Watson, MD Assistant Professor of Neurology

Mayo Clinic College of Medicine Consultant, Department of Neurology, Divisions of Clinical Neurophysiology and Pain Medicine

Mayo Clinic Rochester, MN No relevant financial relationships

#### Rosemary C. Polomano, PhD RN

Professor of Pain Practice, Anesthesiology, and Critical Care University of Pennsylvania School of Nursing Philadelphia, PA AcelEx (Honorarium-Consultant/Speaker); Mallinckrodt Pharmaceuticals (Honorarium-Speaker); Salix Pharmaceuticals (Honorarium-Speaker)

#### Ravi Prasad, PhD

Clinical Associate Professor Assistant Chief, Division of Pain Medicine Department of Anesthesiology, Perioperative & Pain Medicine Stanford University Medical Center Redwood City, CA No relevant financial relationships

#### Robert "Chuck" Rich Jr., MD

Medical Director Community Care of the Lower Cape Fear Wilmington, NC No relevant financial relationships

#### Joseph J. Ruane, DO

Head Team Physician, Columbus Blue Jackets, National Hockey League Medical Director, McConnell Heart Health Center and Spine, Sport and Joint Center Riverside Methodist Hospital Columbus, OH AstraZeneca (Honorarium-Speaker); Iroko (Honorarium-Consultant); Pfizer, Inc. (Honorarium-Consultant/Speaker); Sanolfi (Honorarium-Consultant/Speaker)

#### Patrick J. Tighe, MD MS

Assistant Professor of Anesthesiology University of Florida-Gainesville Gainesville, FL No relevant financial relationships

#### Ajay D. Wasan, MD MSC

Vice Chair of Pain Medicine, Department of Anesthesiology University of Pittsburg Medical Center Pittsburgh, PA Analgesic Solutions (Honorarium–Consultant)

#### **Members**

Jeremy A. Adler, MS PA-C Senior Pain Management Specialty Physician Assistant Pacific Pain Medicine Consultants

Encinitas, CA AstraZeneca, Endo Pharmaceuticals, Janssen Pharmaceuticals, Jazz Pharmaceuticals/ Medtronic, Millenium Labs, St. Jude Neuromodulation (Honorarium-Speaker); Depomed, Galena, Pfizer, Xenoport (Honorarium-Advisory Board)

#### James W. Atchison, DO

Medical Director, Center for Pain Management Rehabilitation Institute of Chicago Chicago, IL INSPE (Honorarium-Consultant: Parexcel/Pfizer

(Principal Investigator on Multicenter Research Study) (Research Funds to RIC-Principal Investigator); PriMed (Honorarium–Consultant)

#### Chester "Trip" Buckenmaier III, MD COL (Ret) MC USA

Immediate Past Co-Chair Program Director Defense and Veterans Center for Integrative Pain Management Rockville, MD Pacira (Contract Terminated; Honorarium-Consulting): Teleflex (Contract Terminated: Honorarium-Consulting)

#### Beth D. Darnall, PhD

Clinical Associate Professor of Anesthesiology, Perioperative and Pain Medicine Stanford University Palo Alto, CA Axial Healthcare (Advising Program Development-Stock Options, \$0 Value)

#### Timothy R. Deer, MD

President and Chief Executive Officer Interventional Pain Management Center for Pain Relief Charleston, WV Mallinckrodt (Consulting Fee-Consultant): Flow-

onix, Medtronic, St. Jude Medical (Consulting Fee-Consultant/Advisory Board); Axionics, Bioness, Nevro, Spinal Modulation (Consulting Fee/Stock Options-Consultant/Advisory Board); Ethos, SpineThera, Vertos Medical (Consulting Fee/Stock Options-Consultantl: Jazz Pharmaceuticals (Honorarium-Speaker/Advisory Board)

#### Stephen A. Eraker, MD MPH

VISN 20 Pain Medicine and Functional **Restoration Center** VA Puget Sound Health Care System, American Lake Division Lakewood, WA No relevant financial relationships

#### Diane M. Flynn, MD COL (Ret) MC USA

Primary Care Pain Champion Madigan Army Medical Center Tacoma, WA No relevant financial relationships

#### Tracey O. Fremd, NP

Principal, Tracey Fremd Consulting, Inc. Cameron Park, CA Depomed (Pending: Honoraria-Speaker); Janssen Pharmaceuticals (Honoraria-Speaker); Millenium Health (Honoraria-Speaker/ Consultant); Tracey Fremd Consulting, Inc. (Salary-Principal/Consultant)

#### Vitaly Gordin, MD

Chair-Professional Education Committee Medical Director, Spine Center Director, Pain Medicine Division Penn State Hershey Medical Center Hershev, PA No relevant financial relationships

#### Amitabh Gulati, MD

Assistant Professor, Director, Weill Cornell Pain Management Fellowship Cornell University School of Medicine Director of Chronic Pain Memorial Sloan Kettering Cancer Center New York NY PixarBio (Advisory Board-Stock Options)

#### Beth B. Hogans, MD PhD

Co-Chief Chronic Pain Program Washington DC VA Medical Center Associate Professor, Neurology Johns Hopkins School of Medicine Baltimore, MD No relevant financial relationships

#### W. Michael Hooten, MD

Assistant Professor-Anesthesiology Mayo Clinic College of Medicine Department of Anesthesiology, Division of Pain Medicine Mavo Clinic Rochester, MN No relevant financial relationships

#### Leonardo Kapural, MD PhD Clinical Director

Carolinas Pain Institute at Brookstown Winston-Salem, NC Boston Scientific, Neuros, Nevro, Saluda (Research Grant-Research); Halyard, Medtronic, SPR Therapeutics, St. Jude (Honorarium-Consultant)

#### Michael L. Kent, MD LCDR MC USN

Acute Pain Medicine Navy Physician Walter Reed National Military Medical Center Bethesda, MD No relevant financial relationships

#### Erin E. Krebs, MD MPH

Core Investigator, Minneapolis VA Center for Chronic Disease Outcomes Research Women's Health Medical Director, Minneapolis VA Health Care System Minneapolis, MN

No relevant financial relationships

#### Michele Meddings, PA-C

Physician Assistant Interdisciplinary Pain Management Center Dwight D. Eisenhower Army Medical Center Ft. Gordon, GA Pfizer. Inc. (Consulting Fee-Lyrica Advisory Board on Fibromyalgia and Diabetic Peripheral Neuropathy)

#### Samer Narouze, MD MSc

Chairman, Center for Pain Medicine Summa Western Reserve Hospital Cuyahoga Falls, OH No relevant financial relationships

## Gregory D. Smith, DO

President and Chief Medical Officer OccMed Colorado, LLC

#### **Meeting Objectives**

After attending the meeting, participants should be better able to

- demonstrate the value of a multidisciplinary team approach to the management of acute, chronic, and cancer pain syndromes
- examine clinical assessment and treatment protocols to improve the treatment of patients with various pain conditions
- overcome barriers to the implementation of evidence-based strategies that improve the management of chronic pain conditions
- analyze the use of cost-effective and evidence-based integrative pain management modalities
- employ patient selection criteria and patient safety protocols designed to mitigate risks
- examine patient outcomes through interventional pain therapies and integrative treatments
- interpret the assessment and evaluation of psychological factors that predict opioid prescription misuse and abuse
- employ the practice of setting functional goals as a standard component of the patient-centered pain treatment plan
- illustrate how to reduce costs, improve efficacy, and use outcometracking tools through evidence-based integrative and interventional pain techniques
- improve the coordination and use of evidence-based, patient-centered, and value-oriented pain care in the primary care setting

- advance the role of the patient in improving compliance and patient outcomes
- integrate interventional pain medicine into community-based hospice and palliative care
- examine knowledge of careers in the field of pain medicine research and treatment
- assess evidence-based strategies for chronic pain management
- identify major healthcare trends and explain their impact on the specialty practice of pain medicine
- define alternative routes of medication administration for opioids and commonly used medications for symptom management and interpret common conversions between these routes
- discuss common pitfalls in clinical interactions and identify how to improve provider communication so that a patient's self-management and realistic treatment expectations are fostered
- locate information and resources for educating patients and facilitating acceptance of more active coping strategies
- discuss the evolution of interdisciplinary pain treatment approaches and describe current and future trends for interdisciplinary care.



## Connect. Share. Engage.



The 32nd AAPM Annual Meeting is Tweet-friendly.

Tweet and follow **#PainMed2016** to share your big ideas and takeaways. And if you're not doing it already, please follow AAPM on Twitter **@AmerAcadPainMed**.

We're excited to engage with you!

#### ACCME's "Accreditation with Commendation"



AAPM was resurveyed by the Accreditation Council for Continuing Medical Education (ACCME) and awarded Accreditation with Commendation as a provider of continuing medication education (CME) for physicians for a term of 6 years through November 30, 2017. The 6-year accreditation is the highest accreditation awarded by ACCME.

ACCME rigorously evaluates the overall CME programs of institutions according to standards adopted by all seven sponsoring organizations of the ACCME: the American Board of Medical Specialties, the American Hospital Association, the American Medical Association, the Association for Hospital Medical Education, the Association of American Medical Colleges, the Council of Medical Specialty Societies, and the Federation of State Medical Boards of the United States.

ACCME accreditation seeks to assure both physicians and the public that CME activities provided by the Academy meet the high standards of the essential areas, elements, policies, and criteria for accreditation as specified by ACCME.

#### **Continuing Medical Education Credits** Accreditation Council for Continuing Medical Education

The American Academy of Pain Medicine (AAPM) is accredited by the Accreditation Council for Continuing Medical Education (ACCME) to provide continuing medical education (CME) for physicians.

AAPM designates all AAPM CME activities associated with the 32nd Annual Meeting for a maximum of 31.5 *AMA PRA Category 1 Credits™*. Physicians should only claim credit commensurate with the extent of their participation in the activity.

#### AAPM 32nd Annual Meeting and Related Education Programs

- 32nd Annual Meeting ......up to 14.5 credits

World Academy of Pain Medicine Ultrasonography (WAPMU) is the accredited provider of record and will provide CME for this program.
Medications Management Preconference Program.....13 credits

**Please note:** Attendees cannot receive credit for simultaneous sessions, including preconference sessions and concurrent workshops. The highest number of credits can be earned by combining the Ultrasound/Cadaver Preconference, Friday of the 32nd Annual Meeting, and the Essential Tools for Treating the Patient in Pain<sup>TM</sup>: For Primary Care Providers and Pain Specialists, which will provide a maximum of 34.5 CME credits.

#### **Disclosure of Unlabeled Use**

This educational activity may contain discussion of published and/or investigational uses of agents that are not indicated by U.S. Food and Drug Administration. The opinions expressed in the educational activity are those of the faculty. Please refer to the official prescribing information for each product for discussion of approved indications, contraindications, and warnings. Further, attendees/participants should assess the information presented critically and are encouraged to consult appropriate resources for any product(s) or device(s) mentioned in this program.

#### American Academy of Family Physicians (AAFP)

AAPM is approved by the American Academy of Family Physicians (AAFP) to offer continuing medical education for the 32nd Annual Meeting, the *Essential Tools for Treating the Patient in Pain™: For Primary Care Providers and Pain Specialists* program, and the Opioid and Non-Opioid Medications Management: Filling in the Gaps, Prescribing for the Whole Patient preconference program.

- This live activity, Opioid and Non-Opioid Medications Management: Filling in the Gaps, Prescribing for the Whole Patient, with a beginning date of February 17, 2016, has been reviewed and is acceptable for up to 12.25 prescribed credits by the American Academy of Family Physicians. Physicians should claim only the credit commensurate with the extent of their participation in the activity.
- This live activity, American Academy of Pain Medicine's 32nd Annual Meeting—Ensuring Access to Pain Care: Engaging Pain Medicine and Primary Care Teams, with a beginning date of February 18, 2016, has been reviewed and is acceptable for up to 14.50 prescribed credit(s) by the American Academy of Family Physicians. Physicians should claim only the credit commensurate with the extent of their participation in the activity.
- This live activity, Essential Tools for Treating the Patient in Pain™: For Primary Care Providers and Pain Specialists, with a beginning date of February 20, 2016, has been reviewed and is acceptable for up to 12.5 prescribed credit(s) by the American Academy of Family Physicians. Physicians should claim only the credit commensurate with the extent of their participation in the activity.

#### American Academy of Physician Assistants (AAPA)

The AAPA accepts *AMA PRA Category 1 Credit*<sup>IM</sup> from organizations accredited by the ACCME.

#### **Nursing Credits**

This continuing nursing education activity was approved by the American Association of Neuroscience Nurses, an accredited approver by the American Nurses Credentialing Center's Commission on Accreditation.

#### Disclaimer

AAPM reserves the right to substitute faculty or to cancel or reschedule sessions and preconference sessions because of low enrollment or other unforeseen circumstances. If AAPM must cancel the meeting, registrants will receive a full credit or refund, minus a processing fee of \$25. AAPM is not liable for any other loss, cost, or expense, however caused, incurred, or arising from cancellation.

#### **Americans with Disabilities Act**

AAPM take steps to ensure that no individual with a disability is excluded, denied services, segregated, or otherwise treated differently from other individuals because of the absence of auxiliary aids and services. If you require any of the auxiliary aids or services identified in the Americans with Disabilities Act to attend any AAPM program, please contact the AAPM office in advance so that special requests may be met.



#### 2016 Annual Meeting Desired Outcomes

- Maintain a knowledgeable and competent workforce of pain medicine and primary care clinicians.
- Improve the safety of acute and chronic pain treatment protocols.
- Decrease the rate of opioid- and pain analgesic—related adverse events.
- Improve functional pain outcomes through the use of patient-centered treatment plans.



Gold Level



#### **Silver Level**



kaléo

**Bronze Level** 







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#### ----- OPIOID EMERGENCIES -----



#### **12 NOON to 1 PM**

Primrose Ballroom B Palm Springs Convention Center Palm Springs, California

AAPM will provide lunch for all attendees from 11:30 AM

#### **Learning Objectives**

After attending this symposium, participants should be better able to:

- Cite evidence for the growth in opioid emergencies and the resulting public health epidemic
- Identify patients at increased risk for life-threatening opioid-induced respiratory depression (OIRD)
- Understand their role in preparing patients for opioid emergencies

This program is supported by kaleo, Inc.



PP-EVZ-US-0841

An official independent commercially supported satellite symposium held in conjunction with the American Academy of Pain Medicine's 32nd Annual Meeting and pre-meeting activities

#### MODERATOR

#### Eric S. Edwards, MD, PhD

Chief Medical Officer and Vice President Research & Development, kaleo, Inc., Richmond, Virginia

#### FACULTY

#### Michael J. Brennan, MD

The Pain Center of Fairfield, Fairfield, Connecticut Senior Attending Physician, Department of Medicine, Bridgeport Hospital, Bridgeport, Connecticut Associate Director, Chronic Pain and Recovery Program, Silver Hill Hospital, New Canaan, Connecticut

#### Mark A. Kallgren, MD

Medical Director, Pain Medicine, Oregon Anesthesiology Group, PC, Portland, Oregon

#### Philipp M. Lippe, MD, Award

The Philipp M. Lippe, MD, Award is given to a physician for outstanding contributions to the social and political aspects of pain medicine. Social and political accomplishments could be those that benefit the science, the practice, or the recognition of the specialty.



#### John D. Loeser, MD

John D. Loeser, MD, is professor emeritus of neurological surgery and anesthesiology and pain medicine at the University of Washington, and was the director of its Multidisciplinary Pain Center from 1983 to 1997. He is a graduate of Harvard College and New York University School of Medicine. He completed a surgery internship at the University of California in San Francisco and a neurosurgery residency at the University of Washington. He served in the United States Army 1968–1969. Certified by the American Board of Neurological Surgery in 1971, he has been a faculty member at the University of Washington since 1969. Active in research, teaching, and patient care in the field of pain management for more than 45 years, he was a founding member of the American Pain Society, AAPM, and the International Association for the Study of Pain. He is the past president of the American Pain Society and the International Association for the Study of Pain. He was a Fulbright Se-

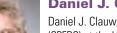
nior Scholar in Australia.

Early in his career, Dr. Loeser was involved in neurophysiological studies aimed at elucidating the mechanisms of neuropathic pain. His research interests then shifted to the assessment of treatments for low back pain and the effects of socioeconomic factors on pain and disability. He was one of the conveners of a Rockefeller Foundation Symposium on Narrative, Pain, and Suffering held in Bellagio, Italy. The International Association for the Study of Pain established the John D. Loeser Lectureship in 2005, and The Joint Section on Pain of the American Association of Neurological Surgeons/Congress of Neurological Surgeons established the John Loeser Lectureship in Neuromodulation in 2008.

He was a member of the Back Pain Outcomes Assessment Team at the University of Washington. He served as assistant dean for curriculum at the University of Washington and has long been interested in teaching students at all levels. He has received awards for teaching and service excellence from the University of Washington. His current clinical and research interests include multidisciplinary pain management, low back pain, and the management of pains related to injuries of the central and peripheral nervous system. The distinctions between injury, pain, suffering, and pain behaviors have long been a focus of his studies. He was the editor of the third edition of *Bonica's Management of Pain*, has authored more than 300 journal articles and book chapters, and recently wrote a book on cancer pain.

#### **Founders Award**

The Founders Award is given to an individual for outstanding contributions to the science or practice of pain medicine. This award is given for continued contributions for the basic or clinical science of pain medicine or for the demonstration of clinical excellence or innovation in the practice of pain medicine.



#### Daniel J. Clauw, MD

Daniel J. Clauw, MD, is professor of anesthesiology, medicine, and psychiatry, and director of the Chronic Pain and Fatigue Research Center (CPFRC) at the University of Michigan. The CPFRC is one of the world's leading pain research groups and focuses on identifying the mechanisms of and most effective treatments for chronic pain and fatigue syndromes.

Dr. Clauw earned his medical degree at the University of Michigan and served his residency in internal medicine at Georgetown University Medical Center. He did a fellowship in rheumatology, also at Georgetown. After serving as an instructor, assistant professor, associate professor, and director for Georgetown's Rheumatology Fellowship Program, Dr. Clauw moved to the University of Michigan in his current position in 2002.

Dr. Clauw's research interests include fibromyalgia and central pain syndromes, stress, mechanisms of pain processing, and functional somatic syndromes. His work has resulted in more than 100 peer-reviewed publications and multiple speaking engagements. He is current and past principal investigator and coinvestigator on numerous National Institutes of Health research grants. Dr. Clauw has been recognized with teaching and research awards throughout his career. He serves on the editorial boards of *Arthritis Care and Research, Journal of Musculoskeletal Pain*, and *Current Rheumatology Reviews*; as a coeditor for *Arthritis and Rheumatism*, and *Arthritis Research and Therapy*; as a study section editor for *CSSEC, VA*; as well as an ongoing reviewer for numerous professional publications.

#### **Distinguished Service Award**

The Distinguished Service Award is given to an individual for commitment and contributions to the American Academy of Pain Medicine. This award is given to an individual for specific outstanding contributions.



#### Yu "Woody" Lin, MD PhD

Yu (Woody) Lin, MD PhD, is the National Institute on Drug Abuse (NIDA) extramural program director. The Division of Extramural Research provides management and oversight on the development, implementation, and coordination of NIDA's extramural programs, research training, policies, reviews, and operations planning.

Dr. Lin's clinical experiences include serving as faculty at the Integrated Science of Chinese Medicine and Western Medicine, China Academy of Chinese Medicine; institute fellow at the China Academy of Traditional Medicine; and anesthesiologist at Norman Bethune University of Medical Sciences, Changchun, China. He served an assistant professor at Nursing School, China Academy of Traditional Medicine. Prior to coming to NIDA, Dr. Lin was a research scientist at Walter Reed Army Medical Center and the National Institute of Sciences.

#### **Patient Advocacy Award**

The Patient Advocacy Award recognizes activity of individuals in advocating for appropriate evaluation and treatment of patients suffering from pain. This award was created to honor those healthcare professionals whose deeds reflect their recognition of the importance and impact of the specialty of pain medicine.



#### **Penney Cowan**

Penney Cowan is the founder and executive director of the American Chronic Pain Association (ACPA), which provides peer support and education in pain management skills to people with pain and their families and works to build awareness about chronic pain among professionals, decision makers, and the general public.

Previously, she served as consumer representative for the U.S. Food and Drug Administration Center for Drug Evaluation and Research Anesthetic and Analgesic Drug Products Advisory Committee; member of the Interagency Pain Research Coordinating Committee (IPRCC) of the National Institutes of Health; and Cochair of the National Pain Strategies Public Education and Communication Working Group, part of the IPRCC. Most recently, she was elected as a board member of the International Alliance of Patient Organizations.

Cowan is the author of *Patient or Person, Living with Chronic Pain*. She also has written all manuals and materials used by the American Chronic Pain Association. With her Partners for Understanding Pain campaign, she successfully established September as Pain Awareness Month in 2002, which raised awareness about the need to better understand, assess, and treat pain. More than 80 partner organizations joined the campaign.

Since 1980, Cowan has been an advocate and consumer representative for pain issues and received numerous awards from organizations, such as the Institute for Public Service, American Pain Society, and American Academy of Pain Medicine.



#### Carmen R. Green, MD

Carmen R. Green received a BS in biology from the University of Michigan-Flint and received an MD from Michigan State University College of Human Medicine. After completing an internship in internal medicine, Dr. Green completed a residency in anesthesiology, subspecialty training in ambulatory and obstetrical anesthesiology, and a fellowship in pain medicine at the University of Michigan. She completed the Association of American Medical Colleges' Health Services Research Institute fellowship, the National Institute of Aging's Summer Research Institute fellowship, Hedwig van Ameringen Executive Leadership in Academic Medicine program, Mayday Pain & Society fellowship, and the Institute of Medicine/Robert Wood Johnson Health Policy fellowship (where she was also a health policy fellow with the U.S. Senate Health, Education, Labor and Pensions Committee, and the Children and Families Subcommittee).

Dr. Green is associate vice president and associate dean for health equity and inclusion for the University of Michigan Health System; a tenured professor of anesthesiology, obstetrics and gynecology, and health management and policy; an attending physician in the Back and Pain Care Center; a principal investigator for the Michigan Pain Outcomes Study Team; a faculty associate in the Program for Research on Black Americans Research Center for Group Dynamics at the Institute for Social Research; and a faculty member of the Depression Center and Cancer Center. She is codirector of the Dissemination and Health Policy Core and Community Liaison Core and director of the Healthier Black Elders Center for the Michigan Center for Urban African American Aging Research. Dr. Green serves on the editorial board for *Pain Medicine* and the *Journal of Pain*, and was the guest editor for *Pain Medicine*'s first special issue on disparities in pain care.

Dr. Green's research focuses on pain management outcomes, physician decision making, and access to care, and has documented disparities due to age, race, gender, and class across the lifespan. She has helped to develop and diversify the health professional pipeline, including service on faculty and advisory boards for programs designed to achieve a critical mass of minorities and women in biomedical science.

#### **Presidential Excellence for Education Award**

The Presidential Excellence for Education Award honors an individual who has made major contributions to the education of others about pain medicine.



#### Gagan Mahajan, MD

Gagan Mahajan, MD, is the director of the Pain Medicine Fellowship and associate professor of anesthesiology and pain medicine at the University of California–Davis Medical Center. He received his medical degree from Pennsylvania State University College of Medicine (Hershey, PA). He did his internship in internal medicine at Loma Linda University Medical Center (Loma

Linda, CA) and residency in physical medicine and rehabilitation at Baylor College of Medicine (Houston, TX). He completed his fellowship training in pain medicine through the Department of Anesthesiology and Pain Medicine at the University of California–Davis Medical Center (Sacramento, CA). Dr. Mahajan is board certified in physical medicine and rehabilitation (American Board of Physical Medicine and Rehabilitation) with subspecialty certification in pain medicine through the American Board of Physical Medicine and Rehabilitation. Dr. Mahajan has coauthored peer-reviewed articles in medical journals, book chapters, and other scholarly reviews.

Dr. Mahajan has cochaired AAPM's *Essentials Tools for Treating Patients in Pain*<sup>™</sup> since its inception. He also serves on the AAPM Nominating Committee and the Pain Medicine Fellowship Excellence Award Committee and is a member of the Interdisciplinary Pain Medicine Shared Interest Group.

#### Robert G. Addison, MD, Award

The Robert G. Addison, MD, Award is given to an individual or organization in recognition of outstanding efforts to foster international cooperation and collaboration on behalf of the specialty of pain medicine.

#### Andrew Moore, DSc



Dr. Andrew Moore works in Pain Research at Churchill Hospital in Oxford, part of the Nuffield Division of Anaesthetics of the University of Oxford. Dr. Moore has more than 40 years of experience in biomedical research and has published more than 600 scientific and clinical publications. He is an honorary member of the International Association for the Study of Pain and the British Pain Society,

and is a fellow by election of the Royal College of Anaesthetists. He was previously an honorary professor at the School of Health Sciences, University of Wales at Swansea.

He has written a number of books on evidence-based medicine and pain, as well as more than 200 systematic reviews, many on the topic of pain, including around 100 Cochrane reviews.

Dr. Moore is the founding editor of *Bandolier*, an evidence-based journal that started in 1994. His research interests include pain and anesthetics. Throughout his career, Dr. Moore focused on different aspects of pain research and evidence.

He graduated from the University of Oxford with a BA, MA, and DPhil from Balliol College, University of Oxford, and in 1997 was awarded a doctor of science degree by the University. Dr. Moore started his career as a consultant biochemist at Radcliffe Infirmary and was involved with research in a range of medical disciplines.

#### **2016 Presidential Commendations**



#### Daniel B. Carr, MD

In recognition of his representation of the Academy at the AMA Task Force to Reduce Opioid Abuse

AAPM President-Elect Daniel B. Carr, MD, is a professor at Tufts University School of Medicine and directs its interprofessional program in pain research, education, and policy. Founded in 1999, it is the only such program based in a department of public health and community medicine.

A clinician and investigator, Dr. Carr has published on pain research, evidence-based medicine, and the social and political aspects of pain relief. He played a key role in developing multidisciplinary pain treatment centers and clinical pain fellowships at the Massachusetts General Hospital, Tufts-New England Medical Center, and St. Elizabeth's Medical Center (all in Boston). He was founding editor of International Asso-

ciation for the Study of Pain's (IASP) *Pain: Clinical Updates*; cofounding editor for pain trials in the Cochrane review group on pain, palliative, and supportive care; and serves on editorial boards of pain-related journals. Additional contributions to publications include coediting the first two U.S. Department of Health and Human Services (HHS) clinical practice guidelines on pain; the first monograph on evidence, outcomes, and quality of life in pain management; and the latest edition of the authoritative Cousins and Bridenbaugh text on neural blockade and pain medicine.

Beyond his work with IASP and the U.S. Agency for Health Care Policy and Research and Agency for Healthcare Research and Quality, he has had advisory roles (many ongoing) for the American Academy of Pain Medicine, American Society of Anesthesiologists, American Pain Society (APS), Interstitial Cystitis Association, Phoenix Society for Burn Survivors, Joint Commission, National Institutes of Health (NIH), U.S. Food and Drug Administration, and American Chronic Pain Association. He is an oversight panelist and subgroup member for the National Pain Strategy of the NIH's Interagency Pain Research Coordinating Committee. His honors include AAPM's Philipp M. Lippe, MD, Award and Founders Awards; Bonica Lectures at the American Society of Regional Anesthesia and the University of Washington; APS's Fordyce, Distinguished Service, and Narcessian (Educational Excellence) Awards; and two citations from the Secretary of HHS.

#### Jianguo Cheng, MD PhD



In recognition of his work as vice president for scientific affairs, Scientific Review and Guidelines Committee co-chair, and thoughtful input on numerous important documents presented to the Academy for review

Jianguo Cheng, MD PhD, is professor and director of the Cleveland Clinic Pain Medicine Fellowship Program, AAPM vice president for scientific affairs, and immediate past chair of the U.S. section of the World Institute of Pain. Dr. Cheng is trained in neurology (Qingdao University), anesthesiology (University of Louisville), pain medicine (Harvard Medical School/Massachusetts General Hospital), biophysics (University of Guelph), and neuroscience (University of Alberta and University of Manitoba). He is committed to patient care, research, education, and leadership in pain medicine. As a caregiver, Dr. Cheng is recognized as one of the 70 Best Pain Management Physicians in America (Becker's ASC Review, 2011),

Top 10 Anesthesiologists in Cleveland (Vitals, 2014), and Best Doctors in America (Best Doctors Inc., 2015–2016). As a principal investigator, he has received research grants of more than \$4 million from the National Institutes of Health (NIH), the Department of Defense, and other agencies. He has published more than 200 research papers, review articles, abstracts, and book chapters. As an educator, he has trained more than 120 clinical pain fellows, postdoctoral fellows, and clinical research fellows. He was recognized as Best Teacher of the Year of Pain Medicine and Staff of the Year of Anesthesiology/Pain Medicine 2015 at the Cleveland Clinic. He is a member of grant review panels and committees for the NIH and the Department of Defense, among many other national and international committees. He is editor-in-chief elect of *Pain Practice*, senior editor of *Pain Medicine*, and editorial board member of *Pain Physician*. He has been serving as co-chair of the AAPM Scientific Review and Guidelines Committee since 2013 and has been a member of the AAPM Professional Education Committee since 2011. In addition, Dr. Cheng is active in the Association of University Anesthesiologists, the American Board of Anesthesiology, and the American Society of Anesthesiologists. He has received more than 40 awards and honors from institutions, societies, and government agencies.



#### Edward C. Covington, MD

In recognition of his work as chair of AAPM's Opioid Advisory Task Force

AAPM Past President Edward C. Covington, MD, was trained in psychiatry at the Mayo Clinic. He is certified by the American Board of Psychiatry and Neurology in psychiatry, with added qualifications in addiction psychiatry and pain management. He also is certified by the American Board of Pain Medicine.

Dr. Covington founded the Chronic Pain Rehabilitation Program at Cleveland Clinic in 1979 and has served as its director since that time. He developed a hospital pain consultation service for the diagnosis and management of problematic acute, chronic, and malignant pain.

Dr. Covington has published articles and chapters on subjects related to the psychology, physiology, and pharmacology of chronic pain. He is a reviewer for the *Clinical Journal of Pain* and a member of the editorial review board for *Pain Medicine*. He lectures nationally and internationally on subjects related to chronic pain.

He has been active in medical organizations and served as president of the Ohio Psychiatric Association. He serves as secretary of the American Board of Pain Medicine and is a longtime member of the American Chronic Pain Association Board of Directors. Currently, Dr. Covington chairs AAPM's Opioid Advisory Task Force.



#### Eduardo M. Fraifeld, MD

In recognition of his work on behalf of the Academy and the field of pain medicine related to coding and reimbursement, and particularly for service on the Current Procedural Terminology Advisory Committee and AMA Relative Value Scale Update Committee

AAPM Past President Eduardo M. Fraifeld, MD, is a distinguished, nationally recognized leader in the field of pain medicine.

While earning his undergraduate degree in biology he worked full time as a researcher at the Texas Medical Center in Houston. He earned his MD at the University of Texas Medical School at Houston. He completed a surgical internship at LSU Medical Center in Shreveport, LA, before going on to do his anesthesiology residency at Vanderbilt University Hospital in Nashville, TN, where he focused his training in the field of pain medicine.

Dr. Fraifeld has received many distinguished honors. He has more than 1,500 hours of continuing medical education to his credit since finishing his training. He is board certified by the American Board of Anesthesiology and also is a diplomate of the American Board of Pain Medicine.

He is a reviewer for Pain Medicine and Neuromodulation. He previously has been honored by AAPM with the 2007 Distinguished Service Award.

#### 2016 AAPM AWARDS



#### Dana L. Simon, MD

In recognition of many years of service to the Academy as chair of the CME Oversight Committee

Dana L. Simon, MD, is founder and director of Mercy Hospital Center for Pain Medicine, Des Moines, IA, and director of Medical Center Anesthesiologists. He has served AAPM as a director-at-large, Clinical Practice Committee chair, CME Oversight Committee chair, An-

nual Meeting Program Committee member, and Ethics Council member. He is a past president of the Midwest Pain Society and Iowa Society of Anesthesiologists (ISA). Dr. Simon has served on the Iowa Governor's Committee on Prescription Drug Abuse, as a reviewer for the *Clinical Journal of Pain*, as a consultant to the Iowa Department of Health Services, and as ISA delegate to the Iowa Medical Society Services Committee.

Dr. Simon has authored and coauthored numerous professional articles and presented on several clinical studies.



#### Lynn R. Webster, MD

In recognition of his ongoing efforts on behalf of pain patients and the recent publication of his book The Painful Truth, and the related documentary, telling the stories of people living with pain

Lynn Webster, MD, has dedicated more than 3 decades to becoming an expert in the field of pain management. He is the vice president of scientific affairs for

PRA Health Sciences and an AAPM past president. A leading voice in trying to help physicians safely treat pain patients, Dr. Webster actively works within the industry to develop safer and more effective therapies for chronic pain and addiction. He is board certified in anesthesiology and pain medicine, and also is certified in addiction medicine. Dr. Webster lectures extensively on the subject of preventing opioid abuse and criminal diversion in chronic pain patients. In addition, he has authored the book *Avoiding Opioid Abuse While Managing Pain: A Guide for Practitioners* and more than 300 scientific abstracts, manuscripts, and journal articles, many of which are the basis for training physicians who are studying pain.

Dr. Webster has played an instrumental role in the profession as a strong advocate for safe and effective pain resolution methods. The Opioid Risk Tool (ORT), which he developed, is currently used and is the standard in multiple countries and thousands of clinics worldwide. He spends most of his time now developing safer and more effective therapies for chronic pain and campaigning for safer use of medications.

He received his doctorate of medicine from the University of Nebraska and later completed his residency at the University of Utah Medical Center's Department of Anesthesiology. Dr. Webster has been quoted by multiple media sources, including in the *Los Angeles Times* and *The Wall Street Journal*, and has given more than 250 presentations across the United States and internationally. He is the author of *The Painful Truth: What Chronic Pain Is Really Like and Why It Matters to Each of Us.* 



#### **Pain Medicine Fellowship Excellence Award**

AAPM's annual Pain Medicine Fellowship Excellence Award recognizes Pain Medicine Fellowship Programs within the United States that are accredited by the Accreditation Council for Graduate Medical Education (ACGME) and that provide an exceptional learning experience to their fellows, preparing them to deliver the highest standard of care to patients with pain. Additionally, the award is intended to honor programs whose efforts coincide with AAPM's mission "to optimize the health of patients in pain and eliminate the major public health problem of pain by advancing the practice and the specialty of pain medicine."

#### 2016 Pain Medicine Fellowship Excellence Award Recipients

Cleveland Clinic Cleveland, OH Program Director: Jianguo Cheng, MD PhD

**Medical College of Wisconsin** 

Milwaukee, WI Program Director: Meredith C.B. Adams, MD MS

#### University of California–Davis

Sacramento, CA Program Directors: Naileshni Singh, MD (outgoing) and Charles DeMesa, DO (incoming)

University of Pittsburgh Medical Center Pittsburgh, PA Program Director: Scott A. Brancolini, MD PhD

#### Philipp M. Lippe, MD, Award

- Philipp M. Lippe, MD 1995 1996 Joel Saper, MD 1997 Richard Stieg, MD 1998 Sridhar Vasudevan, MD 1999 Hubert Rosomoff, MD 2000 J. David Haddox, DDS MD 2001 Kathleen M. Foley, MD 2002 Michael Ashburn, MD MPH Daniel B. Carr. MD 2003 2004 Robert G. Addison, MD Kenneth A. Follett, MD PhD 2005 Samuel J. Hassenbusch, MD PhD 2006 2007 Scott M. Fishman, MD 2008 Benjamin L. Crue Jr., MD FACS Albert L. Rav. MD 2009 Michel Y. Dubois, MD 2010 2011 Douglas Throckmorton, MD 2012 Philip A. Pizzo, MD 2013 Chester (Trip) Buckenmaier III, MD COL MC USA 2014 James P. Rathmell, MD
- 2015 Lieutenant General Eric Schoomaker, MD PhD Major General Richard W. Thomas, MG DHA

#### **Founders Award**

- 1995 Benjamin Crue, MD
- 1996 Wilbert Fordyce, PhD 1997 Peter Wilson, MBBS PhD
- 1997 Peter Wilson, MBBS 1998 Tony Yaksh, PhD
- 1999 Steven Feinberg, MD
- 2000 Rollin M. Gallagher, MD MPH
- 2001 Gary J. Bennett, PhD
- 2002 Russell Portenoy, MD
- 2003 Donald D. Price, PhD
- 2004 James C. Eisenach, MD
- 2005 Edward C. Covington, MD
- 2006 Gerald F. Gebhart, PhD
- 2007 Richard B. North, MD
- 2008 Michael J. Cousins, MD DSc
- 2009 Nikolai Bogduk, MD PhD DSc
- 2010 David Joranson, MSSW
- 2011 Daniel B. Carr, MD MA2012 Howard L. Fields, MD PhD
- 2012 Howard L. Fleids, MD 2013 Allan Basbaum, PhD
- 2013 Anali Dasbadini, ThD 2014 Steven P. Cohen, MD
- 2014 Clifford Wolff. MD PhD

#### Pain Medicine Fellowship Excellence Award

- 2013 Brigham and Women's Hospital, Boston, MA
- 2014 Jackson Memorial Hospital/University of Miami (JMH/UM), Miami, FL
- 2015 Beth Israel Deaconess Medical Center, Brookline, MA
- 2015 Mayo Clinic, Rochester, MN

#### **Distinguished Service Award**

- 1996 Patricia Owen
- 1997 Not Awarded
- 1998 Paul Gebhard, JD; Kristie Haley
- 1999 Peter Wilson, PhD MBBS; Ruth Tiernan
- 2000 Not Awarded
- 2001 Joel R. Saper, MD FACP FAAN
- 2002 Elliot Krames, MD
- 2003 Samuel J. Hassenbusch, MD PhD; Jeffrey W. Engle
- Albert L. Ray, MD
- 2005 Rollin M. Gallagher, MD MPH
- 2006 Edward C. Covington, MD
- 2007 Eduardo M. Fraifeld, MD
- 2008 David A. Fishbain, MD DFAPA
- 2009 Colleen M. Healy
- 2010 Scott M. Fishman, MD
- 2011 Timothy R. Deer, MD DABPM
- 2012 B. Todd Sitzman, MD MPH
- 2013 Philip A. Saigh Jr.
- 2014 Charles E. Argoff, MD; Marsha Stanton, PhD RN
- 2015 Perry G. Fine, MD

#### **Patient Advocacy Award**

- 2001 Warner Wood, MD
- 2002 Robert Biscup, MS DO
- 2003 Not Awarded
- 2004 Kenneth Moritsugu, MD MPH
- 2005 John (Jack) C. Lewin, MD
- 2006 Not Awarded
- 2007 Louis W. Sullivan, MD
- 2008 Robert D. Kerns, PhD
- 2009 Not Awarded
- 2010 Myra Christopher
- 2011 Will Rowe
- 2012 Robert J. Saner II, JD
- 2013 Malene Davis, MBA MSN CHPN, and Capital Caring
- 2014 Edward J. Bilsky, PhD
- 2015 Samir K. Ballas, MD FACP

#### AAPM Presidential Excellence Award for Education

- 2012 Lynn R. Webster, MD
- 2013 Debra K. Weiner, MD
- 2014 Beth B. Murinson, MD PhD
- 2015 Michael Cousins, MD DSc

#### **Robert G. Addison, MD, Award**

- 2014 Tanja Erika Schlereth, MD PhD
- 2015 ChildKind International

# For your career. For your profession. For your patients.

**Join** the distinguished community of 2,400 physicians, researchers, and other pain professionals.

**The American Academy of Pain Medicine** (AAPM) has been the premier non-profit, professional medical association serving this community for more than 30 years.

**Resources.** Members receive the Academy's journal, *Pain Medicine*, the premier source of peer-reviewed research and commentary on pain medicine. The robust AAPM website includes a library of pain medicine resources, patient education materials, practice management resources, an online career center and more.

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**Engagement.** Get discounts on conference registration to AAPM's Annual Meeting. This preeminent annual event features expert faculty, outstanding educational sessions on the hottest topics in pain, and an unparalleled opportunity to network with fellow pain medicine practitioners and nationally recognized leaders in the field. Participating in a Shared Interest Group or an AAPM Committee provides another forum for engagement with your colleagues. **Education.** Easy online access to Continuing Medical Education (CME) programs for physicians and other pain professionals by top experts and researchers. AAPM is accredited by the Accreditation Council for Continuing Medical Education (ACCME).



**Updates.** Stay on top of the latest news in the field of pain medicine with AAPM's bimonthly e-news. Members also receive AAPMail Alerts—timely emails on FDA alerts, advocacy updates, member information and more.

Advocacy. AAPM voices your concerns – the needs of both patients and professionals. As part of the Pain Care Coalition in Washington DC, and through representation in the AMA House of Delegates (HOD), the Academy advocates for a balanced approach to safe and effective pain treatment.

#### **Questions?**

Contact Member Services at info@painmed.org or 847.375.4731. Or visit **painmed.org**  Join today. Apply online at painmed.org/membercenter



#### SCHEDULE AT A GLANCE

WEDNESDAY, FEBRUARY 17				
7—11:45 am	World Academy of Pain Medicine Ultrasonography (WAPMU) Ultrasound/Cadaver Program Musculoskeletal Ultrasound and Regenerative Medicine—Day 1 (001)		WAPMU Ultrasound/Cadaver Program Advanced Ultrasonography in Interventional Pain Management—Day 1 (002)	
11:45 am–1 pm		Lunch on You	ır Own	
1–5 pm	WAPMU Ultrasound/ Cadaver Program Musculoskeletal Ultrasound and Regenerative Medicine—Day 1 (001)	WAPMU Ultrasound/ Cadaver Program Advanced Ultrasonography in Interventional Pain Management—Day 1 (002)	the Gaps, Prescribing for 1½-Day Prog	i <b>cations Management: Filling in</b> • <b>the Whole Patient (003)</b> PC µram—Part 1 of 3 I–5:30 pm
THURSDAY	, FEBRUARY 18			
7–11:30 am	WAPMU Ultrasound/ Cadaver Program Musculoskeletal Ultrasound and Regenerative Medicine—Day 2 (001)	WAPMU Ultrasound/ Cadaver Program Advanced Ultrasonography in Interventional Pain Management—Day 2 (002)	the Gaps, Prescribing for 1½-Day Prog	ications Management: Filling in the Whole Patient (003) PC pram—Part 2 of 3 begins at 7:30 am.
11:30 am–Noon		AAPM-Provide	ed Lunch	
Noon–1 pm	Non-CME Satellite	Symposium—Opioid Emergencies	: Amplifying the Voice for Take	-Home Naloxone
1:15–5:15 pm	WAPMU Ultrasound/ Cadaver Program Musculoskeletal Ultrasound and Regenerative Medicine—Day 2 (001)	WAPMU Ultrasound/ Cadaver Program Advanced Ultrasonography in Interventional Pain Management—Day 2 (002)	the Gaps, Prescribing for 1½-Day Prog	ications Management: Filling in the Whole Patient (003) PC Iram—Part 3 of 3 ends at 5:30 pm.
5:15–6:45 pm	AAPM 32nd Annual Meeting Welcome Reception Exhibits & Poster Sessions—Group 1 and Late-Breaking Posters			
FRIDAY, FE	BRUARY 19			
6:15–6:45 am	AAPM-Provided Breakfast			
6:45–7:45 am	Non-CME Satellite Symposium—Reducing Opioid Misuse and Diversion: A Focus on New Abuse-Deterrent Formulation Technologies			
8–9 am	What's Trending in Pain Medicine in 2016: Opioids and Education (101) 🖻			
9–9:40 am	Novel App	roaches to Integration of Pain Me	licine with Primary Care (102) (	
9:40–10:40 am	BREAK Exhibits & Poster Sessions—Group 1			
10:40–11:20 am		Plenary Research Highlights (103) 🖻 🕕 ໜ		
11:20 am–Noon	Me	chanisms of Low Back Pain Due to	) Soft Tissues (104) ┍  🕕 🔯	
Noon–12:30 pm		AAPM-Provid		
12:30–1:30 pm	Non-CME Satellite Symposium—B Managed Patient: Addressing Comor			—Opioid-Induced Constipation: Rapid Relief Matters
1:45–2:45 pm	Laboratory Medicine Practice Guidelines (LMPGs) to Support Pain Management: Public Comment (201) PC	Poster Research Highlights (202)	Noninvasive Brain Stimulation: What Is It and Does It Work for Pain? (203)	A Palliative Care Primer: The ABCs of End-of-Life Pain and Symptom Management for the Pain and Primary Care Provider (204) PC
2:45–3:45 pm		BREAK WITH E	XHIBITS	
3:45–4:45 pm	National Pain Strategy: A Comprehensive Population Health–Level Strategy for Pain (205)	Central Neuropathic Pain from Stroke, Spinal Cord Injury, and MS: Unique Challenges and Emerging Treatments (206)	Emerging Trends in Pain Education: Content, Curriculum, and Competencies (207)	Demystifying Chronic Pelvic Pain Management: A Case-Based Approach to Interdisciplinary Treatments (208) PC 1
4:45–5 pm		BREAK WITH E	XHIBITS	
5—6 pm	Bridging Gaps in Perioperative Acute Pain Management (209)	How Expectation and Learning Shape Pain—Lessons for the Clinician from Placebo and Nocebo Studies (210)	Boots on the Ground in Opioid Tapering: Novel Assistance for Prescribers (211) PC	Assessing and Managing Insomnia in Patients with Chronic Pain (212) PC
6–7:30 pm		AAPM 32nd Annual M Exhibits & Poster Sessions—Group		

#### **SCHEDULE AT A GLANCE**

SATURDAY	, FEBRUARY 20			
8–9:30 am	Multifaceted Approach to Improve Pain Care and the Safety of Opioids Prescribing in the Veterans Health Administration (VHA) (301) PC OV	The Past, Present, and Future of Interdisciplinary Pain Management (302) PC	Evidence-Based Medicine in Spinal Stimulation: What Is the Best Choice? Is There One, or Are There Many? (303)	Essential Tools for Treating the Patient in Pain™: For Primary Care Providers and Pain Specialists: Core Program 1 of 3 (PME) ₽€
9:30—10:45 am	I	BREAK Exhibits & Poster Sessions—Group 2	2	Session ends at Noon
10:45–11:45 am	New Developments in Fibromyalgia Syndrome (304)	Pain Psychology: A Global Needs Assessment and National Call to Action (305)	Best Practices in the Interventional Implant Practice (306)	
11:45 am–12:15 pm		AAPM-Provided Lunch		
12:15–1:15 pm		—Clinical Dialogues: What Is the ine in Chronic Pain?	Non-CME Satellite Symposium Kappa Opioid Receptor Agonists	
1:30–3 pm	Making System- and Population- Based Pain Care Happen in Your Local Healthcare System (307) PC OV	Transforming DoD and VA Pain Care for Service Members and Families (308) PC OV	Intrathecal Therapies in the Non-Cancer Pain Patient (309)	American Headache Society Program: Chronic Migraine Education Program (310)PC
3–3:15 pm		BREA	IK	
3:15–4 pm	AAPM Membo	ers' Business Meeting and Awards	Presentation	Essential Tools for Treating the Patient in Pain™: For Primary Care Providers and Pain Specialists: Core Program 2 of 3 (PME) ℃ Session ends at 4:05 pm
4:05–4:15 pm		BREAK		
4:15–5:45 pm	Pain Curriculum Development for Primary Care Practitioners (311)	Patient Aligned Care Team (PACT) (312) 📧 👽	Cost-Effectiveness of Interventional Pain Therapy (313)	The Nuts and Bolts of Integrating a Psychologist into Your Practice (314) PC
SUNDAY, F	EBRUARY 21			
7:15–8:15 am		to Succeed as an Academic Clinic is not a CME program. See page 23 for de		Essential Tools for Treating the Patient in Pain™: For
8:30–9:30 am	Non-Pharmaceutical/Integrative Therapies Pearls (401) PC	Best Pain Care at Lower Cost: Collaborative Health Outcomes Information Registry (CHOIR) as a Model Platform for Learning Health Systems (402)	Practical Advice for Real-World Practice: Facilitating Self- Management in Challenging Patients (403) PC	Primary Care Providers and Pain Specialists: Core Program 3 of 3 (PME) PC Session is 7 am–1 pm
9:30–9:45 am		BREAK		
9:45–10:45 am	Clinical Pearls of Pain Medicine (404) 🖻	Creating Effective Simulation and Immersive Learning Experiences for Pain Medicine Education (405) PC	Challenging Headaches: What to Do? Understanding the Roles of IV Infusions, Nerve Blocks, Neuromodulation, and Behavior Modifications (406) PC	
10:45–11 am		BREAK		
11 am–Noon	Practice Issues and Professional Development (407) PC	Cancer Pain Management: Changing Paradigms (408)	The Challenging Dyad of Pain Medicine: Obesity and Chronic Pain (409) PC 1	

AAPM would like to thank these organizations for their educational support of the 32nd Annual Meeting: AstraZeneca, Depomed, Jazz Pharmaceuticals, Medtronic, Pfizer, Teva, and Nevro Corp. (List as of February 4, 2016)

PC These sessions are appropriate for clinicians in primary care setting.

DV These sessions are presented by or for clinicians in a military (DoD) or Veteran's Administration (VA) setting.

These sessions will discuss interventional therapies and are appropriate for clinicians who want to learn more about these therapies.

#### **Poster Hours**

The six highest-ranking poster authors have been selected to present their posters at a plenary research highlights session or a concurrent scientific session, as noted below:

- Plenary Research Highlights—Friday, February 19, 10:40 am–11:20 am
- Poster Research Highlights—Friday, February 19, 1:45–2:45 pm

Scientific posters will be on display in the AAPM Resource Center. There will be two presentation groups of posters. Be sure to visit the Resource Center to see both groups as they are available to be viewed on different days. Copies of the six highest-ranking posters will also be displayed close to the registration area. Poster authors are invited to provide copies of their posters for inclusion on the AAPM website.

#### Late-breaking posters will be on display through both poster sessions.

#### Group 1

This presentation group, with posters numbered 100–169, includes posters categorized by the following clinical topics:

- basic science
- procedures
- psychosocial

These posters will be on display in the Resource Center from Thursday, February 18, at 5:15 pm until Friday, February 19, at 10:40 am.

#### Group 2

This presentation group, with posters numbered 170–239, includes posters categorized by the following clinical topics:

- epidemiology/health policy/education
- pharmacological
- rehabilitation
- translational.

These posters will be on display in Resource Center from Friday, February 19, at 6 pm until Saturday, February 20, at 10:45 am.

#### **Author-Attended Sessions**

**Welcome Reception with Poster Session** 

#### **Thursday, February 18**

5:15-6:45 pm

**Group 1 and Late-Breaking Posters** 

#### **Author-Attended Sessions**

**Reception with Poster Session** 

#### Friday, February 19

6–7:30 pm

**Group 2 and Late-Breaking Posters** 

#### **Speaker Ready-Room Hours**

Tuesday, February 16 4–7 pm	
Wednesday, February 17	8:30 am–6 pm
Thursday, February 18	6:30 am–6 pm
Friday, February 19	6:30 am–6:30 pm
Saturday, February 20	7 am—5:45 pm
Sunday, February 21	6 am—1 pm

#### **Registration Hours**

Tuesday, February 16 3–7 pm	
Wednesday, February 17	6:30 am–5 pm
Thursday, February 18	6:30 am–6 pm
Friday, February 19	6:30 am–6:30 pm
Saturday, February 20	7 am–5 pm
Sunday, February 21	8 am–Noon

#### **Paperless Meeting**

Registrants are able to view, download, and print faculty slides and presentation information at www.painmed.org/palmsprings during the Annual Meeting, and also after the meeting.

#### **Sunshine Act**

The Physician Payment Sunshine Act (Sunshine Act)—Section 6002 of the Patient Protection and Affordable Care Act mandates the disclosure of the National Provider Identifier (NPI) number for any "payment or other transfer of value over \$10" given to a physician from any pharmaceutical, device, or biologics manufacturing company. As an accredited ACCME provider for CME, physician participation in AAPM CME-accredited activities is deemed a "nonreportable" event.

#### **Evaluation Tool**

AAPM offers the meeting evaluation in an online format. Meeting registrants can access the evaluation by visiting the AAPM website at www.painmed.org/ palmsprings and clicking on the evaluation link. The online evaluation may be completed during the meeting or after attendees have returned home. Participants will receive their continuing medical education certificate immediately when they submit their evaluations online. Certificates also can be sent from the system to participants' e-mail addresses for printing later or saving electronically. All attendees are encouraged to complete the meeting evaluation by March 30, 2016, regardless of whether they are seeking continuing education credits. If you have any questions, please call 847.375.4731.

## Networking Opportunities/ AAPM Members' Annual Business Meeting

#### Thursday, February 18

#### 5:15-6:45 pm

#### Welcome Reception

#### **AAPM Resource Center**

Join friends and colleagues for the Welcome Reception, Exhibits, and Poster Sessions (Group 1 and late-breaking posters).

#### Friday, February 19

#### 5–6 pm

#### Pain Medicine Program Directors, Fellows, Residents, and Students Reception

Meet with program directors and learn more about the specialty of pain medicine. Pain medicine fellows, residents, and students are welcome to attend.

#### 6-7:30 pm

#### Reception

#### **AAPM Resource Center**

Join friends and colleagues for the Reception, Exhibits, and Poster Sessions (Group 2 and late-breaking posters).

#### Saturday, February 20

#### 3:15–4 pm AAPM Members' Business Meeting and Awards Presentation

#### Sunday, February 21

#### 7:15-8:15 am

#### **Special Event**

#### **How to Succeed as an Academic Clinical Pain Researcher** *Moderator: Sean Mackev, MD PhD*

#### What the NIH Is Looking for in Your Grant Proposal Yu Lin. MD PhD

#### What Editors of Peer-Reviewed Journals Are Looking for in Your Manuscript

Rollin M. Gallagher, MD MPH; R. Norman Harden, MD

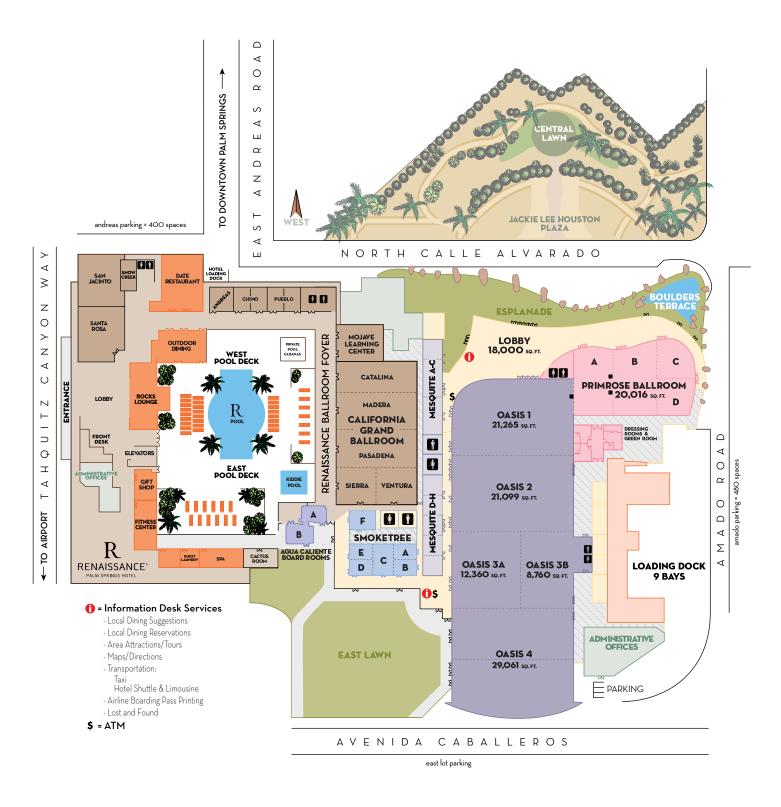
#### Advice from a Junior Investigator Jennifer Hah, MD MS

This is not a CME program.

#### **Shared Interest Groups**

Meet with AAPM meeting attendees with similar interests during shared interest group (SIG) meetings during the Annual Meeting. Watch for information about the following SIG gatherings:

- Acute pain
- Interdisciplinary pain medicine
- Military/VA
- Pain psychology
- Primary care
- Resident fellow education.



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#### World Academy of Pain Medicine Ultrasonography-Ultrasound/Cadaver Programs\*

The World Academy of Pain Medicine Ultrasonography (WAPMU) is collaborating with AAPM to offer two distinct ultrasound/cadaver programs. These programs will take place over 2 days and provide 16 hours of CME to attendees. Because these programs take place simultaneously, you will be able to register for only one program.



**Target audience:** Orthopedic and pain medicine specialists interested in expanding and improving their knowledge of ultrasound for needle guidance and diagnostics View detailed program information and register at www.painmed.org/wapmu.

#### Musculoskeletal Ultrasound and Regenerative Medicine (001)

During the past decade, musculoskeletal ultrasound (MSKUS) has evolved into a separate imaging discipline. Physical medicine and rehabilitation was the first nonradiology specialty that embraced ultrasound methods in daily practice. MSKUS is an integral part of the comprehensive evaluation and treatment of musculoskeletal problems and is a powerful tool for assessing neurological conditions. However, these applications are not yet incorporated into routine neurological practice.

This course is designed to provide an overview of the musculoskeletal and peripheral nerve anatomy of the upper and lower extremities, discussing common pathology and its diagnosis. The procedural segment includes tutelage of common MSKUS procedures, regenerative medicine, cryotherapy, and chemodenervation.

#### Wednesday, February 17-Day 1

#### Presentations and Live Model Scanning 7 am–5 pm

7–7:30 am	Registration and Continental Breakfast
7:30–9:15 am	Regenerative Medicine and Orthobiologics
9:15–10:30 am	Ultrasound Procedural Interventions of the Upper Extremity
10:30–10:45 am	Break (Meet with our exhibitors.)
10:45–11:45 am	Ultrasound Procedural Interventions of the Lower Extremity
11:45 am–1 pm	Lunch on Your Own (Please return by 1 pm for hands-on
	rotations.)
1–5 pm	Attendees rotate through hands-on stations

#### Thursday, February 18–Day 2

#### **Cadaver Workshop**

#### 7 am-5:15 pm

7–7:30 am	Registration and Continental Breakfast
7:30–7:45 am	Changing into Personal Protective Equipment (PPE) for Lab
7:45–11:30 am	Cadaver Stations (Attendees rotate through stations)
11:30 am–Noon	Lunch provided by AAPM
Noon–1 pm	Optional Non-CME Satellite Symposium
1:15–5:15 pm	Live Scanning (Attendees rotate through stations)
	Shoulder
	<ul> <li>Elbow and wrist</li> </ul>
	• Hip
	Knee and ankle
	<ul> <li>Regenerative medicine (All stations)</li> </ul>
4:45–5:15 pm	Open Laboratory and Regenerative Medicine Demonstration
	Regenerative medicine (All faculty)

## Advanced Ultrasonography in Interventional Pain Management (002)

Interventional pain management practitioners have been pioneers in the field of ultrasound-guided procedures in chronic pain. Recently, pain medicine luminaries have implemented ultrasonography in the clinical setting, successfully using ultrasound as an extension of physical examination. Numerous painful conditions may be diagnosed in the office, sparing expensive and time-consuming journeys to an MRI suite.

During this course, diagnostic methods will be discussed and core peripheral, sympathetic, and axial procedures will be outlined and demonstrated on human cadavers.

#### Wednesday, February 17–Day 1

#### Presentations and Live Model Scanning 7 am–5 pm

7–7:30 am	Registration and Continental Breakfast
7:30–8:15 am	Musculoskeletal Ultrasound—Upper Extremity
8:15–9 am	Musculoskeletal Ultrasound—Lower Extremity
9–9:15 am	Break (Meet with our exhibitors.)
9:15–10:15 am	Ultrasound and Regenerative Medicine (Platelet-Rich
	Plasma and Stem Cell)
10:15–11 am	Neurosonology
11–11:45 am	Spinal and Sympathetic Chain Ultrasonography Procedures
11:45 am–1 pm	Lunch on Your Own (Please return by 1 pm for hands-on
	rotations.)
1–5 pm	Live Model Scanning

#### Thursday, February 18–Day 2

#### Cadaver Specimen Training

#### 7 am-5:15 pm

7–7:30 am	Registration and Continental Breakfast		
7:30–7:45 am	Changing into PPE for Lab		
7:45–11:30 am	1:30 am Cadaver Lab Training (Attendees rotate through stations)		
11:30 am–Noon	oon Lunch provided by AAPM		
Noon–1 pm	Optional Non-CME Satellite Symposium		
1:15–5:15 pm	5–5:15 pm Cadaver Lab Training		
	<ul> <li>Musculoskeletal ultrasound—upper extremity</li> </ul>		
	<ul> <li>Musculoskeletal ultrasound—lower extremity</li> </ul>		
	<ul> <li>Neurosonology</li> </ul>		
	<ul> <li>Spinal sonography</li> </ul>		
	<ul> <li>Regenerative medicine (All stations)</li> </ul>		
4:45–5:15 pm	Open Laboratory Training and Regenerative Medicine Demonstration		

\*All attendees must complete a WAPMU-provided online evaluation to receive a certificate of credit. The number of credits awarded will be based upon the hours of attendance you indicate on the evaluation. A certificate of attendance/credit will be e-mailed to you within 2 weeks after the workshop. If you do not receive your certificate within 2 weeks, please e-mail Scot Sarver at ssarver@wapmu.org.

There is an additional fee to attend all preconference programs. Registration is required. These programs are subject to cancellation if attendance does not meet capacity.

#### Opioid and Non-Opioid Medications Management: Filling in the Gaps, Prescribing for the Whole Patient (003)\* PC

#### **Co-Chairs**



W. Michael Hooten, MD Professor of Anesthesiology Mayo Clinic College of Medicine Rochester, MN No relevant financial realtionships



Steven P. Stanos Jr., DO Medical Director, Pain Services Swedish Health Services Seattle, WA Analgesic Solutions (Consultant); Astra Zeneca (Consultant); Collegium (Consultant); MyMatrixx (Consultant); Pfizer (Consultant); Purdue (Consultant)

David J. Tauben, MD

James C. Watson, MD

Lynn R. Webster, MD

The pharmacologic management of chronic pain is an important aspect of clinical practice in the primary care setting. However, strategies aimed at optimizing the use of non-opioid analgesics while mitigating the potential risks associated with opioid use can be difficult to implement in daily clinical practice. The focus of this compelling 1.5-day preconference is to provide useful, practical information about the use of opioid and non-opioid analgesics to improve the effective pharmacologic management of adults with chronic pain in the primary care setting.

#### Faculty

Charles E. Argoff, MD Zahid H. Bajwa, MD Michael R. Clark, MD MBA MPH Edward C. Covington, MD Richard C. Dart, MD PhD Halena Gazelka, MD Jeffrey A. Gudin, MD W. Michael Hooten, MD

#### Wednesday, February 17-Day 1

#### 12:30-5:30 pm

#### I. Opioid Management and Controversies

- A. Opioid Management Introduction
  - 1. Opioid Pharmacology
  - 2. Abuse-Deterrent Technologies
  - 3. Opioid Tapering
  - 4. Opioid Management and Monitoring: Urine Toxicology Screening
  - 5. Other Adverse Effects of Opioids (Nonconstipation)
  - 6. Hyperalgesia: From Bench-Side to Clinical Practice—Does It Really Exist?
  - 7. Methadone: What Physicians Need to Know
- B. Integrating Recent Guidelines into Clinical Practice: Debate

#### Q&A

#### Thursday, February 18–Day 2

#### 7:30-11:30 am

Wayne (Nick) T. Nicholson, MD PharmD

Gagan Mahajan, MD

Marvin D. Seppala, MD

Steven P. Stanos Jr., DO

#### I. Opioid Management and Controversies (continued)

- C. Opioid-Induced Constipation (OIC)
  - 1. OIC Pain Medicine White Paper Presentation
  - 2. OIC: A Consensus Definition and Its Clinical Implications
  - 3. OIC: A Consensus on When Prescriptive Therapies Should Be Considered Supported by a grant from the AAPM Foundation
- D. Epidemiology of Abuse, Misuse, and Addiction
- E. Addiction Medication Primer
- II. Non-Opioid Analgesics and Agents

A. Anticonvulsants for Neuropathic Pain

#### 11:30 am-Noon

Lunch provided by AAPM

#### Noon-1 pm

**Optional Non-CME Satellite Symposium** 

#### 1-5:30 pm

#### II. Non-Opioid Analgesics and Agents (continued)

- B. Psychiatric Medication Primer for the Pain Clinician: Depression, Anxiety
- C. NSAIDs for Acute and Chronic Pain
- D. Topical Analgesics for Acute and Chronic Pain
- E. Muscle Relaxers: Review of Agents and Evidence

#### **III. Other Pain Conditions**

- A. Headache Medications
- B. Insomnia: Medication Approaches

#### Q&A

Be sure to visit to our website, www.painmed.org/annualmeeting, to view the program agenda and confirmed faculty.

#### Friday, February 19

#### 8–9 am

## What's Trending in Pain Medicine in 2016: Opioids and Education (101) PC



From the White House to local health authorities, numerous task forces and initiatives are seeking to address the crisis of prescription drug abuse, particularly involving opioids. These efforts are taking place in tandem with ongoing actions to improve pain assessment and treatment, shortfalls in which constitute another public health crisis. This course features

national leaders of several of the most important initiatives addressing these linked crises, describing their efforts, and emphasizing the key roles of professional and lay public education in doing so.

#### Moderator

Daniel B. Carr, MD MA

The AMA Task Force to Reduce Opioid Abuse Patrice A. Harris, MD MA

Opioids and Pain in Medical Education and Licensing Examinations Scott M. Fishman, MD

**Opioids 2016: Evidence and Education for the Primary Care Physician** *Erin E. Krebs, MD MPH* 

Erin E. Kreds, IVID IVIF

#### 9-9:40 am

## Novel Approaches to Integration of Pain Medicine with Primary Care (102) PC DV



Collaborating with primary care physicians in an organized system of care can prepare you for the coming changes in health care. This session, moderated by Bill McCarberg, AAPM president, explores the birth of a patient-centered medical home for pain and the future of pain medicine in a community setting, within a large HMO, and within the

Veterans Administration (VA) Healthcare System.

*Moderator Bill McCarberg, MD* 

Integration of Pain Medicine Within a Large HMO Bill McCarberg, MD

Birth of a Patient-Centered Medical Home for Pain: The Results of a 4-Year Collaboration with an HMO to Provide Specialty Pain Care to a High-Risk Population Fred N. Davis, MD

Integration of Pain Medicine with Primary Care Within the VA Healthcare System Rollin M. Gallagher, MD MPH

## Integration of Pain Medicine Within the University of Washington

David J. Tauben, MD

#### 10:40-11:20 am



Plenary Research Highlights (103) PC U V Increasing both the quality and quantity of scientific pain re-

search remains a primary goal for the 32nd Annual Meeting Planning Committee. AAPM's reputation as a premier academic and scientific research organization continues to increase the quality and quantity of cutting-edge scientific

research abstract submissions. The Scientific Poster Abstract Committee has selected two of the highest ranking 2016 poster submissions for presentation in this plenary venue. Four additional poster submissions will be presented in a concurrent Poster Research Highlights session on Friday afternoon.

#### Moderator

James C. Watson, MD Additional Faculty TBA

Intravenous Transplantation of Bone Marrow–Derived Mesenchymal Stem Cells Attenuated Activation of Glial Cells and Reversed Opioid Tolerance and Opioid-Induced Hyperalgesia (Poster 233–Group 2) Jianguo Cheng, MD PhD

Network of Coordinated Care: Collaborative Relationship of Pain Medicine with Primary Care for Complex Patients with Pain: A Large-Scale Network Study Using a Learning Health System Platform (Poster 175–Group 2)

Ming-Chih Kao, MD PhD Ian Mackey

#### 11:20 am-Noon



Mechanisms of Low Back Pain Due to Soft Tissues (104) PC I DV

Soft tissue pain is often experienced, poorly understood, and inconsistently, if ever, evaluated and treated in a systematic fashion. One reason for its absence in the pain curricula is the lack of understanding of the pathophysiological process-

es known to produce the pain. This session presents experimental animal and human data that explain the potential role of soft tissue in nonspecific low back pain patients. For the first time, the role of psychological stress on the activity of nociceptive neurons has been addressed directly.

Faculty Siegfried Mense, MD

PC Primary Care



Interventional



## **PLAN NOW TO ATTEND AAPM'S 33rd ANNUAL MEETING**

The Emerging Science & Practice of Pain Medicine

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- \* AAPM is accredited by the Accreditation Council of Continuing Medical Education (ACCME) to provide continuing medical education for physicians.

#### For More Information

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Loews Sapphire Falls Resort | Orlando, FL MEETING DATES: MARCH 15-19, 2017 EXHIBIT DATES: MARCH 16-18, 2017

#### Friday, February 19

#### 1:45-2:45 pm

#### Laboratory Medicine Practice Guidelines (LMPGs) to Support Pain Management: Public Comment (201) PC

Urine drug testing is commonly incorporated into the management of pain patients. This session discusses the scientific evidence supporting the use of laboratory tests to direct the care of pain patients, also the first draft of the National Academy of Clinical Biochemistry LMPGs for the use of laboratory tests in the management of pain patients.

#### Clinical Utility and Role of Qualitative and Quantitative Laboratory Testing for Pain Management: Appropriate Analytes, Cutoffs, and Methodology

Paul J. Jannetto, PhD

Frequency and Appropriate Specimen Types Required to Detect Medications Used and Abused by Pain Management Patients Robin Hamill-Ruth, MD

#### Clinical Utility of Pharmacogenomics, Adulterant Testing, and Current Regulatory Guidelines for Monitoring Pain Patients

Nancy Bratanow, MD

#### 1:45-2:45 pm

#### Poster Research Highlights (202) PC 💶 🔍

AAPM's reputation as a premier academic and scientific research organization continues to increase the quality and quantity of cutting-edge scientific research abstract submissions. In addition to the research highlights presented in the plenary venue, this scientific session provides cutting-edge research from four additional award-winning scientific poster submissions. **Moderator** 

James C. Watson, MD

Long-Term Results (12 Months) of a Prospective, Multicenter, Open-Label Clinical Trial Comparing Intradiscal Biacuplasty to Conventional Medical Management for Discogenic Lumbar Back Pain (Poster 123–Group 1)

Michael Gofeld, MD

Sphenopalatine Ganglion Block (SPGB) vs Epidural Blood Patch (EBP) for Accidental Postdural Puncture Headache (PDPH) in Obstetric Patients: A Retrospective Observation (Poster 145–Group 1) Preet Patel. MD

The Combination of Perineural and Systemic Dexamethasone Enhances the Duration of Operatively Placed Intercostal Nerve Blocks Compared to Systemic Dexamethasone Alone as Measured by Objective Pulmonary Function Testing (Poster 135–Group 1) Dermot P. Maher, MD MS

Do Epidural Steroid Injections Reduce Healthcare Spending for Patients with Low Back Pain? Evidence from the Marketscan® Database (Poster 187—Group 2) *Eric Sun, MD PhD* 

#### 1:45-2:45 pm

## Noninvasive Brain Stimulation: What Is It and Does It Work for Pain? (203)

This session provides an overview of the emerging therapies for pain that involve noninvasive electrical stimulation of the brain. It also reviews the literature on transcranial magnetic stimulation and transcranial direct current stimulation for treating pain indications, along with methodological, ethical, and clinical considerations.

#### Moderator

Anne Louise Oaklander, MD PhD

**Overview of Brain Stimulation Techniques** 

Max M. Klein, PhD

Clinical, Regulatory, and Ethical Considerations Anne Louise Oaklander, MD PhD

## Transcranial Magnetic Stimulation (TMS): Almost Ready for Clinical Use

Anne Louise Oaklander, MD PhD

Transcranial Direct Current Stimulation (tDCS): Almost Ready for Home Use Max M. Klein, PhD

#### 1:45-2:45 pm

#### A Palliative Care Primer: The ABCs of End-of-Life Pain and Symptom Management for the Pain and Primary Care Provider (204) PC

This primer of end-of-life care provides a practical approach to palliative pain and symptom management for the pain and primary care provider. This session discusses symptoms pertinent to patients with advanced disease states and their rationale for treatment: pain management in disease states altering metabolism and/or available routes of administration, delirium, anxiety, depression, dyspnea, nausea, and constipation.

Palliative Approach to Pain Management at the End of Life: A Painless Approach to Issues and Challenges at the End of Life, Including Making Sense of Alternative Medication Routes and Dosing Strategies Halena Gazelka, MD

Delirium, Anxiety, and Depression: A Clear-Thinking Approach to the Evaluation and Management of Patients at the End of Life Jacob J. Strand, MD

Dyspnea, Nausea, and Constipation: Practical Pearls to Manage These Common End-of-Life Symptoms Mihir M. Kamdar, MD

#### 3:45-4:45 pm

#### National Pain Strategy: A Comprehensive Population Health– Level Strategy for Pain (205)

A core recommendation of the 2011 Institute of Medicine report "Relieving Pain in America" (recommendation 2-2) calls for the development of "a comprehensive, population health–level strategy for pain prevention, treatment, management, education, reimbursement, and research that includes specific goals, actions, time frames, and resources." This will include the development and dissemination of the Health and Human Services and National Institutes of Health National Pain Strategy. This session's speaker panel, who were involved in the strategy's development, offers insight into its current status and next steps.

#### Faculty

Sean Mackey, MD PhD Linda Porter, PhD Additional Faculty TBA

#### 3:45-4:45 pm

## Central Neuropathic Pain from Stroke, Spinal Cord Injury, and MS: Unique Challenges and Emerging Treatments (206)

Central neuropathic pain is extremely challenging to treat. This session presents valuable information: the unique mechanisms necessary to develop a central neuropathic pain state, how to differentiate it from other pain types in a neurologically devastated patient, an evidence-based treatment approach to central neuropathic pain, unique challenges to spinal cord stimulation for central pain types, and emerging evidence on the role of cannabinoids and deep brain and motor cortex stimulation.

## Central Neuropathic Pain Treatment: Incidence, Unique Mechanisms, and Clinical Challenges

James C. Watson, MD

Central Neuropathic Pain Treatment: Traditional, Cannabinoid, and Emerging Paola Sandroni, MD PhD

#### 3:45-4:45 pm

## Emerging Trends in Pain Education: Content, Curriculum, and Competencies (207)

This interactive workshop addresses the role of content, curriculum, competencies, and barriers to change in the design and delivery of effective pain education. It is primarily targeted at those teaching prelicensure health professions trainees, but also is relevant to graduate medical education. Three internationally recognized experts in health professions education anticipate trends, preparing and inspiring participants to implement highly effective pain education experiences for learners.

## **Content: Prioritization and Integration Across Educational Settings**

Beth B. Hogans, MD PhD

## Curriculum Design in the Interprofessional and Uniprofessional Setting

Judy Watt-Watson, PhD MSc RN

#### Competencies: Implementation and Impact on Curriculum Design

Patricia Thomas, MD FACP

#### 3:45-4:45 pm

#### Demystifying Chronic Pelvic Pain Management: A Case-Based Approach to Interdisciplinary Treatments (208) PC 1

This session highlights interdisciplinary treatment approaches for managing the multidimensional complexities of chronic pelvic pain, beginning with assessment algorithms and a brief review of pelvic anatomy. The session also discusses multimodal therapies using case-based presentations on patients suffering from vaginal pain and pelvic floor hypertonicity, endometriosis, musculoskeletal pain referred to the pelvis, and pudendal neuralgia. Finally, a discussion of interdisciplinary management illustrates gynecological, interventional, pharmacological, physical therapy, and behavioral strategies.

#### An Interventional and Medication Management Perspective

Antje M. Barreveld, MD

#### A Gynecological Perspective

Eman Elkadry, MD

A Physical Therapy and Behavioral Therapy Perspective Jessica McKinney, MS PT

#### **A Psychological Perspective**

Ravi Prasad, PhD

#### 5–6 pm

## Bridging Gaps in Perioperative Acute Pain Management (209)

Acute pain physicians typically focus only on immediate postoperative care. However, numerous patients have modifiable risk factors placing them at risk for severe postoperative and persistent pain. Little analgesic coordination with patients' primary team occurs, and rarely are analgesic planning processes available at discharge. To fill these gaps, this session focuses on three phases: (1) preadmission (stratification and optimization), (2) inpatient (analgesic coordination), and (3) postdischarge (advising for analgesic planning and weaning).

#### Moderator

Michael L. Kent, MD CDR MC USN

**Preadmission Optimization of the Acute Pain Patient** John Corey, MD

## Inpatient Perioperative Pain Management (The ERAS Model)

Christopher M. Sobey, MD

#### Time for Discharge: Now What? Jennifer Hah, MD MS

#### 5–6 pm

#### How Expectation and Learning Shape Pain: Lessons for the Clinician from Placebo and Nocebo Studies (210)

The profound influence of context surrounding a pain experience on pain perception and the therapeutic response to pharmacological and other treatments is underappreciated. This session outlines the psychological and neurobiological mechanisms and the translational relevance of placebo analgesia and nocebo hyperalgesia in clinical practice, providing a greater understanding of how expectation-induced pain modulation has profound clinical implications and offering the potential to optimize therapeutic strategies for improved treatment outcomes.

#### Placebo and Nocebo: Historical Context and Implications in Analgesic Development Friedhelm Sandbrink, MD

The Neurobiology of the Placebo and Nocebo Response in Experimental and Clinical Settings Luana Colloca, MD PhD

How Context Shapes the Clinical Outcome: Implications for Clinical Practice in Pain Management Friedhelm Sandbrink, MD



#### 5–6 pm

## Boots on the Ground in Opioid Tapering: Novel Assistance for Prescribers (211) PC

National calls to reduce opioid prescribing have exposed critically limited resources for prescribers to meet this goal. There is a growing need for behavioral opioid taper support for nonaddicted individuals with chronic pain, and for automated assistance with tapering of prescriptions. This session addresses both needs by presenting an opioid taper program with psychobehavioral support embedded into clinical care and the Stanford Opioid Taper Tool, an algorithm that enhances safety and success with customized tapering schedules.

#### Moderator

Beth D. Darnall, PhD

#### Boots on the Ground: A Low-Cost, Medically Supervised Behavioral Opioid Taper Program for Community-Dwelling Chronic Pain Patients

Beth D. Darnall, PhD Richard L. Stieg, MD MHS

#### The Stanford Opioid Taper Tool

Ming-Chih Kao, PhD MD

#### Saturday, February 20

#### 8-9:30 am

#### Multifaceted Approach to Improve Pain Care and the Safety of Opioids Prescribing in the Veterans Health Administration (VHA) (301) PC DV

This session provides a multifaceted approach that aims to improve the quality of pain care in the VHA and safety of opioid prescribing. In focusing on SCAN-ECHO, an effective educational tool, it proposes its targeted utilization with outlying primary care providers. In addition, it introduces a novel opioid risk stratification and mitigation tool, describing the design of this computerized tool as well as the predictive method with which this model estimates risks.

#### Moderator

Rollin M. Gallagher, MD MPH

Identification and Targeted Enrollment in a 1-Year SCAN-ECHO Training of Outlying Primary Care Physicians Evan Carey, MS

Predictive Model-Based Patient Management Tools for Stratified Risk Mitigation for Patients Receiving Chronic Opioid Therapy

Jodie A. Trafton, PhD

SCAN-ECHO: An Effective Innovative Model for Education and Training of the Primary Care Workforce Ali S. Mchaourab, MD

#### 8-9:30 am

#### The Past, Present, and Future of Interdisciplinary Pain Management (302) PC

Despite strong literature support for its use, interdisciplinary approaches to pain treatment have waned in the United States because of a number of different variables. This session, presented by members of the AAPM Interdisciplinary Pain Management Shared Interest Group (SIG), details the history and efficacy of this treatment approach, citing reasons for its current scarcity. It also explores the current status of pain care in this country and discusses the pivotal role that interdisciplinary treatment can play in the future.

Moderator

Ravi Prasad, PhD

#### 5–6 pm

## Assessing and Managing Insomnia in Patients with Chronic Pain (212) PC

Sleep disorders commonly occur in patients with chronic pain, and there is persuasive evidence of the reciprocal deleterious effect of sleep on pain and pain on sleep. This session reviews the underlying pathophysiology of the interrelationship between pain and sleep, provides practical methods to efficiently and effectively assess sleep disorders, and outlines basic pharmacologic and nonpharmacologic interventions to improve sleep quality in the pain population.

Pain and Insomnia: Theoretical Models and Assessment Martin Cheatle, PhD

Pharmacotherapy of Sleep Disorders in Patients with Chronic Pain

Lynn R. Webster, MD

Cognitive-Behavioral Therapy for Insomnia in Patients with Chronic Pain Ignacio Badiola, MD

A Brief History and the Current State of Interdisciplinary Pain Management

Michael E. Schatman, PhD CPE

The National Pain Strategy: Implications for Interdisciplinary Pain Care Sean Mackey, MD PhD

The AAPM Interdisciplinary Pain Medicine SIG Moderator: Ravi Prasad, PhD

#### 8–9:30 am

## Evidence-Based Medicine in Spinal Stimulation: What Is the Best Choice? Is There One, or Are There Many? (303)

AAPM has collaborated with the North American Neuromodulation Society (NANS) to design educational programming for those interested in interventional and neuromodulation techniques for pain management. The field of spinal stimulation has evolved rapidly during the past few years with significant hardware and software changes that appear to be improving outcomes for patients. This course highlights some of the newest and most exciting spinal stimulation advances in the field.

Moderator

Tim J. Lamer, MD

Conventional Spinal Cord Stimulation Salim M. Hayek, MD PhD

Burst Spinal Cord Stimulation Timothy R. Deer. MD

High-Density Spinal Cord Stimulation Tim J. Lamer, MD

**Dorsal Root Ganglion Stimulation** *Timothy R. Deer, MD* 

High-Frequency Stimulation Leonardo Kapural, MD PhD

Summary and Conclusions Timothy R. Deer, MD

#### 10:45-11:45 am

#### New Developments in Fibromyalgia Syndrome (304) PC

Fibromyalgia affects 2%–5% of the global population, and new findings linking it to small-fiber polyneuropathy will affect the practice of pain medicine, as will new treatment options. This session reviews new data and discusses implications for pain practice.

#### Naltrexone for Treatment of Fibromyalgia

Sean Mackey, MD PhD

## Small-Fiber Polyneuropathy in Fibromyalgia: Big Changes Coming

Anne Louise Oaklander, MD PhD

#### 10:45-11:45 am

## Pain Psychology: A Global Needs Assessment and National Call to Action (305)

Clear deficits exist in pain education, leading to a national call from the Institute of Medicine in 2010 to increase training across diverse disciplines, including psychology. This session provides knowledge of pain psychology in terms of training and core competencies, presenting the first data to quantify gaps in psychologist training and patient access to pain psychology services. In addition, the faculty, members of the AAPM Pain Psychology Task Force, review the task force's national call to action and plan.

## Pain Psychology: State of the Discipline and Unmet National Needs

Judith Scheman, PhD Sara A. Davin, PsyD MPH

## The AAPM Pain Psychology Task Force: A National Call to Action

Beth D. Darnall, PhD

#### 10:45-11:45 am

#### Best Practices in the Interventional Implant Practice (306)

AAPM and the North American Neuromodulation Society (NANS) have collaborated to design educational programming for those interested in interventional and neuromodulation techniques in pain management. The techniques of placing spinal stimulator systems and intrathecal drug delivery systems have become safer, and complication rates have improved with the advent of new technology, improvements in surgical techniques, and the publication of consensus-based guidelines. On the other hand, new anticoagulation medications, more and more patients on long-term anticoagulation therapy, and emerging infection challenges, including drug-resistant organisms and new-generation antibiotics, continue to challenge the implanting physician. This course highlights current best practices for mitigating bleeding and infection risks in the implant practice.

## Best Practices for Infection Prevention and Control in the Implant Practice

Bryan C. Hoelzer, MD

## Best Practices for Anticoagulation Management in the Implant Practice

Samer Narouze, MD PhD

#### 1:30–3 pm

#### Making System- and Population-Based Pain Care Happen in Your Local Healthcare System (307) PC DV

This session discusses the logistics and current success and failures of spreading population- and systems-based approaches to pain medicine care throughout the country as well as through systems of various levels and sizes. Faculty discuss aspects of population-based pain care from the national level to initiatives at the VA Healthcare System, which during the past 10 years has had the most experience implementing such approaches, to networks of academic and community-based pain clinics that have built their systemwide initiatives from the ground up with few external resources.

#### Overview of Population-Based Pain Care on the National Level Bill McCarberg, MD

Making System- and Population-Based Pain Care

Happen: VA System Rollin M. Gallagher, MD MPH

Making System- and Population-Based Pain Care Happen: University of California–Davis Scott M. Fishman, MD

Making System- and Population-Based Pain Care Happen: University of Pittsburgh Medical Center Ajay Wasan, MD MSc

#### 1:30-3 pm

## Transforming DoD and VA Pain Care for Service Members and Families (308) PC DV

This session describes three far-reaching collaborative efforts between the Department of Defense (DoD) and Veterans Health Administration (VHA) to improve pain care. First, the Joint Pain Education Program (JPEP) and implications across the continuum of care are discussed. Second, lessons learned during beta testing of the Pain Assessment Screening Tool and Outcomes Registry (PASTOR) and application to other DoD and VA facilities are provided. Finally, implementation of the functional restoration approach to chronic pain management in DoD and VA pain clinics is detailed.

**DoD/VHA Joint Pain Education Project** *Friedhelm Sandbrink, MD* 

Steven R. Hanling, MD

Pain-Assessment Screening Tool and Outcomes Registry (PASTOR): Lessons Learned During Initial 2 Years of Use at Madigan Army, Balboa Navy, and Walter Reed National Military Medical Centers Diane M. Flynn, MD Col. (ret) MC USA

Building a Functional Restoration Program for Active-Duty Service Members and Veterans and Application to Your Patients

Ivan K. Lesnik, MD Timothy C. Dawson, MD

PC Primary Care



#### **CONCURRENT SESSIONS**

#### 1:30-3 pm

#### Intrathecal Therapies in the Non-Cancer Pain Patient (309)

AAPM has collaborated with the North American Neuromodulation Society (NANS) to design educational programming for those interested in interventional and neuromodulation techniques in pain management. Intrathecal drug delivery system (IDDS) therapy is effective treatment for many intractable pain conditions, but the success of the therapy is dependent on several key considerations, including medication selection, dose and infusion strategies, and patient factors. This course identifies and explains those factors that will help the practitioner improve outcomes with IDDS therapy and also compares and contrasts IDDS to spinal cord stimulation (SCS) therapy for the refractory back pain patient.

#### **Drug Distribution and Uptake in the Thecal Sac**

Jason E. Pope, MD

#### **Ziconotide-Trial and Infusion Strategies** Timothy R. Deer, MD

Strategies to Optimize Outcomes in IDDS Therapy for **Patients with Non-Cancer Pain** Salim M. Havek, MD PhD

**IDDS Versus SCS in the Patient with Refractory Axial Back Pain: IDDS Is the Preferred Treatment** Salim M. Hayek, MD PhD

#### **IDDS Versus SCS in the Patient with Refractory Axial Back Pain: SCS Is the Preferred Treatment**

Timothv R. Deer. MD

#### 1:30-3 pm

#### **American Headache Society Program: Chronic Migraine** Education Program (310) (PC)

The Chronic Migraine Education Program (CMEP), an educational initiative of the American Headache Society, conveys the incredible progress in headache medicine. This session discusses advances in diagnosis and insights into risk factors and mechanisms leading to migraine progression. It also reviews biological theories that emerge from animal models and human studies of epidemiology, genetics, and neuroimaging. The CMEP is designed to provide a comprehensive understanding of migraine, including how to better diagnose and treat these serious problems.

#### **Transitions, Risk Factors, and Barriers to Care**

Richard Lipton, MD

#### Pathophysiology of Chronic Migraine and Episodic Migraine

Andrew C. Charles, MD

#### **Migraine Therapy** David W. Dodick, MD

#### 4:15-5:45 pm

#### **Pain Curriculum Development for Primary Care Practitioners** (311) **PC**

Participants in this session, which includes small-group discussion, use published core competencies in integrative pain care (IPC) for primary care practitioners to examine the education gap for delivering high-quality, interprofessional IPC upon entry into professional practice. The session also identifies strategic priorities and practical strategies for closing this gap.

#### **Implementing Core Competencies for Integrative Pain Medicine in Undergraduate Medical Education**

Jane C. Ballantyne, MD FRCA

#### **Core Competencies in Integrative Pain Care: To What** Extent Is Residency Education Preparing Future Primary **Care Physicians?**

Heather Tick. MD

#### 4:15-5:45 pm

#### Patient Aligned Care Team (PACT) (312) (PC) (DV

This session details the progression of biopsychosocial stepped pain care from the patient's medical home, to the PACT, and to pain medicine specialty care, elaborating on the six essential elements of good pain care that narrow the performance gap between current and optimal practice for both pain medicine and PACT. It also explores the Opioid Safety Initiative, a focused program that builds on Veterans Health Administration (VHA) efforts to promote safe and effective use of opioid therapy for chronic pain management, by highlighting two innovative VA facility initiatives.

#### The VA Opioid Safety Initiative and a Fully Integrated Primary Care Medical Home, PACT, Population-Based **Approach to Pain Management** Stephen Eraker, MD MPH FACP

The Six Essential Elements of Good Pain Care from Pain **Medicine Specialty to the PACT** Stephen Hunt, MD Lucile Burgo-Black, MD

#### The Minneapolis VA Medical Center Experience Peter Marshall, MD

**The Atlanta VA Medical Center Experience** Michael Saenger, MD FACP

#### 4:15-5:45 pm

#### Cost-Effectiveness of Interventional Pain Therapy (313)

AAPM has collaborated with the North American Neuromodulation Society (NANS) to design educational programming for those interested in interventional and neuromodulation techniques in pain management. Pain therapies are under increasing scrutiny to demonstrate not only clinical effectiveness, but also cost effectiveness. This session reviews the cost savings attributable to the use of interventional approaches to manage chronic back and leg pain using epidural steroid injections, spinal cord stimulation, and intrathecal drug delivery. In addition, it provides data on the cost savings that result from utilizing interventional techniques to manage pain in select populations.

#### Cost Savings Attributable to the Use of Spinal Cord Stimulation

Nagy A. Mekhail, MD PhD

#### Cost Savings Attributable to the Use of Intrathecal Drug **Deliverv**

Robert Bolash, MD

#### **Billing and Reimbursement for Neuromodulation Devices**

Ramsin M. Benyamin, MD

#### 4:15-5:45 pm

## The Nuts and Bolts of Integrating a Psychologist into Your Practice (314) PC

This session discusses the logistics of adding a psychologist to your medical practice, detailing how it is possible and financially sustainable in private practice, community, and academic settings. In addition, interprofessional training opportunities are discussed.

## A Sustainable Plan for a Pain Psychologist in Your Practice

Ajay Wasan, MD MSc

#### Sunday, February 21

#### 8:30-9:30 am

#### Non-Pharmaceutical/Integrative Therapies Pearls (401) PC

If you are looking for a fast-paced, targeted, interactive approach to integrative pain medicine treatment, look no further. This clinical pearls session is the quickest and most efficient way to cover key concepts on multiple treatment topics, exploring three topics of particular interest to pain clinicians.

Moderator

Heather Tick, MD

The Evolution of Evidence-Based Hypnotic Techniques in Acute Care Settings

Elvira V. Lang, MD PhD FSIR FSCEH

Spirituality and Religion-Based Therapies Across the Continuum of Pain and Suffering Marta Illueca, MD FAAP

Acupressure vs. Trigger-Point Massage: Evidence-Based Recommendations Beth B. Hogans. MD PhD

#### 8:30-9:30 am

Best Pain Care at Lower Cost: Collaborative Health Outcomes Information Registry (CHOIR) as a Model Platform for Learning Health Systems (402)

The Institute of Medicine and National Pain Strategy called for patient registries that serve as platforms for learning health system (LHS). This session describes LHS and existing LHS platforms, illustrating these tools by discussing the open source and free Collaborative Health Outcomes Information Registry (CHOIR). In addition, faculty members share their experiences in transforming their organizations, including early success stories in care coordination, patient experience, data utility, clinical research, and quality of care.

#### Learning Health Systems: Delivering Coordinated, Data-Based Care at the Bedside for Best Care and Experience *Ming-Chih Kao, MD PhD*

**Realizing the Institute of Medicine's Vision of Learning Health Systems** *Sean Mackey, MD PhD* 

Leveraging the Learning Health System Platform to Deliver Coordinated Pain Care: A Collaboration with Primary Care

Robert W. Hurley, MD PhD

Personal and Professional Characteristics of a Successful Pain Psychologist: Setting Up a Psychology Practice Within a Pain Medicine Setting as Well as a Primary Care Setting

Sue Jarquin, PhD

**Strategies for Effective Collaboration** *Jeannie Sperry, PhD* 

#### 8:30-9:30 am

#### Practical Advice for Real-World Practice: Facilitating Self-Management in Challenging Patients (403) PC

Patient self-management is necessary in chronic pain and every other condition for which there is no medical cure. This session provides practical advice for the busy practitioner who needs to help patients move from a focus on medical solutions to engagement in self-management efforts. Special attention is provided for the "difficult patient," and useful tools for facilitating self-care in individuals with chronic pain will be highlighted.

## Foundations for Self-Management: The Sooner the Better

Jennifer L. Murphy, PhD

Helping "Difficult Patients" Help Themselves Anthony J. Mariano, PhD

#### 9:45–10:45 am

#### Clinical Pearls of Pain Medicine (404) PC

In the next few years, predicting treatment responses via genetic and other testing will have a tremendous impact on the practice of pain medicine. This is an area of new and exponentially growing information. This clinical pearls session provides insights on the need for predictors of analgesic response, explaining how genetic testing can assist in the clinical care of patients with chronic pain.

#### **Introduction to Genetics**

Steven Richeimer, MD

Predictors of Analgesic Response: What, Why, and How? Miroslav "Misha" Backonja, MD

The Genetics of Pain Perception Luda Diatchenko, MD PhD

#### 9:45–10:45 am

#### Creating Effective Simulation and Immersive Learning Experiences for Pain Medicine Education (405) PC

An engaging method for teaching various topics related to pain medicine includes the use of simulation and immersive learning. However, educators may be reluctant to trial this method for a number of reasons, including a lack of training in simulation and difficulty measuring learning outcomes. This session, which includes experts in simulation and pain medicine, guides participants in how to effectively utilize simulation and immersive learning.



#### **CONCURRENT SESSIONS**

#### **Elements of Effective Simulation and Immersive Learning Experiences in Pain Medicine** *Jordan L. Newmark, MD*

Use of Standardized Patients in Pain Medicine Jordan L. Newmark. MD

Selection of Relevant Topics and Curriculum Design Bryan C. Hoelzer, MD

Measurement and Assessment of Learning Naileshni S. Singh, MD

#### 9:45-10:45 am

#### Challenging Headaches: What to Do? Understanding the Roles of IV Infusions, Nerve Blocks, Neuromodulation, and Behavior Modifications (406) PC [

Particularly challenging, but common, headache situations include the patient with a history of headache who presents with a subacute, intractable exacerbation refractory to their usual abortive regimen and the patient with chronic daily headache. This session presents an evidence-based treatment algorithm to treat chronic daily headache, including the role of neuromodulation. It also focuses on evidence-based parenteral infusions and interventions that can be used to deal with subacute, severe, intractable exacerbations.

## Parenteral Treatments of Intractable Headache Exacerbations

James C. Watson, MD

Classification and Treatment of Chronic Daily Headache Zahid H. Bajwa, MD

#### Interventional Treatments of Intractable Headache Exacerbations and Neuromodulation for Chronic Headaches

Samer Narouze, MD PhD

#### 11 am–Noon

#### Practice Issues and Professional Development (407) PC

This session explores safety concerns related to medication, sleep, tobacco, and cannabis use and the ethical dilemmas prescribers face daily in their practices. In addressing these issues from the perspectives of healthcare providers, including clinical pharmacists, it provides helpful information on medication management safeguards.

## Cannabis, Tobacco Use, Opioids, and Nonrestorative Sleep: Driving and Work Concerns

Gerald M. Aronoff, MD

Medical Marijuana and Opiates: Indications for Use E. Alfonso Romero-Sandoval, MD PhD

Medical Marijuana and Opiates: Impact on Psychomotor Function

Syeda Sabah A. Kareem, PharmD

#### 11 am-Noon

#### **Cancer Pain Management: Changing Paradigms (408)**

As treatments for cancer become more sophisticated, physicians see and anticipate an evolution in the pain syndromes a patient may suffer. Faculty in this session elucidate some of these cancer pain syndromes and discuss coordination of a patient's pain care with multiple specialties that possess specific expertise in pain treatments. In addition, the session presents changing paradigms for treatment of cancer pain syndromes that incorporate broad treatment options during a patient's oncologic treatment.

**Evolving Cancer Pain Syndromes** 

Amitabh Gulati, MD

A New Understanding of Multimodal Pain Therapy in Cancer Pain Management

Vinay G. Puttanniah, MD

Incorporating Cancer-Specific Paradigms for the Treatment of Cancer Pain

Joseph C. Huna, MD MPOG

#### 11 am-Noon

## The Challenging Dyad of Pain Medicine: Obesity and Chronic Pain (409) PC 1

The pain complaints and comorbidities of obese patients can challenge the scope of practice of any single medical specialty. This session discusses the strategies, tools, and infrastructure needed for the treatment of obesity that already exist in the realm of pain medicine. It also explores the strategies for extension of skills and knowledge of pain physicians, including nuances of interplay between these two very common problems, as well as tools for simultaneous management of these conditions.

#### Mechanisms of the Obesity and Pain Relationship Dmitri Souzdalnitski, MD PhD

#### Interventional Treatments in Obesity and Pain Management

Dmitri Souzdalnitski, MD PhD

Pharmacotherapy of Obesity and Chronic Pain States Samer Narouze, MD PhD

32nd Annual Meeting Educational Supporters				
AstraZeneca	Pfizer	Medtronic	Teva Pharmaceuticals	
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	Listing as of Februa	rrv 4. 2016		

#### Saturday, February 20, and Sunday, February 21





**Co-Chairs** Gagan Mahajan, MD Farshad M. Ahadian, MD Gregory D. Smith, DO

# Essential Tools for Treating the Patient in Pain™: For Primary Care Providers and Pain Specialists PC

Many healthcare professionals do not feel adequately trained to evaluate and treat the patient in pain. *Essential Tools for Treating the Patient in Pain*™ is designed for clinicians interested in the fundamentals of pain medicine and practical approaches to the treatment of common pain disorders. The program offers clinically focused lectures and case presentations on the assessment, diagnosis, and treatment of patients with various acute, cancer, end-of-life, and chronic pain syndromes, providing practical information that a practitioner can immediately implement upon returning to his or her practice the next day. If you did not preorder, a limited number of printed handouts will be available for purchase at the registration desk.

The target audience for this program includes primary care providers, pain specialists, subspecialists, and trainees. This year, in particular, there will be a heavy emphasis on primary care providers.

#### Saturday, February 20

#### 8 am-Noon – Core Program 1

- The Difficult Patient: Barriers to Success
- The Difficult Patient: Strategies for Success
- Marijuana as an Analgesic: What's the Evidence?
- Pain Medicine: Emerging Policy and Regulation
- Guide to Urine Drug Testing and Opioid Consent and Agreement in Chronic Opioid Therapy

#### 11:45 am-12:15 pm

AAPM-Provided Lunch

#### 12:15-1:15 pm

Optional Non-CME Satellite Symposium

#### 1:30–3 pm–Choose an Elective

• Registrants must attend an Annual Meeting session of their choice.

#### 3:15-4:05 pm-Core Program 2

 Chronic Opioid Therapy: Who Needs It, How to Start It, When to Stop It, and How to Stop It

#### 4:15-5:45 pm-Choose an Elective

· Registrants must attend an Annual Meeting session of their choice.

Be sure to visit our website, www.painmed.org/annualmeeting, to view the program agenda and confirmed faculty.

Attendees are required to complete all three *Essential Tools* core programs during the 2 days of the program, as well as two Annual Meeting concurrent session electives within the Saturday Annual Meeting program (at 1:30–3 pm and 4:15–5:45 pm) to consider their attendance at the program complete and receive a 12.5-hour CME certificate.

#### Please note that this program is not a preconference this year and runs concurrently with the Annual Meeeting.

\* There is an additional fee to attend this program. Registration is required.

For the most current information for this program, visit www.painmed.org/annualmeeting.

#### Essential Tools for Treating the Patient in Pain<sup>™</sup> Educational Supporter

#### Teva Pharmaceuticals Listing as of January 25, 2016

#### Sunday, February 21

- 7 am-1 pm-Core Program 3
- Spine Surgery: Who Needs It?
- Quick Approach to the Pain Psychiatric Interview
- Medically Unexplained Physical Symptoms
- Cancer Pain
- Myofascial Pain
- Understanding and Treating Neuropathic Pain
- Physical Examination of the Spine, Shoulder, Hip, and Knee

#### **AAPM FACULTY LIST AND DISCLOSURES**

#### Farshad M. Ahadian, MD

University of California–San Diego La Jolla, CA Boston Scientific (Principal Investigator); Vertiflex (Principal Investigator)

#### Charles E. Argoff, MD

Albany Medical College Albany, NY Allergan (Speaker); AstraZeneca (Speaker, Consultant); Collegium (Consultant); Daiichi Sankyo (Consultant); Depomed (Consultant, Speaker); Dong Therapeutics (Principal Investigator); Endo (Principal Investigator); Forest (Principal Investigator); Janssen (Speaker); Lilly (Principal Investigator); Prizer (Consultant); Purdue (Consultant); Teva (Consultant); Xenoport (Speaker)

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#### Luda Diatchenko, MD PhD

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#### David W. Dodick, MD

Mayo Clinic Phoenix, AZ Within the past 3 years, David Dodick has served on advisory boards and/or has consulted for Alcobra, Alder, Allergan, Amgen, Arteaus, Autonomic Technologies, Boston Scientific, Colucid, Eii Lilly & Company, ENeura, Ethicon, Johnson and Johnson, Labrys, MAP, Merck, Novartis, NuPathe, Pfizer, ScionNeurostim, Supernus, Teva, Tonix, Trigemina, and Zogenix. Dr. Dodick has received funding for travel, speaking, editorial activities or royalty payments from: Allergan, Decision Resources, Healthlogix, IntraMed, Oxford University Press, SAGE Publishing, Starr Clinical, Sun Pharma, Synergy, Universal Meeting Management, UptoDate, and WebMD.

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#### Thursday, February 18

#### Noon-1 pm

# **Opioid Emergencies: Amplifying the Voice for Take-Home Naloxone**

#### (Lunch provided by AAPM 11:30 am-Noon)

Prescription opioid deaths have reached epidemic levels in the United States, with the number of deaths more than quadrupling between 1999 and 2014. A large proportion of opioid emergencies in patients prescribed opioids for pain are unintentional, resulting in life-threatening opioid-induced respiratory depression (OIRD). Seconds count with life-threatening OIRD, and without intervention hypoxia may result in brain injury in as little as 4 minutes. However, the average emergency medical services (EMS) response time is approximately 9.4 minutes. Most opioid emergencies occur in the home and are witnessed by friends or family members who may be in the best position to intervene quickly prior to EMS arrival. Injectable naloxone, an opioid antagonist, has been FDA-approved for more than 40 years and is used primarily in the hospital setting or by EMS to reverse OIRD. Many state, national, and international government and professional organizations are calling for naloxone to be readily accessible to individuals likely to witness a life-threatening opioid emergency.

Please join us for this symposium during which the faculty will present the epidemiology of opioid emergencies and provide guidance on how to identify and communicate with at-risk pain patients. They will also offer practical strategies to help prepare patients for potential life-threatening opioid emergencies.

#### Faculty

Eric S. Edwards, MD PhD Chief Medical Officer and Vice President Research & Development Kaleo, Inc. Richmond, VA

Michael J. Brennan, MD The Pain Center of Fairfield Fairfield, CT Senior Attending Physician, Department of Medicine Bridgeport Hospital Bridgeport, CT Associate Director, Chronic Pain and Recovery Program Silver Hill Hospital New Canaan, CT

Mark A. Kallgren, MD Medical Director, Pain Medicine Oregon Anesthesiology Group, PC Portland, OR

#### **Educational Objectives**

After attending this symposium, participants should be better able to

- cite evidence for the growth in opioid emergencies and the resulting public health epidemic
- identify patients at increased risk for life-threatening opioid-induced respiratory depression (OIRD)
- understand their role in preparing patients for opioid emergencies. *This activity is funded by Kaleo, Inc.*

#### Friday, February 19

#### 6:45–7:45 am

#### Reducing Opioid Misuse and Diversion: A Focus on New Abuse-Deterrent Formulation Technologies

#### (Breakfast provided by AAPM 6:15-6:45 am)

Prescription opioid products are an important component of modern pain management. However, abuse and misuse of these products have created a serious and growing public health problem. One potentially important step toward the goal of creating safer opioid analgesics has been the development of opioids formulated to deter abuse. Because opioid products are often manipulated for purposes of abuse by different routes of administration or to defeat extended-release (ER) properties, most abuse-deterrent technologies that have been developed to date are intended to make manipulation more difficult or to make abuse of the manipulated product less attractive or less rewarding. The fact that a product has abuse-deterrent properties does not mean that there is no risk of abuse. It means, rather, that the risk of abuse is lower than it would be without such properties. Because opioid products must in the end be able to deliver the opioid to the patient, there may always be some abuse of these products.

Current regulations related to opioid prescribing affect the adoption of the new abuse-deterrent formulation (ADF) technology. Ironically, it is the medical professional's responsibility to do all that is possible to safely alleviate pain while mitigating the risk of harm from opioids. Payers, however, continue to be a barrier to adopting the safer formulations by making them more expensive to the patient than non-ADF formulations. Even though there is evidence ADFs confer significant reduction in harm, both public and private payers have been slow to implement policies that would encourage the use of ADF formulations. Some payers are more inclined than others to establish policies that will support the preference of ADF formulations.

This session will provide information on abuse deterrent formulations, policies and regulations that affect the adoption of ADF technology.

Faculty Lynn R. Webster, MD FACPM FASAM Vice President, Scientific Affairs, PRA Health Sciences Past President, American Academy of Pain Medicine PRA Health Sciences Salt Lake City, UT

#### **Educational Objectives**

After attending this session, attendees will be better able to

- demonstrate an understanding of the different types of abuse deterrent formulations (ADFs)
- demonstrate an understanding of the clinical significance of ADFs
- demonstrate an understanding of the trends towards legislative efforts to curb opioid prescribing
- interpret evidence of rising rates of misuse, abuse, and accidental deaths
- assess consideration of ADF when an opioid is an appropriate therapy. *This activity is funded by Teva Pharmaceuticals.*

#### **NON-CME SATELLITE SYMPOSIA**

#### 12:30-1:30 pm

#### Beyond Chronic Pain in the Opioid-Managed Patient: Addressing Comorbid Sleep and Psychiatric Disorders

(Lunch provided by AAPM Noon-12:30 pm)

Patients with chronic pain can be complex and present with multiple comorbidities, including sleep disturbance and affective disorders. Longitudinal studies generally support a reciprocal relationship between sleep disturbance and pain, where poorly controlled pain can disrupt sleep and poor sleep exacerbates pain. Pain correlates with shorter sleep durations and worse sleep quality and impacts mood, daily activities, relationships, quality of life (QOL), and ability to work, while sleep disturbance worsens the long-term prognosis of chronic pain, increases disability, and influences daily fluctuations in clinical pain. There is also a high prevalence of sleep apnea in patients receiving chronic opioid therapy, which can increase risk for overdose. Concomitant affective disorders are associated with greater pain intensity, greater interference with activities, a lower likelihood of responding to treatment, and higher healthcare costs.

Increased opioid use among patients with sleep problems or depression lends support to the hypothesis that pain patients may be self-medicating with opioids. Accidental overdose may occur when patients attempt to relieve suffering from poorly controlled pain, depression, anxiety, or disturbed sleep.

Please join us for this symposium during which the faculty will provide guidance on assessing sleep and affective disorders in chronic pain patients and present a rationale for treatment choices to improve clinical outcomes, enhance QOL, and mitigate risk of opioid misuse and overdose.

#### Faculty

Michael J. Brennan, MD The Pain Center of Fairfield Fairfield, CT Senior Attending Physician, Department of Medicine Bridgeport Hospital Bridgeport, CT Associate Director, Chronic Pain and Recovery Program Silver Hill Hospital New Canaan, CT

Martin D. Cheatle, PhD Director, Pain and Chemical Dependency Program Center for Studies of Addiction, Perelman School of Medicine University of Pennsylvania Philadelphia, PA Director, Behavioral Medicine, Reading Health System West Reading, PA

Jeffrey Fudin, PharmD DAAPM FCCP FASHP Adjunct Associate Professor Western New England University College of Pharmacy Springfield, MA Adjunct Associate Professor of Pharmacy Practice & Pain Management Albany College of Pharmacy & Health Sciences Albany, NY York Clinical Pharmacy Specialist and Director PGY2 Pain & Palliative Care Residency Stratton VA Medical Center, Albany, NY

#### **Educational Objectives**

After attending this symposium, participants should be better able to

- describe the prevalence and consequences of comorbid sleep and affective disorders in patients with chronic pain
- develop a plan to routinely screen and assess chronic pain patients for disturbed sleep and affective disorders
- implement a rational approach to treat chronic pain and comorbid conditions, where present, that addresses risk and improves clinical outcomes. *This activity is funded by Pernix Therapeutics.*

#### 12:30-1:30 pm

# Opioid-Induced Constipation: When Reliable and Rapid Relief Matters

#### (Lunch provided by AAPM Noon-12:30 pm)

Opioid-induced constipation (OIC) is one of the most common side effects of opioids, which are commonly used to manage moderate to severe chronic pain. Initial therapies are typically used to manage OIC, but they may provide insufficient relief. This program explores a relevant treatment option for patients suffering from OIC.

#### Faculty

Gerald M. Sacks, MD Director of Pain Management Pain Institute of Santa Monica Santa Monica, CA This activity is funded by Salix Pharmaceuticals, a division of Valeant Pharmaceuticals.

#### Saturday, February 20

#### 12:15-1:15 pm

# Clinical Dialogues: What Is the Role of Buprenorphine in Chronic Pain?

(Lunch provided by AAPM 11:45 am-12:15 pm)

This program will discuss the current and emerging role of buprenorphine in the treatment of chronic pain. Following a brief discussion of the biochemical pharmacology of full and partial agonists, faculty will present results from studies supporting the recent approval of Belbuca™, the first oral buccal film formulation of buprenorphine for chronic pain. The program will feature a panel discussion on the efficacy, safety, and tolerability of Belbuca in both opioid-naïve and opioid-experienced patients.

#### Faculty

Jeffrey Gudin, MD Director, Pain Management and Palliative Care, Englewood Hospital and Medical Center Englewood, NJ Clinical Instructor, Anesthesiology, Mount Sinai University School of Medicine New York, NY

Jeffrey Fudin, PharmD DAAPM FCCP FASHP Clinical Pharmacy Specialist, Stratton VA Medical Center Albany, NY Adjunct Associate Professor, Western New England University College of Pharmacy Springfield, MA

Richard Rauck, MD Director, Carolinas Pain Institute Winston-Salem, NC Pain Fellowship Director at Wake Forest University School of Medicine Winston-Salem, NC

#### **NON-CME SATELLITE SYMPOSIA**

#### **Educational Objectives**

- Examine the in vitro pharmacological constructs of full and partial agonism and their practical considerations for chronic pain management.
- Describe the study design and results of the Belbuca phase 3 clinical trial program in opioid-naïve and opioid-experienced patients with chronic pain.
- Incorporate the latest preclinical and clinical data supporting a potential role for Belbuca in the treatment of patients with chronic pain.
   This activity is funded by Endo Pharmaceuticals.

#### 12:15-1:15 pm

#### Moving Beyond Mu with Kappa Opioid Receptor Agonists: Leaving the Baggage Behind

(Lunch provided by AAPM 11:45 am-12:15 pm)

Traditional mu opioid agonists play an important role in the management of acute and chronic pain. However, their use is associated with the public health epidemics of abuse, misuse, and diversion, as well mortality and morbidity due to opioid-associated overdose and respiratory depression. In addition, mu opioid agonists cause other adverse effects, such as nausea and vomiting, which can delay postoperative recovery and increase healthcare costs.

A novel peripherally acting kappa opioid receptor agonist, CR845, is currently in phase 3 trials for postoperative pain (I.V. CR845) and in phase 2 trials for chronic pain (Oral CR845). Because of its unique pharmacologic properties, CR845 has been shown to produce significant analgesia with low abuse potential and little to no traditional mu opioid side effects like nausea/ vomiting and respiratory depression.

Please join us for this symposium during which the faculty will describe the pharmacology of CR845, present clinical data for CR845, and consider CR845's potential place in analgesic therapy for acute and chronic pain.

#### Faculty

Joseph Stauffer, DO MBA Chief Medical Officer Cara Therapeutics Inc. Shelton, CT Assistant Professor, Department of Anesthesiology & Critical Care Johns Hopkins University School of Medicine Baltimore, MD

Michael J. Brennan, MD The Pain Center of Fairfield Fairfield, CT Senior Attending Physician, Department of Medicine Bridgeport Hospital Bridgeport, CT Associate Director, Chronic Pain and Recovery Program Silver Hill Hospital New Canaan, CT

Lynn R. Webster, MD Vice President of Scientific Affairs PRA Health Sciences Salt Lake City, UT

#### **Educational Objectives**

- After attending this symposium, participants should be better able to
- recognize the unmet clinical needs and safety concerns with the current analgesic landscape
- describe the unique pharmacologic properties of a new class of opioid the peripherally acting kappa opioid receptor agonist, CR845
- identify the potential benefits of Oral CR845 in the management of chronic and acute pain and I.V. CR845 for postoperative acute pain
- evaluate the potential place in analgesic therapy of CR845. This activity is funded by Cara Therapeutics.

#### **Interactive Professor**

#### **Intrathecal Drug Delivery for Chronic Pain**

#### **Evolving Best-Practice Strategies to Maximize Efficacy and Safety**

#### Location: AAPM registration area in the Oasis Lobby

This CME-accredited Interactive Professor™ program includes prerecorded expert faculty projected on a high-resolution display to discuss best practices in intrathecal therapy for chronic pain. Presenting two case studies, the program will examine patient and medication selection, treatment trials, dose titration, and patient monitoring, among other subjects.

This activity is funded by Jazz Pharmaceuticals, Inc.

#### Thursday, February 18

#### Friday, February, 19

7:45 am–Noon, 1:30–6 pm

#### Saturday, February 20

7:45-11:45 am, 1:15-6 pm

1–5 pm

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#### Thursday, February 18, at 5:15 pm until Friday, February 19, at 10:40 am

#### **Number Title**

- 100 Peptide-Derived Orally Active Kappa-Opioid Receptor Agonists for Peripheral Pain in Rats
- 101 Atherosclerotic Disease and Its Relationship to Lumbar Degenerative Disc Disease, Facet Arthritis, and Stenosis Using Computed Tomography Angiography
- 102 Phenotyping of NCS-1 Knockout Mice as a Tool for Understanding Neuropathic Pain
- 103 Evaluation of the Abuse Potential of a Hydrocodone Extended-Release Bitartrate Tablet Formulated with Abuse-Deterrence Technology in Nondependent, Recreational Opioid Users
- 104 Development of Chronic Pain and Dynamic Changes of CCR2+ Monocyte and Cx3CR1+ Microglia After Sciatic Nerve Injury in Mice
- 105 Prevalence of Genetic Variants in Nociceptive Versus Neuropathic Pain Patients
- 106 Genetics and Fibromyalgia: Mesocorticolimbic Genetic Variants Are Associated with Risk of Fibromyalgia
- 107 ZX007: Novel Extended-Release Formulation of Hydrocodone Bitartrate Resistant to Physical Manipulation and Extraction of Hydrocodone
- 108 Efficacy and Safety of Hydrocodone Extended-Release Tablets Formulated with an Abuse-Deterrence Technology Platform for the Treatment of Moderate to Severe Pain in Patients with Chronic Low Back Pain
- 109 Utilization of Genetic Testing in Clinical Care for Medication Risk and Response
- 110 Mapping Average Pain Severity to painDETECT Symptoms
- 111 Heart Rhythm Analysis by Sparse Representation for Acute Deep Pain Detection
- 112 Ehlers Danlos, POTS, and a Headache Cured
- 113 Caudal Lysis of Adhesions as Neuromodulation-Sparing Treatment for Failed Back Surgery Syndrome (FBSS)
- 114 Slowly Titrated Intrathecal Ziconotide Completely Ameliorated Chronic Post-Herpetic Neuralgia in a Patient Whose Pain Was Refractory: An Optimized Medication Regimen, Radiofrequency Ablations, Spinal Cord Stimulation, and Intrathecal Opioid Therapy
- 115 Percutaneous Lumbar Disk Decompression Using the Dekompressor: A Prospective 8-Year Outcome Study
- 116 Treatment of Occipital Neuralgia with Radiofrequency Ablation
- 117 Fluoroscopic Exposure During Transforaminal Epidural Steroid Injections—A Multicenter Evaluation of 4,793 Injections
- 118 Radiofrequency Ablation of L5 Dorsal Ramus and S1 Lateral Branch Nerve for Long-Term Pain Relief in Patients with Lumbosacral Transitional Vertebral Anatomy
- 119 PASTOR Use in an Army Interdisciplinary Pain Management Clinic: Lessons Learned and Future Implications of a 10-Month Beta Test
- 120 Long-Term Reduction in Disability Using Spinal Cord Stimulation (SCS) Capable of Anatomically Guided Neural Targeting
- 121 A Multiview Lumbar Epidural Contrast Spread Analysis to Create 3-D Understanding of Fluoroscopic Images
- 122 Post-Dural Puncture Headache Following Cooled Radiofrequency Ablation of the Lumbar Medial Branches
- 123 Long-Term Results (12 Months) of a Prospective, Multicenter, Open-Label Clinical Trial Comparing Intradiscal Biacuplasty to Conventional Medical Management for Discogenic Lumbar Back Pain
- 124 Low Estimated Demand for Magnetic Resonance Imaging in the Spinal Cord Stimulation Population
- 125 Rare Complications After Spinal Cord Stimulation Placement with Surgical Paddle Lead Implants: A Case Report
- 126 Long-Term Clinical Outcomes of Neural Targeting Spinal Cord Stimulation (SCS): Final Results of the LUMINA Clinical Study
- 127 Dural Cutaneous Fistula: A Case Report of a Late Complication of Intrathecal Catheter Granuloma in a Patient with CRPS
- 128 Burst Spinal Cord Stimulation for Chronic Intractable Pain: A Critical Review of the Literature

#### **Late-Breaking Posters**

- LB001 Noninvasive Transcutaneous Vagus Nerve Stimulation and Changes in Autonomic Output Following Heat Pain: A Blinded, Placebo-Controlled, Crossover Pilot Study
- LB002 Pharmacokinetics of 2.0 mg Intranasal and Intramuscular Naloxone HCI Administration and the Impact of Vasoconstrictor Use on the Bioavailability of Intranasal Naloxone HCI
- LB003 Ketamine Infusion: A Useful Tool for Chronic Neuropathic Pain
- LB004 Ultrasound-Guided Greater Occipital Nerve Block at a Novel Proximal Location: A Feasibility Study
- LB005 2016 AAPM Robert G. Addison Award Winner—R. Andrew Moore, DSc—For Evidence-Based Pain Mentoring Provided by Dr. Moore and His Oxford Colleagues to Numerous Researchers, Clinicians, and Students
- LB006 Frequency of Naloxone Use for Opioid Overdose Based on Ward Type in a Tertiary Care Medical Center
- LB007 The Prevalence and Characteristics of Munchausen Syndrome in Patients with Complex Regional Pain Syndrome
- LB008 The Genetic Characterization of Chronic Pain Patients and Its Impact on Treatment Outcomes

Late-breaking posters will be on display through both poster sessions.

#### Thursday, February 18, at 5:15 pm until Friday, February 19, at 10:40 am

#### **Number Title**

- 129 Percutaneous Electrical Nerve Stimulation (PENS) for Residual Limb Pain After Amputation: A Case Report
- 130 Comparison of 10 kHz High-Frequency and Traditional Low-Frequency Spinal Cord Stimulation (SCS) for the Treatment of Chronic Back and Leg Pain: 24-Month Results from a Multicenter Randomized Controlled Pivotal Trial (SENZA-RCT)
- 131 Spinal Cord Stimulator: A Case Report with Increasing Weakness After Permanent Placement
- 132 Effective and Underutilized Approach for Lumbar Epidural Steroid Injections That Can Reduce the Cost of Interventional Pain Management
- 133 Smoking and Obesity Do Not Interfere with Efficacy of Spinal Cord Stimulators and Do Not Increase the Risk of Complications
- 134 Effects of Implantation Delay on Conversion to Permanent Implant of a Spinal Cord Stimulation (SCS) System
- 135 The Combination of Perineural and Systemic Dexamethasone Enhances the Duration of Operatively Placed Intercostal Nerve Blocks Compared to Systemic Dexamethasone Alone as Measured by Objective Pulmonary Function Testing
- 136 Retrospective Analysis of Quality Improvement When Using Liposome Bupivacaine for Postoperative Pain Control
- 137 ToxID: A New and Valuable Validity Test for Urine Drug Testing
- 138 Median Nerve Compression Mimics Painful Clenched Fist in a 9-Year-Old Child: A Case Report
- 139 Retrospective Analysis of Auricular Acupuncture as an Adjunct Therapy for Neuropathic Pain in Children and Adults
- 140 Dexamethasone Versus Particulate Steroid Injections for the Treatment of Needle Electromyography-Confirmed Painful Lumbosacral Radiculopathy
- 141 Is There a Relationship Between Body Mass Index and Fluoroscopy Time During Sacroiliac Joint Injection? A Multicenter Cohort Study
- 142 Treatment of Sacroiliac Joint Pain in Failed Back Syndrome with Radiofrequency Ablation of L4-5 Dorsal Rami and S1-3 Lateral Sacral Nerves
- 143 Occipital Nerve Stimulation for the Treatment of Intractable Seizures
- 144 Acute Visual Loss Secondary to Epidural Blood Patch
- 145 Sphenopalatine Ganglion Block (SPGB) vs Epidural Blood Patch (EBP) for Accidental Post-Dural Puncture Headache (PDPH) in Obstetric Patients—A Retrospective Observation
- 146 Treatment of Post-Dural Puncture Headache (PDPH) with Sphenopalatine Ganglion Block (SPGB) in a Pediatric Patient with Cervical Syringohydromyelia Presenting with Acute Altered Mental Status (AMS) s/p Vaccination Series vs Tic Bourne Infection
- 148 How Much Does Preprocedure Sedation Contribute to the Procedure-Associated Reduction in Pain Intensity?
- 149 Sustained Sympathectomy Following Neurolytic Celiac/Splanchnic Block: A Case Report and Literature Review
- 150 Cooled Radiofrequency Ablation of Genicular Nerves for Knee Osteoarthritis Pain: A Protocol for Patient Selection
- 151 Alleviating Acute Thoracostomy Pain with Intercostal Liposomal Bupivacaine: A Case Report
- 152 Epidural Hematoma Following Intralaminar Epidural Injection: A Case Report
- 153 Epidural Abscess of Unknown Etiology: A Case Report
- 154 Pain Score Really Does Matter: Predictors of an Interdisciplinary Team's Recommendation to Utilize Neuromodulation
- 155 Intradiscal Injection of an Autologous Alpha-2-Macroglobulin (A2M) Concentrate Alleviates Back Pain in FAC-Positive Patients
- 156 Risk Factors for Readmissions Due to Post-Thoracotomy Pain in Lung Cancer Patients
- 157 Botulinum Toxin Therapy for Severe Raynaud's Syndrome and Digital Ulcerations in a Patient with Limited Scleroderma: A Case Report
- 158 Duration of Clinical Effect of Platelet-Rich Plasma (PRP) Injections for Knee Osteoarthritis
- 159 Bleeding Complications in Patients Undergoing Interventional Pain Procedures: A Retrospective Review
- 160 Predictive Factors Associated with Epidural Blood Patch in Patients with Spontaneous Intracranial Hypotension
- 161 A Feasible rTMS Clinical Protocol in Managing Migraines
- 162 My Surgical Success: A Randomized Controlled Trial of an Internet-Based Perioperative Pain Psychology Treatment Program Tested in Women Undergoing Mastectomy
- 163 Boots on the Ground in Opioid Tapering: A Low-Cost, Medically Supervised Psychobehavioral Prescription Opioid Taper Program for Community-Dwelling Patients
- 164 MRI-Induced Nocebo Effect: A Case Report
- 165 The Network of Pain: Simultaneous High-Dimensional Mediator Analysis with Bayesian Network Reconstruction Using a Learning Healthcare System Platform
- 166 Comparison of Pain Assessment Scales in Chronic Pain Patients
- 167 Do Various Types of Chronic Pain (CP) Differ in Their Reported Prevalence of PTSD and Is There Consistent Evidence that CP Is Associated with PTSD? An Evidence-Based Structured Systematic Review
- 168 Effects of a Pain Catastrophizing Induction on Quantitatively Measured Pain Perception in Women with Chronic Low Back Pain
- 169 Lack of Gender Differences in Self-Reported Pain and Other Symptoms in Patients with Fibromyalgia

#### Friday, February 19, at 6 pm until Saturday, February 20, at 10:45 am

#### **Number Title**

- 170 Clinical Characteristics of Fibromyalgia in a Chronic Pain Population
- 171 Analyzing Twitter Data to Determine Patient Attitudes Toward Regional Anesthesia in the Context of Total Knee Arthroplasty
- 172 A Targeted Care Pathway to Improve Outcomes for Opioid-Tolerant Patients: A Pilot Study
- 173 Recommendations for Designing an Interventional Ultrasonography Curriculum for Pain Medicine Fellowships
- 174 Straight Leg Raise Test (SLR) or Gluteal Trigger Point (GTrP): Which One Is More Accurate to Diagnose Radicular Low Back Pain? A Prospective Diagnostic Accuracy Study
- 175 Network of Coordinated Care: Collaborative Relationship of Pain Medicine with Primary Care for Complex Patients with Pain: A Large-Scale Network Study Using a Learning Health System Platform
- 176 Identifying High Call Center Utilizers in a Pain Management Center: Algorithmic Detection for Early Intervention Using a Learning Health System Platform
- 177 Collaborative Health Outcomes Information Registry (CHOIR): Open Source Platform for Learning Health Systems
- 178 System To Enhance Patient Experience (STEPx): Machine-Mediated Classification of Patient Experience Feedback Using Natural Language Processing
- 179 A Statewide Initiative to Improve the Management of Chronic Pain: The Kansas Partnership for Pain Management
- 180 Expectations and Analgesic Preferences Among Participants in a 12-Month Trial Comparing Opioid Versus Non-Opioid Analgesics for Chronic Pain
- 181 Fulminant Necrotizing Fasciitis (NF) Following Routine Lumbar Medial Branch Nerve Radiofrequency Ablation (RFA)
- 182 Increasing Patient Satisfaction in the Pain Clinic: The Impact of an Orientation Video and Its Integration with the Collaborative Health Outcomes Registry (CHOIR)
- 183 Abdominal Pain and Vomiting in a Patient with Cannabis Use Disorder
- 184 Opioid Prescribing for Chronic Pain: An Assessment of Knowledge, Attitudes, and Beliefs Among Non-Pain Providers Using an Established Survey
- 185 Gender Differences in the Prevalence of Lumbosacral Degenerative Disc Disease
- 186 Gender Differences in the Prevalence of Cervical Degenerative Disc Disease
- 187 Do Epidural Steroid Injections Reduce Healthcare Spending for Patients with Low Back Pain? Evidence from the Marketscan® Database
- 188 Trends in Hospitalizations of Complex Regional Pain Syndrome Type I in the United States
- 189 Which Chronic Back Pain Patients Have Arachnoiditis?
- 190 Patient and Provider Assessment of Painful Diabetic Peripheral Neuropathy (pDPN) and Diabetes Management
- 191 The Impact of Regular Lifestyle Behavior in Migraine: A Prevalence Case-Referent Study
- 192 A Phase 3, Randomized, Double-Blind, Placebo-Controlled Study of Naldemedine for the Treatment of Opioid-Induced Constipation (OIC) in Patients with Chronic Noncancer Pain Receiving Opioid Therapy
- 193 Effectiveness and Safety of Intrathecal Ziconotide as the First Agent in Pump for Adult Patients with Severe Chronic Pain
- 194 Estimating Potential Misuse of Prescription Opioids by Injured Workers in Workers' Compensation
- 195 Pharmacokinetics of an Abuse-Deterrent Formulation of Single-Entity Hydrocodone Extended-Release Compared to the Original Nonabuse-Deterrent Formulation
- 196 Decreased Pain Following Use of a Topical Analgesic: Interim Results from the Optimizing Patient Experience and Response to Topical Analgesics (OPERA) Observational Study
- 197 ZTIido™ Transdermal 1.8% Lidocaine Patch: A New Formulation
- 198 Oral Abuse Potential of Benzhydrocodone: A Novel Prodrug of Hydrocodone
- 199 CL-108 Reduces the Use of Rescue Antiemetic Medications for Opioid-Induced Nausea and Vomiting
- 200 Complex Pain Managment in Calciphylaxis
- 201 Evaluation of Time to Adequate Pain Control Between Sublingual Buprenorphine and Transdermal Fentanyl System
- 202 A Review of Atypical Antipsychotics in Pain Management: Olanzapine Demonstrates Potential
- 203 Impact of Tobacco Smoking Abstinence on Opioid Use in Patients with Chronic Nonmalignant Pain
- 204 Intra-articular Viscosupplementation-Induced Hypopigmentation: A Case Report
- 205 The Effect of Increased Total Daily Dose of Outpatient Ketamine Infusions on Outcomes in Chronic Neuropathic Pain Patients: A Pilot Study
- 206 Evaluation of the Durability of Pain Relief (Effect) of Oxycodone DETERx: An Extended-Release, Abuse-Deterrent Formulation
- 207 Combining Intravenous Ketamine and Evidence-Based Psychotherapy for the Treatment of Chronic Pain and Chronic Posttraumatic Stress Disorder: One-Year Follow-Up
- 208 Clonidine as Treatment for Central Pain Syndrome: A Case Series
- 209 Impact of Restriction Policies for Alpha-2-Delta Ligands in United States Health Plans: A Literature Review
- 210 Novel Treatment of Radicular Pain with a Multimechanistic Combination Topical Agent: A Case Series
- 211 Safety and Effectiveness of CL-108 for the Treatment of Moderate-to-Severe Pain Associated with Flares of Osteoarthritis of the Knee or Hip

#### **SCIENTIFIC POSTERS-GROUP 2**

#### Friday, February 19, at 6 pm until Saturday, February 20, at 10:45 am

#### **Number Title**

- 212 Safety Information on Serotonin Syndrome for Tapentadol IR and Tapentadol ER Administration
- 213 Secondary Endpoints in the Phase III Chronic Low Back Pain Trial of Tapentadol ER
- 214 Metabolism of Tapentadol: The Data to Date
- 215 Case Report: Sixty-Six-Year-Old Female with Trigeminal Trophic Syndrome Treated with Lyrica and Lidocaine Gel
- 216 Subjective and Objective Evidence of Low Abuse Potential of the Peripherally Acting Kappa Opioid, CR845, Compared with Pentazocine
- 217 Central Post-Stroke Pain in a Cancer Patient Managed with Spinal Cord Stimulation and Intravenous Burst Ketamine Infusions: A Case Report
- 218 Effect of Intrathecal Ziconotide as the First Agent in Pump on Patient-Reported Outcomes in Adult Patients with Severe Chronic Pain
- 219 Treatment with Naloxegol Versus Placebo: Pain Assessment in Patients with Noncancer Pain and Opioid-Induced Constipation
- 220 Predictors of Medication Adherence Assessed by Urine Drug Monitoring in Patients Prescribed Opioid Medications
- 221 Multidisciplinary Pain Rehabilitation Programs May Improve Interventional Spine Treatment by Reducing "Wind-Up": A Case Report
- 222 Combining Cranial Electrotherapy Stimulation (CES Alpha-Stim) and Noninvasive Interactive Neurostimulation (InterX) for the Treatment of Complex Regional Pain Syndrome (CRPS) I
- 223 Comparison of the Effect of Treatments for Rotator Cuff Tears: Systematic Review and Meta Analysis of Articles Analyzed by Intention to Treat (ITT) Method
- 224 Central Post-Stroke Pain Syndrome Masquerading as CRPS in an Acute Rehabilitation Hospital: A Case Report
- 225 Intrathecal Versus Oral Baclofen: A Comparative Matched Cohort Study of Long-Term Spasticity, Pain, Sleep, Fatigue, and Quality of Life
- 226 Outcomes of a Multidisciplinary Pediatric Headache Program at First and Second Follow-Up
- 227 Long-Term Effect of Botox Type A Injection on a Patient with Refractory Stump Pain Post Above-Knee Amputation (AKA): A Case Report
- 228 Emphasis of Functioning in Biofeedback Intervention for Pediatric Patients with Chronic Pain
- 229 U.S. Navy's Functional Restoration Pain Program: Increasing Patient Activation, Enhancing Performance
- 230 How Common Is Attention Deficit Disorder (ADD) in Chronic Pain Patients?
- 231 Patients Self-Reported Outcome Measures During a 12-Week Intensive Outpatient Pain Management Program
- 232 Is a Comprehensive Pain Rehabilitation Program Effective in Managing Chronic, Refractory Pain in Veterans?
- 233 Intravenous Transplantation of Bone Marrow–Derived Mesenchymal Stem Cells Attenuated Activation of Glial Cells and Reversed Opioid Tolerance and Opioid-Induced Hyperalgesia
- 234 Can We Model Pain-Motivation Interactions in Rodents? Utilization of Progressive-Ratio Operant Schedules as Behavioral Endpoints for the Characterization of Affective-Like Components of Pain
- 235 Assessing Alternative Selection Criteria for Fibromyalgia Patients Within a Multicenter Chronic Pain Claims Database
- 236 Sequential Ketamine Infusions Utilizing an Enhanced Multimodal Infusion Technique (eMIT) for Rescue from Intractable Pain and Withdrawal Symptoms Associated with Intrathecal Pump Misadventure
- 237 Serum BDNF Concentration Correlates with the Number of Neuropathic Pain Symptoms in Patients with Chronic Low Back Pain
- 238 Case of Sodium Channelopathy Nav1.9 Diagnosed in a Young Woman with Neuropathic Pain
- 239 Predicted Key Transcription Factors Controlling Stem Cell to Chondrocyte Differentiation and Cartilage Matrix Production

#### **Reasons to Visit the AAPM Resource Center**

- Compare relevant products and services in one convenient place.
- Stay current with new and advanced technology.
- Gain firsthand knowledge of how devices work and how they will benefit your patients and practice.
- · Network with peers and colleagues in a dynamic and synergistic atmosphere.

#### **Scientific Posters**

More than 140 posters will be on display, with posters categorized by the following clinical topics:

- basic science
- epidemiology/health policy/education
- late-breaking
- pharmacological
- procedures
- psychosocial
- rehabilitation
- translational

#### Networking

Join us to network with your colleagues during the unopposed hours of educational programming. More than 1,000 physicians who specialize in pain medicine, plus a growing number of primary care physicians from across the country, will be attending this meeting. Take advantage of the opportunity to network with your colleagues to discuss research and diagnosis, treatment, and management of acute, chronic, cancer, recurrent, and noncancer pain.

#### **Interactive Exhibits**

Visit more than 150 booths from companies and organizations showcasing products and services specially designed for leaders in the study and treatment of pain. The AAPM Resource Center is an additional benefit of educational learning. By visiting these vendors, you will learn more about advancements that will keep you and your practice at the forefront of your field. Products and information from pharmaceutical companies, medical supplies and equipment, laboratory testing, medical publications, and alternative delivery systems will be featured.

Learn about new research, products, and services from companies specializing in the field of pain medicine.

#### All Things AAPM and AAPM Foundation



AAPM's booth (311), located in the Resource Center, is the one-stop destination for the latest in practice resources, discounted products and publications, stigged offerings, and AAPM member service.

guidance on educational offerings, and **AAPM** member service assistance. Come to AAPM's booth and recharge your devices while learning more about what AAPM has to offer.

Come meet the **Pain Medicine** editorial staff, stock up on the latest *Pain Medicine* issues, and learn how to become a contributor. *Pain Medicine* is the specialty's most highly acclaimed scientific publication, offering the latest in clinical and scientific innovations every month, and is among the most highly referenced pain journals, highlighting peerreviewed research and commentary on multidisciplinary clinical practice.



Attendees also can meet representatives from the **AAPM Foundation**, make a contribution, and learn how your donations have contributed to today's practices and benefitted the patients we serve. **Be sure to stop by booth 311.** 

#### **INvisible Project by the U.S. Pain Foundation**

View firsthand the photography and stories of real pain survivors. Nearly 100 million Americans deal with pain. Chronic pain is an all-encompassing problem that knows no boundaries.

#### AAPM Showcase Schedule-Non-CME Events

Attend showcase sessions that feature products, services, or programs in the field of pain medicine. All attendees are invited to the 30–60 minute sessions that will be held in the AAPM Resource Center. Please refer to the onsite information regarding updated topics and faculty.

#### Friday, February 19

#### 9:45–10:15 am

Next-Generation Analgesia: The First and Only FDA-Approved Long-Acting Opioid Designed to Control Both Nociceptive Pain and the Neuropathic Pain Associated with Diabetic Peripheral Neuropathy

Supported by Depomed

#### 2:45-3:45 pm

Purdue Pharma L.P. Product Portfolio Options for the Management of Chronic Pain

Michael Brennan, MD The Pain Center of Fairfield Fairfield, CT Supported by Purdue Pharma L.P.

#### 6:15-6:45 pm

#### Breaking Through Limitations in Postherpetic Neuralgia Therapy

Join your colleagues for this educational presentation focusing on the disease state of postherpetic neuralgia (PHN). We will discuss concerns about managing your adult patients with PHN and examine how a prodrug, providing dose-proportional bioavailability and sustained, predictable absorption, may provide relief. We will further discuss the clinical trial designs, efficacy results, and safety profile information related to the use of HORIZANT. The presentation will be followed by a question-and-answer session.

Supported by XenoPort, Inc.

#### **Resource Center Schedule**

#### Thursday, February 18

Welcome Reception with Exhibits and Posters—Group 1 5:15–6:45 pm

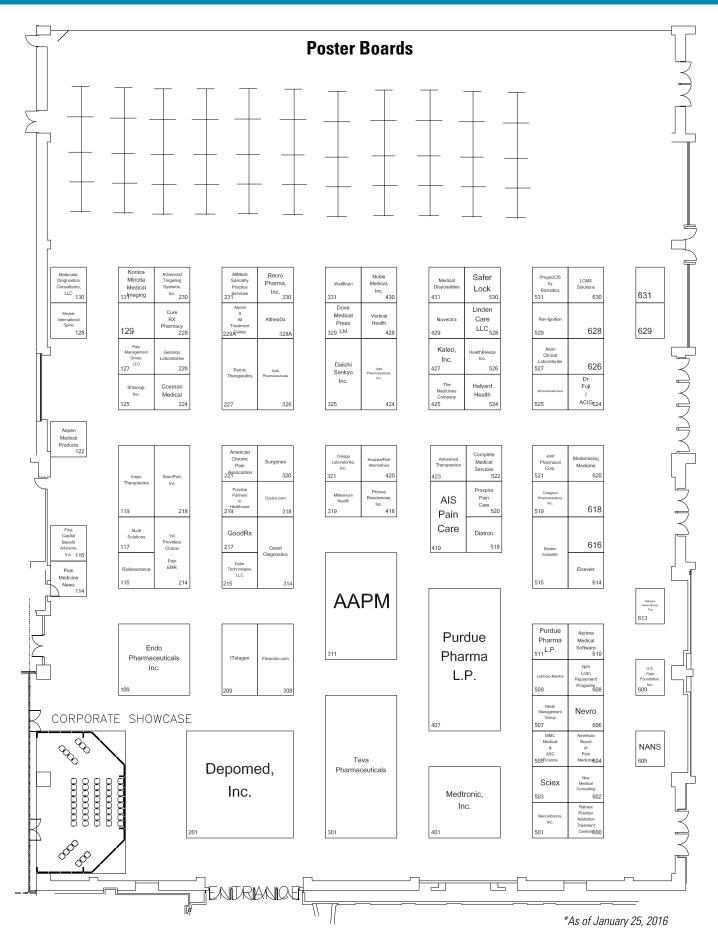
#### Friday, February 19

Exhibits Open S	9–10:45 am, 2:30–7:30 pm
Break with Exhibits and Posters—Group 1	9:40–10:40 am
Break with Exhibits	2:45–3:45 pm, 4:45–5 pm
Reception with Exhibits and Posters—Group 2	6–7:30 pm

#### Saturday, February 20

Exhibits Open	9:15–10:45 am
Break with Exhibits and Posters—Group 2	9:30–10:45 am
Prize Drawing	10:30 am
Please note: Resource Center hours are subject to change	9.

#### **RESOURCE CENTER FLOOR PLAN**



#### **EXHIBITORS BY PRODUCT CATEGORY**

#### **Billing Services**

1st Providers Choice–Pain EMR AllMeds Specialty Practice Services Nue Medical Consulting PrognoCIS by Bizmatics	214 231 602 531
<b>Business Management Services</b> First Capital Benefit Advisors, Inc. Molecular Diagnostics Consultants, LLC	116 130
Clinical Trial Management Modernizing Medicine	620
Compounding Pharmacy CureRx Pharmacy	228
Education American Chronic Pain Association	221
<b>Electronic Health Records</b> 1st Providers Choice–Pain EMR AllMeds Specialty Practice Services Aprima Medical Software, Inc. Modernizing Medicine PrognoCIS by Bizmatics	214 231 610 620 531
Laboratory Equipment & Instruments Molecular Diagnostics Consultants, LLC	130
Laboratory Testing Aeon Clinical Laboratories Genotox Laboratories LabCorp-Medtox LCMS Solutions Medical Disposables Millennium Health Molecular Diagnostics Consultants, LLC Nanovibronix, Inc. Omega Laboratories, Inc. Quest Diagnostics	527 226 509 630 431 319 130 501 321 314
Medical Devices Aspen Medical Products Boston Scientific Cosman Medical Dolor Technologies, LLC Dr Fuji/ACIGI Flowonix Medical Medical Disposables Medtronic Nanovibronix, Inc. Noble Medical, Inc. Nuvectra Safer Lock	122 515 224 215 624 308 431 401 501 430 429 530
Medical Equipment/Supplies Dr Fuji/ACIGI Medical Disposables Noble Medical, Inc.	624 431 430

#### **Medical Publishing/Journals**

Dove Medical Press Ltd Elsevier <i>Pain Medicine News</i> Stryker Interventional Spine Vertical Health	329 614 114 128 428
Office Management First Capital Benefit Advisors, Inc. PrognoCIS by Bizmatics	116 531
<b>Organizations</b> American Academy of Pain Medicine American Academy of Pain Medicine Foundation American Chronic Pain Association North American Neuromodulation Society (NANS) Pain Management Group U.S. Pain Foundation	311 311 221 605 127 609
Pain Management AIS Pain Care Dr Fuji/ACIGI Endo Pharmaceuticals Halyard Health Linden Care LLC Modernizing Medicine Nanovibronix, Inc. Omega Laboratories, Inc. PrognoCIS by Bizmatics RxAssurance XenoPort, Inc	419 624 109 524 528 620 501 321 531 115 218
Pharmaceutical Advanced Targeting Systems, Inc. AIS Pain Care Daiichi Sankyo Inc. Endo Pharmaceuticals GoodRx INSYS Therapeutics Jazz Pharmaceuticals, Inc. Kaleo, Inc. Linden Care LLC Meds Management Group Pernix Therapeutics Purdue Pharma L.P. Recro Pharma, Inc. Salix Pharmaceuticals Shionogi, Inc. Teva Pharmaceuticals The Medicines Company XenoPort, Inc	230 419 325 109 217 119 424 427 528 507 227 407, 511 330 326 125 301 425 218
<b>Prescription Dispensing</b> AIS Pain Care GoodRx Meds Management Group	419 217 507
Recruitment NIH Loan Repayment Program	608

#### **EXHIBITORS BY PRODUCT CATEGORY**

Other

#### Software

1st Providers Choice–Pain EMR	214
Aprima Medical Software, Inc.	610
Doctor.com	318
GoodRx	217
HealthBreeze, Inc.	526
ITelagen	209
Modernizing Medicine	620
PrognoCIS by Bizmatics	531
RxAssurance	115
Ultrasound	
Nanovibronix, Inc.	501

Other	
Advanced Targeting Systems, Inc.	230
AllMeds Specialty Practice Services	231
American Board of Pain Medicine—	
Pain Medicine Specialty Certification	604
Aprima Medical Software, Inc.	610
Aspen Medical Products–Braces	122
Doctor.com–Marketing	318
ITelagen	209
MMC Medical & ASC Finance	505
NIH Loan Repayment Program	608
Nue Medical Consulting	602
Practice Partners in Healthcare–Surgery Center	
Development and Management	219
Retreat Premier Addiction Treatment Centers-	
Behavioral Healthcare Addiction	600
Surgenex	320
U.S. Pain Foundation	609
WellBrain	331

Listing as of January 15, 2016



# Be a Winner

Win prizes and support AAPM by participating in the AAPM Resource Center Passport Program. Visit participating exhibitors in the Resource Center and enter your passport to win a \$1,000 gift card, a \$500 gift card, or conference registration to the 2017 Annual Meeting.

- Find answers to questions listed on the passport from participating companies.
- Visit the booths listed in the passport and receive their stamp.
- Drop your completed passport into the tumbler located in the Resouce Center at the AAPM booth (311).
- Winning passports will be drawn on Saturday at 10:30 am.

#### Booth 214 1st Providers Choice—Pain EMR

www.1stproviderschoice.com

IMS for Pain Management is a user-friendly, fully certified electronic medical record and practice management solution. Pain management doctors across the country have helped us design and customize the software for maximum efficiency and profitability in your practice. Save hours of time on visit notes and documentation with pain management—specific templates.

#### Booth 229



#### Above It All Treatment Center www.aboveitalltreatment.com

The use of pain medication to ease suffering is an important part of your

care. Managing the risk of addiction through a treatment partnership is a responsible way to practice it. Located in the mountains of Lake Arrowhead, CA, and beautiful Beverly Hills, Above It All Treatment Centers offer a full continuum of addiction treatment, including intervention, supervised detox, in-patient residential treatment, intensive outpatient treatment, and relapse prevention programs. Clients receive lifetime aftercare and we are proud to be CARF accredited. In support of your care.

#### Booths 230

Advanced Targeting Systems, Inc. www.ATSbio.com



Advanced Targeting Systems' pain therapeutic offers one-shot permanent pain relief from chronic intractable pain. What differentiates SP-SAP is that it is a single-dose, non-opiate drug that seeks out and removes a small, specific subpopulation of pain-pathway neurons. Targeting this nerve subset disrupts only chronic pain transmission to the brain. Visit Booth 230 to learn about this targeting technology and how it can advance your pain studies.

#### Booth 423

#### **Advanced Therapeutics**

www.advancetherapeutics.com

#### Booths 527

#### Aeon Clinical Laboratories www.aeonclinical.com



Our mission at Aeon Clinical is better patient care through state-of-the-art toxicology, personalized pharmacogenomics, and innovative cancer genomics. We are confident that partnering with us will provide you with the most accurate analysis and timely results to optimize your treatment plan. Use Aeon Clinical for your testing needs so you can prescribe with confidence.

#### Booth 419 AIS Pain Care

#### www.aispaincare.com

AlS Pain Care is the industry leader in injectable medications for patients with implanted intrathecal pain pumps. Founded in 1998, AlS has a new state-of-the-art pharmacy and clean room in Jackson, MS. AlS is USP 797 compliant and licensed to provide medications in all 50 states and Puerto Rico. Our patient-first always approach, combined with knowledgeable and experienced pharmacists with more 225 years of experience, can meet all your intrathecal needs, 24 hours a day, 7 days a week.

#### **Booths 231**

#### AllMeds Specialty Practice Services www.allmeds.com





AltheaDx is a commercial stage molecular diagnostics company specializing in the field of pharmacogenetics, or PGx. IDgenetix, our PGx product testing portfolio, enables personalized therapeutic decisions for patients suffering from some of the most prevalent clinical conditions in the United States, including pain, neuropsychiatric disorders, and cardiovascular disease.

#### Booth 311

#### American Academy of Pain Medicine

#### www.painmed.org

AAPM's booth is your one-stop destination for attendees in search of the latest in practice resources, discounted products and publications, guidance on educational offerings, and member service assistance. Attendees can also meet *Pain Medicine* editorial staff, stock up on the latest *Pain Medicine* issues, and learn how to become a contributor. *Pain Medicine* is the specialty's most highly acclaimed scientific publication, offering the latest in clinical and scientific innovations every month.

#### Booth 311

#### American Academy of Pain Medicine Foundation www.aapmfoundation.org

Learn how you can support the AAPM Foundation to fund comprehensive education and research to close gaps in knowledge and help provide the highest quality, safe treatments in pain medicine. The Foundation supports AAPM's core purpose, which is to optimize the health of patients in pain and eliminate the major health problem of pain by advancing the practice and the specialty of pain medicine. The overarching focus of the Foundation's efforts is to advocate for patient safety by providing funding support to expand and enhance education and research, as well as advocating for improved training to advance pain management.

#### Booth 604

#### American Board of Pain Medicine

www.abpm.org

The mission of the American Board of Pain Medicine is to improve access to comprehensive pain care through a rigorous certification process for pain medicine physician specialists. The next exam deadline for certification and MOC exams is April 13, 2016. Please visit our booth for more information.

#### Booth 221

#### American Chronic Pain Association

#### www.theacpa.org

For the past 35 years, the American Chronic Pain Association (ACPA) has offered peer support and coping skills to help people with pain begin their journey from patient to person. The ACPA continues to offers programs and services designed to provide support, encouragement, information, and coping skills that aid a person with pain regain control of his or her life. Our philosophy has always been to help a person with pain improve quality of life and increase functioning while reducing his or her sense of suffering. Contact 800.533.3231 or www.theacpa.org.

#### Booth 610

#### Aprima Medical Software, Inc.

#### www.aprima.com

Aprima offers a fully integrated, single application, single database practice management/HER solution, as well as complete RCM services. Our no-template design is chief-complaint driven with an adaptive learning capability based on your style and habits. To learn more about how Aprima can help your practice, visit www.aprima.com or e-mail info@aprima.com.

#### **Booth 122 Aspen Medical Products** www.aspenmp.com



Aspen Medical Products is a leader in the development of innovative spinal braces for pain management, post-trauma stabilization, pre- and postsurgical stabilization and long-term patient care. Aspen's commitment to clinical research is unparalleled in the orthotics community and has directly impacted product development, providing unsurpassed motion restriction, superior comfort, and the most effective pain-relieving braces on the market. The company makes more than 35 spinal orthotics options, including the award winning Vista® adjustable product lines that provide unsurpassed motion restriction, superior comfort, and an economic advantage, encouraging better patient compliance.

#### Booth 420

#### **Avazzia/First Alternatives**

#### www.firstalternativetherapies.com

First Alternatives is the main distributor of the Avazzia microcurrent device. Avazzia products are nonpharmaceutical, noninvasive devices that are FDAcleared for the symptomatic relief and management of chronic, intractable pain and adjunctive treatment in the management of postsurgical and posttraumatic pain. Stop by our booth for a free demo, and learn how our technology will greatly benefit your practice.

#### Booth 515 **Boston Scientific**

#### www.controlyourpain.com

Investing in innovative products, clinical initiatives, and world-class service, Boston Scientific is committed to leading the way in spinal cord stimulation by providing better pain relief to a broad range of patients.

#### Booth 519

#### **Collegium Pharmaceuticals, Inc.**

www.collegiumpharma.com



Collegium Pharmaceutical, Inc., is a specialty pharmaceutical company developing and planning to commercialize next-generation, abuse-deterrent products for the treatment of patients suffering from chronic pain and other diseases. Collegium's portfolio was designed to address the growing problems associated with nonmedical use, abuse, and misuse of prescription products by leveraging the company's proprietary DETERx® technology platform.

#### **Booth 522**

#### **Complete Medical Services** www.completemedicalservices.com



Complete Medical Service, your C-Arm expert with 18 years of experience refurbishing OEC, brings you the best valued C-Arm in the market, ZEN-7000. ZEN-7000 by Genoray offers NEW C-Arm with more robust features without a premium price. ZEN-7000 comes with 30FPS, a complete digital system, and flat screen monitors with excellent image quality and much more.

#### Booth 224

#### **Cosman Medical**

#### www.cosmanmedical.com

Cosman Medical is pioneering the treatment of chronic pain by providing physicians with a unique selection of advanced radiofrequency generators and electrodes. Use our intuitive four-output G4 generator to treat chronic neck, back, and knee pain. The G4 is fully automatic and programmable, ideal for busy pain clinics.



Platinum Level Supporter PLATINUM

#### Booth 228 **CureRx Pharmacy** www.curerxpharmacy.com



CureRx is an accredited, turn-key pharmacy specializing in topical pain management with end-to-end service and quality. Alongside our experienced staff members specializing in third-party reimbursement, our formulas will provide a valuable resource for any physician looking to improve his or her practice, ultimately maximizing patient care and experience.

SILVER

#### Booth 325

Daiichi Sankyo Inc. www.dsi.com



Daiichi Sankyo, Inc. (DSI), headquartered in Parsippany, NJ, is the U.S. subsidiary of Daiichi Sankyo Co., Ltd., a global pharmaceutical company. The company is focused on the development of cardiovascular and oncology therapies and concentrates in the therapy areas of hypertension, thrombosis, dyslipidemia, diabetes, and acute coronary syndrome.

PREMIER

#### **Booth 201**

#### ASSOCIATE Depomed

www.depomed.com

Depomed, Inc., is a specialty pharmaceutical company focused on developing and commercializing products to treat pain and other central nervous system conditions. The company was founded in 1995 and has established itself by developing and incorporating promising technology into differentiated therapeutic products, taking those products through clinical approval and building a strong market presence.

#### Booth 518

#### Diatron

www.diatron.com

#### Booth 318

#### Doctor.com www.doctor.com

Doctor.com is the definitive marketing automation and reputation management platform for medical practices. Services include ProfileSync, an exclusive service to update practice and provider listings on eight of the top 10 healthcare websites plus 60+ local business sites; the ReviewHub, a point-of-care laptop computer that captures authentic patient reviews and publishes them to the Web's leading consumer health destinations; and SiteEnhance, custom Web code that transforms existing websites with advanced interactivity and mobile readiness.

#### **Booth 215**

**Dolor Technologies, LLC** www.sphenocath.com



Dolor Technologies is the inventor and manufacturer of the patented SphenoCath® device, a flexible FDA-registered nasal catheter used to administer SPG/PPG/trigeminal ganglion blocks, which have been shown to be effective in treating migraine headache, cluster headache, trigeminal neuralgia, and other trigeminal autonomic cephalgia and idiopathic facial pain syndromes. Stop by our booth and learn more about the patented SphenoCath® device.

ASSOCIATE PREMIER

Associate Corporate Relations Council Premier Executive Corporate Relations Council ELITE Elite Associate Corporate Relations Council

#### Booth 329 Dove Medical Press Ltd www.dovepress.com



Dove Medical Press is an open-access publisher of peer-reviewed biomedical and scientific journals that focus on medicine, drug treatment, and adherence across a breadth of disease states and technologies. Visit our booth to discuss your publishing needs. The benefits of publishing with us include wider dissemination, increased visibility, and greater impact of your work.

#### Booth 624

Dr Fuji/ACIGI www.fujichair.com



eLab Solutions www.elabsolutions.com

#### Booth 614

Elsevier www.elsevierhealth.com

#### Booth 109 Endo Pharmaceuticals



Endo Pharmaceuticals Inc. is focused on developing and delivering high-value branded pharmaceutical products that meet the unmet needs of patients. Endo Pharmaceuticals is an operating company of Endo International plc (NASDAQ: ENDP) (TSX: ENL), a global specialty healthcare company focused on improving patients' lives while creating shareholder value. Learn more at www.endo.com.

BRONZE

#### Booth 116

#### First Capital Benefit Advisors, Inc.



Our goal is to customize DB and 401k plans for our clients and provide retirement plans to self-employed and small businesses (1-25), where the contributions and tax deductions are very significant for the owner. We help you change your high-income status to a high net worth status with our careful and cautious guidance.

#### Booth 308 Flowonix Medical

#### www.flowonix.com

At Flowonix, our patient-centric approach drives the design, development, and deployment of targeted drug-delivery platforms whose sole purpose is to provide physicians an optimal solution for the treatment of their patients' numerous neurological disorders.

#### Booth 226

Genotox Laboratories www.genotoxlabs.com

#### Booth 613

The Gideons International www.gideons.org

#### Booth 217 GoodRx www.goodrx.com



GoodRx allows patients to compare prices for prescription drugs at local and national pharmacies and provides discount coupons that patients can use to save money on their medications. We're like Orbitz for prescription drugs. Healthcare providers use GoodRx to help patients save money.

#### **Booth 524** Halyard Health

#### www.halyard.com

Formerly part of Kimberly-Clark, Halyard Health is a medical technology company focused on preventing infection, eliminating pain, and speeding recovery. Solutions for chronic pain include COOLIEF\*Cooled Radiofrequency (RF) treatment, a revolutionary technology that uses cooled RF energy to safely treat the sensory nerves that are causing pain, providing up to 24 months of relief.

#### Booth 526 HealthBreeze, Inc.

www.healthbreeze.com



HealthBreeze creates medical animations and provides patients with effective patient education through innovative mobile/Web application. HealthBreeze is the world-first medical animation studio, creating medical animations with "Author-Publisher" model. A healthcare-related organization (association, society, foundation, etc.) becomes a HealthBreeze author with loyalty incomes as a publishing business model.

#### Booth 119 INSYS Therapeutics

www.insysrx.com

INSYS Therapeutics is a specialty pharmaceutical company that develops and commercializes innovative drugs and novel drug delivery systems for therapeutic molecules that improve the quality of patients' lives. Using proprietary sublingual spray technology and our capabilities to develop pharmaceutical cannabinoids, we work to address the clinical shortcomings of existing pharmaceutical products.

#### Booth 413 ITelagen

www.itelagen.com



ITelagen<sup>®</sup> redefines healthcare IT for medical practices by providing electronic health records (EHR) as part of a back-office solution including unlimited onsite and remote technical support for all of your staff and secure hosting of your patient data. ITelagen becomes the single point of contact for IT and EHR infrastructure.

#### Booth 521

### Jant Pharmacal Corporation www.jantdx.com



Jant Pharmacal provides innovative laboratory instrumentation and point-of-care rapid tests for varied pain management and toxicology practice settings.

GOLD

#### Booth 424

#### Jazz Pharmaceuticals, Inc.

#### www.jazzpharma.com

Jazz Pharmaceuticals plc (NASDAQ: JAZZ) is an international biopharmaceutical company focused on improving patients' lives by identifying, developing, and commercializing meaningful products that address unmet medical needs. The company has a diverse portfolio of products and product candidates in the areas of sleep, hematology/oncology, and pain.

#### **Booth 427** Kaléo, Inc. SILVER

www.evzio.com

Kaléo is a pharmaceutical company dedicated to putting a new generation of life-saving personal medical products into your patient's hands. Each Kaléo product combines an established drug with an innovative delivery platform with the goal of achieving superiority, cost effectiveness, and patient preference. Please visit us at booth 427.

#### Booth 131

**Konica Minolta Medical Imaging** www.konicaminolta.com/medicalusa

#### Booth 509

#### LabCorp-Medtox

www.medtox.com; www.labcorp.com

#### Booth 630 **LCMS Solution**



LCMS Solutions utilizes state-of-the-art liquid chromatography mass spectrometry equipment for urine drug testing. Located in La Jolla, CA, and Tucson, AZ, we support healthcare professionals involved in therapeutic, rehabilitative, and recovery services. At LCMS Solutions we believe in science supporting medicine by helping healthcare providers evaluate the accuracy of patient self-assessments. Prescriptions can be tailored to enhance patients' immediate or long-term needs.

#### Booth 528 Linden Care LLC

www.lindencare.com

#### Booth 431

#### **Medical Disposables**

www.medicaldisposables.us Medical Disposables Corp is an Orlando, FL-based drug test company that has one of the most extensive selections of drug test kits, including CLIA-waived tests, alcohol strip tests, multipanel tests, pregnancy and ovulation tests, saliva

drug test, drug test cups, and more for both onsite and at-home use.

#### Booth 425

#### **The Medicines Company**

#### www.themedicinescompany.com

The Medicines Company's purpose is to save lives, alleviate suffering, and contribute to the economics of health care by focusing on 3,000 leading acute/intensive care hospitals worldwide. Its vision is to be a leading provider of solutions in three areas: acute cardiovascular care, surgery and perioperative care, and serious infectious disease care. The company operates in the Americas, Europe and the Middle East, and Asia Pacific regions with global centers today in Parsippany, NJ, USA, and Zurich, Switzerland.

#### **Booth 507 Meds Management Group** www.mmgservices.com



Meds Management Group (MMG) is a national, full-service medication management company servicing medical provider clients that focus on workers' compensation and personal injury claims. MMG leads the industry in pointof-service medication dispensing comprising quality, service, technology, and leadership.

#### **Booth 401** ELITE Medtronic

#### www.medtronic.com

As a global leader in medical technology, services, and solutions, Medtronic improves the lives and health of millions of people each year. We use our deep clinical, therapeutic, and economic expertise to address the complex challenges faced by healthcare systems today. Let's take healthcare further, together. Learn more at Medtronic.com.

#### BRONZE Bronze Level Supporter SILVER Silver Level Supporter

GOLD Gold Level Supporter

Platinum Level Supporter PLATINUM

#### Booth 319 PREMIER Millennium Health

www.millenniumhealth.com

Millennium Health is a leading health solutions company that delivers accurate, timely, and clinically actionable information to inform the right treatment decisions for each patient at the right time. Millennium offers a comprehensive suite of services to better tailor patient care. More information is available at www.millenniumhealth.com.

#### Booth 505

**MMC Medical & ASC Finance** www.mmcmedical.net

#### Booth 620

#### **Modernizing Medicine** www.modmed.com



Developed by practicing physicians, EMA<sup>™</sup> is the cloud-based, mobile, and specialty-specific electronic health record system designed to save doctors time while supporting quality-based care. Available as a native iPad application or from almost any Web-enabled Mac or PC, it automates the documentation process and utilizes real-time data to help improve outcomes and patient engagement. It includes 40 new pain-specific interventional procedures and chronic pain syndrome and narcotic use content for pain medicine doctors.

#### Booth 130

#### Molecular Diagnostics Consultants, LLC



www.moleculardiagnosticsconsultants.com

Pain management physicians-owned pathology labs are the future! Molecular Diagnostics Consultants, LLC specializes in pathology labs build-up to diagnose small fiber neuropathy using patented protocols and technologies. Toxicology labs can be incorporated into physician-owned pathology labs.

#### Booth 525

Myoscience/iovera www.iovera.com



Myoscience is a privately held medical device company committed to making its platform technology, the iovera system, the standard of care for the treatment of peripheral nerves to immediately block pain. The iovera treatment is powered by the Focused Cold Therapy™ delivery system, a patented miniaturization of traditional cryotherapy.

#### Booth 501

Nanovibronix, Inc.

www.pain-shield.com

PainShield is a comprehensive wearable ultrasound solution for localized, neurological, musculoskeletal, and soft tissue pain management. PainShield provides ultrasound therapy that reduces pain and expedites healing. Unlike conventional bulk wave ultrasound, the PainShield's unique therapeutic parameters allow for long, low intensity treatment sessions that are much more effective.

#### Booth 606 Nevro

www.nevro.com



Associate Corporate Relations Council Premier Executive Corporate Relations Council Elite Associate Corporate Relations Council

#### Booth 608 NIH Loan Repayments Program www.lrp.nih.gov



To assist in the recruitment and retention of biomedical or behavioral researchers, the National Institutes of Health (NIH) Division of Loan Repayment (DLR) offers qualified participants substantial assistance to repay educational loans. Undergraduate, graduate, medical, and other health professional school loans qualify for repayment.

#### Booth 430

Noble Medical, Inc.

www.noblemedical.com

#### Booth 605

#### North American Neuromodulation Society (NANS) www.neuromodulation.org

www.neuromodulation.org

The North American Neuromodulation Society (NANS) is a 1,200-member medical specialty society dedicated to being the premier organization representing neuromodulation. NANS promotes multidisciplinary collaboration among clinicians, scientists, engineers, and others to advance neuromodulation through education, research, innovation, and advocacy. Through these efforts, NANS seeks to promote and advance the highest quality patient care. For more information, please visit www.neuromodulation.org.

#### **Booth 602** Nue Medical Consulting

www.neumedical.com



#### Booth 429 Nuvectra

www.nuvectramed.com

Nuvectra<sup>™</sup> is a neuromodulation company focused on improving the outcomes and usability of implantable medical devices. Nuvectra's Algovita<sup>®</sup> SCS system is approved for the treatment of chronic intractable pain of the trunk and/or limbs. In addition, its NeuroNexus team provides leading-edge neural interface technology.

#### Booth 321

Omega Laboratories, Inc. www.omegalabs.net



Omega Laboratories is the industry leader in hair and oral fluid testing for drugs of abuse. Omega offers a variety of panel options, seamless data integration, competitive pricing, superior client service, and the fastest turnaround time in the industry. Omega's services are used by physicians, clinics, and insurance companies worldwide.

#### Booth 127

#### Pain Management Group, LLC www.painmgmtgroup.com



Pain Management Group (PMG) is a leading provider of balanced, quality, hospital-based pain management centers. PMG specializes in joint venture partnerships with hospitals to develop and operate pain management facilities that provide patients with the highest level of health care. We are looking for providers with an entrepreneurial spirit to join our team. Please stop by to learn more.

#### Booth 311

#### Pain Medicine Journal BRONZE

Pain Medicine—the journal of the American Academy of Pain Medicine, Spine Intervention Society, and Australia/New Zealand Faculty of Pain Medicine—is the premier source of peer-reviewed research and commentary on the multidisciplinary, clinical practice of pain medicine.

#### Booth 114 Pain Medicine News

#### www.painmedicinenews.com

Pain Medicine News (PMM), the best-read pain publication in the United States, according to Kantar Media, is mailed 10 times annually to 45,179 pain-treating physicians. This newspaper offers extensive coverage of pain-related presentations at major clinical meetings and feature articles on topics relevant to practicing clinicians. *PMN* also presents in-depth clinical and educational reviews written by thought leaders, as well as cutting-edge practice management articles.

#### Booth 227

Pernix Therapeutics www.pernixtx.com



Pernix Therapeutics is a specialty pharmaceutical business with a focus on acquiring, developing, and commercializing prescription drugs primarily for the U.S. market. Pernix targets underserved therapeutic areas such as the central nervous system, including neurology and pain management, and has an interest in expanding into additional specialty segments. For more information, visit www.pernixtx.com.

ELITE

#### Booth 219

#### **Practice Partners in Healthcare**

www.practicepartners.org

#### **Booth 531** PrognoCIS by Bizmatics

www.prognocis.com

PrognoCIS, "More Than a Great EHR," provides general practice and ambulatory specialty pain management specific workflows in cloud-based and locally hosted systems, including templates for trigger point injections, selective nerve root blocks, spinal cord stimulation, and more. Developed by Bizmatics, Inc., PrognoCIS is Meaningful Use Stage 2 certified and ICD-10 compliant, and also offers medical billing, patient portal, credentialing and revenue cycle management services."

#### Booths 407, 511 Purdue Pharma L.P. ELITE BRONZE

www.purduepharma.com

Purdue Pharma L.P. is well known for its pioneering work on chronic pain, a principal cause of human suffering. The company's leadership and employees are dedicated to providing healthcare professionals, patients, and caregivers with effective therapies and innovative educational resources and tools that support their proper use.

#### Booth 418 Proove Biosciences, Inc. www.proove.com

#### Booth 520

#### **Prospira PainCare**

www.prospirapaincare.com

Prospira PainCare is the nation's premier provider of comprehensive, multidisciplinary pain management services. Our business model is based upon building partnerships with industry-leading physicians to accelerate the value of each practice through organic growth of the patient base combined with operational efficiencies leading to increased profitability. Our network of physician partners delivers high-quality, individualized pain management services for patients suffering from acute or chronic pain. Prospira PainCare's commitment to the highest standards of care will enable us to advance innovative therapies that restore the health and quality of life while delivering superior outcomes for our patients.

Booth 326

www.salix.com

Booth 503

www.sciex.com

Sciex

Salix Pharmaceuticals

ease, and allergy/immunology.

#### Booth 314 ASSOCIATE Quest Diagnostics

#### www.questdiagnostics.com

Quest Diagnostics, the world's leading provider of diagnostic testing, information, and services, offers a comprehensive test menu including toxicology, immunology, endocrinology, oncology, rheumatology, and genetics. Beyond our comprehensive menu of laboratory testing services, we offer a variety of resources to help you manage your patients, run your office, and stay current with the latest medical advances. Visit QuestDiagnostics.com.

#### Booth 330 **Recro Pharma, Inc.**

#### www.recropharma.com

Recro Pharma, Inc., is a specialty pharmaceutical company developing nonopioid therapeutics for pain management. Two product candidates are in mid- to late-stage clinical trials for acute pain: IV/IM meloxicam, a proprietary, long-

acting preferential COX-2 inhibitor, and intranasal dexmedetomidine, a selective alpha-2 adrenergic agonist demonstrating analgesic and anxiolytic properties.

Retreat is a 150-bed inpatient substance abuse facility providing a full con-

tinuum of care, including detox and outpatient rehabilitation. We work with

transportation to the tri-state area. At Retreat we provide a compassionate

Rev-Ignition provides the benefits of revenue cycle management software,

coupled with billing, collection, and consulting services. Our professional

most commercial insurers and offer 24/7 admissions and complimentary

#### Booth 600

Booth 529

**Rev-Ignition** 

www.rev-ignition.com

#### **Retreat Premier Addiction Treatment Centers** www.retreataddictioncenters.com

and spiritual environment for those struggling with addiction.

NEW 2016



Shionogi, Inc. www.shionogi.com

**Booth 125** 

Shionogi, Inc., is the U.S.-based subsidiary of Shionogi & Co., Ltd., a Japanese pharmaceutical company with a 137-year history of discovering and developing innovative therapies. Shionogi, Inc., currently markets products in several areas, including women's health, anti-infectives, pain, and cardiovascular diseases. Our pipeline focuses on infectious disease, pain, central nervous system, and oncology.

For more than 20 years, Salix Pharmaceuticals, a wholly owned subsidiary of

Valeant Pharmaceuticals International, Inc., has been committed to providing

solutions for the management of many chronic and debilitating conditions.

Salix currently markets products to U.S. healthcare providers in the areas of gastroenterology, hepatology, internal medicine, primary care, infectious dis-

SCIEX helps improve the world by enabling scientists and laboratory analysts

to find answers to complex analytical challenges they face in basic research,

drug discovery, and development, in addition to food and environmental test-

ing, forensics, and clinical research and diagnostics. As part of SCIEX, SCI-

panding portfolio of mass spectrometry solutions and assays for in vitro di-

agnostic use, enabling customers to deliver high-quality results to clinicians

EX Diagnostics brings the power, flexibility, reliability, and accuracy of mass spectrometry to clinical testing laboratories. SCIEX Diagnostics offers an ex-

#### Booth 128 Stryker Interventional Spine

who make decisions affecting patient care.

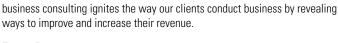
www.stryker.com

Stryker is one of the world's leading medical technology companies, and together with our customers, we are driven to make healthcare better. The company offers a diverse array of innovative products and services in orthopedics, medical and surgical, and neurotechnology and spine, which help improve patient and hospital outcomes.

#### **Booth 320**

Surgenex www.surgenex.com

SURGENEX® is the producer and distributor of the highest quality of amniotic membrane tissue allograft in the industry. Our bioactive amnion products are used for a wide variety of clinical applications, including orthopedics, sports medicine, podiatry, pain management, wound care, and diabetic ulcers. The company has developed innovative processes and safety protocols, which deliver the highest tissue viability and safety standards.



#### Booth 115 **RxAssurance** www.rxassurance.com



RxAssurance creates software systems for safe and effective guideline-based opioid prescribing. We use Web- and electronic health recordlinked solutions to assess and risk stratify patients, perform automated prescription drug monitoring program checks, and generate customized provider-patient pain agreements and aftercare protocols. We use Web and smartphone technology to collect outcome data from patients between visits, inform clinical decision making, and ensure that agreements are followed, ensuring safety for both patient and provider.

#### Booth 530 Safer Lock www.saferlockrx.com



Safer Lock is a four-digit combination locking cap aimed at preventing abuse among children and teens. Simply replace any existing child-resistant closure with our locking cap upon receiving your prescription to ensure your medications are safely secured.

BRONZE Bronze Level Supporter SILVER Silver Level Supporter

GOLD PLATINUM





Associate Corporate Relations Council Premier Executive Corporate Relations Council

ELITE Elite Associate Corporate Relations Council

#### **Booth 301 Teva Pharmaceuticals**

#### www.tevausa.com

Teva Pharmaceuticals is a leading global pharmaceutical company with a focus in pain care. With a diverse portfolio and pipeline of products to help advance treatments in pain management, Teva is committed to supporting responsible pain care that meets the needs of people living with pain as well as healthcare professionals.

PREMIER PLATINUM

#### Booth 609

#### **U.S. Pain Foundation**

#### www.uspainfoundation.org

U.S. Pain Foundation is a true patient-advocacy nonprofit organization dedicated to serving those who live with pain and their care providers. Our mission is to educate, connect, inform, and empower those living with pain while advocating on their behalf. We make sure pain patients are heard, validated, and empowered.

#### Booth 428

Vertical Health www.verticalhealth.com



Practical Pain Management (PPM), in its 16th year of publication, is the nation's premier teaching journal for pain practitioners. The mission of PPM is to provide the tools, information, and resources to help healthcare

Listing as of January 8, 2016. Refer to your onsite addendum for additional exhibitors.

professionals better treat their chronic pain patients. Approximately 40,000 clinicians have requested a subscription to PPM and rely on the journal and its companion website, www.practicalpainmanagement.com, for timely and relevant insight on emerging pain-treating techniques, research, medications, and devices and also for advice on how to navigate the ever-shifting landscape of pain management. PPM articles are authored by leading clinicians from across the country and all articles are reviewed by PPM's esteemed editorial board (comprising more than 35 professionals regarded as experts in pain management). PPM is published 10 times per year and is a free subscription for qualified healthcare professionals.

#### Booth 331 WellBrain



#### Booth 218

**XenoPort**, Inc

www.xenoport.com

XenoPort, Inc., is a biopharmaceutical company focused on commercializing HORIZANT® (gabapentin enacarbil) extended-release tablets in the United States. XenoPort has entered into a clinical trial agreement with the National Institute on Alcohol Abuse and Alcoholism (NIAAA) under which the NIAAA has initiated a clinical trial evaluating gabapentin enacarbil as a potential treatment for alcohol use disorder.

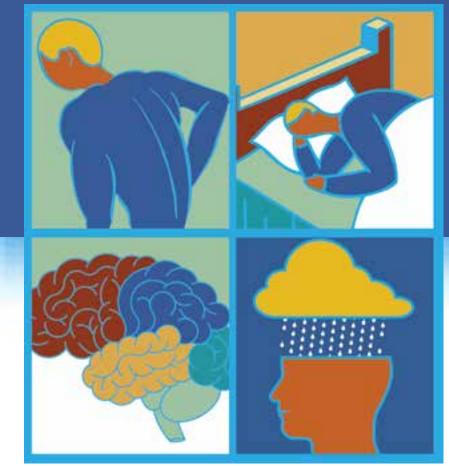
### Home Pain Medication Lock Box Fold-down handle for easy storage Tamper-proof hinges on the inside to prevent tampering LOCKO MIL Vented side walls for refrigerator use Easily removable divider inside box to organize weekly pills Emergency breakable access panel on the bottom **Pre-drilled holes** on the bottom to secure the box Encourage your Patients to Safeguard Pain Medications at Home Multiple products starting at \$19.99 LOCKMED products are available at Pharmacies nationwide,

or Call to order at (888) 458-2746, or via www.LOCKMED.com

An official independent commercially supported satellite symposium held in conjunction with the American Academy of Pain Medicine's 32nd Annual Meeting and pre-meeting activities

### Beyond Chronic Pain IN THE OPIOID-MANAGED PATIENT

Addressing Comorbid Sleep and Psychiatric Disorders



#### FRIDAY, FEBRUARY 19, 2016 12:30 PM to 1:30 PM Primrose Ballroom A

Palm Springs Convention Center • Palm Springs, California AAPM will provide lunch for all attendees from 12 noon.

#### Learning Objectives

After attending this symposium, participants should be better able to:

- Describe the prevalence and consequences of comorbid sleep and/or affective disorders in patients with chronic pain.
- Develop a plan to routinely screen and assess chronic pain patients for disturbed sleep and affective disorders.
- Implement a rational approach to treat chronic pain and comorbid conditions, where present, that addresses risk and improves clinical outcomes.

This program is supported by Pernix Therapeutics



# Faculty

#### Michael J. Brennan, MD

The Pain Center of Fairfield, Fairfield, Connecticut Senior Attending Physician, Department of Medicine, Bridgeport Hospital, Bridgeport, Connecticut Associate Director, Chronic Pain and Recovery Program, Silver Hill Hospital, New Canaan, Connecticut

#### Martin D. Cheatle, PhD

Director, Pain and Chemical Dependency Program, Center for Studies of Addiction, Perelman School of Medicine, University of Pennsylvania, Philadelphia, Pennsylvania Director, Behavioral Medicine, Reading Health System, West Reading, Pennsylvania

# Jeffrey Fudin, PharmD, DAAPM, FCCP, FASHP

Adjunct Associate Professor, Western New England University College of Pharmacy, Springfield, Massachusetts, Adjunct Associate Professor of Pharmacy Practice & Pain Management, Albany College of Pharmacy & Health Sciences, Albany, New York Clinical Pharmacy Specialist and Director PGY2 Pain & Palliative Care Residency, Stratton VA Medical Center, Albany, New York



Transitioning patients from Short-Acting Opioids to Long-Acting Opioids?

Find out if there is a treatment option that is right for your patients at booth 109.



© 2016 Endo Pharmaceuticals Inc. All rights reserved. Malvern, PA19355 BL-04359a/January 2016 www.endo.com 1-800-462-ENDO (3636) Please Join Us for a Product Theater Lunch Presentation at the American Academy of Pain Medicine's 32nd Annual Meeting

# **Opioid-Induced Constipation**





# Renaissance Palm Springs Hotel & Convention Center

Primrose Ballroom B Palm Springs, California



#### **Gerald M. Sacks, MD** Director of Pain Management Pain Institute of Santa Monica Santa Monica, California

This is a promotional event. CE/CME credit will not be available for this session.

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Thank you for your cooperation.

An official independent commercially supported satellite symposium held in conjunction with the American Academy of Pain Medicine's 32nd Annual Meeting and pre-meeting activities.

Please visit Salix booth #326.



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February 2016

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## Reports in Minutes Notes in Seconds

# ONC-ATCB COMPLETE Government-Certified Pain Management EHR

- Pain-specific ISIS/ASIPP protocols and all pain-specific interventional procedure screens
- ePrescribe including controlled substances
- Complete government certification to ensure optimal reimbursement.
- Randomized text generation to avoid generic-looking reports.
- Customizable, appoitment-driven workflows
- Connect WritePad directly to your billing service



WriteTouchHealth=
VPA
Electronic Filing Cabinet
WriteLinks
ePrescribing
WriteScheduler
Electronic Feeslip

# Product Suite

-Online Patient Intoke and Patient Portal -Patient Check-In/Intoke Kiask -Easily attach Images/documents to patient file -Fully-Integrated link to your billing software or lab -Dactor connectivity to e-Prescribing network, including controlled substances

As low as

\$499

a month

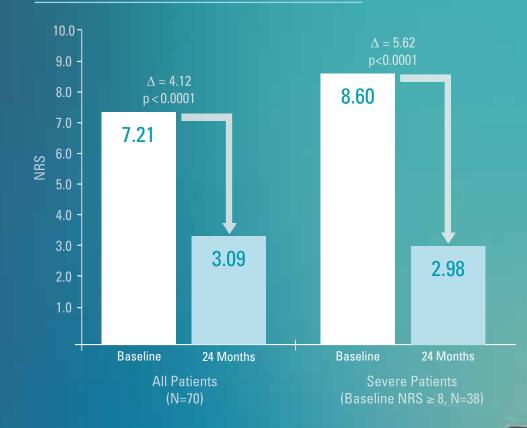
- -Connects to schedulers and specific intake screens
- -Automated ICD/CPT codes posted to billing





# TREATING LOW BACK PAIN

Real Innovation. Real Results.



Long-Term Reduction in Back Pain and Disability with Anatomically-Guided Neural Targeting: Final Results of the Multicenter LUMINA Study

Frey et al. Multi-center, observational study of consecutive Precision Spectra patients across 13 sites. Presented at the North American Neuromodulation Society 19th Annual Meeting, Las Vegas, NV, 2015

### PRECISION SPECTRA SCS SYSTEM

Innovation Focused on Pain Relief™



Indications for Use. The Precision Spectra<sup>®</sup> Spinal Cord Stimulator System (Precision Spectra System) is indicated as an aid in the management of chronic intractable pain bilateral pain associated with the following: failed back surgery syndrome, intractable (wo back pain, and leg pain. Contraindications, warnings, precautions, side effects. T for patients who: are unable to operate the Precision Spectra System, have failed trial stimulation by failing to receive effective pain relief, are poor surgical risks, or are pregn with the Precision Spectra System or Control YourPain.com for potential adverse effects, warnings, and precautions prior to using this product. Caution: Federal (U.S.) law re physician. Note: Clinical study results may not necessarily be indicative of clinical performance. Results in other studies may vary.

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