

IPE Case Report of Chronic Pain

A Case Report of **Chronic Low Back Pain** Interprofessional Education

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**“Pain is inevitable, suffering is an option.”
A Case Report of Chronic Pain**

Presenting Condition: “I am a person that has been living with chronic pain since 1998.”

E.M. is a disabled 48 y/o male father, husband, and plumber who has chronic low back pain and lumbar instability—a condition that requires him to wear a hard lumbar brace on a daily basis. E.M. sustained a work related back injury in 1996 and has been unable to go back to work since. His back injury resulted in a lumbar radiculopathy due to a herniated disc, which caused him severe pain. He underwent a double laminectomy in 1996; although, due to further degeneration of his intervertebral discs, E.M. received a third surgery three years later (1999) for a L4-S1 fusion. Unfortunately, the fusion did not take and caused him severe pain that was difficult to control. E.M. then had his L4-S1 vertebrae removed and replaced with bone from his hip to attempt another vertebral fusion (2001). He awoke from this surgery with a lumbar brace. Although the doctors told him that he needed to wear it temporarily, he still wears the brace today – “I need the \$2000 brace to be able to stand or sit. It rides on my hips and the bottom of my ribs and keeps the weight off the column”. E.M. has gone through 4 braces in 10 years because of weight loss that is due to his medications for another disorder, narcolepsy, which he was diagnosed with in 2003. This condition restricts him from the use of narcotics for his pain. Narcotics make him fall asleep and also cause him migraines. He chooses instead to take OTC medications that help make his pain more manageable. E.M. explains that his pain fluctuates depending on his sleep and the weather. Additionally, he has modified his home and workspace, which provides some alleviation from his discomfort. E.M. keeps a positive attitude and outlook on his life—“Most of the time, I can just adjust my life’s challenges, and make it through the rough days.” He tries to keep busy as much as possible to keep his mind off of the pain.

Patient Profile:

Age: 48

Height: 5’ 11”

Weight: 150 lbs.

Language(s): English

Condition(s): chronic low back pain (1996); narcolepsy (2003); hypothyroidism second to thyroidectomy; seasonal allergies

Past Medical History:

Past Illnesses: migraines from altered sleeping patterns

Injuries: herniated disc, 1996

Immunizations: up to date

Medications:

- Prescribed: Methylphenidate HCL 54 mg (daily); Loratadine 10 mg (daily); Levothyroxine 175 mcg (daily); Nasonex 50MCG/ACT spray (once daily as needed)
- Over The Counter: Tylenol 500 mg (2 tablets at nighttime as needed); Advil 200 mg (2 tablets twice daily); Fish oil 1000 mg, Multivitamin

Allergies: Aspirin-reaction: thins blood and causes bad nosebleed

Surgical History: 1996 double laminectomy L4-S1
1997 cholecystectomy
1999 L4-S1 vertebral fusion
2001 L4-S1 vertebral fusion revision
2009 thyroidectomy

Hospitalizations: None indicated

Personal Health Influencing Behaviors:

Diet:

- “My medication for narcolepsy suppresses my appetite.”
- “Food intake is not enough to maintain [my] body weight.”

Caffeine Use: two cups of coffee in the morning

Alcohol Use: none

Nicotine Use: none

Illicit Drug Use: none

Exercise: stretches twice daily.

Sleep Patterns: has a specific schedule to reduce migraines and maximize his body’s ability to rebuild and recover

Family Medical History:

Father: high blood pressure

Mother: Diabetes Mellitus type 2

Children: healthy 24 y/o daughter; healthy 28 y/o son

Social History and Lifestyle: E.M. lives with his wife and family dog. He is the facilitator of the *Chronic Pain Support Group of Southern Maine*, which helps him better manage his pain. His hobbies include: baking, wood projects, remodeling old vehicles, and being a mentor in a “Big Brother” program.

Glossary of Terms

1. **Cholecystectomy:** a surgical procedure in which the gallbladder is removed.
2. **Herniated Disc:** occurs when all or part of a disc's nucleus (inner gel-like substance) pushes through the annulus (outer ring of cartilage of the disk), toward the spinal canal. This puts pressure on the nerves often producing pain, numbness, or weakness.
3. **Hypothyroidism:** when the thyroid gland fails to produce or secrete enough thyroid hormones. In E.M.'s case he attained this condition due to his surgical removal of the thyroid gland.
4. **Laminectomy:** a surgery in which the lamina is removed — the back part of the vertebra that covers the spinal canal—enlarging the spinal canal to relieve pressure on the spinal cord/nerves.
5. **Levothyroxine:** a thyroid hormone used to treat hypothyroidism, as well as goiters.
6. **Loratadine:** an antihistamine used to temporarily relieve the symptoms of hay fever and other allergies.
7. **Lumbar Radiculopathy:** a condition caused by a compressed or irritated nerve root that has exited the spine in the lower back, potentially resulting in pain, numbness, tingling, and weakness.
8. **Methylphenidate HCL:** a CNS stimulant, the drug is often prescribed for treating narcolepsy and attention-deficit hyperactive disorder.
9. **Narcolepsy:** a neurological disorder characterized by the inability to control sleep-wake cycles.
10. **Nasonex:** a corticosteroid used to treat or prevent the symptoms of seasonal and perennial allergies, such as stuffy or runny noses, sneezing, and watery eyes.
11. **Thyroidectomy:** a procedure that removes, or partially removes, the thyroid gland. Is used to treat thyroid disorders, such as cancer, goiters, and hyperthyroidism.