

Regional Pain Clinic

Anaesthesia, Pain Medicine, Neurostimulation, Scrambler Therapy

Dr Brett A Todhunter

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23 November 2023

The Claims Manager
XChanging - DXC Claims Management
Email: dcm-info@dx.com

CC Dr Cristina Dumitrescu. Cobram Medical Clinic - Fax: 03 5871 1517

Dear Sir/Madam

Re: Lisa Knight
DOB: 6 December 1977
Claim No: 08200032331

Thank you for asking me to see Lisa who I saw on the 22nd of November.

Presenting problem –

Lisa has developed quite widespread pain extending through her neck, across the top of shoulders and down her arms being somewhat worse on the left side.

She has some numbness in the left thumb and was diagnosed as having a C6 nerve root compression and she does have foraminal stenosis on an MRI scan. However, her current pain is not indicative of C6/7 radicular pain and is very widespread in the sense that she feels tingling down both arms in a global distribution non dermatomal in pattern and the only strictly speaking dermatomal issue she describes is the numbness over the left thumb in the C6 distribution which might be what happened in the first place but the pain has altered with the development of central sensitization and wind up with this more widespread paresthesia along with tenderness. Some people would term it regional fibromyalgia but that's still just a descriptive term not describing a disease.

She's had a lot of psychological distress at work with the council apparently being shut down presumably by state authorities and she even had to present evidence regarding various aspects of the works of council and with consequences on other employees. She's had poor ergonomic set up at work with a chair that didn't function properly and with the altered difficult position of sitting at a computer etc. this perpetuated her issues physically as well as the psychological distress associated with enquiry about the council and also having issues getting things changed in her work place such as a better chair or a desk that could be raised up and down etc. things seem to be okay at the moment and she's persisted and continues to work full time.

Her pain is not related to a diagnosable anatomical problem but she has developed central sensitization and wind up.

I gave her information on her problem from a chronic pain perspective pointing out the importance of her thought processes in terms of coping and dealing with the pain and not getting stressed because the stress will cause hyperexcitability to occur in the central nervous system and possibly be associated with worsening pain episodes. She does see a psychologist as well.

Specifically, I would see approaches as follows:

1. Accessing a pain module at Mindspot.org.au and I gave her information for that along with general information about central sensitization and wind-up pain mechanisms and she really does need to control her thought processes when subjected to difficult aspects at work and therefore using mindfulness techniques etc.
2. In terms of an approach is she had a flare up of pain I have given her a script for Gabapentin taking 300mg TDS plus possibly orphenadrine 100mg 1 6 hourly if she has a flare up of pain to try and get settled more rapidly rather than having Endone and taking 3 weeks to settle. Potent opioids may not be a good approach because opioids cause a degree of hyperexcitability in the central nervous system.

3. The only treatment that could be added that would be reasonable in that it can't possibly harm her would be Scrambler Therapy.

However, there's logistical problems with that in that she works full time and she would have to drive down here, have the treatment and then drive home and I think at the moment any benefit would be outweighed by the logistical difficulties involved.

At this stage, it would be a matter of trying to manage the problem and use the medications if needed.

One of the main things is that she has a good ergonomic work place and if there are issues raised, they should be attended to by OH&S or the relevant person required to alter the ergonomic dynamics of she sits and stands and works.

I hope this helps in her ongoing management.

Regards

Dictated but not sighted

Dr Brett Todhunter

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