

Citation

Liau DW, Fitzgibbon DR, Posner KL, Stephens LS, Domino KB: Trends in Chronic Pain Management Malpractice Claims. *Anesthesiology* 106: A1892, 2007.

Abstract

Introduction

Previous investigation of trends in liability related to chronic pain management by anesthesiologists showed that claims related to chronic pain management were increasing over time, as were payments to resolve claims.¹ This update investigates more recent trends in chronic pain management anesthesia liability.

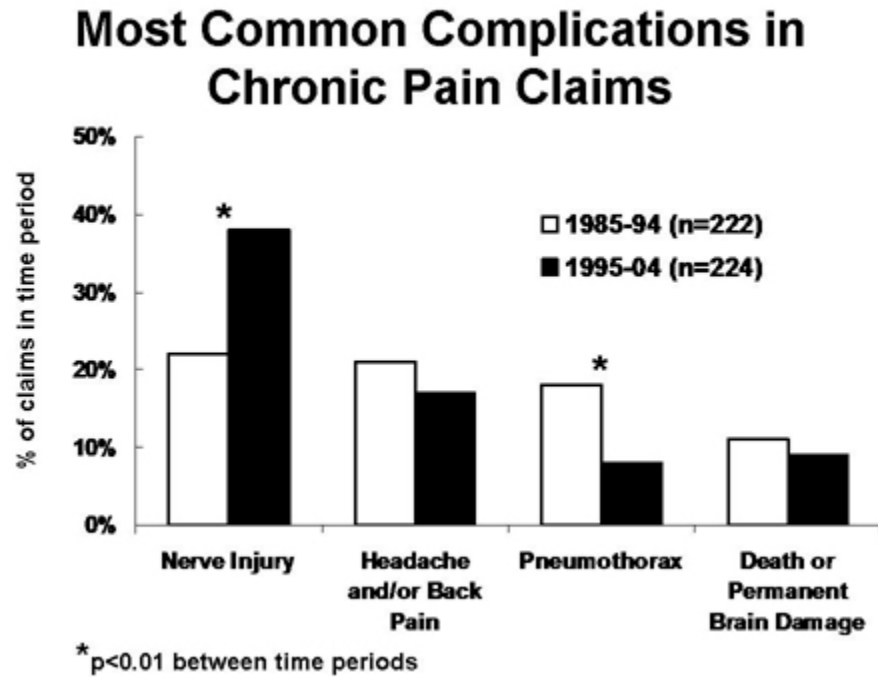
Methods

Data from the ASA Closed Claims Project were used to compare chronic pain claims from 1985-1994 (n=222) to chronic pain claims from 1995-2004 (n=224). Modes of chronic pain management were categorized as blocks and injections, device implant/maintenance/removal, medication management, or other. Blocks and injections included neuraxial or peripheral nerve blocks, steroid injections, trigger point injections, and facet blocks or injections. Nerve injury was categorized as spinal cord or peripheral. Trends in claim occurrence, outcome and liability were compared with Fisher's exact test or chi square for categorical data and Mann Whitney U Test for continuous data. Payment amounts were adjusted to 1999 dollars using the consumer price index.

Results

Chronic pain claims increased from 7% of total claims in 1985-94 to 12% in 1995- 2004 ($p<0.01$). Neuraxial blocks and injections were most common (47% of pain claims in 1995-2004), followed by non-neuraxial blocks and injections (26%), device implantation/management/removal (10%) and medication management (8%). The most common injuries associated with pain management claims in 1995-2004 were nerve injury (n=86, 38%), headache and/or back pain, pneumothorax, and death or permanent brain damage (Fig). Spinal cord injury resulted in paraplegia or quadriplegia in 22 claims. In 20 claims, spinal cord injury was associated with hematoma or abscess. Compared to 1985-94, in 1995-2004 blocks and injections were less common and other modes of pain management increased (14% vs. 26%, $p<0.01$). However, cervical epidural blocks and injections were more common in 1995-2004 (14%) than 1985-94 (5%, $p<0.01$). Medication management claims increased in 1995-2004 (8%) compared to 1984-94 (2%, $p=0.014$). Compared to 1985-94, in 1995-2004 nerve injury increased and pneumothorax decreased ($p<0.01$, Figure). Chronic pain management claims in 1995-2004 were less likely to result in payment (40%) compared to 1985-94 (54%, $p<0.01$), but payment amounts were larger (\$153K vs. \$52K, $p<0.01$).

Figure



Discussion

Liability associated with chronic pain management increased in 1995-2004 compared to 1985-94, with more chronic pain claims and higher payment amounts. Nerve injury (peripheral and spinal cord) increased. Modes of pain management changed, with an increase in medication management and a decrease in blocks and injections.

References

1. Anesthesiology 2004; 100:98.

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