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Pain Medicine (PM)

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Question: 1364

A patient is prescribed oxymorphone for chronic pain. Which of the following counseling points is most critical regarding its administration?

- A. Avoid taking with high-fat meals as it significantly increases peak plasma concentrations
- B. It must be taken with a full glass of acidic juice to ensure absorption
- C. It is a prodrug and requires CYP2D6 for conversion to its active form

Answer: A

Explanation: Oxymorphone absorption is significantly affected by food. Consumption of a high-fat meal can increase the peak plasma concentration (C_{max}) by up to 50% for immediate-release and even more for extended-release formulations. This can lead to toxic levels and unintended respiratory depression. Patients must be instructed to take oxymorphone at least one hour before or two hours after eating.

Question: 1365

A 35-year-old female presents to the emergency department with a 3-day history of unilateral, severe, throbbing headache associated with nausea and photophobia. She describes the headache as a "pulsating pain" that began suddenly. She has a history of migraines but states this headache feels different. Neurological examination is unremarkable. What is the most appropriate next step in management?

- A. Administer intravenous dihydroergotamine
- B. Obtain a CT scan of the head
- C. Initiate a trial of oral sumatriptan

Answer: B

Explanation: Given the sudden onset of a severe headache in a patient with a history of migraines, there is a concern for a secondary cause, such as a hemorrhage or other intracranial pathology. A CT scan of the head is warranted to rule out life-threatening conditions such as subarachnoid hemorrhage. Although triptans are effective for migraines, the atypical presentation necessitates imaging before treatment.

Question: 1366

A 42-year-old male with chronic low back pain and high levels of pain catastrophizing is referred for psychological intervention. During the initial assessment, the patient reports that he spends most of his day lying down because he is convinced that any movement will lead to permanent spinal cord damage, despite normal imaging findings. According to the Fear-Avoidance Model, which specific cognitive-behavioral target is the most significant predictor of his transition from acute to chronic disability?

- A. Pain intensity and duration
- B. Depression and comorbid anxiety
- C. Pain-related fear and avoidance behaviors

Answer: C

Explanation: The Fear-Avoidance Model posits that the most critical factor in the development of chronic pain disability is not the initial injury or the pain intensity itself, but the cognitive appraisal of the pain. When pain is perceived as threatening (catastrophizing), it leads to pain-related fear, which subsequently drives avoidance behaviors and hypervigilance. This cycle results in disuse, depression, and disability. Successful treatment requires shifting the patient from a "fear-avoidance" pathway to a "confrontation" pathway through graded exposure and cognitive restructuring.

Question: 1367

A 40-year-old female with chronic pain is prescribed a topical NSAID. Which of the following advantages does a topical formulation provide?

- A. Localized effects with reduced systemic absorption
- B. Systemic side effects
- C. Increased risk of gastrointestinal bleeding

Answer: A

Explanation: Topical NSAIDs provide localized pain relief with reduced systemic absorption, minimizing the risk of systemic side effects such as gastrointestinal bleeding and renal impairment, which are common with oral NSAIDs.

Question: 1368

A patient is diagnosed with "Chronic secondary musculoskeletal pain from persistent inflammation." Which of the following clinical examples fits this specific ICD-11 category?

- A. Fibromyalgia
- B. Rheumatoid arthritis
- C. Non-specific chronic low back pain

Answer: B

Explanation: Rheumatoid arthritis involves persistent inflammation of the joints, leading to secondary musculoskeletal pain. Fibromyalgia is primary pain. Non-specific low back pain is often categorized as primary if no structural cause is found. Phantom limb pain is neuropathic.

Question: 1369

A patient with chronic pelvic pain is assessed using the Stages of Change model (Transtheoretical Model) regarding their readiness to engage in a self-management exercise program. The patient states, "I've been reading about how exercise helps, and I've actually bought a pair of walking shoes and cleared my schedule to start next Monday." Which stage of change is this patient currently in?

- A. Preparation
- B. Contemplation
- C. Action

Answer: A

Explanation: In the Transtheoretical Model, the Preparation stage is characterized by the intent to take action in the immediate future (usually within the next month) and having taken some small steps toward the behavior change (e.g., buying equipment, planning a schedule). Contemplation involves thinking about change but without a concrete plan, while Action involves the actual modification of behavior for less

than six months. Identifying the stage is crucial for tailoring motivational interviewing strategies.

Question: 1370

A 62-year-old male with metastatic lung cancer is hospitalized with hypercalcemia. His current medications include oral morphine, which he has been taking for pain management. What is the best initial treatment for his hypercalcemia?

- A. Administer intravenous bisphosphonates
- B. Start oral hydration with fluids
- C. Increase morphine dosage

Answer: A

Explanation: Intravenous bisphosphonates, such as zoledronic acid, are the standard treatment for hypercalcemia of malignancy. While hydration is important, bisphosphonates directly address the elevated calcium levels.

Question: 1371

When performing a Spinal Cord Stimulator (SCS) trial, which CPT code is used for the percutaneous placement of the neurostimulator electrode array?

- A. 63685
- B. 63650
- C. 63655

Answer: B

Explanation: CPT 63650 is the code for the percutaneous implantation of neurostimulator electrode arrays. 63655 is for laminectomy for electrode placement (paddle lead). 63685 is for the implantation of the pulse generator (IPG), and 95972 is for programming.

Question: 1372

A 55-year-old male with a history of alcohol use disorder presents with painful "burning feet." Electromyography (EMG) and nerve conduction studies (NCS) are normal. What is the most likely explanation for these findings?

- A. The patient is malingering
- B. The patient has a pure small-fiber neuropathy which cannot be detected by standard EMG/NCS
- C. The patient has a large-fiber demyelinating neuropathy

Answer: B

Explanation: Standard EMG and NCS only evaluate large-diameter, myelinated nerve fibers (A-alpha and A-beta). Small-fiber neuropathies (involving A-delta and C fibers) do not affect these studies. Diagnosis of small-fiber neuropathy often requires skin biopsy for intraepidermal nerve fiber density (IENFD) or quantitative sensory testing.

Question: 1373

During a Quantitative Sensory Testing (QST) battery, a patient with suspected small-fiber neuropathy undergoes Thermal Grating Illusion testing. The patient is asked to place their hand on a device consisting of alternating cold (20°C) and warm (40°C) bars. The patient reports a sensation of intense, paradoxical heat and pain. This phenomenon is primarily used to assess the integrity of which of the following?

- A. A-beta fiber mechanoreceptors
- B. C-fiber mediated cold sensation
- C. Central integration of temperature and pain

Answer: C

Explanation: The Thermal Grating Illusion is a classic sensory phenomenon used to study the central integration of thermal and nociceptive signals. It occurs when the simultaneous application of non-noxious warm and cool stimuli is perceived as painful heat. This is thought to result from the inhibition of the cold-sensitive pathways which normally mask the heat-pain signals, or via central summation in the dorsal horn. It assesses the central processing of sensory input rather than just the peripheral function of A-beta or C-fibers in isolation. It is not used to assess proprioceptive pathways, which are carried by A-alpha and A-beta fibers in the dorsal columns.

Question: 1374

When performing a C2-C3 medial branch block (targeting the Third Occipital Nerve), where is the needle placed relative to the C2-C3 joint?

- A. On the lateral aspect of the C3 pedicle
- B. Over the lateral aspect of the C2-C3 zygapophysial joint line
- C. Three centimeters lateral to the C2 spinous process

Answer: B

Explanation: The third occipital nerve (TON) crosses the C2-C3 facet joint. Unlike lower cervical medial branches that lie in the "waist" of the articular pillar, the TON is most reliably captured by targeting three points along the lateral convexity of the C2-C3 joint itself.

Question: 1375

A 58-year-old patient with chronic neck pain and depression is being evaluated for a comprehensive functional restoration program. During the multidisciplinary assessment, the psychologist notes the patient's spouse frequently interrupts to describe how "debilitated" the patient is and insists on performing all household chores for the patient. This behavior by the spouse is best categorized as:

- A. Solicitousness
- B. Commiseration
- C. Adaptive coping

Answer: A

Explanation: Solicitous behavior by a spouse or caregiver involves over-protectiveness and taking over the patient's responsibilities. While well-intentioned, research consistently shows that solicitousness is associated with higher levels of reported pain, greater disability, and increased "pain behaviors" by the patient. It reinforces the "sick role" and hinders functional recovery.

Question: 1376

A 25-year-old male presents with chronic "prostatitis-like" pain. He has failed multiple courses of antibiotics. His pain is located in the perineum and at the tip of the penis. Post-ejaculatory pain is a prominent feature. Which psychosocial factor has been most strongly correlated with the severity and disability associated with Chronic Prostatitis/Chronic Pelvic Pain Syndrome (CP/CPSP)?

- A. History of athletic participation
- B. Presence of catastrophizing and depression
- C. High educational level

Answer: B

Explanation: In nearly all functional visceral pain syndromes (IBS, IC, CPSP), psychosocial factors play a major role in the clinical presentation. Catastrophizing (an exaggerated negative mental set during actual or anticipated pain) and comorbid depression are strongly associated with higher pain scores, decreased quality of life, and poor response to standard medical treatments. Management often requires a multidisciplinary approach including cognitive-behavioral therapy (CBT).

Question: 1377

A 42-year-old man with fibromyalgia is interested in exploring pharmacological options for pain management. Which medication is most commonly used as a first-line treatment for fibromyalgia?

- A. Opioids
- B. Tricyclic antidepressants
- C. Nonsteroidal anti-inflammatory drugs

Answer: B

Explanation: Tricyclic antidepressants are commonly used as a first-line treatment for fibromyalgia. They can help alleviate pain and improve sleep quality, making them a cornerstone of pharmacological management for this condition.

Question: 1378

A 60-year-old female with chronic pain due to rheumatoid arthritis is evaluated for functional outcomes. She reports difficulty in performing household chores. Which contextual factor should be prioritized in her assessment?

- A. Genetic predisposition
- B. Age-related changes
- C. Environmental barriers

Answer: C

Explanation: Environmental barriers, such as the accessibility of her living space and availability of support systems, play a critical role in her ability to perform daily activities. Identifying these barriers can inform interventions to improve her functional outcomes.

Question: 1379

A patient with chronic pain and a history of depression is being evaluated for opioid therapy. What is the most critical factor to consider before initiating treatment?

- A. Risk of opioid misuse
- B. Current level of pain
- C. Family history of depression

Answer: A

Explanation: Assessing the risk of opioid misuse is the most critical factor before initiating opioid therapy, particularly in patients with a history of depression.

Depression can increase the risk of substance use disorders, making it essential to evaluate the patient's history and current support systems before starting treatment.

Question: 1380

A physician is using ultrasound guidance for a transversus abdominis plane (TAP) block. After identifying the external oblique and internal oblique muscles, the local anesthetic is injected between the internal oblique and which other muscle layer?

- A. Latissimus dorsi
- B. Rectus abdominis
- C. Transversus abdominis

Answer: C

Explanation: The TAP block involves injecting local anesthetic into the fascial plane between the internal oblique muscle and the transversus abdominis muscle. This plane contains the thoracolumbar nerves (*T7* to *L1*) that provide sensory innervation to the anterolateral abdominal wall.

Question: 1381

A large pain management group is transitioning to a "Value-Based Care" model. As part of this transition, they are implementing a system to proactively manage a specific group of patients with chronic low back pain to improve outcomes and reduce the total cost of care. This approach, which focuses on the health outcomes of a group of individuals including the distribution of such outcomes within the group, is known as:

- A. Benchmarking
- B. Population health
- C. Fee-for-service

Answer: B

Explanation: Population health is defined as the health outcomes of a group of individuals, including the distribution of such outcomes within the group. In pain medicine, this involves identifying high-risk or high-cost cohorts (such as those with chronic back pain or opioid use disorder) and applying systemic interventions to improve their overall health status and functional outcomes, rather than focusing solely on individual episodic visits.

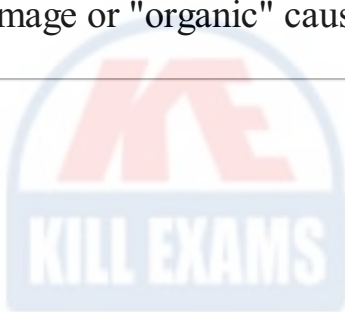
Question: 1382

In the context of the IASP definition of pain, which of the following statements is true regarding the relationship between tissue damage and the experience of pain?

- A. Pain is always a subjective experience that may occur in the absence of tissue damage.
- B. Pain is an objective physiological finding that requires no subjective report.
- C. Pain can only be defined by the presence of identifiable tissue damage.

Answer: A

Explanation: The IASP revised definition of pain (2020) states: "An unpleasant sensory and emotional experience associated with, or resembling that associated with, actual or potential tissue damage." A key note to this definition is that pain is always a personal/subjective experience. It further clarifies that pain and nociception are different phenomena; pain cannot be inferred solely from activity in sensory neurons. Importantly, pain can be experienced even when there is no identifiable tissue damage or "organic" cause.



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