

## **Pain Meltdown at the Emergency Room by Linda E. Nee**

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Pain. Although most of us endure the occasional aches and pains of tension headaches, bumps, thumps, bruises, strains and sprains, there are many others who suffer daily chronic pain, which cannot be lessened with over-the-counter remedies such as Tylenol or Advil.

Many of these individuals eventually file disability claims only to become misunderstood and accused of malingering. Since pain is an unseen or immeasurable result of physical “brokenness” within the body, it is considered by disability insurers to be “subjective” and “self-reported.”

Therefore, in their haste to relieve themselves of liability for chronic pain claims, most disability insurers opt for the opinion that “if it cannot be measured, we can’t pay.”

To further complicate the issues of pain is the fact that each individual has their own threshold. What would be described as mild pain to one person could be said to be severe to others.

Disability insurers generally do not attempt to distinguish between thresholds of pain, which is a major flaw in the disability claims review process. Once insurers accept the notion that pain is “self-reported”, it is very easy to build internal protocols based on the companies’ own self-interests to allege claims are non-compensable.

What disability insurers often forget (deliberately) is that pain hurts, and long-term pain becomes impairment when insureds are no longer able to manage severe uncomfortableness sufficient to continue working. After all, pain requires an individual’s full attention, which is not conducive to performing well on-the-job.

Human beings are physically made to withstand moderate levels of pain for short periods of time. Women can endure the pains of childbirth because they know the pain won’t last forever. Although a broken leg is extremely painful, it can be fixed and the pain alleviated. Pain, even at its most severe levels can be endured for short periods of time.

However, chronic or predictable pain such as in migraine headaches, is long lasting with no expected light at the end of the tunnel. Individuals who have chronic pain on a daily basis eventually become exhausted, worn down, and depressed at the idea of having perpetual pain, sometimes for the rest of their lives.

What constitutes credible impairment for disability is not only the existence of chronic pain, but also the after effects of longstanding daily management of chronic pain. The longer insureds endure pain at their own threshold level, the more "impaired the individual becomes for disability purposes."

The actual claimed primary disability then becomes fatigue, depression, exhaustion, and despair caused by secondary pain. Many insureds find it helpful to seek out counseling or pain management as an aid to managing levels of pain that interferes with everyday life.

Pain hurts, and those who suffer pain for extended periods of time can occasionally lose their threshold of tolerance and have a meltdown described as "a total loss of one's ability to endure any level of pain in combination with a release of emotion as a result of enduring high levels of pain for long periods of time."

Recently, one of my clients described himself in the Emergency Room in tears because his migraine medication wasn't working. Once insureds begin to experience a pain meltdown they will usually go anywhere, do anything they can, to make the pain go away.

Disability insurers need to reconsider and change their protocols and perspectives toward paying chronic pain claims by looking beyond the "subjective" caption to other symptoms caused by pain. If an insured is diagnosed with depression because she cries everyday due to pain, then it is reasonable to say she does in fact have pain.

Insureds who have chronic pain, regardless of the source, should always mark their levels of pain on a visual analog scale and keep a pain journal. Other symptoms resulting from pain such as fatigue, exhaustion, loss of temper, irritation, inability to think clearly or concentrate, should be clearly documented in the journal.

And remember, it's OK to have a meltdown in the ER once in awhile. The longer a person endures and attempts to manage pain, the more impaired he/she becomes for disability purposes.

Those of us who give in to an occasional Advil cannot imagine the pain levels some people have to endure, often for the rest of their lives. It's time disability insurers change their archaic views regarding pain and place credibility on the totality of dysfunction caused by chronic pain rather than classifying pain as "self-reported" in order to avoid payment.