

## Managing Chronic Pain With Medical Cannabis: A Chance to Reduce Opioid-Related ED Visits

Nicholas S. Imperato  
*Lehigh Valley Health Network, [nicholas.imperato@lvhn.org](mailto:nicholas.imperato@lvhn.org)*

Gretchen Maurer  
*Lehigh Valley Health Network, [Gretchen.Maurer@lvhn.org](mailto:Gretchen.Maurer@lvhn.org)*

Hope Kincaid MPH, CPH  
*Lehigh Valley Health Network, [Hope.Kincaid@lvhn.org](mailto:Hope.Kincaid@lvhn.org)*

Joseph E. Patruno MD  
*Lehigh Valley Health Network, [joseph\\_e.patruno@lvhn.org](mailto:joseph_e.patruno@lvhn.org)*

Joshua S. Krassen  
*Lehigh Valley Health Network, [joshua.krassen@lvhn.org](mailto:joshua.krassen@lvhn.org)*

*See next page for additional authors*

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## Authors

Nicholas S. Imperato; Gretchen Maurer; Hope Kincaid MPH, CPH; Joseph E. Patruno MD; Joshua S. Krassen; Robert Wilson; Autumn Kieber-Emmons MD, MPH; and Andrew L. Koons



# Managing Chronic Pain With Medical Cannabis: A Chance to Reduce Opioid-Related ED Visits

Nicholas S. Imperato, OMS IV, Gretchen E. Maurer, DO, Hope Kincaid, MPH, CPH, Joseph E. Patruno, MD, Joshua S. Krassen, DO, Robert E. Wilson, DO, Autumn Kieber-Emmons, MD, MPH, Andrew L. Koons, DO  
Lehigh Valley Health Network/USF Morsani College of Medicine, Allentown, Pa.

## Introduction

Opioid use for chronic pain management increases the risk of emergency department (ED) visits. Patients could benefit from a less harmful modality of treatment. We present a case of a patient transitioned from long-term opioid use to medical cannabis. Referral for medical cannabis initiation may be an option to consider for patients presenting to the ED with chronic pain that is inadequately controlled with opioids.

## Case

A 72-year-old female with chronic neck and low back pain secondary to scleroderma and osteoarthritis had been ineffectively managed with multiple medications, including oxycodone-acetaminophen (10-325 mg BID) and gabapentin (300 mg TID). The patient considered initiating medical cannabis therapy due to inadequate control of pain with chronic opioid therapy (utilized for 7 years). There was minimal pain relief with use of cannabidiol (CBD) ointments throughout that period. The patient reported significant reductions in activities of daily living (ADLs) due to pain since age 25. She reported the pain led to significant worsening of her mental health and depression. After initiating medical cannabis, the patient was followed for 6 months and seen at 1-, 3- and 6-month

appointments. Before the referral to treatment, the patient had already reduced her morphine milligram equivalents daily from 30 to 15. The patient began the medical cannabis and her Subjective Opiate Withdrawal Scale scores documented at the 3 and 6-months follow-up appointments were 12 and 8 points respectively, showing that there was a reduction in withdrawal symptoms, from moderate to mild withdrawal. The Edmonton Symptom Assessment Survey indicated reductions in quality of pain, depression, and fatigue, with simultaneous improvements in overall wellbeing. By the 6-month follow-up appointment, the patient reported increased “drowsiness.” However, pain in the neck, lower back, and lower extremities were absent.

## Discussion

Medical cannabis offers analgesic effects through activation of cannabinoid receptors 1 (CB1) and 2 (CB2) within the endocannabinoid system (ECS). This intrinsic pain control pathway may be beneficial in patients with chronic pain. In our case, the patient was able to reduce her opioid use and attenuate development of withdrawal symptoms. Medical cannabis may have potential in mitigating the use and misuse of opioid medications. This possible reduction may decrease the number of patients that present to the ED for overdose or chronic pain complaints. Further research is necessary to thoroughly understand the impact and utility of this opioid alternative.