Pain is nebulous, difficult to measure, challenging to treat, and resistant to simple clinical solutions. That’s exactly why it interests Rachael Rzasa Lynn, MD.

Rzasa Lynn, an assistant professor of anesthesiology with the CU School of Medicine and medical director of the Interventional Pain Management Practice at University of Colorado Hospital since early September, says she is intrigued by the varieties of pain. The simple question, “What hurts?” can have multiple, overlapping answers.

“Most specialties are focused on an organ, system, or pathology,” she said. “There is something you can cut out or treat with medicine. Pain is so much more complex. There can be clinical, psychological, emotional, and social factors pulling the patient in opposite directions. That’s why we don’t always hit the mark with the first shot in pain management.”

The elusiveness of pain makes the traditional numerical tool for measuring it – zero for no pain; 10 for the worst pain imaginable – inadequate, Rzasa Lynn maintains.

“There are so many things that play into that number,” she said. “Emotional distress can’t be teased out.”

Many paths. With that in mind, Rzasa Lynn takes a multifaceted approach to treating the 20 to 25 patients she sees each day in the clinic. Medications, including narcotic analgesics (opioids), and injections play a role, but she also refers patients to physical therapy and to The Center for Integrative Medicine for other treatments, including psychological services.

“Pain causes depression and depression worsens pain,” she said. “Psychologists can help patients turn down the pain, and that gives them a greater sense of control.”

Providers also need to do a better job of assessing the effectiveness of treatments, Rzasa Lynn said. Opioids, which have been blamed for an increase in prescription drug overdoses and addiction, can play an important role in managing pain, so long as they are administered carefully, she said. The literature even shows that some patients derive long-term benefit from these medications, she added.

“The problem is we don’t know how to pick those patients out,” Rzasa Lynn said. For the majority of patients prescribed opioids, she favors coupling their medication regimens with an assessment of their functional improvement – how well they can tolerably perform everyday tasks and increase their physical activity.

It’s an approach that acknowledges that providers will not always be able to eliminate a patient’s discomfort. “We want to help patients think about their pain differently,” Rzasa Lynn said.

First steps. A graduate of Denver’s George Washington High School, Rzasa Lynn said an early interest in science and research
led her toward pain medicine. Shortly before entering med school at CU, she worked in a neuroscience lab on an investigation into the mechanisms of trigeminal neuralgia, which causes severe facial pain. The experience opened her eyes to a medical discipline that focuses on helping patients manage pain while decreasing the side effects of medications.

Personal experience reinforced her interest. Her father suffered from bone pain caused by cancer. Her father’s oncologist, Rzasa Lynn said, did an excellent job of rotating him through a regimen of opioids that relieved his pain but didn’t make him drowsy. The oncologist also referred him to a pain specialist who provided more relief with non-opioid medications and injections.

“I was so grateful for their care,” Rzasa Lynn said. With that experience and an accompanying love of physiology and pharmacology that developed during her medical education, she naturally gravitated to pain medicine.

Her ties to the CU School of Medicine and UCH are deep. While she was still in high school, she was on a cross-country ski trip when she had a chance meeting with Ralph Gonzales, MD, who was then a research fellow at CU with Jean Kutner, MD, now UCH’s first chief medical officer. Gonzales offered her an opportunity to help him with his research, which she accepted. She also worked with Robert Anderson, MD, then with CU’s Division of General Internal Medicine. Anderson later served as chair of the Department of Medicine from 2002 to 2010.

During her time with Gonzales and Anderson, Rzasa Lynn said she “saw what their lives were like, what they valued and represented,” namely a deep interest in clinical science and a commitment to helping people. She also regularly spent time around residents, fellows, and attending physicians, gaining a sense of the career opportunities available to a person interested in academic medicine.

After med school, Rzasa Lynn completed her residency in anesthesiology at CU and a fellowship in pain medicine at UCH, where she worked with Jason Krutsch, MD, her predecessor as medical director in the Pain Practice. Now she’s working to build the practice, which is slated to move sometime next year to the area formerly occupied by the Emergency Department.

“We want to be a resource for comprehensive pain management and a facilitator for other disciplines,” Rzasa Lynn said.

The practice also plans to add another provider to share the patient load, said Lynn, who devotes her time outside of the clinic to two children, ages 3 and 8 months, and her husband, a surgical resident at St. Joseph’s Hospital.

“It’s nice to have a spouse who understands the stress of the job,” Rzasa Lynn said. “It’s not just the hours or the workload. Every day we see people dealing with tough situations. He understands all the aspects.”