

Public Policy Position: Non-Opioid Pain Management Therapies

The Physical Medicine Management Alliance (PMMA) consists of organizations representing care management companies who specialize in physical medicine/musculoskeletal care and wellness. PMMA members partner with provider specialists to facilitate care delivered via specialty services that include, but are not limited to, physical and occupational therapy, chiropractic care, acupuncture, and complementary and integrative health.

Key Takeaways

- An estimated 126.6 million Americans (one in two adults) are affected by a musculoskeletal condition – **comparable to the total percentage of Americans living with a chronic lung or heart condition** – costing an estimated \$213 billion in annual treatment, care and lost wages.
- **Non-pharmacologic, conservative treatment** rendered early in the care continuum aligns with current treatment guidelines.
- **Effective, evidence-based, low-risk modalities** for managing pain include movement and exercise, manipulative and manual therapy, functional restoration and acupuncture.
- **Expanding essential health benefits** to specifically include non-opioid therapies to manage pain could improve treatment outcomes and prevent patient drug addiction.

Background

According to the Centers for Disease Control and Prevention, the majority of drug overdose deaths (more than 60 percent) involve an opioid. Deaths from prescription opioids—drugs like oxycodone, hydrocodone, and methadone—have more than quadrupled since 1999. The amount of prescription opioids sold in the U.S. has also nearly quadrupled in the same time period, yet there has not been an overall change in the amount of pain that Americans report. Overdoses from prescription opioids are a driving factor in the 15-year (2000 to 2015) increase in opioid overdose deaths of more than half a million people.¹

Due to this growing epidemic, federal and state officials, insurers, patients and providers are searching for less-invasive pain therapies that can be used prior to or in combination with opioid pain medications. Non-pharmaceutical treatments may include chiropractic and osteopathic manipulation, physical therapy, therapeutic massage, acupuncture, meditation, yoga and cognitive behavioral therapy. Insurance coverage for many of these alternative therapies can be limited, which can hamper access to care. This is a significant reason that individuals with musculoskeletal disorders (MSD) or injuries can find themselves caught up in the opioid epidemic.

An estimated 126.6 million Americans (one in two adults) are affected by a MSD – comparable to the total percentage of Americans living with a chronic lung or heart condition – costing an

¹ <https://www.cdc.gov/drugoverdose/epidemic/>

estimated \$213 billion in annual treatment, care and lost wages, according to "The Impact of Musculoskeletal Disorders on Americans: Opportunities for Action".² Musculoskeletal pain affects the bones, muscles, ligaments, tendons, and nerves. It can be acute (having a rapid onset with severe symptoms) or chronic (long-lasting). Musculoskeletal pain can be localized in one area, or widespread.

Anyone can experience musculoskeletal pain. It is most often caused by an injury to the bones, joints, muscles, tendons, ligaments, or nerves. This can be caused by jerking movements, car accidents, falls, fractures, sprains, dislocations, and direct blows to the muscle. Musculoskeletal pain can also be caused by overuse. Pain from overuse affects 33 percent of adults. Lower back pain is the most common type of musculoskeletal pain. Other common types include tendonitis, myalgia (muscle pain), and stress fractures.³

The Occupational Safety and Health Administration estimates work-related MSDs account for over 600,000 injuries and illnesses, representing 34 percent of all lost workdays.

Physical therapy and chiropractic care are currently covered under Medicare. However, physical therapy cap limits are set for \$1,980 in 2017; manual manipulation of the spine if medically necessary to correct a subluxation is the only chiropractic service covered by Medicare. X-rays and other required chiropractic care services must be paid by the patient.

Under the Affordable Care Act (ACA), "rehabilitative and habilitative services and devices" are included under category seven of Essential Health Benefits (EHB), although rehabilitative and habilitative services were not defined. The federal government allowed states to adopt an existing health plan as the model (benchmark plan) for coverage of EHBs. Each state's benchmark plan covers (with limits) some of the following four categories: chiropractic care, outpatient rehabilitation service, habilitation services, rehabilitative occupational and rehabilitative physical therapy. No state covers all four categories.

PMMA Position: Conservative care and non-opioid treatments should be employed and covered as first-line therapies for individuals to manage pain

- Non-pharmacologic, conservative treatment rendered early in the care continuum aligns with current treatment guidelines
 - As published in the *Annals of Internal Medicine* (Feb. 2017), the American College of Physicians **recommendations** include:
 - For patients with low-back pain, ACP recommends that physicians and patients should **treat acute or subacute low back pain with non-drug therapies such as superficial heat, massage, acupuncture, or spinal manipulation and for chronic back pain, initially select non-drug therapy with exercise, multidisciplinary rehabilitation, acupuncture, etc.**
 - Physicians should consider opioids **as a last option for treatment and only in patients who have failed other therapies**, as they are associated with substantial harms, including the risk of addiction or

2 <https://www.sciencedaily.com/releases/2016/03/160301114116.htm>

3 <https://my.clevelandclinic.org/health/articles/musculoskeletal-pain>

- accidental overdose.⁴
- o Similarly, The Joint Commission has long held that non-pharmacologic approaches **play a role in pain management**, recently clarifying its position to add the latter may include acupuncture, chiropractic care, physical therapy, massage therapy, exercise therapy and cognitive behavioral care to avoid drug abuse, dependency and addiction.⁵
- A 2017 analysis of 26 studies involving more than 3,000 patients with low-back pain lasting six weeks or less published in the *Journal of the American Medical Association* “finds that spinal manipulation can ease your backache and get you moving again **without** the risk of medication side effects.”⁶
- A 2008 meta-analysis of 40 randomized controlled trials between 1975 and 2007 found spinal manipulation for low back pain **outperformed** medical treatment.⁷
- Physical therapy has been shown to be as **effective** as surgery in treating spinal stenosis.⁸
- The incidence of adverse effects is **substantially lower** with acupuncture than that of many drugs or other accepted medical procedures traditionally used for musculoskeletal conditions.⁹

By facilitating access to primary-based MSD providers at the patient point-of-entry for managing MSDs through value-based benefit design, legislation (e.g. co-pay parity), regulation (e.g. expanding essential health benefits to specifically include non-opioid therapies) and patient education, treatment outcomes can be improved

- Eliminate/reduce risk of prescription drug abuse/addiction and other co-morbidities
- Increase speed to evaluation
- Minimize fragmentation
- Improve outcomes and increase patient satisfaction
- Lower total episode costs

⁴ Qaseem A, Wilt TJ, McLean RM, Forciea MA, for the Clinical Guidelines Committee of the American College of Physicians. Noninvasive Treatments for Acute, Subacute, and Chronic Low Back Pain: A Clinical Practice Guideline From the American College of Physicians. *Ann Intern Med.* 2017;166:514-530. doi: 10.7326/M16-2367

⁵ Joint Commission Perspectives®, November 2014, Volume 34, Issue 11

⁶ <http://www.consumerreports.org/back-pain/spinal-manipulation-can-ease-your-aching-back/>

⁷ <https://nccih.nih.gov/health/pain/spinemanipulation.htm>

⁸ Annals of Internal Medicine, 7 April 2015, Volume 162, No. 7. Available at:
<http://annals.org/issue.aspx?journalid=90&issueid=933698>

⁹ U.S. Department of Health and Human Services National Institutes of Health Consensus Development Conference Statement, November 3-5, 1997. Available at: <https://consensus.nih.gov/1997/1997acupuncture107html.htm> Accessed May 6, 2016.