

Wyoming Medicaid Draft Policy on Frequency of Follow up Visits for Long term Opioid Patients with Non-malignant Pain

Wyoming Medicaid supports the CDC Opioid Management Guidelines of 2016.

For clinicians who are treating patients with chronic pain (i.e. pain lasting >3 months) who after careful history and physical examination, nonpharmacological interventions (including physical therapy, weight loss, and cognitive and behavioral options) as well as non-opioid drug approaches (Acetaminophen, NSAIDS, capsaicin, antidepressants/anticonvulsants) and after counselling on the risks, benefits and expectations the decision is made to initiate opioid therapy Medicaid proposes the following guidelines.

For patients being started on opioids, being weaned off opioids, or undergoing dose titration, follow-up visits more frequently than every 3 months may be reasonable. Practitioners must document that patients are undergoing initiation, weaning, or dose-titration.

For established patients, the standard of care for follow-up visits is every 3 months.

For higher-risk patients (patients satisfying any one or more of the conditions indicated in Table 1), follow-up visits more frequently than every 3 months may be reasonable. However, if a patient is seen for follow-up more frequently than every 3 months, practitioners must indicate (1) the risk factor(s) justifying more frequent visits, and (2) indicate the specific measures undertaken to moderate patient risk.

In agreement with CDC Guidelines, Wyoming Medicaid recognizes that milligram morphine equivalent (MME) of greater than 90/day engenders additional risk for complications. Therefore, for patients taking > 90 MME/day, practitioners must document actions taken at each follow-up visit that seek to reduce daily MME to < 90, even if such attempts were unsuccessful.

Wyoming Medicaid will not pay for concurrent treatment with a benzodiazepam and an opioid.

Table 1: Factors Increasing Risk to the Long-term Opioid Patient

Suicidality, major depression, and/or use of psychotropic medication.

History of substance abuse (including alcohol abuse), aberrant drug-related behaviors, or other factors engendering high risk for development of opioid use disorder.

History of overdose (accidental or intentional)

Excessive or difficult to manage side effects

Age < 30 years or > 65 years

Additional medical comorbidities especially relevant to opioid use (i.e., sleep apnea)

Pregnancy