Definitions:

I. **Intractable pain** has been defined as a pain state in which the cause of the pain cannot be removed or otherwise treated and for which, in the generally accepted course of medical practice, no relief or cure of the cause of the pain has been found after reasonable efforts, including, but not limited to, evaluation by the attending physician (ORS 677.470).

II. **Chronic pain** is defined as persistent that can be either continuous or recurrent and of sufficient duration and intensity to adversely affect the patient’s well-being, level of function, and quality of life. Pain is considered chronic after 6 weeks or once it is reasonably anticipated that healing would be complete. There are several types of chronic pain and treatment differs with each type. These types are:

1. **Neuropathic pain**
   - Pain produced by damage or dysfunction of the nervous system.
   - Examples:
     a. sciatica,
     b. diabetic neuropathy
     c. trigeminal neuralgia
     d. post herpetic neuralgia

2. **Muscle pain**
   - Most common form of pain and may be due to:
     a. muscle strain
     b. direct trauma
     c. vascular insufficient
     d. fibromyalgia
     e. myofascial pain syndromes

3. **Inflammatory pain**
   - Pain that is caused by inflammatory chemicals that directly stimulates primary nerves that carry pain information. Examples:
     a. arthritis
     b. infection
     c. tissue injury
     d. post operative pain.

4. **Mechanical/compressive pain**
   - Pain that is caused by mechanical pressure or stretching that directly stimulates the pain-sensitive neuron. Examples:
     a. neck and back pain
     b. degeneration of disks or facets
     c. fractures and obstruction
     d. dislocation or compression of tissue.
III. A Consultation is an evaluation of a patient by a specialist in a related anatomic or pain discipline with recommended treatment options and then the patient returns to the primary care physician for recommendation implementation (ICSI, 2005).

IV. A Referral is where the patient is being sent to the specialist for not only evaluation, but also ongoing care with little or no long term involvement by the primary care or referring physician (if different from primary care) (ICSI, 2005).

Objectives:

Managing pain and restoring function are basic goals in helping a patient with chronic pain. Federal and state guidelines require that all patients have the right to adequate pain assessment including documentation of the location, intensity, quality, onset, duration, effects of, and exacerbating factors. In many settings, intractable and chronic are terms that are used interchangeably to describe long lasting pain, although the two types may be distinct in their origins and potential treatments.

It is the intent of this pain management policy to define guidelines for either type of pain. The objectives are as follows:

I. To ensure members with chronic or intractable pain are treated with respect and dignity according to the same basic principles as other chronic illnesses.

II. To ensure that members with pain issues receive appropriate, timely, and optimal assessment of their pain with a plan of treatment, which includes assessment tools appropriate for the member and includes regular follow up assessments.

III. To ensure that pain treatment effectively addresses all aspects of the member’s functioning, including physical, psychological, social and work-related factors.

IV. To ensure that all Physicians and clinical office staff are educated in the Pain Management rulings and guidelines for the treatment of chronic/intractable pain in the office setting.
V. To ensure that education of members, their families and physicians is carried out in a culturally competent manner.

Policy:

I. Tuality Health Alliance (THA) members will have access to appropriate and effective pain management.

II. Medications including controlled substances such as opiate analgesics may be an integral part of the treatment of chronic or intractable pain.

III. THA members will be treated according to the guidelines described in the Oregon Revised Statutes (ORS) 677.470-485, the “Intractable Pain Law”, and the Oregon Administrative Rules (OAR) 847-015-003.

IV. According to the above mentioned rules and regulations:
A. Intractable/chronic pain will be treated with the same diligence and according to the same basic principles as other chronic illnesses.

B. The physician is responsible for obtaining an evaluation (consultation) from a physician specializing in the treatment of the body area, system or organ thought to be the source of the intractable/chronic pain. This may involve specialty consultations and treatment to correct the cause of the pain.

C. If opioid therapy is chosen, the physician prescribing the medication will execute a material risk notice in which the anticipated treatment with chronic opioid therapy is described in a manner similar to the informed consent process. The risks and benefits of the use of controlled substances will be reviewed. The material risk notice will be signed by the patient and a copy will be provided to the patient.

V. The patient’s documented treatment plan should include the following:
A. An evaluation, with treatment, which includes a complete medical history and physical examination documenting:
   1. Nature and intensity of the pain
   2. Current and past treatments for pain
   3. Underlying or co-existing diseases or conditions
   4. Effect of the pain on physical and psychological function
   5. History of substance abuse
   6. History of mental illness
Subject: Pain Management

7. Medication history, current and past

B. Following the initial evaluation a treatment plan will be implemented which includes (but is not limited to):
   1. Diagnostic Evaluations, Imaging, and Testing
   2. Referral for consultations to specialists, including mental health or chemical dependency. * Important part of a pain evaluation is to have a psychological assessment by a mental health professional to focus on:
      a. Anxiety
      b. Psychosocial issues
      c. History of substance abuse
   3. Use of medications should be directed not just towards pain relief, but increasing function and restoring overall quality of life.
   4. THA’s formulary differentiates between medication used for chronic pain treatment and treatment of pain used for terminal illness.
      a. All long acting opioids need prior authorization.
      b. Name brand opioids, such as oxycontin, are approved only for treatment of terminal illness.
   5. Objectives to be used to determine treatment success
      a. Diagnosis
      b. A care plan
      c. Regular visits with the physician
      d. Follow-up

C. Documentation (see http://www.fsmb.org for complete information)
   1. Plans for adjustment of drug therapy appropriate to the individual medical needs of the patient.
   2. Have processes in place to monitor member’s compliance with treatment plan.
      a. Random urine drug toxicology screening to objectively assure compliance
      b. Informed consent and agreement for treatment
      c. Execution of material risk notice (attachment – Pain Packet)

VI. Coordination of Care
A. The primary care physician will be responsible for coordinating referrals/consultations with specialists to address the pain or its underlying cause.
B. The physician’s office will be encouraged to contact the THA Case Management program if assistance is needed.

VII. Referral to Pain Management Clinic
A. Referral and prior authorization is required for pain management.

B. Upon approval, the member will be enrolled in the THA Case Management Program and the Pain Management Consultation Procedure will be implemented.

C. Members with any of the following conditions may be requested to have a substance abuse evaluation:
   1. Recent history of substance abuse OR
   2. Frequent ER visits where the member is treated with narcotic pain medication or such medication is dispensed OR
   3. History shows a pattern of obtaining narcotic pain medication from multiple healthcare providers.

D. Members with any of the conditions described in section C above may also be requested to obtain a mental health evaluation to assess the existence of depression, anxiety, or any other psychiatric disorder. If further treatment is recommended during the mental health evaluation, the member may be requested to engage in appropriate mental health and or substance abuse counseling concurrently as part of the pain management process.

E. Once all of the information is received from the requesting provider(s), the records will be reviewed to make a determination regarding the medical necessity for the referral.

F. If the request is approved, a pain management consultation will consist of the initial evaluation with two follow up office visits. The result of these visits is expected to be transmitted to the primary care provider for management of the member.

VIII. Referrals for injections and other interventions
A. THA recognizes that there are multiple modalities used to treat pain. Long term high dose narcotic use is not always in the best interest of the member. Therefore, THA proposes to provide additional interventions to members based on standardized criteria.
Subject: Pain Management

B. All referrals to pain management for injections and other interventions must be reviewed by THA case managers/medical director prior to the services being provided. Members will fall into one of the following three categories:

1. Diagnosis is on a covered line and member has been deemed not a candidate for surgery. These will be reviewed for coverage of alternative therapies, including injections.

2. Diagnosis is on a covered line and member is a candidate for surgery but alternatives are being considered. These may be reviewed for coverage of alternative therapies, including injections.

3. Members whose diagnosis is not on a covered line. These will be returned to the physician as not covered for alternative therapies.

Attachments: Pain Packet, Pain Referral Form, Pain Management Rulings


Milliman Care Guidelines 2009

Formulated: August 8, 2003
Revised: June 2007
December 2009