ICSI
Institute for Clinical
Systems Improvement

Response Report for Review and Comment – September 2016

Pain: Assessment, Non-Opioid Treatment Approaches, and Opioid Management Guideline

Member Groups Requesting Changes:

HealthPartners Medical Group and Regions Hospital
North Memorial
Stillwater Medical Group

Member Groups that Reviewed the Guideline, No Changes Requested:

Hudson Physicians

Member Groups that Responded but the Guideline Does Not Pertain to Practice:

None

Sponsoring Health Plans Requesting Changes:

None

Sponsoring Health Plans that Reviewed the Guideline, No Changes Requested:

Medica Health Plan

COMMENTS:

1.   I didn't see much on monitoring – specifically drug testing either pre-treatment or during treatment. There are many payment rules already in place about what constitutes medically necessary testing – assigning patient to a risk group, testing frequency and what is tested. CDC has just issued pain management guidelines and the American Association of Clinical Chemistry (AACC) will be issuing some soon, as well. (HealthPartners Medical Group and Clinics)

     The work group found limited data to support specific recommendations for drug testing. While drug testing itself doesn't save lives, the key to any monitoring is to find at risk patients early and get them to treatment to prevent harm. Therefore your program may be more proscriptive than our guideline. We did modify the recommendation to clearly state that random UDS should be done at least once per year. ICSI's focus is on evidence-based medicine and we don't address payment issues directly. Thank you.

2.   I was able to only skim this material, but I am in strong agreement around these efforts to use alternative measures for pain management. (Medica)

     Thank you for your comment.

3.   Page 71 of guideline – Referrals for high-risk patients. Currently states: "Those prescribing opioids should have a referral source for psychiatric treatment, substance use

disorder treatment, and physical therapy if needed." Would also recommend having Pain Management Specialist as a referral source. (North Memorial)

Thank you, the work group added Pain Medicine specialist.

4.   My fellow providers who reviewed this guideline were appreciative of all the work. Thank you to the whole team. Thank you again for this very important document. Could/Should the introduction reference or mention the CDC report guideline that was published in the last 6 months? (Stillwater Medical Group)

The CDC guideline is referenced throughout the document and is in the references. Since this document was a complete revision and not an endorsement of other guidelines, we would not call it out in the introduction. Thank you.

Page 127 mentions tramadol for treatment of fibromyalgia. Using narcotics for fibromyalgia is not the message I have heard from other sources. What is the evidence behind this recommendation? (Stillwater Medical Group)

Thank you. We reviewed and discussed our reference and determined that while Tramadol is mentioned as being helpful in fibromyalgia, it is not our intention to recommend the use of an opioid to treat fibromyalgia. It was removed.

Headache treatment is not discussed in this document. Would a link or reference to ICSI headache guideline be appropriate? (Stillwater Medical Group)

This is now referenced in the document. Thank you.

Page 30, first sentence under Personality Disorders is a confusing. If the prevalence of personality disorder is 15% how could the range be higher ("31-81%")? (Stillwater Medical Group)

Thank you. This section has been modified.

Page 71. Referrals for High-Risk Patients. Work Group Recommendations… This is a very reasonable recommendation but in practice, especially in a non–metro setting is quite difficult to achieve. Are there resources that the group knows about for tele-psychiatry or addiction support? (Stillwater Medical Group)

ICSI is aware of a few models of addiction support for patients that are being tested at this time and look forward to including them as a resource when their research trial is over. We are also aware of two addiction supports for the clinician that is prescribing suboxone, however, there are few primary care providers who assume that role. Thank you for your comments and suggestions.

PRIORITY AIMS AND SUGGESTED MEASURES:
None

SUPPORT FOR IMPLEMENTATION:
None