

Complementary Alternative Medicine (CAM) Ease the Pain program

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| <b>NEIGHBORHOOD HEALTH PLAN OF RHODE ISLAND</b> |  |
| <b>Section:</b> Clinical Practice Guideline     | <b>Subject:</b> Complementary Alternative Medicine (CAM)                                     |
| <b>Effective:</b> December 18, 2014             | <b>Updated:</b><br><b>Neighborhood reviews Clinical Practice Guidelines every two years.</b> |

RATIONALE

Chronic pain affects about 100 million American adults – more than the total affected by heart disease, cancer and diabetes combined. Pain also costs the nation between \$560 and \$635 billion annually each year in medical treatment and lost productivity according to a report from the Institute of Medicine. The 2010 Patient Protection and Affordable Care Act required the Department of Health and Human Services (HHS) to enlist the Institute of Medicine to examine pain as a public health problem. The committee that prepared the report called for coordinated, national efforts of public and private organizations to create a cultural transformation in how the nation understands and approaches pain management and prevention.

Pain is universal. However, it is experienced uniquely by each person and care often requires a combination of therapies and coping techniques. It is not always resolved by curing the underlying condition. Patients with pain receive pain care in a variety of ways – primary care, specialty and pain clinics as well as assistance with self-management. Pain treatment can include medications, surgery, physical therapy, behavioral interventions, psychological counseling and complementary and alternative therapies.

Successful treatment, management and prevention of pain requires an integrated approach that responds to all the factors that influence pain. The report calls on Medicare, Medicaid and workers’ compensation programs and private health plans to find ways to cover interdisciplinary pain care.

The Ease the Pain clinical practice guidelines are intended to assist health care workers in clinical decision making by describing a number of complementary alternative therapies (CAM) used in pain management and the conditions for which there is evidence for their use. The complementary alternative therapies that will be described include acupuncture, massage and chiropractic therapy. These guidelines will not address pharmacotherapy or behavioral health. Behavioral health is an integral part of interdisciplinary pain care and referrals will be made as appropriate. The ultimate decision about which CAM modality to use will be made by the Ease the Pain Clinical Review Nurse in collaboration with the provider and patient after reviewing the particular clinical presentation of the patient.

BACKGROUND

Rhode Island Medicaid has been experiencing increasing rates of Emergency Room (ER) utilization. Medicaid led focus groups of frequent ER users identified chronic pain as a significant driver of ER use. Pain management for the Rhode Island Medicaid recipient was seen as a priority objective and the initiative to develop complementary pain management strategies was passed in the 2012 Governor’s Budget. The Executive Office of Health and Human Services of Rhode Island (EOHHS) worked with Neighborhood

Health Plan of Rhode Island (Neighborhood) and United Health Care to develop this benefit. The key principles of this program were to include:

1. Patient Centered Care
2. Evidence based clinical practice guidelines
3. Use of an integrated treatment plan
4. Integration of complementary therapies
5. Ongoing collaboration with Primary Care Providers (PCP)

The Communities of Care Program (see definition below) was originally intended to provide coordination of care for members who had multiple ER visits. Since chronic pain was decided to be a driver of ER visits, the target population for this Ease the Pain initiative would be members who were a subset of the Communities of Care Program.

Neighborhood initially contracted with a vendor to provide case management and coordinate Complementary Alternative Medicine modalities for its members who were identified. However, it was decided that this program would better serve members by being administered by Neighborhood Case Managers.

#### PURPOSE OF THE GUIDELINES

The purposes of these guidelines for the Ease the Pain program are to

1. Optimize pain treatment using an integrated model of care involving CAM modalities, the Primary Care Provider and Behavioral Health, realizing that a pain-free state may not be attainable
2. Enhance functional abilities and physical and psychological well-being of the patient
3. Improve their quality of life and decrease utilization of scarce medical resources
4. Promote patient participation in care of their pain to the greatest extent possible
5. Recognize when the patient may need referral to PCP or to pain specialist for further evaluation

#### DEFINITIONS

**Acupuncture** : Acupuncture Treatment is a form of complementary and alternative medicine that includes the insertion of metal needles through the skin at certain points on the body, with or without the use of herbs, an electric current, heat to the needles or skin, or both, for pain relief.

**Care management** is a collaborative process of assessment, planning, facilitation and advocacy for options and services to meet an individual's health needs through communication and available resources to promote quality cost-effective outcomes.

**Chiropractic care** involves the employment of a system of palpating and adjusting the articulations of the spinal column and its appendages by hand and electromechanical appliances and the employment of corrective orthopedics and dietetics for the elimination of the cause of disease

**Chronic pain** is defined as pain of any etiology not directly related to neoplastic involvement, associated with a chronic medical condition or extending in duration beyond the expected temporal boundary of tissue injury and normal healing and adversely affecting the function or well-being of the individual.

**Communities of Care Program (COC)** is the coordination of care and services provided to members who have experienced four or more emergency room (ER) visits in a 12 month period and need help navigating the system to facilitate appropriate delivery of care and services.

**Massage** is soft tissue manipulation using the hands or a mechanical device through a variety of specific methods. The pressure and intensity used in different massage techniques vary widely.

**Integrative Pain Management Program/Ease the Pain:** An integrative approach to case management which includes outreach by a Care Management Nurse as well as complementary alternative medicine (CAM) services when appropriate. Possible CAM services include Chiropractic, Massage and Acupuncture. Eligibility for participation in this Ease the Pain program is limited to a subset of COC populations who have diagnoses of chronic pain and demonstrate a readiness for the program. Chronic pain diagnoses will be limited to chronic neck pain, chronic back pain, migraine headaches and fibromyalgia.

**Peer Navigators** are specially trained lay health workers who work directly with members to support optimal use of the medical care system and make referrals for community-based social services.

#### COMPONENT 1: INITIAL ASSESSMENT

The Ease the Pain Care Management Nurse will assess the member via telephone to determine the type of chronic pain that the member has – back or neck pain, migraines or fibromyalgia. There will be documentation of the pain using a predetermined pain scale. There will be documentation of the list of medications and this will be supplemented with the use of Pharmacy Claims for accuracy. There will also be an assessment of the Behavioral Health component using the approved tools. The Care Management Nurse will also attempt to identify risk factors that can be decreased through behavioral changes such as poor diet, lack of exercise, psychosocial elements and behavioral health co-morbid conditions.

#### CLINICAL ASSESSMENT

##### BACK PAIN:

Background:

Most persons will experience acute low back pain during their lifetime. Many cases are self-limited and resolve with little intervention. However 31 percent of persons with low back pain will not fully recover within six months. Recurrent back pain occurs in 25 to 62 percent of patients within one to two years with up to 33 percent having moderate pain and 15 percent having severe pain.

Clinical disorders causing back pain can be divided into mechanical (lumbar strain, degenerative disease, fractures, osteoporosis, herniated disc, spondylolisthesis etc) and non-mechanical (neoplasia, infection, inflammatory arthritis). Visceral disease can also cause back pain (renal disease, abdominal aortic aneurysm, GI disease etc).

Medical History:

- a. Back pain, location, length of symptoms
- b. Previous treatments – physical therapy, other CAM modalities and the time of last treatment
- c. Effectiveness of past treatments

- d. Specific medications they may be taking for the back pain including narcotics and their doses
- e. Previous surgeries on back or for back pain
- f. Previous spinal injections – facet joint, denervation, epidurals – for back pain and their effectiveness
- g. Associated symptoms, tingling, weakness, burning pain (radiculopathy)

Red flags in the medical history:

- a. History of cancer
- b. Age over 50 years
- c. Unexplained weight loss
- d. Night time pain
- e. History of abdominal aortic aneurysm
- f. Bowel or bladder dysfunction including urinary retention (usually present in cauda equina syndrome)
- g. History of osteoporosis or chronic steroid use(risk of vertebral compression fracture)
- h. Worsening/progression radiculopathy or other neurological deficits

Red flag symptoms would alert the Nurse to refer the patient to their PCP for evaluation prior to referring them for CAM.

Ease the Pain modalities to which the patient can be referred :

1. Massage – recommended 6 to 10 sessions minimum, most effective when combined with exercise, stretching and education
2. Chiropractic services
3. Acupuncture – short term relief and works as an adjunct.

## NECK PAIN

Background:

Approximately 10 percent of the adult population has neck pain at any one time. The majority of patients, regardless of the etiology of pain, recover with conservative therapy. Those with symptoms severe or persistent enough to require medical attention often present a treatment challenge due to the variability of patient symptoms and physical exam findings, lack of specificity of diagnostic imaging, an extensive differential diagnosis and a relative lack of evidence-based guidelines for management.

Clinical disorders affecting the cervical spine can be basically categorized into two groups: causing significant axial neck pain (cervical strain, “whiplash” syndrome, cervical facet-mediated pain) and those that cause extremity pain and or neurological deficit (cervical spondylotic myelopathy, herniated disc, cervical foraminal stenosis). Other non-spinal causes of neck pain include thoracic outlet syndrome, herpes zoster and diabetic neuropathy.

Medical History:

- a. Neck pain, length of symptoms

- b. Previous treatments – physical therapy, other CAM modalities and the time of last treatment
- c. Effectiveness of past treatments
- d. Specific medications they may be taking for the neck pain including narcotics and their doses
- e. Previous surgeries
- f. Previous spinal injections – facet joint, denervation, epidurals – for neck pain and their effectiveness
- g. Associated symptoms

Red flags in the history/symptoms suggesting serious disease:

- a. History of recent significant fall or major trauma
- b. Unexplained weight loss
- c. Fever or chills
- d. History of cancer
- e. Immunosuppression
- f. Intravenous drug use
- g. Chronic steroid use
- h. Neurological signs or symptoms (arm clumsiness, gait difficulty, bowel or bladder dysfunction)

Red flag symptoms would alert the Nurse to refer the patient to their PCP for evaluation prior to referring them for CAM

Ease the Pain modalities to which the patient can be referred:

1. Acupuncture – insufficient evidence to support or refute its use but commonly used
2. Massage - systematic review found evidence is inconclusive for its effectiveness but this does not exclude the possibility that massage may provide an immediate or short term benefit
3. Chiropractic care – try to avoid especially in older population because of the small risk for serious adverse outcomes due to cervical instability. Manual therapy with gentle mobilization may be appropriate for some patients.

## FIBROMYALGIA

Background:

Although a common cause of musculoskeletal pain, it is not associated with tissue inflammation and the etiology of the pain is unknown. Ongoing research has led to pathophysiologic concepts of fibromyalgia that focus on alterations in central nervous system pain processing. It is characterized by widespread musculoskeletal pain on both sides of the body and above and below the waist and fatigue. Other symptoms that may be present include depression and/or anxiety, headaches, sleep disturbances and difficulty with attention and tasks requiring rapid thought changes.

Medical History

- a. Cardinal manifestation of fibromyalgia: widespread musculoskeletal pain involving both sides of body and above and below the waist; can also have paresthesias and fatigue

- b. Duration of symptoms
- c. How symptoms interfere with quality of life and functionality (will be assessed using a specific functional assessment tool)
- d. Current medications on for fibromyalgia – may be on antidepressants, tricyclic antidepressants, cyclobenzaprine, gabapentin, Savella, analgesics (narcotic and nonnarcotic)
- e. Previous treatments – trigger point injections, exercise therapy, TENS
- f. Other pain symptoms.
- g. Mood disorders – depression, anxiety
- h. Sleep disturbances

#### Red flags

- a. Localization of symptoms – usually fibromyalgia is associated with chronic widespread pain so if the pain is isolated, it may not be fibromyalgia. But the patient can have fibromyalgia and pain in an isolated area especially in neck and shoulders

Ease the Pain modalities to which the patient can be referred :

- 1. Acupuncture
- 2. Massage – a systematic review and meta-analysis of randomized trials of massage therapies found that treatment protocols at least five weeks in duration were associated with immediate benefit of massage for symptoms of pain, anxiety and depression compared with control interventions. However, the evidence was limited by the heterogeneity of massage techniques and programs employed, the use of a variety of different controls, and a lack of long-term follow up in the trials.
- 3. Chiropractic – not listed in the evidence for fibromyalgia. However, if localization of symptoms, to follow the recommendations for neck and back pain.

## MIGRAINES

### Background:

Chronic migraines affect approximately 2 percent of the world population. It causes significant reductions in quality of life and is even more disabling than episodic migraine. In the US, the direct and indirect costs of migraine are estimated to be more than 20 billion dollars annually and a significant proportion of this cost is attributable to chronic migraine. Chronic migraine can be characterized by a low to moderate daily or near daily intensity headache with superimposed severe intensity headache similar to their previous migraine.

Other comorbid conditions include chronic fatigue syndrome, fibromyalgia, insomnia, major depression, generalized anxiety disorder and dysthymia.

### Medical History

- a. Length of history, number of episodes weekly/monthly
- b. Medications taking for migraine – abortive and prophylactic
- c. How symptoms affecting quality of life.

Red flags

- a. The “first or worst” headache
- b. New onset of headaches after 50 years
- c. New or unexplained neurologic symptoms or signs
- d. Recent significant change in patten, frequency or severity of headaches
- e. Headaches not responding to treatment
- f. Associated symptoms and signs such as cognitive impairment, personality change, stiff neck
- g. New onset headaches in patients with cancer or HIV infection
- h. Headaches always on the same side

These symptoms warrant referral of the patient to the PCP for further evaluation before CAM can be initiated.

Ease the Pain modalities to which the patient can be referred:

1. Acupuncture – in some evidence, acupuncture was found to improve headaches and health-related quality of life when added to medical management in patients with chronic daily headache.
2. Evidence based recommendations regarding the use of chiropractic or massage therapy could not be made.

References:

1. American Academy of Family Physicians CME Bulletin: Fibromyalgia and Pain Management December 2012 Vol 11/No. 2
2. Blue Cross Blue Shield of Rhode Island Medical Coverage Policy Acupuncture Mandate 02/2014
3. Casazza, Brian Am Fam Physician 2012 Feb 15; 85(4):343-350 Diagnosis and Treatment of Acute Low Back pain.
4. Close C et al J Adv Nurse 2014 Mar 9 doi: 10.1111/jan. 12360 A systematic review investigating the effectiveness of Complementary and Alternative Medicine (CAM) for the management of low back and/or pelvic pain (LBPP) in pregnancy (Abstract)
5. Kelly, Robert, Am Fam Physician 2009 Sep 1; 80(5):481-484 Acupuncture for Pain
6. Last, A et al Am Fam Physician 2009 Jun 15; 79(12):1067-1074 Chronic Low Back Pain: Evaluation and Management
7. National Coverage Determination (NCD) for Acupuncture for Fibromyalgia (30.3.1)
8. Pickett, H et al Am Fam Physician 2010 Apr 15;81(8):1036-1037 Acupuncture for Migraine Headaches
9. Uptodate: Preventive treatment of migraine in adults
10. Uptodate: Psychological rehabilitative and integrative therapies for cancer pain
11. Uptodate: Overview of complementary and alternative medicine in pediatrics
12. Uptodate: Subacute and chronic low back pain: Pharmacologic and non-interventional treatment
13. Uptodate: Tension-type headache in adults: Preventive treatment.
14. Uptodate: Treatment of fibromyalgia in adults not responsive to initial therapies
15. Yancey et al: Chronic Daily Headache: Diagnosis and Management Am Fam Physician 2014 April 15;89(8): 642-648
16. Yanju Bao et al; Evid Based Complement Alternat Med. 2014; 2014: 170396 Complementary and Alternative Medicine for Cancer Pain: An Overview of Systematic Reviews

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