Broadspire®
Medigram

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New Pain Program Components

TAKING OUR PULSE

As you are well aware, pain is one of the issues we grapple with on a daily basis in the management of our workers compensation claims, and we face many challenges in doing so. Because this problem is multi-faceted and complex, the approaches to it need to be correspondingly diverse and customized. Broadspire has developed an array of pain-focused initiatives aggregated under the umbrella of our Comprehensive Assessment and Management of Pain (CAMP) program. Before focusing on two of the newer components of the program, let's touch on the basic platform with which you are more familiar.

- Peer reviews, which are generated by our utilization review department, triggered by pharmacy data identifying concerns within the claimant's medication regimen, or comprehensive reviews on referral from claim adjusters or case managers.
- Pain rounds, our multi-disciplinary panel (several physicians, case managers, claim adjuster) designed to implement best practice tactics for managing our most difficult cases by matching resources to objectives.
- Cognitive behavior therapy which enables claimants to better cope with pain, and to minimize the use of unproductive medical interventions. CBT addresses the psychosocial aspects of pain, a critical element.

JUST WHAT THE DOCTOR ORDERED

Unfortunately, what doctors are often ordering are opioids, and too many of them. Regrettably, some treating physicians are unaware of the key evidence-based principles of opioid prescribing:

- Opioids should be reserved for short-term acute pain of moderate-severe intensity. Opioids should not typically be used for chronic pain.
- Opioids have significant adverse effects and a high risk of dependency and addiction.
- Patients must be carefully evaluated prior to opioid initiation, and closely monitored while remaining on these agents.

So let's review two new programs that help to apply these guidelines to practice.

A) First opioid fill (FOF) program
This reflects the imperative that early intervention is critical, and begins when the very first opioid prescription is dispensed. Our pharmacy benefit managers notify us immediately, and our Comprehensive Assessment and Management of Pain (CAMP) coordinator springs into action. The prescribing physician is informed that we are monitoring the care, is provided with educational information and patient management tools, and is required to submit supporting information if the opioid duration is prolonged. Various escalations of clinical review are engaged at defined thresholds, including peer-to-peer teleconferences.

B) Opioid tapering program (OTP)
Broadspire's peer reviewers, case managers, adjusters, and UM team may recognize that a particular claimant has developed difficulties due to escalating opioid dosages. This can be identified by evidence of unusual behavior patterns, adverse effects of these drugs, suspicious pharmacy purchasing patterns, atypical urine drug testing and deteriorating functional capacity. In these circumstances it is advisable to gradually wean the claimant off opioids (also known as titrating or detoxification).

Many treating physicians are not familiar with, or certified to provide, newer techniques for this process, such as the use of drugs such as buprenorphine which permit safe and relatively comfortable office-based tapering.

Our OTP directs these claimants to credentialed physicians around the country who can deliver this treatment, which is often provided in conjunction with brief cognitive behavior therapy, and monitored carefully by our mental health case managers and peer reviewers. The process generally requires 8-10 weeks of periodic office visits.

CIRCULATING IN THE PRESS

Anesthesiology News
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People on extremely high doses of opioids can be tapered to lower doses gradually, while reducing both their pain and depression, new research shows.

"The post-taper morphine equivalent dose for some of these patients remained high, but it is still a significant improvement compared with their initial pain regimen," said Raj Kalra, MD, medical director of the Chronic Pain Management Program at Kaiser Permanente Greater Southern Alameda Area, in Union City, Calif. He and his team presented the results at PainWeek 2013.

"It's a dramatic improvement," agreed David Juurlink, MD, PhD, head of the Division of Clinical Pharmacology and Toxicology at Sunnybrook Health Sciences Centre, in Toronto, Canada, who was not involved in the study. "Perhaps if they were tapered further, say to 50 or 100 mg of morphine or the equivalent, their pain and depression scores would go down even more. I wouldn't be surprised because there's a good reason to believe that at least some of the suffering of patients on very high doses of opioids is actually a result of the drugs themselves."

The patients benefited from the tapering; their pre- and post-taper scores on the Brief Pain Inventory indicated that their average pain was reduced, as was pain interference in their quality of life and activities of daily living. Average depression scores on the Patient Health Questionnaire-9 fell from 13.5, or severe major depression to 9.5, which is just below the cutoff for major depression.