Definition and Scope of Chronic Pain

Chronic nociceptive or neuropathic pain can be defined as pain that:

- Is reported as an unpleasant sensory and emotional experience associated with actual or potential tissue or nerve damage; and
- Continues for more than three to six months; or
- Continues for more than one month beyond healing of an acute injury; or
- Occurs in association with a lesion that is not expected to heal; or
- Recurs frequently for a period of months irrespective of the underlying pathology.

Pain may be influenced by age, gender, culture, environment, etiology and individual characteristics. It is subjective in nature to the person experiencing it.

A multidisciplinary approach to management is often most effective in addressing the biological, psychological and social factors that contributing to the experience of chronic pain.

These recommendations are for your information only. They are not intended to be, and should not serve as, an exclusive course of treatment or a substitute for professional medical advice, diagnosis or treatment. Decisions regarding care are subject to individual consideration and should be made by the member in concert with the treating medical professionals. The information does not establish or imply coverage for any particular treatment or service. The recommended services may not be covered. Eligibility and coverage depend upon the specific terms and conditions of the member’s applicable benefit plan.
CHRONIC PAIN

Assessment
A thorough assessment to identify any biological, reversible or correctable mechanisms responsible for the pain is essential and includes standardized metrics when possible:

- **Patient history**
  - Prior diagnostic studies and therapeutic interventions
  - Detailed medication history

- **Use of a standardized descriptive tool**
  - Visual analog scale
  - McGill Pain Questionnaire (MPQ)
  - Multidimensional Pain Inventory (MPI)
  - Body maps
  - Numeric pain scale

- **Complete, detailed physical examination**
  - Musculoskeletal
  - Neuropsychiatric
  - Circulatory
  - Visceral

- **Behavioral assessment**
  - Use a standardized tool such as the Patient Health Questionnaire nine-question depression scale (PHQ-9)

- **Functional assessment**
  - Use a standardized tool such as the Physical Functional Ability Questionnaire (FAQ5)

In many cases, it may not be possible to completely eliminate all pain. Realistic goals of chronic pain management should be established and clearly communicated to the patient.

Goals may include:

- Pain control and increased comfort
- Improved functional status
**CHRONIC PAIN**

**Management of Chronic Pain**

Any chronic pain plan of care should employ a multidisciplinary approach, representing a patient-provider partnership with shared decision-making.

Chronic pain management often includes:

- Patient education
- Patient participation
- Physical modalities
  - Exercise
  - Heat/cold applications
  - Ultrasound
  - Massage
- Function-focused psychosocial support using cognitive-behavioral therapy, biofeedback or stress-reduction training
- Palliative interventions including, spinal cord stimulation, intrathecal medication delivery
- Complementary medicine (e.g., acupuncture)
- Pharmacotherapy should be used adjunctively with other modalities to meet treatment goals and improve overall quality of life.
  - Disease-specific (e.g., triptans)
  - Pain-type specific (e.g., muscle spasm)
  - Topical treatments (e.g., lidocaine patch, 5 percent)
  - Non-opioid analgesics:
    - Serotonin and Norepinephrine Reuptake Inhibitors (SNRI)
    - Nonsteroidal anti-inflammatory drugs (NSAIDS)
    - Antiepileptic agents (e.g., gabapentin, pregabalin)
  - Opioid analgesics*
  - Adjunctive therapies (e.g., anesthetic or corticosteroid injections)
  - Anxiolytics
  - Insomnia medications

* Prior to instituting opioid therapy, a substance abuse assessment is recommended, using a tool such as “Cut down, Annoyed, Guilty, Eye-Opener—Adapted to Include Drugs” (CAGE-AID) or DIRE Score (Diagnosis, Intractability Risk and Efficacy). Use of a patient contract/opioid agreement form is also recommended.
**CHRONIC PAIN**

**Effectiveness of Treatment**

**Effectiveness Measures**
- Patient-reported pain reduction
- Return to work
- Medication reduction
- Increase in physical activity
- Patient-reported improvements in sleep
- Patient-reported increase in ability to manage stress

**SOURCE RECOMMENDATIONS**

- American Academy of Neurology (aan.com) “Migraine Headache – Summary of Medical Guidelines”
- American College of Physicians (acponline.org) “Diagnosis and Treatment of Low Back Pain: A Joint Clinical Practice Guideline from the American College of Physicians and the American Pain Society”
- The American College of Rheumatology (rheumatology.org) “2008 Recommendations for the Use of Nonbiologic and Biologic Disease-Modifying Antirheumatic Drugs in Rheumatoid Arthritis” and “Recommendation for the Medical Management of Osteoarthritis of the Hip and Knee”
- American Pain Society (ampainsoc.org) “Management of Fibromyalgia” and “Clinical Guidelines for the Use of Chronic Opioid Therapy in Chronic Noncancer Pain”
- American Society of Anesthesiologists (anesthesiology.org) “Practice Guidelines for Chronic Pain Management”
- The Institute for Clinical Systems Improvement (icsi.org) “The Assessment and Management of Chronic Pain”

**ADDITIONAL PATIENT ASSISTANCE PROGRAMS**

**Case Management**
Our Case Management program helps members improve and manage their overall quality of life and supports the effective use of healthcare resources. Nurse Case Managers work collaboratively with the member, the family, the physician and other healthcare professionals to develop and implement a plan that meets the individual’s needs and goals.

**SuperWell® Disease and Maternity Management Program**
Our Disease Management program supports members in the self-management of their chronic conditions. Specially trained health coaches offer structured education to increase the member’s knowledge of their condition and the importance of complying with the prescribed treatment plan.

For more information or to enroll a member in one or both of these programs, please call 800.258.3175, or visit one of our websites, MedMutual.com, ConsumersLife.com or CarolinaCarePlan.com.