Second Annual Survey of Pain Medicine Specialists Highlights Continued Plight of Patients with Pain, And Barriers To Providing Multidisciplinary, Non-Opioid Care

Policies enacted by states, health insurers, pharmacy benefit managers and worker compensation programs to limit opioid medications and require hours of prior authorization for non-opioid care have significant negative health consequences for pain patients.

Patients are going into withdrawal, experiencing anxiety and depression and suffering with increased pain as a result of these restrictions according to a second annual survey conducted by the American Board of Pain Medicine to help identify how the nation’s opioid epidemic is affecting patients with pain and the pain medicine specialists who treat them.

"This survey shines a revealing light on an aspect of the opioid overdose and death epidemic that rarely is discussed," said Mitchell J. Cohen, MD President of ABPM. "We hope this will serve as a wake-up call for policymakers and health insurance companies to consider the unintended consequences of well-meaning policies and work more closely with the pain medicine community to ensure our patients receive the individualized, comprehensive, compassionate care they deserve."
The survey found:

- 72 percent of pain medicine specialists said that they—or their patients—have been required to reduce the quantity or dose of medication they have prescribed;
- 92 percent of pain medicine specialists said that they have been required to submit a prior authorization for non-opioid pain care—with the physicians and their staff spending hours per day on such requests; and
- 66 percent of pain medicine specialists said that they have had to hire additional staff to handle the prior authorization requirements.

"Prior authorization in some cases may be understandable to help ensure coverage benefits or coordinate complex care, but when it is used almost universally like this, it seems that the real purpose is to discourage physicians and patients from seeking non-opioid pain care," said Dr. Cohen.

Respondents to the survey listed a wide range of non-opioid therapies that have been subject to prior authorization, including:

- Physical therapy limits, psychiatric services, occupational therapy
- Pain creams and patches (e.g. lidocaine, Lidoderm, Voltaren, topical NSAIDs)
- Non-opioid prescription medications (e.g. Cymbalta, Lyrica, Celebrex)
- Non-opioid pain treatments (e.g., TENS, facet blocks, spinal cord stimulators, epidural injections)
Recommendations for policymakers

The ABPM offers the following policy recommendations to remove barriers and improve access to pain care:

- Amend opioid-restriction policies to allow for exceptions that enable physicians, when in the physician's judgment to be medically necessary, to exceed statutory, regulatory or other thresholds;
- Expand reimbursement policies to cover non-opioid treatment options including pharmaceutical pain care options, physical and occupational therapy, interventional pain management procedures, CAM, psychological support, mindfulness and substance abuse treatment (and place on the lowest cost-sharing tier for the indication of pain);
- Remove administrative barriers to non-opioid pain care such as prior authorization; and

Recognize ABPM Board certification as a valued and respected designation for physicians practicing pain medicine that is equivalent to ABMS certification.

"As physicians, we embrace the responsibility to ensure that we provide optimal care, including being part of the effort to ensure appropriate opioid prescribing," said Dr. Cohen. "But this survey makes clear that while our patients are having opioid medications reduced or denied, they are left with few options and many barriers. While we appreciate the CDC’s recent clarification of its opioid guidelines, we urge all stakeholders to join us in working to re-evaluate policies that are causing our patients to needlessly suffer."