

# Expand Access to Conservative, Non-Pharmacologic Pain Management for Better Outcomes and Lower Risk

The Physical Medicine Management Alliance (PMMA) consists of organizations representing care management companies who specialize in physical medicine/musculoskeletal care and wellness. PMMA members partner with provider specialists to facilitate care delivered via specialty services that include, but are not limited to, physical therapy, occupational therapy, spinal manipulation and services provided by doctors of chiropractic (chiropractic care), acupuncture, therapeutic massage, and other complementary and integrative healthcare services. This position statement was developed collaboratively with the American Physical Therapy Association and American Chiropractic Association.

## BACKGROUND

According to the Centers for Disease Control and Prevention (CDC), the majority of drug overdose deaths (more than 60 percent) involve an opioid. Deaths from prescription opioids—drugs like oxycodone, hydrocodone, and methadone—have more than quadrupled since 1999. The amount of prescription opioids sold in the U.S. has also nearly quadrupled in the same time period, yet there has not been an overall change in the amount of pain that Americans report. Overdoses from prescription opioids are a driving factor in the 15-year (2000 to 2015) increase in opioid overdose deaths of more than half a million people.<sup>1</sup>

Due to this growing epidemic, federal and state officials, insurers, patients, and providers are searching for less-invasive therapies that can be used prior to or in combination with opioid pain medications. Non-pharmacologic treatments may include chiropractic care and osteopathic manipulation, physical therapy, therapeutic massage, acupuncture, meditation, yoga and cognitive behavioral therapy. Additional information is available at [www.cdc.gov/drugoverdose](http://www.cdc.gov/drugoverdose). Insurance coverage for many of these evidence-based care options is limited, which can hamper access to care. This is a contributing factor to why individuals with MSD or injuries can find themselves caught up in the opioid epidemic.

An estimated 126.6 million Americans (one in two adults) are affected by a Musculoskeletal Disorder (MSD) – comparable to the total percentage of Americans living with a chronic lung or heart condition. The condition costs an estimated \$213 billion in annual treatment, care, and lost wages, according to “The Impact of Musculoskeletal Disorders on Americans: Opportunities for Action”.<sup>2</sup> The source of musculoskeletal pain may include bones, muscles, ligaments, tendons, and nerves. The pain can be localized or widespread and can be acute (having a rapid onset with severe symptoms) or chronic (long-lasting).

Anyone can experience musculoskeletal pain, which is most often caused by an injury, e.g., jerking movements, car accidents, falls, fractures, sprains, dislocations, and direct blows to the muscle. Musculoskeletal pain can also be caused by overuse – a situation affecting 33 percent of adults. Lower back pain is the most common type of musculoskeletal pain, with other common types being tendonitis, myalgia (muscle pain), and stress fractures.<sup>3</sup>

The Occupational Safety and Health Administration estimates work-related MSDs account for over 600,000 injuries and illnesses, representing 34 percent of all lost workdays.<sup>4</sup>

## KEY TAKEAWAYS

**An estimated 126.6 million Americans (one in two adults) are affected by a Musculoskeletal Disorder (MSD) – comparable to the total percentage of Americans living with a chronic lung or heart condition – costing an estimated \$213 billion in annual treatment, care and lost wages.**

**Non-pharmacologic, conservative treatment rendered early in the care continuum aligns with current treatment guidelines.**

**Effective, evidence-based, low-risk modalities for managing pain include movement and exercise, manipulative and manual therapy, functional restoration, and acupuncture.**

**Expanding essential health benefits to specifically include non-pharmacologic therapies to manage pain can improve treatment outcomes and reduce the potential for substance abuse and addiction.**

Physical therapy interventions and chiropractic care are currently covered under Medicare. However, coverage of these services is limited, and out-of-pocket costs may prohibit patients from receiving the necessary duration and/or intensity of care to effectively treat the condition. Under the Affordable Care Act (ACA), “rehabilitative and habilitative services and devices” are included under category seven of Essential Health Benefits (EHB). The ACA directs that EHB be equal in scope to benefits offered by a “typical employer plan.”<sup>5</sup> Although the ACA did not define rehabilitative and habilitative services, the National Association of Insurance Commissioners adopted a definition for the consumer glossary of insurance terms created pursuant to the ACA. While many states have not taken action to define the coverage requirements of the benefit, each state’s benchmark plan covers (with limits) some of the following benefit categories: chiropractic care, outpatient rehabilitation service, habilitation services, rehabilitative occupational therapy and rehabilitative physical therapy. No state covers all of these benefit categories.

### **PMMA POSITION: CONSERVATIVE CARE AND NON-PHARMACOLOGIC TREATMENTS SHOULD BE COVERED FIRST-LINE TREATMENT OPTIONS FOR PATIENTS TO MANAGE PAIN**

- Non-pharmacologic, conservative treatment rendered early in the care continuum aligns with current treatment guidelines
  - » As published in the *Annals of Internal Medicine* (Feb. 2017), the American College of Physicians (ACP) recommendations include:
    - For patients with low-back pain, ACP recommends that physicians and patients should treat acute or subacute low back pain with non-drug therapies such as superficial heat, massage, acupuncture, or spinal manipulation and for chronic back pain, initially select non-drug therapy with exercise, multidisciplinary rehabilitation, acupuncture, etc.
    - Physicians should consider opioids as a last option for treatment and only in patients who have failed other therapies, as they are associated with substantial harms, including the risk of addiction or accidental overdose.<sup>6</sup>
  - » Similarly, The Joint Commission has long held that non-pharmacologic approaches play a role in pain management, recently clarifying its position to add the latter may include acupuncture, chiropractic care, physical therapy treatments, massage therapy, exercise therapy, and cognitive behavioral care to avoid drug abuse, dependency and addiction.<sup>7</sup>
- A 2017 analysis of 26 studies involving more than 3,000 patients with low-back pain lasting six weeks or less published in the *Journal of the American Medical Association* “finds that spinal manipulation can ease your backache and get you moving again **without** the risk of medication side effects.”<sup>8</sup>
- A 2008 meta-analysis of 40 randomized controlled trials between 1975 and 2007 found spinal manipulation for low back pain **outperformed** medical treatment.<sup>9</sup>
- Physical therapy interventions\* have been shown to be as **effective** as surgery in treating spinal stenosis.<sup>10</sup>
- The incidence of adverse effects is **substantially lower** with acupuncture than that of many drugs or other accepted medical procedures traditionally used for musculoskeletal conditions.<sup>11</sup>

### **BY FACILITATING ACCESS TO PRIMARY-BASED MSD PROVIDERS AT THE PATIENT POINT-OF-ENTRY FOR MANAGING MSDS THROUGH VALUE-BASED BENEFIT DESIGN, LEGISLATION (E.G., COVERAGE, CO-PAY AND REIMBURSEMENT PARITY), REGULATION (E.G., EXPANDING ESSENTIAL HEALTH BENEFITS TO SPECIFICALLY INCLUDE NON-PHARMACOLOGIC THERAPIES), AND PATIENT EDUCATION, TREATMENT OUTCOMES CAN BE IMPROVED.**

- Eliminate/reduce risk of prescription drug abuse/addiction and other co-morbidities
- Increase speed to evaluation
- Minimize fragmentation
- Improve outcomes and increase patient satisfaction
- Lower total episode costs

<sup>1</sup><https://www.cdc.gov/drugoverdose/epidemic/>

<sup>2</sup><https://www.sciencedaily.com/releases/2016/03/160301114116.htm>

<sup>3</sup><https://my.clevelandclinic.org/health/articles/musculoskeletal-pain>

<sup>4</sup>[https://www.osha.gov/pls/oshaweb/owadisp.show\\_document?p\\_id=4481&p\\_table=UNIFIED\\_AGENDA](https://www.osha.gov/pls/oshaweb/owadisp.show_document?p_id=4481&p_table=UNIFIED_AGENDA)

<sup>5</sup>Typical employer plan defined under [recently added] 45 CFR 156.111.

<sup>6</sup>Qaseem A, Wilt TJ, McLean RM, Forcica MA, for the Clinical Guidelines Committee of the American College of Physicians. Noninvasive Treatments for Acute, Subacute, and Chronic Low Back Pain: A Clinical Practice Guideline From the American College of Physicians. *Ann Intern Med.* 2017;166:514-530. doi: 10.7326/M16-2367

<sup>7</sup>Joint Commission Perspectives®, November 2014, Volume 34, Issue 11

<sup>8</sup><http://www.consumerreports.org/back-pain/spinal-manipulation-can-ease-your-aching-back/>

<sup>9</sup><https://nccih.nih.gov/health/pain/spinemanipulation.htm>

<sup>10</sup>*Annals of Internal Medicine*, 7 April 2015, Volume 162, No. 7. Available at: <http://annals.org/issue.aspx?journalid=90&issueid=933698>

<sup>11</sup>U.S. Department of Health and Human Services National Institutes of Health Consensus Development Conference Statement, November 3-5, 1997. Available at: <https://consensus.nih.gov/1997/1997acupuncture107html.htm>. Accessed May 6, 2016.