



| IEHP UM Subcommittee Approved Authorization Guideline |   |                                |           |
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| <b>Guideline</b>                                      | Pain Management -Center of Excellence (COE) | <b>Guideline #</b>             | UM_PA1 05 |
|   |   | <b>Original Effective Date</b> | 8/8/2018  |
| <b>Section</b>  | Pain Management                             | <b>Revision Date</b>           |           |

**I. COVERAGE POLICY:**

- A. IEHP Direct Members who have pain lasting for more than 3 months are considered to have chronic pain. Members with chronic, non-malignant pain may be eligible for participation in a Pain Management program at a Pain Management Center of Excellence (COE). IEHP has elected to offer this benefits to Members who meet strict criteria prerequisites and who have failed traditional pain management modalities. Members are allowed a finite amount of time for participation in a Pain Management COE.
- B. Program referrals and authorization requests can be submitted to the Team from the PCP, a Pain Management Specialist, or from other IEHP Team Members (e.g., Case Management, Utilization Management, Behavioral Health - CM, UM, BH, etc). A prior authorization request for the Center of Excellence must be submitted to the IEHP Integrated Complex Care Team for Pain for enrollment into a COE. A multidisciplinary Pain Assessment must be completed upon approval for enrollment in to the program. Requests are approved for 6 months and are re-evaluated for continued medical necessity for up to an additional 6 months, depending on the treatment plan.
- C. Please see Utilization Management Subcommittee Guideline, “Referral to Pain Management Specialist” for authorization requests for referral to a traditional Pain Management Specialist. Please refer to that Guideline for details regarding non-COE referrals. A Member must meet criteria for referral to a Pain Management Specialist prior to consideration for the Pain Center of Excellence.
- D. Members may qualify for admission to a Center of Excellence for Pain if they have chronic, non-malignant pain (pain lasting more than 3 months) and have met the criteria for referral to a Pain Management Specialist AND at least TWO of the following medical complexities:
  1. Current high dose opioid use at 90 mg morphine milligram equivalents (MME) per day or above
  2. Condition refractory to usual pain interventions, i.e. physical therapy, injections, medications
  3. Co-morbid Behavioral Health diagnosis and/ or Substance Use Disorder diagnosis
  4. Medical costs consistent with High Utilizer status OR ACG Rank Probability High Total Cost greater than 50%

\*Other Members may be considered for enrollment at the discretion of the Medical Director review.

## II. COVERAGE LIMITATIONS AND EXCLUSIONS:

- A. Single discipline clinics and modality-oriented pain clinics are excluded from this Program.
- B. IEHP Members who are not part of the Direct Network are not eligible for participation in this program.
- C. Dual Eligible (MMD88) Members are excluded from the Program. MMD88 Members are those who have IEHP Medi-Cal as secondary, but Medicare as the primary insurer. Medicare may be Fee-for-Service (FFS) or with another insurer, but not IEHP.
- D. Direct Network Members who do not participate in the full range of program modalities may be asked to dis-enroll from the Program prior to the Member's tentative program end date. Documentation from the Pain COE is required to confirm continued eligibility in the Pain Management COE.
- E. Members who no longer meet criteria for participation will be disenrolled from the Pain COE program unless adequate documentation is submitted by the Provider to medically justify the Member's continued enrollment.
  - 1. Clinical reviews are required at enrollment and every 3 months thereafter for the duration of the Program.
- F. A Member is not eligible to re-enroll in the same Pain Management COE once the program is completed. The Member can be evaluated for eligibility to an alternate Pain COE program.

## III. ADDITIONAL INFORMATION:

- A. In general, Members who meet criteria for a Pain Management COE are allowed to complete the program within the specific program duration.
- B. Extensions are not granted except in the most extreme cases and with proper documentation of medical justification for extension. Extensions are only granted with the approval of the reviewing Medical Director.
- C. A Member may be re-enrolled in a COE program if the previous reason for dis-enrollment was due to an unavoidable circumstance (hospitalization, imprisonment, severe illness in Member or a primary family member.)

## IV. CLINICAL/REGULATORY RESOURCE:

CDC guideline for prescribing opioids for chronic pain. This guideline provides recommendations for primary care clinicians who are prescribing opioids for chronic pain outside of active cancer treatment palliative care and end of life care.

## V. DEFINITION OF TERMS:

- A. Pain Management Center of Excellence (COE)** – a team or facility that specializes in pain management through a multidisciplinary approach with exceptionally high concentrations of expertise and related resources. Centers of Excellence provide best practices and evidenced based care through specialized programs that are offered in a comprehensive, interdisciplinary fashion.
- B. Multidisciplinary Pain Assessment** – can include, but is not limited to, a medical history and physical, diagnostic work-up, an opioid risk assessment, and a behavioral health/ substance use

risk assessment. Medical, psychological and psychosocial factors for eligibility are assessed prior to enrollment into the COE Pain Program.

## REFERENCES:

1. Aetna Clinical Policy Bulletin – Outpatient Pain Management Programs  
[http://www.aetna.com/cpb/medical/data/200\\_299/0237.html](http://www.aetna.com/cpb/medical/data/200_299/0237.html) accessed 07/17/2018.
2. California Health Care Foundation- Changing Course: The Role of Health Plans in Curbing the Opioid epidemic. <https://www.chcf.org/blog/doctors-are-changing-san-diegos-opioid-prescribing-practices/>
3. CDC Opioids for Chronic Pain. Dowell D, Haegerich TM, Chou R. CDC guideline for prescribing opioids for chronic pain—United States, 2016. JAMA. 2016 Apr 19;315(15):1624-45.
4. Chou R, Fanciullo GJ, Fine PG, Adler JA, Ballantyne JC, Davies P, Donovan MI, Fishbain DA, Foley KM, Fudin J, Gilson AM. APS Opioid Guidelines. Clinical guidelines for the use of chronic opioid therapy in chronic noncancer pain. The Journal of Pain. 2009 Feb 28;10(2):113-30.
5. Elrod JK, Fortenberry JL Jr, BMC Health Serv Res. 2017; 17 (Suppl 1): 425.  
<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5516836/> accessed 07/17/2018
6. Kaiser Permanente Washington. Patients on Chronic Opioid Therapy for Chronic Non-Cancer Pain Safety Guideline, 2016, retrieved from:  
<https://wa.kaiserpermanente.org/static/pdf/public/guidelines/opioid.pdf>
7. Oregon Health Science University. Guideline for Safe Chronic Opioid Therapy Prescribing for Patients with Chronic Non-Cancer Pain; 2013. Retrieved from:  
[http://www.ohsu.edu/gim/epiclinks/opioidresources/OHSU\\_Opioid%20Guideline\\_1%2014.pdf](http://www.ohsu.edu/gim/epiclinks/opioidresources/OHSU_Opioid%20Guideline_1%2014.pdf)
8. Oregon Pain Guidance Pain Treatment Guidelines; Oregon Pain Guidance, 2016. Retrieved from: [http://professional.oregonpainguidance.org/wp-content/uploads/sites/2/2014/04/OPG\\_Guidelines\\_2016.pdf](http://professional.oregonpainguidance.org/wp-content/uploads/sites/2/2014/04/OPG_Guidelines_2016.pdf)
9. State of Washington. Clinical Practice guideline for management of opioid therapy, 2010, retrieved from: [https://www.va.gov/painmanagement/docs/cpg\\_opioidtherapy\\_fulltext.pdf](https://www.va.gov/painmanagement/docs/cpg_opioidtherapy_fulltext.pdf)

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