PCP Pain Management Quick Reference Guide

Tools and resources to assist providers with managing members with chronic pain.

Non-pharmacologic therapy and non-opioid pharmacologic therapy are the preferred treatments for chronic pain.

Medical Benefit

For more information on pain management and to access details on HUSKY medical benefits, visit www.ct.gov/husky, click "*For Providers,*" then "*Pain Management,*" or call 1.800.440.5071, Monday through Friday 8:00 a.m. – 6:00 p.m.

Non-pharmacologic medical services related to pain management are covered by HUSKY Health:

- Physical Therapy
- Occupational Therapy
- Naturopathic Services
- Chiropractic Services
- TENS Units

The HUSKY Health Member Engagement Services and Escalation Unit work with providers and members, and will:

- Assist members and providers with referrals to pain management specialists
- Locate a Connecticut Medical Assistance Program (CMAP) medical provider and provide appointment assistance
- Provide clarification of medical benefits

The HUSKY Health Intensive Care Management (ICM) program will:

- Perform comprehensive assessments and help develop a member-centered plan of care with the treating provider
- Coordinate with a Community Health Worker to address social determinants of care
- Coordinate care between specialists as well as the Connecticut Behavioral Health Partnership (CT BHP)
- Assess member barriers, strengths, and gaps in care to help improve health status
- Coach members on the prescribed treatment plan to enhance participation and reduce Emergency Department (ED) utilization
- Provide members with appointment reminders and coordinate transportation to appointments

Pharmacy Benefit

For more information on the Department of Social Services (DSS) Pharmacy Program, visit www.ctdssmap.com, click "*Pharmacy*," or call 1.866.409.8386, Monday through Friday 8:30 a.m. – 4:30 p.m.

Non-opioid therapies related to pain management are covered with prescription:

- Acetaminophen
- Topical Agents
- NSAIDS
- Gabapentin/Pregabalin
- Tricyclic Antidepressants
- SSRIs

Before starting and periodically during continuation of opioid therapy, providers must query the Connecticut Prescription Monitoring and Reporting System (CPMRS).

The CPMRS is a web-based tool that provides comprehensive prescription information for Schedule II through Schedule V drugs to assist providers with safely managing opioid prescribing. All CMAP prescribers are required to register as users.

To register, visit https://connecticut.pmpaware.net/login and follow the prompts.

Behavioral Health Benefit

For more information on the Connecticut Behavioral Health Partnership (CT BHP), visit www.ctbhp.com, or call 1.877.552.8247, Monday through Friday 9:00 a.m. – 7:00 p.m.

Behavioral health services related to opioid use disorder covered by HUSKY Health:

- Counseling
- Ambulatory Detox
- Outpatient Detox
- Partial Hospitalization
- Medication Assisted Treatment
- Intensive Outpatient Treatment
- Residential SA Rehab *(available to certain HUSKY members: contact CT BHP for further details)*

CT BHP Behavioral Health Peer Specialists will:

- Work with adults and families by mitigating the impact of mental health and substance abuse

CT BHP Intensive Care Managers are available at five local hospitals in the ED to:

- Work with members who are high utilizers of ED services
- Work with members who are receiving medical treatment for detoxification

Dental Health Benefit

Pain management remains a significant consideration in dental care. For more information on the Connecticut Dental Health Partnership (CTDHP), visit www.ctdhp.com, or call 1.855.283.3682, Monday through Friday 8:00 a.m. – 5:00 p.m.

General dental services covered by HUSKY Health:

- Exams/Cleanings
- Dentures
- Root Canals
- X-Rays
- Fillings
- Oral Surgery
- Crowns
- Extractions
- Orthodontia

CTDHP representatives will:

- Assist providers with locating a dental provider
- Coordinate dental care
- Provide case management
- Assist with obtaining additional resources

Checklist for prescribing opioids for chronic pain

For primary care providers treating adults (18+) with chronic pain ≥3 months, excluding cancer, palliative, and end-of-life care

CHECKLIST

When CONSIDERING long-term opioid therapy

- ☐ Set realistic goals for pain and function based on diagnosis (eg, walk around the block).
- ☐ Check that non-opioid therapies tried and optimized.
- ☐ Discuss benefits and risks (eg, addiction, overdose) with patient.
- ☐ Evaluate risk of harm or misuse.
  - Discuss risk factors with patient.
  - Check prescription drug monitoring program (PDMP) data.
  - Check urine drug screen.
- ☐ Set criteria for stopping or continuing opioids.
- ☐ Assess baseline pain and function (eg, PEG scale).
- ☐ Schedule initial reassessment within 1–4 weeks.
- ☐ Prescribe short-acting opioids using lowest dosage on product labeling; match duration to scheduled reassessment.

If RENEWING without patient visit

- ☐ Check that return visit is scheduled ≤3 months from last visit.

When REASSESSING at return visit

Continue opioids only after confirming clinically meaningful improvements in pain and function without significant risks or harm.

- ☐ Assess pain and function (eg, PEG); compare results to baseline.
- ☐ Evaluate risk of harm or misuse:
  - Observe patient for signs of over-sedation or overdose risk.
    - If yes: Taper dose.
  - Check PDMP.
  - Check for opioid use disorder if indicated (eg, difficulty controlling use).
    - If yes: Refer for treatment.
- ☐ Check that non-opioid therapies optimized.
- ☐ Determine whether to continue, adjust, taper, or stop opioids.
- ☐ Calculate opioid dosage morphine milligram equivalent (MME).
  - If ≥50 MME/day total (≥50 mg hydrocodone; ≥33 mg oxycodone), increase frequency of follow-up; consider offering naloxone.
  - Avoid ≥90 MME/day total (≥90 mg hydrocodone; ≥60 mg oxycodone), or carefully justify; consider specialist referral.
- ☐ Schedule reassessment at regular intervals (≤3 months).

REFERENCE

EVIDENCE ABOUT OPIOID THERAPY

- *Benefits of long-term opioid therapy for chronic pain not well supported by evidence.*
- *Short-term benefits small to moderate for pain; inconsistent for function.*
- *Insufficient evidence for long-term benefits in low back pain, headache, and fibromyalgia.*

NON-OPIOID THERAPIES

Use alone or combined with opioids, as indicated:

- Non-opioid medications (eg, NSAIDs, TCAs, SNRIs, anti-convulsants).
- Physical treatments (eg, exercise therapy, weight loss).
- Behavioral treatment (eg, CBT).
- Procedures (eg, intra-articular corticosteroids).

EVALUATING RISK OF HARM OR MISUSE

Known risk factors include:

- Illegal drug use; prescription drug use for nonmedical reasons.
- History of substance use disorder or overdose.
- Mental health conditions (eg, depression, anxiety).
- Sleep-disordered breathing.
- Concurrent benzodiazepine use.

Urine drug testing: Check to confirm presence of prescribed substances and for undisclosed prescription drug or illicit substance use.

Prescription drug monitoring program (**PDMP**): Check for opioids or benzodiazepines from other sources.

ASSESSING PAIN & FUNCTION USING PEG SCALE

PEG score = average 3 individual question scores
(30% improvement from baseline is clinically meaningful)

Q1: *What number from 0–10 best describes your **pain** in the past week?*
0="no pain", 10="worst you can imagine"

Q2: *What number from 0–10 describes how, during the past week, pain has interfered with your **enjoyment of life**?*
0="not at all", 10="complete interference"

Q3: *What number from 0–10 describes how, during the past week, pain has interfered with your **general activity**?*
0="not at all", 10="complete interference"

U.S. Department of Health and Human Services
Centers for Disease Control and Prevention

TO LEARN MORE
www.cdc.gov/drugoverdose/prescribing/guideline.html

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