

Improving Access to Nonopioid Pain Management

Executive Summary

According to the National Institutes of Health, 25.3 million Americans [suffer](#) from chronic pain, making pain management an important component of their medical care. Common types of chronic pain conditions [include](#) lower back pain, migraine, fibromyalgia, osteoarthritis, localized neuropathic pain, and localized musculoskeletal pain. While opioids may be appropriate to address acute or chronic pain relating to active cancer treatment and palliative or end-of-life care, other nonopioid pain management options are available to treat chronic pain. Evidence [shows](#) that nonopioid medications and nonpharmacologic interventions can be effective in treating common types of chronic pain and are safer than opioids. [Pursuing](#) alternative pain management treatments may be better for patients in some circumstances, but a lack of insurance coverage for alternative therapies and a lack of policies to dictate the use of these therapies limit their widespread use. Improving access to nonopioid pain management strategies is an important element of a comprehensive state approach to combatting the opioid crisis.

Nonopioid Medications

Common nonopioid medications for pain management are analgesics, select anticonvulsants, select antidepressants and topical agents. CDC [provides](#) the following examples of nonopioid medications and the conditions they can be used to treat.

- Analgesics (acetaminophen): osteoarthritis, chronic lower back pain, migraine.
- Select anticonvulsants (pregabalin, gabapentin, carbamazepine): neuropathic pain, fibromyalgia.
- Select antidepressants (TCAs, SNRIs): neuropathic pain, fibromyalgia, migraine.
- Topical agents (TCAs, SNRIs, lidocaine, topical NSAIDs): neuropathic pain, osteoarthritis, localized musculoskeletal pain.

Nonpharmacologic Interventions

Research has shown that for some chronic pain conditions nonpharmacologic interventions may help prevent or alleviate pain. The following list provides examples of nonpharmacologic therapies and their effects.

- Cognitive behavioral therapy (CBT): CBT has been [shown](#) to have small to moderate positive effects on chronic pain. CBT teaches patients to address psychosocial factors of pain, such as fear and anxiety.
- Cognitive approaches: Relaxation, mindfulness, and biotherapy can help [prevent](#) migraines and reduce localized musculoskeletal pain.
- Exercise therapy: Exercise such as walking, swimming, yoga, or weight lifting can be a [preventive](#) measure for conditions, such as a migraine, and provide pain relief for conditions, such as osteoarthritis, fibromyalgia (low-impact activities only), and localized musculoskeletal pain.
- Patient education/self-care: [Educating](#) patients on their diagnosis and teaching them ways to help manage their pain through self-care can help reduce overall pain.

Multimodal Therapies

Research has [shown](#) that sometimes the best approach to managing a patient’s pain may be a combination of medication(s) and nonpharmacologic interventions that coordinate a patient’s medical, social, and mental health needs. This is true especially if the patient has multiple health issues or has not responded to other treatments.

Challenges

Insurance plans may not cover multimodal or nonpharmacologic therapies for pain management. This is due, in part, to the fact that little research has been conducted on the cost effectiveness of multimodal therapies. Conversely, opioids are an affordable option with most insurance companies classifying them as tier 1 drugs. Few insurers or state Medicaid plans have policies in place to dictate the use of nonopioid pain management medications and other therapies before prescribing opioids. This is likely leading to an underutilization of opioid alternatives.

Conclusion

Evidence has shown that nonopioid medications and nonpharmacologic interventions can provide effective pain relief for those suffering from chronic pain conditions and are safer than opioid medications. States can help educate providers on pain management approaches by providing opioid prescribing guidelines and by making information on nonopioid medications and nonpharmacologic interventions easily accessible. Additionally, states can review their Medicaid programs and partner with insurers to evaluate which pain management options are currently covered and where policy updates may be needed.

Notes

National Institutes of Health, National Center for Complementary and Integrative Health. “Chronic Pain In-Depth. September 2016.” Available at <https://nccih.nih.gov/health/pain/chronic.htm>. Accessed 8-17-2018.

CDC. “Nonopioid Treatments for Chronic Pain.” Available at https://www.cdc.gov/drugoverdose/pdf/nonopioid_treatments-a.pdf. Accessed 8-17-2018.

CDC. “Module 2: Treating Chronic Pain Without Opioids. 2018.” Available at <https://www.cdc.gov/drugoverdose/training/nonopioid/508c/index.html>. Accessed 8-17-2018.

National Academy for State Health Policy. “Chronic Pain Management Therapies in Medicaid: Policy Considerations for Non-Pharmacological Alternatives to Opioids. August 2016.” Available at <https://nashp.org/wp-content/uploads/2016/09/Pain-Brief.pdf>. Accessed 8-17-2018.