Coordinating Chronic Pain Management Care- Over the past several years, there have been some ongoing challenges with respect to lines of responsibility regarding pain management for CCHP members. In an effort to clarify roles and responsibilities, CCHP has recently adopted UM15.048, entitled Coordinating Chronic Pain Management Care. The purpose of this guideline is to improve coordination of care for CCHP members with chronic pain by clarifying the roles and responsibilities of primary care practitioners (PCPs) and specialists who care for members with chronic pain. The guideline is designed to assist primary care practitioners make appropriate use of pain management specialists and to facilitate coordination between providers.

Highlights of this policy/guideline include:

- The PCP is responsible for coordinating all services required by the member.
- The PCP should be responsible for providing the following basic pain management services including assessing the nature of the chronic pain syndrome, performing a thorough physical exam, distinguishing between physiologic dependence or tolerance and addiction, performing basic pain management services as defined by the American Pain Society guidelines such as documenting risk factors for opiate misuse, addiction, or adverse effects, establishing a Controlled Medicines Agreement and monitoring the safety and compliance based on urine drug screens. Services considered appropriate for PCP management include medication management and referral for physical treatments such as physical therapy, acupuncture or chiropractic.
- Based on Apollo Pain Management guidelines referral to specialty pain management will be considered when there is persistent pain >3 months that is “unresponsive to active management by the primary physician or in-plan specialists evidenced by adjustment/escalation in medication management and failure of other appropriate conservative modalities” is required for coverage of pain management services.
- Additional indications for referral to pain management include:
  - Complex pain syndrome where the diagnosis is unclear OR the condition is unresponsive to active management by the primary physician or in-plan specialists evidenced by adjustment/escalation in medication management and failure of other appropriate conservative modalities
  - Complex pain syndrome compromised by severe functional impairment.
  - Complex pain syndrome complicated by a mental health condition or substance abuse problem unresponsive to usual therapy and referral to an appropriate Behavioral Health Specialist.
  - To perform and/or supervise procedures done by pain management specialists such as epidural injections for conditions likely to respond to the procedure.
  - Evaluation of evaluate axial pain without evidence of radiculopathy prior to a surgical evaluation.
- Indications for ongoing pain management services include:
  - The member is receiving interventional pain management services such as epidural injections or complex pain medication titration or conversion to formulary opioids not usually performed by a PCP.
  - The member is in active treatment or where the patient’s condition is unstable or medication regimen is being titrated by the specialist.
  - The goal(s) of the PMS/PMC services have been clearly defined AND the member is making progress toward the goals but has not yet achieved the goals.
  - The member is actively participating and adherent to the pain management program.
  - The member does not have a condition that would exclude participation in PMS/PMC program such as a severe psychiatric disorder or a chemical dependency disorder.
The pain management specialist is expected to routinely submit progress reports to the member’s PCP.