

ISSUE BRIEF: NON-OPIOID PAIN MANAGEMENT THERAPIES

Conservative Care and Non-opioid Therapies Are Safe and Effective for Treating Pain and Musculoskeletal Conditions

THE FACTS:

- 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.¹
- Musculoskeletal pain affects the bones, muscles, ligaments, tendons, and nerves. It can be acute (having a rapid onset with severe symptoms) or chronic (long-lasting). Musculoskeletal pain can be localized in one area, or widespread.
- 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.
- Thousands of Americans suffering from MSDs have been caught up in the nation’s opioid epidemic because they were not offered non-pharmaceutical treatment options as first-line therapy.
- Effective, evidence-based low-risk modalities for managing pain include movement and exercise, manipulative and manual therapy, functional restoration and acupuncture.
- As published in the Annals of Internal Medicine (Feb. 2017), the American College of Physicians recommendations include:
 - » 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.²

PMMA URGES THE USE AND COVERAGE OF NON-OPIOID TREATMENTS AS FIRST-LINE THERAPY FOR INDIVIDUALS TO MANAGE PAIN

DID YOU KNOW?

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.”³

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. co-pay parity), regulation (e.g. expanding essential health benefits to specifically include non-opioid 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

ABOUT PMMA

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 providers to facilitate care delivered via specialty health services that include, but are not limited to, physical and occupational therapy, chiropractic care, acupuncture, and complementary and integrative health.

NASHO/PMMA, Julian Roberts, Executive Director, (404) 634-8911, 601 13th St NW, Washington, DC 20005

¹<https://www.sciencedaily.com/releases/2016/03/160301114116.htm>

²Qaseem A, Wilt TJ, McLean RM, Forciea 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

³<http://www.consumerreports.org/back-pain/spinal-manipulation-can-ease-your-aching-back/>