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Statement from the Academy of Integrative Pain Management

Value-based Benefits Subcommittee

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Good morning. My name is Bob Twillman, and I am Executive Director of the Academy of Integrative Pain Management. We support moving chronic pain “above the line” but oppose your plan to implement forced opioid pain reliever tapers in those patients.

I understand that you are in the 20th month of a similar 12-month plan to forcibly taper patients with back and spine pain off their opioid pain relievers. Clearly, this policy is not a rousing success, yet you appear to be willing to impose it on another large group of patients. Any such decision should be delayed until you have a clear understanding of the reasons why your plan has failed in that population. Specifically, I believe that you should do a thorough evaluation of outcomes experienced by patients whose doses have been tapered. What happened to their healthcare utilization and levels of pain and function? What happened with respect to mental health diagnoses, overdoses involving illicitly-obtained opioids, and suicides? All of these questions, and perhaps more, need to be answered before you risk bad outcomes associated with forced tapers in yet another patient group. Only when you have a plan to prevent adverse outcomes should you consider expanding this policy.

I also find it curious that improved function is a criterion used to justify extending opioid therapy for up to 90 days following an injury or surgery, but that it is given no consideration when it comes to patients who have already received more than 90 days of opioid therapy. Many of these patients have benefitted from long-term opioid therapy, and risk decreased function and increased pain if their opioid doses are tapered. Given your endorsement of improved function as a criterion for successful opioid therapy, it seems to me that any opioid taper plan should contain a provision allowing that taper to be paused, stopped, and/or reversed if lower doses are associated with poorer function. In fact, I suspect that one reason you have experienced delays in tapering back and spine pain patients is that many of them have decreased function associated with their tapers, and therefore, have slowed or stopped the taper.

As the only organization in the country dedicated to promoting integrative pain management, AIPM applauds your efforts to improve access to a variety of non-pharmacological pain treatments. We believe that we need to have access to all the tools in our pain care toolbox if we are to be successful in relieving pain. However, while your policy would provide several new tools to people with chronic pain, it would also take away an important tool, and we don't believe that is the right way to proceed.