

AN ALTERNATIVE APPROACH TO PAIN MANAGEMENT



This prevalence of pain is occurring as we face a widespread opioid epidemic in the U.S.

That is why UnitedHealthcare advocates for alternative treatment options for common pain conditions, in accordance with clinical guidelines. While these options may not be appropriate in all clinical situations, we do encourage members and their doctors to consider non-pharmacologic and non-opioid alternatives when deciding on the best course of treatment for chronic pain.

Non-pharmacologic treatment alternatives¹

Before considering prescription drugs for the treatment of pain, it's important to first explore the use of a non-pharmacologic treatment, or an approach without medication. An effective pain treatment plan combines non-pharmacologic alternatives with counseling, exercise and other lifestyle changes.

Non-pharmacologic examples include:²

- **For acute or subacute low back pain:³**
Superficial heat, massage, acupuncture or spinal manipulation, yoga or pilates
- **For chronic low back pain:³**
Exercise, multidisciplinary rehabilitation, acupuncture, mindfulness-based stress reduction, tai chi, yoga, pilates, motor control exercise or progressive relaxation
- **For neuropathic pain and fibromyalgia:**
Electrical nerve stimulation for diabetic neuropathy,⁴ physical therapy, yoga, pilates, cognitive behavioral therapy or multimodal rehabilitative services⁵

Individuals are encouraged to review their benefits coverage information as a person's coverage for these types of therapies may vary based upon plan design and/or employer.

100 million
American adults are affected by chronic pain, more people than diabetes, heart disease and cancer combined^{6,7}

Every 13 minutes
someone in U.S. dies from an opioid overdose¹²

2 million Americans
are estimated to have a substance use disorder with prescription painkillers⁹

Nearly 250 million
opioids were dispensed in 2013 — enough for every U.S. adult to have a bottle of pills¹⁰

Non-opioid pain medications¹

CDC guidelines recommend the consideration of non-opioid medications before an opioid medication is prescribed for pain management.¹¹ For example, over-the-counter (OTC) medications, such as acetaminophen or ibuprofen, are usually tried first for headaches, muscle pain, arthritic pain and several other conditions. The chart below is not a complete list, and we always recommend discussing pain relief options with your physician.

Non-opioid examples include:²

Type	Description	Examples
Over-the-counter (OTC) pain relief	OTC medications are usually tried first for headaches, musculoskeletal pain, arthritic pain and several other conditions.	acetaminophen, ibuprofen, naproxen
Prescription nonsteroidal anti-inflammatory drugs (NSAID)	These medications are effective for treating inflammatory pain or pain arising from stimulation of nerve cells. NSAIDs are a first-line option for low-back pain. ⁷ Several oral and topical products are available.	ibuprofen, naproxen, meloxicam, celecoxib
Anticonvulsants	Gabapentin is used to treat neuropathic pain (pain that develops when the nervous system is not working properly) and can be used as an initial treatment for diabetic neuropathy. ^{4,5} Lyrica is a first-line option for neuropathic pain and fibromyalgia. ^{4,5,11}	gabapentin (generic Neurontin), Lyrica® (pregabalin)
Topical pain relief creams	These can be used for neuropathic or muscle/joint pain. ^{5,11}	A variety of topical products exist.
Skeletal muscle relaxants	Skeletal muscle relaxants or NSAIDs can be considered for treating acute or subacute low-back pain before considering other pharmacologic options. ⁷	baclofen, cyclobenzaprine ² , tizanidine
Medications administered by a health care provider	A variety of medications can be administered in a physician's office to treat inflammatory, musculoskeletal, neuropathic and other types of pain.	cortisone injection, nerve block



**PREVENT
TREAT
SUPPORT**

Reducing reliance on long-acting opioids.

Opioids are drugs that act on the nervous system and are commonly used to treat pain. Clinical guidelines promote the use of non-pharmacologic and non-opioid treatment alternatives before using opioids, because these powerful drugs come with a high risk of abuse and dependence.

The likelihood for chronic opioid use increases after the third day of use and rises rapidly thereafter,¹² and misuse or dependence on opioids can lead to addiction to more powerful illicit drugs.

UnitedHealthcare is committed to reducing our nation's reliance on opioids.

19%
drop in long-acting opioid use since January 2017 by UnitedHealthcare members

17%
decrease in the average daily morphine equivalent dose (MED), thanks to prior authorizations to apply CDC guidelines

**For more information visit
<https://newsroom.uhc.com/opioids.html>**



¹ Member benefit coverage varies. Please refer to plan-specific information for current coverage information. UnitedHealthcare Community Plan Prescription Drug Lists and coverage vary by state due to each state Medicaid regulations.

² Some of the recommended alternative medications listed above should be avoided and/or used with extra caution in the elderly population. Alternatives aren't intended to replace a clinician's clinical judgment.

³ Qaseem A, Wilt TJ, McLean RM, et al. 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(7):514-530.

⁴ Brill V, England J, Franklin GM, et al. Evidence-based guideline: treatment of painful diabetic neuropathy. *Neurology.* 2011;76(20):1758-1765.

⁵ Macfarlane GJ, Kronisch C, Dean LE, et al. EULAR revised recommendations for the management of fibromyalgia. *Ann Rheumatic Dis.* 2017;76:318-328.

⁶ Institute of Medicine Report from the Committee on Advancing Pain Research, Care, and Education: Relieving Pain in America, A Blueprint for Transforming Prevention, Care, Education and Research. The National Academies Press, 2011. Accessed online 02/02/18: http://books.nap.edu/openbook.php?record_id=13172&page=1.

⁷ The American Academy of Pain Medicine. AAPM Facts and Figures on Pain. Accessed online 02/02/18: http://www.painmed.org/patientcenter/facts_on_pain.aspx.

⁸ Centers for Disease Control and Prevention. Opioid Overdose, Understanding the Epidemic. Available at: <https://www.cdc.gov/drugoverdose/epidemic/index.html>.

⁹ Key Substance Use and Mental Health Indicators in the United States: Results from the 2016 National Survey on Drug Use and Health. Accessed online 02/02/18: <https://www.samhsa.gov/data/sites/default/files/NSDUH-FFR1-2016/NSDUH-FFR1-2016.htm>.

¹⁰ IMS Health, National Prescription Audit (NPA). Cited in internal document: Preliminary Update on Opioid Pain Reliever (OPR) Prescription Rates Nationally and by State: 2010-2013.

URL: <https://www.cdc.gov/drugoverdose/opioids/prescribed.html>

¹¹ Dowell D, Haegerich TM, Chou R. CDC guideline for prescribing opioids for chronic pain — United States, 2016. *JAMA.* 2016;315:1624-45.

¹² National Opioids Crisis. Department of Health and Human Services. Available at: <https://www.hhs.gov/opioids/>

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