Hon. Robert E. Beloten Chair New York State Workers' Compensation Board New York, NY

Dear Chairman Beloten,

After extensive and regular meetings, the Medical Advisory Committee (MAC) has developed a medical treatment guideline for the management of patients with chronic pain. Enclosed for your consideration is the proposed Non-Acute Pain Medical Treatment Guideline (MTG).

Guiding Principles for the Non-Acute Pain MTG

There are three principles that provide a foundation for the development of the Non-Acute Pain MTG.

First, rather than using "chronic pain" as the title for the MTG, the MAC members chose to name the guideline "Non-Acute Pain MTG." The rationale for this choice was twofold: i. to avoid the application of strict timeframes in identifying pain and instead focus on pain that persists beyond the anticipated recovery time, and ii. to eliminate or minimize the negative implications associated with the term "chronic pain."

The second principle agreed to by the MAC membership was that the guideline would provide a comprehensive approach to the management of non-acute pain, and not simply provide a best practice for opioid treatment. The MTG encompasses a continuum of treatment approaches including early identification, assessment and treatment of delayed recovery, identification of measurable outcomes, non-pharmacological treatments and pharmacological approaches, including non-opioid and opioid medications. Opioids are considered just one option in the treatment armamentarium.

Finally, the third principle reflects a critical paradigm shift in the approach to the management of non-acute pain, a shift from the biomedical model to the biopsychosocial model. In summarizing this change, the key or essential concept is a shift from the physician's primary responsibility to cure pain to a partnership between the physician and patient to manage pain, with an emphasis on the patient's responsibility to learn and adopt approaches to the self-management of pain. Integral to the biopsychosocial model is the early identification and treatment of psychosocial factors that place a patient at risk for delayed recovery.

Guideline Development Process

The overall process for developing the Non-Acute Pain MTG was similar to that used in developing the previous guidelines, to avoid "re-inventing the wheel" when sources/resources were available to inform the guideline development process. For its foundation guideline, the MAC considered several state guidelines for chronic pain as well as guidelines from the private sector (ODG and ACOEM). Colorado's Chronic Pain MTG (updated 2012) was chosen as the foundation guideline and was revised and supplemented by the MAC. A bibliography is provided at the end of the Non-Acute MTG.

The Non-Acute Pain MTG is grounded in evidence based medicine and the sound clinical judgment of the credentialed medical professionals comprising the MAC.

Finally, the MAC reviewed and updated certain treatment modalities and procedures in the context of the management of non-acute pain in order to bring consistency to the existing MTGs and the proposed Non-Acute Pain MTG.

Participating Professionals

The MAC has eleven members comprised of three physicians each representing Business, Labor and the Board, one Business and one Labor representative. The MAC is co-chaired by the New York State Workers' Compensation Board's (WCB) Medical Directors, Elain Sobol Berger, M.D., J.D., and Jaime Szeinuk, M.D.

The following MAC medical and other professionals have given generously of their time and diligently shared their knowledge and experience in this effort.

Charles Argoff, MD
Professor of Neurology
Albany Medical College
Director, Comprehensive Pain Center
Albany Medical Center

Kenneth Chapman, MD
The Spine and Pain Institute of New York
Assistant Clinical Professor, Anesthesiology and Pain Medicine
NYU Langone Medical Center
Director, Pain Medicine
Staten Island University Hospital

Robert Goldberg DO
Dean Touro College of Osteopathic Medicine
Past-President, Medical Society of the State of New York
Professor of Physical Medicine and Rehabilitation

Steven Levin, MD¹
Former Medical Director New York State WCB
Professor of Community and Preventive Medicine
Mount Sinai Medical Center
Co-Medical Director
Mount Sinai-Irving J. Selikoff Center for Occupational and Environmental Medicine

Jacqueline Moline, MD, MSc, FACP, FACOEM Vice President, Population Health North Shore-LIJ Health System Chair, Population Health Hofstra North Shore-LIJ School of Medicine

¹ Dr. Levin died on February, 7, 2012. The MAC recognizes Dr. Levin, former NYS WCB Medical Director and MAC member, for his contribution to the care of injured workers, the Workers' Compensation Board and to the education of medical colleagues who have benefitted from his knowledge, expertise and passion.

Joseph Pachman, MD, MPH, MBA, FACOEM Regional Medical Director Liberty Mutual Group

James Tacci, MD, JD, MPH
Global Manager of Medical Services
Xerox Corporation
Assistant Professor and Residency Program Director
Department of Community and Preventive Medicine
University of Rochester Medical Center

Edward Tanner, MD
President of the New York State Society of Orthopedic Surgeons
Clinical Associate Professor of Orthopedic Surgery
University of Rochester School of Medicine
Chief of Orthopedics
Rochester General Hospital

Norman Wetterau, MD
Family Physician, Tri-County Family Medicine, Dansville, NY
Clinical Assistant Professor of Family Medicine
University of Rochester School of Medicine
President, New York State Society of Addiction Medicine
Chair, Family Practice Workgroup
American Society of Addiction Medicine

Marc Wilkenfeld, MD Chief, Division of Occupational Medicine Winthrop University Hospital

Business Council of New York State Representative Lev Ginsburg, Esq. Director of Government Affairs The Business Council of New York State, Inc.

New York State AFL-CIO Representative Art Wilcox, CWCP Consultant for NYS-AFL-CIO

Consensus Based Approach

The Non-Acute Pain MTG recommendations reflect the consensus of the MAC's participating professionals. Eligibility criteria for ongoing maintenance care were developed by the MAC. Recommendations for the maximum number of permissible visits per year for this type of care were established by the Board.

Other Important Considerations

The Non-Acute Pain MTG is a state-of-the-art, evidence based guideline with recommendations to address the complex care needs of the patient with chronic pain. In addition, the recent epidemic of

opioid abuse/misuse strengthens the Board's imperative to re-evaluate and develop effective strategies for the treatment of chronic pain contained in the comprehensive Non-Acute Pain MTG.

The recommendations developed by the MAC identify services and programs for the most effective care of non-acute pain in injured workers. Not all of these services and programs are currently available or available in sufficient numbers in New York State. The MAC members are in agreement that barriers to the best practice recommendations must be identified and addressed. These important considerations will be discussed in a separate document entitled *Implementation and Process Recommendations for the Non-Acute Pain MTG*, a companion to the Non-Acute Pain MTG.

Elain Sobol Berger, MD, JD Medical Director, WCB Jaime Szeinuk, MD Medical Director, WCB