Assessment of Public Comment

During the public comment period, the Board received approximately four unique written comments.

One comment requested clarification if there is a typographical error in Table 6 on page 59, and one in Table 9 on page 61. The sentence in Table 6 should read “Tapentadol,” so the Board has made this correction. The sentence in Table 9 should read "Meperidine is not recommended for the treatment of non-acute pain,” so the Board has made this correction.

The comment also requested clarification about apparent contradictions in the maximum recommended daily opioid MED, and whether the threshold is 90 mg per day or 100 mg per day. The MTGs offer general guidance, and there is inherent flexibility, based on case-specific clinical details. The values listed in various sections of the MTGS are consistent with the multiple, foundational guidance documents from which they were derived, including but not necessarily limited to the U.S. CDC. In addition, the values listed in the various referenced sections of the MTGs are not internally inconsistent, because they are intended for different uses, including but not limited to: when a provider would consider dose reductions or deprescribing; extra caution and clinical justifications for increasing dosages; when and how frequently a provider might consider urine drug testing; dosage considerations for acute pain management versus long-term/low-dose pain management; and varying risks of adverse effects at various dosing levels. Therefore, the slightly different doses that are referenced are not inconsistencies, but rather nuanced differences, so no change has been made in response to this comment.

One comment requested clarification about Topical Medications on page 39 regarding lidocaine patches. The language in the sections on "Topical Medications" and in subsequent discussions of lidocaine are correct and consistent as written. The statement that topical medications are "Recommended in select patients for treatment of non-acute pain, including creams, ointments and lidocaine patches" is correct, and lists general examples, but is not intended to be either detailed or exhaustive. Subsequent discussion of specific medications (including but not limited to lidocaine) should be interpreted as written, based on clinical context, medication, and delivery mechanism, so no change has been made in response to this comment.

One comment opined that behavioral healthcare should be paramount in providing behavioral treatment to injured workers. A second comment from the same source opined that the guidelines have an unrealistic timeframe for psychological evaluation, stating that pain problems for the majority of injured workers persists much longer than three months. The comment also opined that the guidelines fail to take into account that chronic pain and psychological problems interact to create issues that can only be resolved by behavioral treatment, and that injured workers who continue to report pain 12 weeks after an injury are not only doing so because of psychological issues, and concluded that the behavioral healthcare issues should not be limited to the brief evaluation and treatment protocols in the proposed guidelines. The commenter provided no evidence basis from the medical literature in support of the comments, and did not provide any specific suggested revisions to the MTG, so no changes were made in response to these comments.
The Board received a comment generally supporting the proposed updates to the NAP guidelines, but expressed concern with section H.1.e. (Ongoing Maintenance Care) which places a 10 visit maximum per year, and that within a year and annually thereafter, a trial without maintenance care should be instituted. The comment opined that pain maintenance patients may still need to see their providers and that the limitations are problematic. The 'maintenance therapy' section of the MTG was left unchanged from the original version of the MTG from 2014. The comment offered no specific changes to the language of the MTG and offered no evidence-based references from the peer-reviewed, medical literature to support any change to the existing guidance. The Board knows of no new and significant evidence in the peer-reviewed, medical literature that would address either this recommendation as currently written, or any changes to it, so no changes have been made in response to this comment.

Changes made:

- Corrected typographical error in Table 6
- Corrected typographical error in Table 9
- Updated the effective date in the text from June 7, 2021 to November 1, 2021
- Clarifying change in the preauthorization section of the MTGs to reference the section of the regulation where the list of Special Services is found