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**PROVIDER BULLETIN**

**TOPIC: Acute & Chronic (non-malignant) Pain Guidelines**

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Based on review of the current literature, the Division has revised the guidelines for both acute and chronic pain.

**Summary:** All changes from the previous guidelines have been (yellow) highlighted. The most significant changes include:

The Division has approved Oxycodone/APAP/ASA, Hydrocodone/APAP, Percocet, Vicodin, Norco, Endocet, Ultram, and Tramadol for the treatment of acute pain. All transmucosal and transdermal immediate-release fentanyl agents, Suboxone/Subutex, Demerol, and long-acting opioids (Oxycontin, Morphine, Opana, Kadian) will be denied during the acute phase of an injury.

**With the exception of catastrophic injuries, PREAUTHORIZATION IS REQUIRED TO AUTHORIZE THE USE OF OPIOIDS BEYOND SIX (6) WEEKS (45 DAYS) AND THREE (3) MONTHS (90 DAYS).**

The Division has approved Oxycodone/APAP, Hydrocodone/APAP, Butrans patch, Percocet, Endocet, Oxycontin, Morphine, Opana, Kadian, and the analgesics Ultram and Tramadol for the treatment of chronic pain. All transmucosal and transdermal immediate release fentanyl agents, Suboxone/Subutex, and Demerol will be denied for chronic nonmalignant pain relief. Transcutaneous opioid analgesics will be considered only if there is documentation that the disorder prevents adequate oral dosing.

- Acute pain is considered the normal predicted physiological response to an adverse chemical, thermal, or mechanical stimulus, which is “typically associated with surgery”, trauma, or acute illness. Acute pain should be of relatively short duration.
- Acute pain is generally treated using a combination of opioids and non-steroidal anti-inflammatory drugs.
- Clinically significant improvement in pain and function is defined as a 30% improvement in both from the original baseline at the time of injury.
- Acute treatment should usually not extend beyond 6 weeks (45 days).
- Chronic pain treatment guideline criteria may apply at 3 months (90 days).



- Chronic pain is defined as pain persisting beyond the expected normal healing time for an injury, for which traditional medical approaches have been unsuccessful.
- Hyperalgesia is defined as increased sensitivity to pain or enhanced intensity of pain sensitivity. Opioid induced hyperalgesia is a clinical phenomenon, characterized by increasing sensitivity to pain, worsening of pain despite increasing doses of opioids, pain that becomes more diffuse extending beyond the distribution of pre-existing pain caused by the toxic effects of opioid metabolites.

Pre-authorization forms for continued use of opioids at 4-6 weeks (acute) and extending beyond 3 months (chronic) are attached to each guideline. The information provided in each form corresponds to the criteria necessary for approval for continued use.

### References

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Wyoming Workers' Compensation Division wishes to acknowledge the works of worker's compensation state boards of Arizona, Ohio, Washington, Colorado, and Massachusetts, upon which these guidelines are based.

