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Robert R. Redfield, MD, Director
Centers for Disease Control and Prevention
Attn: Shannon Lee
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Submitted electronically via www.regulations.gov

Subject: Management of Acute and Chronic Pain Guideline. Docket No. CDC–2020–0029

Dear Dr. Redfield:

The American Association of Neurological Surgeons (AANS) and the Congress of Neurological Surgeons (CNS) welcome the opportunity to provide comments regarding the Centers for Disease Control and Prevention (CDC) Guideline for Prescribing Opioids for Chronic Pain, introduced in 2016. At that time, the CDC stated that “CDC will revisit this guideline as new evidence becomes available to determine when evidence gaps have been sufficiently closed to warrant an update of the guideline.”¹ We appreciate the agency’s outreach for information on real-world experience as the process of updating the guideline begins.

In the four years since the guideline was published, it has proven to be extremely influential, but not always in ways that have benefitted patient care. Practices such as forced tapering of opioid prescriptions increased substantially in the wake of the guideline’s publication. Moreover, patients receiving palliative care or cancer care were inappropriately swept up in the CDC’s call to reduce opioid prescriptions as the recommendations were improperly applied to these groups. Importantly, the guideline did little to discuss the available nonpharmacologic alternatives to opioid therapy.

Below are specific comments for the CDC to consider in developing the next edition of the guideline.

Panel Composition

We fully support the request for the formation of an Opioid Workgroup (OWG) by the Board of Scientific Counselors (BSC) of the National Center for Injury Prevention and Control (NCIPC). While we understand that nominations for inclusion on this panel are currently closed, we encourage the NCIPC to include participation from neurosurgeons who treat patients in both acute and chronic pain daily. Neurosurgeons have a unique perspective in that they have experience treating both neuropathic and nociceptive pain conditions with a wide variety of pharmacologic and surgical therapies, including structural spinal surgery, spinal and cranial nerve decompression procedures, spinal drug infusion systems, neurostimulation procedures and central nervous system ablative procedures.

Consideration of Nonpharmacologic Therapies

The AANS and the CNS support the use of nonpharmacologic (i.e., procedural and behavioral) therapies for the treatment of chronic pain when appropriate. Interventions such as neuromodulation (i.e., spinal cord stimulation, peripheral nerve stimulation, and brain stimulation), nervous system ablation (destructive surgical treatments), comprehensive pain rehabilitation clinics and pain psychology all have been shown to decrease pain-related disability and reduce opioid use.

We believe that one of the shortcomings of the 2016 opioid prescribing guideline was the narrow focus on prescribing limits and opioid tapering without including evidence regarding non-opioid alternatives such as neuromodulation from which these patients could benefit.

We agree with the CDC's plan to fund the Agency for Healthcare Research and Quality's (AHRQ) five systematic reviews. However, if the CDC truly wants to achieve the goal of minimizing opioid prescriptions, then systematic reviews that cover nonpharmacologic options for these patients — such as neuromodulation procedures and peripheral and central nervous system ablative procedures — should be included. These therapies for the treatment of chronic pain have been shown to not only significantly improve pain control but also decrease pain-related disability and opioid use. Furthermore, effective pain control achieved through interventional care has also been shown to reduce health care utilization substantially. Several high-quality, landmark studies by neurosurgeons and our pain management colleagues have provided clear evidence of the effectiveness of neuromodulation. These trials should be reviewed and included in the evidence base used to develop the next version of the guideline.

Consideration of Postoperative Pain in Patients on Chronic Opioids

The CDC states that the 2016 guideline is intended for primary care clinicians who are treating patients for chronic pain in outpatient settings. However, the guideline does not address more complex pain treatment issues, such as opioid treatment for post-surgical pain. Many patients requiring neurosurgical procedures such as cranial nerve decompression for neuralgia, spinal surgery or neurostimulation, have been using opioids chronically or have different pain treatment requirements than those with other acute needs. Because these scenarios are not separately addressed in the 2016 guideline, some clinicians have applied the limits from the guideline to these other groups of patients. The AANS and the CNS recommend that the next version of the guideline consider the situation of these patients and include recommendations recognizing this and allowing more latitude in decision-making to physicians that have specialized training in pain management and surgeons managing post-surgery pain.

Inclusion of Health System Considerations

The CDC must recognize the role that the guideline has come to play in the national conversation about opioid use specifically and pain management in general. Given this, we recommend that the CDC include a section in the guideline that synthesizes the findings into a plan for a pain management system that calls on insurance plans (both federal and private) to cover effective treatments. As part of this, we ask that the CDC speak out against the high deductibles and prior authorization obstacles that delay or deny care, leaving patients with few non-opioid pain treatments. It is counter-productive to formally recommend the use of non-opioid medications such as COX-2 inhibitors but not address the lack of coverage for this medication or the fact that the patients' out of pocket cost for this is hundreds of dollars more than that for hydrocodone.

Conclusion

Again, the AANS and the CNS thank the CDC for this opportunity to provide comments regarding the process for producing the next version of the Guideline for Prescribing Opioids for Chronic Pain. We

look forward to being integral participants in the process and helping to produce a document that improves the care of patients struggling with chronic pain.

Sincerely,



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References

¹ Dowell D, Haegerich TM, Chou R. CDC guideline for prescribing opioids for chronic pain — United States, 2016. *MMWR Recomm Rep.* 2016;65(RR-1):1-49.