American Society of Anesthesiologists®

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June 14, 2023

BlueCross of BlueShield of Tennessee
1 Cameron Hill Circle
Chattanooga, TN 37402

Dear BlueCross BlueShield of Tennessee,

On behalf of the American Society of Anesthesiologists (ASA) and the undersigned organizations, we are writing to submit feedback regarding the draft medical policy, BCBS of Tennessee, *Implantable Peripheral Nerve Stimulation (PNS) Devices as a Treatment for Pain (DMP0523-23)*.[1] This draft language has created significant concern among the pain medicine community given the increasingly important role that PNS plays in the management of persistent and chronic pain.

We are professional membership organizations representing pain medicine physicians. We are dedicated to the use of high quality and evidence-based, non-opioid pain management therapies to treat patients with complex pain when medically appropriate and evidence-based, as well as the safe use of opioid therapies when necessary for patient care. The undersigned organizations represent thousands of physicians and a number of subspecialists.

In accordance with the U.S. Department of Health and Human Services' Pain Management Best Practices Inter-Agency Task Force recommendations,[2] we strongly believe it is critically important that we can offer all patients safe and effective treatment options to address their chronic pain. Unfortunately, denying patients this minimally invasive PNS option will put patients at increased risk of escalating their opioid use or undergoing more invasive surgical options that have not been shown to effectively manage many of the conditions that have been successfully treated with PNS, such as phantom limb pain, neuropathic pain, and axial low back pain. Limiting long-term opioid use—especially when safe and effective options such as PNS are available—is the main goal established by the Centers for Disease Control (CDC) Guideline for Prescribing Opioids for Chronic Pain.[3]

Recently, Deer et al. conducted a systematic literature review evaluating PNS for pain.[4] They critically analyzed 14 randomized controlled trials for a variety of painful disorders and concluded that PNS offers moderate-to-strong evidence for effective treatment of pain and improvement of quality of life. These findings are consistent with a growing body of evidence that neuromodulation in general, and PNS in particular,[6,7] may reduce opioid use in both the acute and chronic pain settings as well as improve function, disability, and quality of life scores.[8] Whereas older peripheral nerve systems utilized spinal cord stimulation leads, which were subject to high migration and complication rates, newer systems have been adapted to target individual peripheral nerves with lower reported adverse events. Systems are available that result in long-term (> 1 year) relief with short-term (< 60 days) stimulation (ideal for younger individuals),[5,9] and that are implanted permanently for refractory conditions such as migraine.[10] This range of therapies can increase physician options to treat refractory pain, consistent with the National Institutes of Health goal of increasing the utilization of personalized medicine.

Considering the above, we urge BCBSTN to decline implementing this draft policy and allow coverage of the Peripheral Nerve Stimulation (PNS) system when medically necessary in the treatment of patients suffering from moderate-to-severe subacute and chronic pain who have failed conservative treatment.

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We appreciate your company's consideration of our comments on the draft policy. We have listed the literature that we reviewed below for your review. If you have any questions or comments about our feedback, please do not hesitate to contact Emily Olearczyk, ASA Congressional and Political Affairs Manager at e.olearczyk@asahq.org or Helen Olkaba, ASA Director of Payment and Practice Management at H.Olkaba@asahq.org.

Sincerely,

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References

1. BlueCross BlueShield of TN Implantable Peripheral Nerve Stimulation Devices as a Treatment for Pain HCSC Draft Policy MED205.036. Available at https://www.bcbst.com/DraftMPs/Implantable_periph_nerve_stim_POL.pdf Accessed June 14, 2023.
2. U.S. Department of Health & Human Services. Pain Management Best Practices Inter-Agency Task Force: Updates, Gaps, Inconsistencies, and Recommendations. 2019, May 9. Available at: https://www.hhs.gov/ash/advisory-committees/pain/index.html. Accessed December 18, 2020.

3. Dowell D, Haegerich TM, Chou R. CDC Guideline for Prescribing Opioids for Chronic Pain. 2016, Mar 18. Available at: https://www.cdc.gov/mmwr/volumes/65/rr/rr6501e1.htm. December 18, 2020.
4. J Xu in Pain Physician 2021. Peripheral Nerve Stimulation in Pain Management: A Systematic Review - PubMed (nih.gov) *Pub Med*. 2021; https://pubmed.ncbi.nlm.nih.gov/33740342/
5. Ilfeld BM, Ball ST, Cohen SP, et al. Percutaneous peripheral nerve stimulation to control postoperative pain, decrease opioid use, and accelerate functional recovery following orthopedic trauma. https://pubmed.ncbi.nlm.nih.gov/30901395/ *Mil Med*. 2019 Mar 1;184
6. Cohen S, Gilmore C, Kapural L, et al. Percutaneous peripheral nerve stimulation for pain reduction and improvements in functional outcomes in chronic low back pain. *Mil Med*. 2019 Mar 1;184(Suppl 1):537-41. doi: 10.1093/milmed/usy310 https://pubmed.ncbi.nlm.nih.gov/30901473/
7. Deckers K, De Smedt K, Mitchell B, et al. new therapy for refractory chronic mechanical low back pain-restorative neurostimulation to activate the lumbar multifidus: one year results of a prospective multicenter clinical trial. *Neuromodulation.* *https://pubmed.ncbi.nlm.nih.gov/29244235/* 2018;21(1):48-55. doi: 10.1111/ner.12741
8. Pollard EM, Lamer TJ, Moeschler SM, et al. The effect of spinal cord stimulation on pain medication reduction in intractable spine and limb pain: a systematic review of randomized controlled trials and meta-analysis. https://pubmed.ncbi.nlm.nih.gov/31118751/ *J Pain Res.* 2019;12:1311-24. doi: 10.2147/JPR.S186662.
9. Yang Y, Song M, Fan Y, Ma K. occipital nerve stimulation for migraine: a systematic review. https://pubmed.ncbi.nlm.nih.gov/25865962/ *Pain Pract.* 2016;16(4):509-17. doi: 10.1111/papr.12303