Medicare Proposes Coverage of Acupuncture for Lower Back Pain

The Centers for Medicare & Medicaid Services (CMS) has proposed coverage of acupuncture for chronic low back pain for Medicare beneficiaries enrolled in clinical trials sponsored by the National Institutes of Health (NIH) or approved by CMS.

So far, research into chronic low back pain has focused mainly on the working population, according to a CMS "decision memo." The thought had been that back pain became less common when people reached their mid-50s, but that conclusion might have resulted from heterogeneity in methods used across studies, the memo said.

"Based on the evidence, we believe that acupuncture for chronic nonspecific low back pain is promising but not convincing," the memo stated.

The CMS does not currently cover the technique for any indication. But it has been collaborating with the NIH to launch studies investigating acupuncture for chronic low back pain, defined as lasting at least 12 weeks and having no identifiable cause, in people 65 years or older. The CMS is seeking more evidence about potential benefits and harms before deciding whether to cover acupuncture for all Medicare beneficiaries with chronic low back pain.

"Chronic low back pain impacts many Medicare patients and is a leading reason for opioid prescribing," CMS official Kimberly Brandt, JD, said in a statement.

Synchronizing Medication Refills Could Improve Adherence

An increasing number of pharmacies are synchronizing customers’ prescription refills so they can pick up 2 or more prescriptions on the same day, which appears to improve medication adherence and medical outcomes, concluded a recent report from the Government Accountability Office (GAO).

To synchronize medication, pharmacists might refill 1 or more medications—generally for chronic conditions—with less than a month’s supply of pills. Citing data from the Centers for Medicare & Medicaid Services (CMS), the report noted that 24 million of 55 million Medicare beneficiaries in 2015 had 2 or more chronic conditions. The GAO estimated that nearly 4 million Medicare beneficiaries did not fill a prescription that year, a sign that they might not be taking their medications as prescribed.

The GAO identified and reviewed 22 published studies on synchronized refills and interviewed officials from CMS as well as other interested parties, including pharmacies and large Medicare health plans. Most studies found positive effects, the GAO said. For example, 9 of the 12 studies on the subject found that medication adherence was greater among patients receiving synchronized refills than among those who were not.

Although CMS does not have a formal policy on medication synchronization for Medicare beneficiaries, it does have a regulation allowing for reduced cost sharing, such as lower co-payments, for refills of less than a month’s supply.

Medication synchronization also has potential drawbacks, the GAO found. Some patients might not be able to afford to pay all their medication co-payments at once even if their medications are synchronized for every month, for example.

Botulinum Toxin to Treat Endometriosis Pain

A small study by National Institutes of Health (NIH) researchers suggests that injections of botulinum toxin might relieve endometriosis-associated pain from pelvic floor spasms.

About 15% to 20% of reproductive-age women experience chronic pelvic pain (defined as nonmenstrual pelvic pain lasting for 6 months or more) and—among women who undergo surgery for it, approximately one-third are found to have endometriosis, the authors report. Many women with endometriosis continue to have pelvic pain despite optimal treatment, and some also have palpable pelvic floor muscle spasms, according to the authors, affiliated with the National Institute of Neurological Disorders and Stroke. Previous studies suggested that botulinum toxin might help relieve other types of nonbladder pelvic pain, but that research did not specifically address endometriosis, the authors wrote.

Study participants had surgically treated endometriosis and most were taking hormone therapy to suppress menstruation but were still experiencing pelvic pain. Twenty-eight women were randomly assigned to receive injections of either saline or botulinum toxin (Botox) in the areas of spasm while under conscious sedation. The women did not know which hormone they received.

At least 1 month later, 13 participants chose to receive open-label botulinum toxin injections in areas of continued spasms. They were then followed up for at least 4 months, during which pelvic floor muscle spasms either disappeared or were detected in fewer muscles. Relief lasted 5 months to 11 months in 7 of the 11 patients who were followed up for as long as a year. The most common adverse effect was pain at the injection site that lasted less than 24 hours.

"The botulinum toxin injections were incredibly effective in decreasing pain levels, as well as patients’ use of pain medications, including opioids," coauthor Pamela Stratton, MD, a gynecologist, said in a statement. "Many of the women in our study reported that the pain had a profound effect on their quality of life, and this treatment may be able to help them get their lives back." – Rita Rubin, MA

Note: Source references are available through embedded hyperlinks in the article text online.