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Thank you for your June 1st response to my emotional letter. I actually did not expect any response and thank you for doing so. I know you are inundated with mail, email, etc so if you just read this I will be happy. Maybe I am repetitious. Below is how I see it.

The problem with CDC's opioid guidelines is the media, politicians, and insurance companies are hysterically reporting on the opioid problem without any consideration for the chronic pain patients who need opioids. Hell, even former FDA commissioner Dr. David Kessler is writing op-eds in the NY Times that we are all addicts. The media, politicians and so forth are all reporting this guideline as if it is a LAW. AND the CDC has done nothing to dissuade this. Won't the increase in the hundreds of thousands of chronic pain patients, who will now unnecessarily suffer, count for something? Is there no way to document them? Overdoses and gun related deaths are easy to count. How many times have guns prevented a robbery, burglary, rape, murder? No way to tell huh? Same with chronic pain patients. No way to tell how many are going to suffer now huh? Would an increase of 100,000 patients suffering get the CDC to adjust the Guidelines? Is the CDC going to try and count them to see if there is a year over year increase like overdoses?

My pain management doctor and his group are quoting your guidelines and more or less cowardly blaming you for the problem. Personally, I think they may be using this as an excuse to get rid of Medicare patients and perform more interventional injections or procedures in their privately owned surgery centers. Further more, they and most others I know of, don't disclose their financial interest in their surgery center. The opioid crisis has become a bonanza for the interventional pain doctors. One of my former pain management doctors quit managing medications all together. Does nothing but injections now. Another pain management doctor doesn't take Medicare. (no money in it) And she, her husband, and their practice are being sued for fraud. Pain management interventionists are popping up all over.

[www.news3lv.com/news/local/wednesday-at-11-pain](http://www.news3lv.com/news/local/wednesday-at-11-pain)

[www.reviewjournal.com/news/las-vegas/lawsuit-alleges-two-las-vegas-defrauded-insurance-companies](http://www.reviewjournal.com/news/las-vegas/lawsuit-alleges-two-las-vegas-defrauded-insurance-companies)

Talk about ripe for abuse.

Other CDC recommendations suggest using PT, acupuncture, massage, cognitive behavior therapy, epidural steroid injections. Who is going to pay for all this alternative therapy? There is no or limited insurance coverage. It will take years and years for any insurance to be available. Look at the new double digit premium increases with the ACA. How high will the premiums go adding on all these treatments?

But I digress.

My doctor and others are reducing all their non-cancer patients to 90 MME even though you say it isn't a law, rule, or regulation. NOW IT IS! It should have been 90-200 MME, giving the doctors some leeway. It is too late. The genie has been let out of the bottle.

The CDC, in my opinion, should change the dosing guideline as above. The CDC should EMPHASIZE as you stated "The Guideline is not a rule, regulation, or law. It is not intended to deny access to opioid pain medication as an option for pain management". "taper or reduce dosage ONLY when patient harm outweighs patient benefit of opioid therapy". I know the CDC's intentions are grounded in science, studies, lab results. I used to round with docs in the hospital, the one things I learned from them was, "don't treat the study, don't treat the lab, TREAT THE PATIENT.

Meanwhile, my muscles waste away due to lack of exercise. My A1c rises due to lack of exercise. I can't see my grandson in Ely, NV. because I can't sit in a car for 4 hours. And now if you believe Dr. David Kessler, I am just whining trying to get a fix.

Sincerely,

Richard L. Martin, RPh

PS: I was a hospital pharmacist of 25 years who spent some 4 years helping oncologists on the cancer ward manage, adjust, and recommend pain treatment. I do have some rudimentary knowledge of pain management.

[www.news3lv.com/news/local/wednesday-at-11-pain](http://www.news3lv.com/news/local/wednesday-at-11-pain)