Dear (First Name):

The 2016 CDC opioid guidelines were aimed at primary care providers, but many state boards mandated them by law, resulting in tremendous needless suffering and exacerbating the illicit opioid epidemic with causation of needless deaths. These guidelines not only restrict opioid prescriptions, but also have restricted almost all interventional techniques to reduce access and sending patients to the streets for illicit opioids. With the new guidelines, these unintended consequences, including overdoses, deaths, and access limitations will continue.

The guidelines should call for a multidisciplinary approach to chronic pain that includes multiple modalities incorporating the role of interventional pain management for diagnosis and treatment.

1.        Interventional pain management techniques are safe, and have extensive clinical and cost-effectiveness data.

2.        With extended mandate and mission creep, the CDC guidelines are becoming mandatory for standard of care even though they have not reviewed appropriately all other therapies.

3.        A transparent assessment without inclusion of Dr. Chou’s own studies, which have a dominant role in the preparation of these guidelines, will show the appropriate real-world evidence for interventional techniques including epidural and facet joint interventions, spinal cord stimulation, intrathecal infusion systems, interspinous prosthesis, and multiple other techniques.

The CDC must strongly advocate for multidisciplinary care, personalized for each individual patient. This includes behavioral therapy, restorative therapy, complementary medicine pharmacologic therapies, and Interventional Pain Management (IPM) strategies.

Sincerely,