

## McDowell, Robert

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**From:** Heather Wrenn <heatherw@ncchiro.org>  
**Sent:** Monday, December 04, 2017 1:54 PM  
**To:** Henderson, Meredith  
**Subject:** [External] Proposed Workers' Compensation Pain Management Rules Comments

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Good afternoon. First, let me take a moment to commend you for seeking to revise these rules and better address pain management in light of the opioid epidemic.

I would like to provide feedback regarding the non-pharmacological pain treatment (Draft Rule 04 NCAC 10M .0401). It seems incongruent to the other rules, such as Draft Rule 04 NCAC 10M .0203 and Draft Rule 04 NCAC 10M .0202.

Both .0203 and .0202 state “before prescribing an opioid medication, a health care provider must document in the medical record that non-pharmacological and non-opioid therapies are insufficient to treat the employee's pain. “

However .0401 states that "A health care provider shall consider and may prescribe non-pharmacological treatments. These adjectives indicate a choice of skipping the non-pharmacological options, where the other rules state that non-opioid treatment insufficiency is required before an opioid prescription.

Another concern I have is that .0401 does not provide parameters on deeming a non- pharmacological treatment as insufficient, such as number of visits or length of time. If the goal is to stem opioid prescriptions by trying alternative treatments, I believe there should be further guidelines for its use, as these methods are extremely underutilized and potentially misunderstood.

For example, with many of the non-pharmacological treatments that are to be considered( physical therapy, chiropractic, acupuncture, etc.) the benefits of these treatments are cumulative and the effect is realized after a course of treatment plans. Usually, the results are not instant, as with a pill. If this draft simply allows someone to visit a non-pharmacological provider once and then be ruled “insufficient,” I fear this rule will not curb the overuse of prescriptions.

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