



Carolinus HealthCare System

Edward J. Brown III
Chairman

Eugene A. Woods, FACHE
President and CEO

Dear Ms. Henderson:

November 21, 2017

I appreciate the opportunity to offer the following comments:

1. It was puzzling to note the absence of **tramadol** from the list of short-acting opioids on page 2, line 3 of 04 NCAC 10M .0102 under DEFINITIONS, "... including but not limited to immediate-release *morphine, hydromorphone, oxymorphone, codeine...*" (italics mine). Whereas one can find statements that tramadol is not an opioid, the manufacturer indeed states that it is an opioid (narcotic) in its prescriber information, for example under its section on Pharmacologic Category in UpToDate. Since its analgesic action is partly ascribed to the binding of its M1 O-methylated metabolite to mu-opioid receptors, to say that it is not an opioid seems to invoke a distinction without a difference. Its adverse effects (including addiction and death) mirror those of the above-italicized agents. I respectfully suggest it be added by name, rather than by implication in the phrase "including but not limited to." It has been a Schedule IV agent since mid- 2014 and is in widespread use.
2. Important recent additions to the published evidence on analgesia in patients with acute extremity pain are the blinded, randomized, controlled trial of Chang et al. (JAMA 2017;318(17):1661-67) and the accompanying editorial by Kyriacou (ibid., 1655-56). The investigators found that a *combination of ibuprofen and acetaminophen produced the same degree of pain control* as three other treatments which combined acetaminophen with either oxycodone, hydrocodone or codeine. The study was not designed to focus on injured workers, and encompassed a Bronx, NY sample of 416 Emergency Department (ED) patients including 48 per cent women and 60 per cent ethnic Latinos, and did not address adverse effects of treatment,

non-extremity injuries, or post-ED pain control. But the findings still may have relevance to any North Carolinians who are injured in the course of their work. Treatment of such workers with narcotics is sometimes a gateway to addiction as we have learned to our sorrow.

3. These comments do not diminish my admiration and appreciation for the work product of the Workers' Compensation Opioid Task Force and the Industrial Commission members and staff in this vital matter.

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