

## McDowell, Robert

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**From:** Gage, Robert H.  
**Sent:** Wednesday, December 06, 2017 4:15 PM  
**To:** Henderson, Meredith  
**Subject:** [External] Draft Rules for the Utilization of Opioids and Pain Management

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Dear Meredith

Regarding the 90 mg MED "ceiling" I think if the Commission gets a lot of medical motions, it will be to allow the doctor to prescribe more than this. Not sure what the evidence in the medical motion will be except the treating doctor's statement as to why the increased dosage is needed and a defense doc's statement as to why it is not. That statement may take the form of a boilerplate opinion from a non-examining doc in another state who does these in big batches for \$100-200 each to make easy money on the side. Then what? I do not have an alternative suggestion. I think we will not know whether this provision is workable until it has been in place for some time.

I support mandatory reference to the CSRS. This resource is often turned to only when the doc wants to justify getting rid of a patient. Is the VA on that system? They are the biggest narcotic prescribers in the state..

Lastly, I think it would be helpful to expand section .0401 to make it clear that self-directed or group physical conditioning and exercise could be prescribed in addition to physical therapy. I have had clients who have done very well in reducing and controlling pain through water exercise or yoga. The list of treatments presently in the draft rule reflects a passive, western notion that treatment is something that is done to the patient rather than something in which the patient is an active partner.

Full disclosure: I have practiced yoga for about twenty years and am a registered instructor. This may make me biased, but I think rather it has shown me the value in the patient's taking some active responsibility for his or her own treatment.

Sincerely,

Rob Gage

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