PAIN PRESS

WELCOME

The Pain Press is an opportunity for all to gather and read up on all things pain management and beyond.

The Pain Press is a venue for pain management specialists, clinicians, patients, legislators, law enforcement, and the lay public alike to gain a deeper appreciation for all things pain management.

The Pain Press is also a springboard for aspiring writers.

~Mark “Pain Guy” Garofoli (Editor-in-Chief)

SECTIONS

Just in Time: Headlines

Pain Pubs: Manuscripts

Pain Pod Recent Episodes

Pain (Book) Club

Pain Stream

Red Flag Football: DEA Red Flag Case

Guest Editorial (Jay K Joshi)

Just in Time: Headlines

DHHS Recommend Cannabis rescheduled from CS-1 to CS-3

https://www.endocannabinoidmedicine.com/news/top-us-health-agency-recommends-cannabis-reclassified-to-schedule-iii/?utm_source=eloqua&utm_medium=email&utm_campaign=Promo_AJEM_77528_BreakingNews_083023_AL&hmemail=aKnzVxSVFIpvCbtJQ8C0kfiAWyDGhZct&sha256email=7edc09cd48d85215a8b03ed18b727b7e639bd7feb333f9f851e47412b0553095&hmsubid=&nid=1104992411&elqtrack=True

FDA Approves Canakinumab for Acute Gout Flares

https://www.medscape.com/viewarticle/995993?ecd=a2a&form=fpf

Gas Station Heroin

https://www.vice.com/en/article/4a35md/neptunes-fix-gas-station-heroin-seizures

Morgantown WV Project Mushroom

https://nursing.wvu.edu/news/story?headline=wvu-nursing-faculty-discusses-long-time-support-of-mushroom

FDA Approval of OTC Fentanyl Test Strips

https://www.fda.gov/news-events/press-announcements/fda-roundup-october-27-2023

DEA Telehealth Controlled Substance Flexibility Extended through 2024

https://www.federalregister.gov/documents/2023/10/10/2023-22406/second-temporary-extension-of-covid-19-telemedicine-flexibilities-for-prescription-of-controlled

FDA Approved Nalmefene (Opioid Mu Antagonist) Hits Rx Shelves

https://www.federalregister.gov/documents/2023/10/10/2023-22406/second-temporary-extension-of-covid-19-telemedicine-flexibilities-for-prescription-of-controlled

Two U.S. Senators Urge FDA to Not Study Opioids for Chronic Pain

https://www.statnews.com/2023/09/22/opioids-chronic-pain-study-markey-manchin-fda/

Novel Non-Opioid Reduced Pain in Phase 2 Trials

https://www.statnews.com/2023/08/02/vertex-non-opioid-pain-therapy/

Pain Pubs: Manuscripts

CBD Products for Pain: Ineffective, Expensive, and with Potential Harms (Journal of Pain)
https://www.jpain.org/article/S1526-5900(23)00582-5/fulltext

Cochrane Review of SCS for Low Back Pain
https://www.cochranelibrary.com/cdsr/doi/10.1002/14651858.CD014789.pub2/abstract

Ketamine Utilization for Pediatric Chronic Pain
https://www.tandfonline.com/doi/full/10.1080/15360288.2023.2284976?src=exp-la

Trends in Pain Medication Utilization for Patients with Diabetes Type 2
https://www.tandfonline.com/doi/abs/10.1080/15360288.2023.2194868?tab=permissions&scroll=top&role=tab

Retrospective Cohort Study of Safety Outcomes Associated with Opioid Rotations to Buprenorphine
https://www.tandfonline.com/doi/abs/10.1080/15360288.2023.2200412

Comparing National Methadone Equianalgesic Tools
https://pubmed.ncbi.nlm.nih.gov/37010231/

Characterization of Outpatient Gabapentinoid Prescribing for Pain
https://pubmed.ncbi.nlm.nih.gov/36762999/

Pain Pod Recent Episodes

Available via www.painguy.us/pain-pod and all your podcast apps

Episode 26 (Coming January 2024): Thug Drugs (Cannabis & Cannabinoids)

Episode 25: DEA Red Flags (Part 2: A Conversation with Dr. Jay K. Joshi)

Episode 24: DEA Red Flags (Part 1: A Comprehensive Review)

Episode 23: Crack One Open (A Review of the AGS Beers Criteria 2023 Update)

Episode 22: Geri Duty (A Review of the AGS Beers Criteria with Dr. DeLon Canterbury)

Episode 21: Thug Drugs (Opioids)

Episode 20: Naloxone

Episode 19: Unfit for Recovery (A Chat with Jake Nichols)

Episode 18: Buprenorphine (The Most Misunderstood Medication Ever)

Episode 17: Urine Drug Monitoring

Episode 16: Breaking News (CDC Opioid Guideline Publication)

Episode 15: PAINWeek 2022 Conference Summary

Episode 14: Academic Addiction Efforts

Episode 13: Morphine Milligram Equivalents (MMEs)

Episode 12: RxSummit 2022 Conference Summary

Episode 11: 2022 CDC Opioid Guideline (A Conversation with the PharmD Author)

Episode 10: Thug Drugs (Stimulants)

Episode 9: Dreamland & The Least of Us (A Conversation with Sam Quinones)

Episode 8: Poly Pharmacy (A Conversation with Dr. Eric Christianson)

Episode 7: OTC Pain Medications (A Conversation with Dr. Laura Meyer-Junco)

Episode 6: Controlled Substance Rx Law (A Conversation with Dr. David Brushwood)

Episode 5: PAINWeek 2021 Conference Summary

Episode 4: COVID Keto Guido (A Review of Pain Guy's Nephrolithiasis Experience)

Episode 3: A Conversation with THE Pharmacist, Dan Schneider (Netflix Documentary)

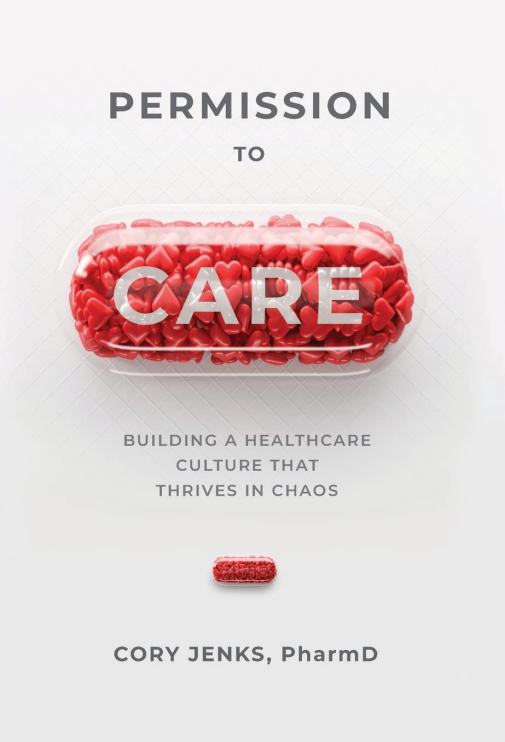
Episode 2: Opioid Madness Part 2 (Bracketology)

Episode 1: Opioid Madness Part 1 (Bracketology)

Episode Zero: An Intro with Pain Guy

Pain (Book) Club

One never talks about Fight Club, but everyone talks about Pain (Book) Club!



Cory Jenks, world-renowned stand up comic and pharmacist navigates readers through of journey of "Yes, but…". Consider this mantra in the realm of providing patient care to patients in pain with controlled substances involved, as clinicians often utilize best practice risk reduction tools that potentially result in "No". Perhaps "Yes, but…" can help!

At the very least, you're bound to laugh considering this guy is a comedian too!

Pain Guy Rating: Read It!

Amazon Link: https://www.amazon.com/gp/product/1954801319/ref=ppx_yo_dt_b_search_asin_title?ie=UTF8&psc=1

Pain Stream

Pain goes main stream on the Pain Stream!

Matthew Broderick portrays Richard Sackler while the timeline of Purdue Pharma's involvement in our U.S. Opioid Crisis unfolds. "Based on Facts" has never been more important to read three times before watching this series. Have patients lost their lives within our Opioid Crisis originating in the healthcare supply chain? Absolutely. Is that the vast majority of cases? Not Quite. One consideration: If this is a lay person's, or dare I say healthcare professional's, only exposure to the countless tragedies of our Opioid Crisis, would you be okay with that? This series will most provoke emotions in you, period.

Pain Guy Rating: Watch It, while visiting relatives for the holidays on their account at their house, yet with a discrenment for Hollywood versus Facts

Streaming Link: www.netflix.com

Red Flag Football: DEA Red Flag Case

NFL playoffs are just around the corner, yet this is not a play on words diminishing the incredible knowledge and expertise of healthcare professionals in matters involving controlled substances, rather a dive into propelling said folk to think deeper.

THE CASE

The Dr.'s Garofoli (Gretchen & Mark) happily live together and are attending APhA '24 in Orlando together. While frolicking in the conference hotel with their young boys, they hurt their backs and can barely walk without 12-out-of-10 pain. A local urgent care provides acetaminophen/codeine 300mg/30mg and cyclobenzaprine 10mg scripts to each of them. Sadly, they forgot an insurance card so they offer to pay cash at the pharmacy.

What "DEA Red Flags" +/- "General Controlled Substance Concerns" are involved in this case?

→ Follow-Up Reading

→ https://www.practicalpainmanagement.com/issue202206/prescribing-and-dispensing-controlled-substances-when-to-pump-the-brakes

→ Follow-Up Thoughts in the next volume of the PAIN PRESS!

→ 3 DEA Red Flag Concerns from Previous Pain Press (Issue 1) Red Flag Case:

Sedative Drug Combination, Geography, & Out-of-Pocket Pay

Guest Editorial (Jay K Joshi)

Dr. Joshi's Journey Through Opioid Litigation
Jay K Joshi, MD, MBA

Regret is difficult for physicians to process. We're trained to make the right decision with the right clinical information and act with decisiveness.

Hesitation is a weakness. Just ask any resident who's lived through clinical grand rounds as a training physician. So when I'm pressed to reflect on my clinical experiences with the legal system, and asked to express any regrets, I'm immediately at a loss.

Of course I did nothing wrong. Of course I was targeted. That's that. Just read the headlines.

The reality is quite different. Hindsight has a tendency of ingraining reflexive beliefs until they become deep rooted convictions. But healing comes in finding the nuances. The subtle details glossed over in favor of the convenient narratives. Physicians overprescribing led to the opioid epidemic. The DEA's prohibitionist policies led to the overdose crisis.

Both simplistic phrases contain just enough truth to meet the Gladwellian characteristics of virality. Yet both are inherently incomplete. Both are to blame. Not because either – physician or DEA – had malicious intent. No, both are to blame because neither are truly honest about the role they played in contributing to the ever escalating rise of overdoses.

I hope to buck this trend. I want my story to be told, in all its shame and glory. I was a primary care physician who was among the first in my region to adopt opioid abuse therapy into the primary care realm. I won accolades from the NCQA. I received recognition from NPR.

I was also indicted by the DOJ, due to an investigation led by the DEA in which my efforts to treat patients was construed as enabling addicts. I was indicted for prescribing low dose prescription

opioids outside the scope of clinical medicine, which back in 2018, was grounds for a criminal investigation. Never mind the lack of criminal intent. In the early days of the opioid epidemic, back before we know what we know now, it was simply a matter of what the investigating DEA agent believed versus what the targeted physician believed.

And back then, what the agent believed mattered more than what I deemed to be clinically appropriate care. It's easy to dismiss it all as nothing more than misguided legal policy now that I've regained my medical license and resumed clinical practice. But nothing would be gleaned through such a posture.

I hope my experience creates an opportunity for others to learn from, that my shame and regret become insights for other physicians. But for that to happen, I have to be full forthright as to why the DEA initiated its investigation and what it deemed to be criminally culpable. It's not easy to share, but it's necessary.

By this point I'm sure you've looked me up. You've seen the articles and have effectively parsed through what's propaganda and what passes muster. You've likely seen the articles indicating how an undercover agent came to my clinic, presenting with lower extremity cramp-like leg pain. I saw the agent four times. I checked his prescription history. I ordered imaging studies. I tapered his opioid medication, at least the medication amount he requested. It didn't matter.

According to the DEA agent as testified in the grand jury testimony *name any of the doctors he got hydrocodone from. He didn't bring any health records. He basically said, "I get hydrocodone; I'm here to get hydrocodone."*

When asked about why, he said, "Well, when I drive three or four hours, I get a cramp in my calf." That's no reason to prescribe somebody hydrocodone.

It was a sentiment echoed by the federal judge, Judge Philip P Simon:

Simon said "there's no question" that Joshi wrote a prescription for opioids to the agent who "absolutely did not need that.".

https://www.chicagotribune.com/suburbs/post-tribune/ct-ptb-joshi-opioid-sentencing-st-0430-story.html

What the non-clinically trained DEA agent and judge focused on was not clinical decision-making, but legal oversight. Which makes sense, they don't understand medicine.

Never mind how spinal stenosis commonly presents with leg cramps after prolonged seating. Never mind how continuing prescription opioids at low doses as I did was what's recommended by the CDC.

What matters to law enforcement and those adjudicating the law is the acts of oversight. And my greatest regret through it all was failing to navigate the balance between clinical decision-making and regulatory oversight.

It might sound sacrosanct to those who strive to embody the vestigial remains of Osler's vision of medicine. But in today's litigious medicine, the veneer of legal oversight supersedes the best of clinical intentions. Failing to recognize that led me down a legal journey that took me from the clinic to the courthouse. And it's my greatest regret.

For those seeking to glean any nuggets of wisdom from my experiences, it would be this: be honest with your patients about your need to balance clinical decisions with legal oversight. It's an unfortunate reality most physicians face but most remain reluctant to acknowledge. Yet it's through honest dialog that we find ways to overcome the stigma of shame and prevent the regrets of past decisions.

In hindsight, I should have refused to continue prescribing the medications the agent cum patient requested. I should have mandated imaging studies and urine screens before I prescribed anything. It's not what we're taught. But it's what we should know.

For those who may say I've allowed the regrets of the past foment into a jaded sense of discontentment, I would respond accordingly: the golden rule remains, honesty is the best policy.

Be honest with your patients about why you must make clinical decisions with legal considerations. Tell them the truth about the regulatory oversight we all face. The sword of Damocles that fell upon me hangs over all my physician colleagues. No one is exempt. The only exception is the delusion which you create for yourself.

Be honest with your patients. Tell them my story. Tell them what happens if you make clinical decisions without the appropriate legal oversights. Believe it or not, they'll appreciate your honesty.

I know this to be true firsthand. Whenever I tell patients what happened to me. Whenever I share my story of shame with the DEA, they never look at me with disdain. Rather, they appreciate my honesty and thank me for being forthright.

It might appear awkward at first to communicate with patients in such a way. But I'll tell you this much, it's better to be proactively forthright than it is to be burdened with regrets from the past.