Public Comments for ICR 202412-0920-006

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Comments Received :

The 2016 CDC guideline really hurt chronic pain patients. Doctors were afraid to use their expertise in fear of being arrested or investigated like a criminal. The restrictive cuts that the CDC guidelines make in conjunction with the DEA has caused great harm and suffering to chronic pain patients. There are many instances where people have been denied pan medicine due to these guidelines. Patients have been under does and left to suffer and end up on disability when prior to that, on proper treatment of full agnostic opioids could work and function in society. People have taken there lives over these regulations. Young people with broken bones in ER and hospital setting have been left for hours to scream in pain due to the stigma these rules have created. It is bad enough to be dealt with life long painful diseases only to be met with guidelines that are inhumane and not based on good date. The original CDC data included illegal fentanyl use which has no bearing on opioids prescribed. This data led to false assumption about prescribing opioids and the people who receive treatment. There are even hospitals that are performing surgeries and not providing pain management after which is utterly ridiculous. The rhetoric has become so awful people seeking help in the ER are labelled as drug seeker when they really are having legitimate health issue. The CDC need to get out of these prescribing guidelines and remove the DEA oversight on doctors. Yes, some people may die of opioids death but many people die from taking their own lives when not properly treated. Some may seek illegal drugs which is worse than being under the care and oversight of a doctor. Recommendation 1& 2: Remove for the following reasons: The CDC does not realize many chronic pain patients have exhausted NSAIDS, Tylenol and other forms of therapy. Gabapentin leads to dementia. Belbuca to tooth decay. SSRI are potent antipsychotics and can cause seizures and are not meant to be used as a substitute for a full agnostic opioid. There is no data showing that these methods are a substitute for opioids. No one wants to be in chronic pain. Treating everyone like they have mental health problems is another traumatic experience for pain patients. People as old as 70 are asked if they have been sexually abused as a child. This is pure discrimination for those folks who have had trauma and also have chronic pain. Pain management doctors should be able to increase medicine as needed without fear. Many pain patients may get worse as their disease progresses. Recommendations 4: stay out of the doctor’s ability to determine proper care for pain patients. There is no proof that increased opioids over extended period of time are not needed. Let the doctors make these determinations. That is their expertise and relationship with the patient. Not the CDC. There should be no restrictions or hoops to jump with regard to increased MME. The current artificial prescribing limits make it difficult to properly treat long term chronic pain patients. Tapering to lower does results in patients not being able to work or function. Recommendation 5 and 11: should not exist. Doctors are trained professionals that can determine the proper method of prescribing and do not need big government like the CDC involved. Many patients have been safely on Benzodiazepines with Opioids for years. This is needed to help the patient relax as chronic pain patients nerves become hyper active and also sleep is an issue.