VALLEY PAIN MANAGEMENT
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VICODIN OR HEROIN

Dear Editor,

I am the medical director at one of the regions last free standing Interventional Pain practices in West Virginia and thought I would share what we are witnessing in this practice following the latest barrage of legislative changes in Charleston over the past 2 years.
We do not treat drug addiction, only chronic pain. Lately, to our surprise, we are now treating acute pain as local surgeons are even afraid of Rx Opioids after surgery for procedures that they know are painful! How odd!

What we are finding is quite shocking;

1) Patients coming in on Suboxone for painful conditions when Suboxone is only for addiction
2) Patients coming in with Methadone from the Federal Government SAMSHA program yet I am unable to validate that either because the "methadone clinic" won't talk to us and I cannot find the Rx on the West Virginia Controlled substance Monitoring data base
3) Patients testing positive for Benzodiazepines from PCP's for the treatment of pain
4) Patients being referred for pain meds after a surgery as the surgeon does not want to deal with Rx Opioids even though the surgery is painful
5) Calls from PCP's 2 hours away asking if we will take on their patients as no one in the area wants to treat pain
6) Patient's urine drug screens containing any and every known medication including Heroin and Suboxone since they have issues and are needing help and Heroin is now cheaper than Vicodin on the street.
7) Patients desperately trying to find a pain doctor who will actually identify the pain generator(s) as their previous PCP has stopped giving them Opioids and those patients are pseudo addicted.

All this and I am only 1 of a handful of Interventional Pain Physicians well trained to evaluate and treat these individuals. Some would say, are you complaining about the work? You must be happy about a busy practice!
The answer is mixed!

I enjoy what I am doing as a Board Certified physician but I and others like me need help from Charleston. The majority of patients are Medicaid and SSI. They have limited resources and the State will only allow;

1) 16 PT visits with no subsidy for joining a gym to continue working on their CORE.
2) Generic Opioid meds which do not contain abuse deterrent formulas increasing the chances for diversion by family members who should not be taking these medications.
3) Limited psychological counseling. Local institutions are full with patients at risk for suicide and major depressive disorders, so they do not have time or staff to work on Cognitive Behavioral Therapy protocols.
4) Limit their chances of getting meaningful work as patients are told that if they do make outside money, they risk losing their state "benefits".

My Recommendations;

1) Call and tell your legislator that whatever rules and regulations they have voted for over the past couple years is not working
2) Force a public discussion on revamping the current Medicaid system in Charleston. It is enabling this population of patients and essentially castrating them into submission by government. Chronic non malignant pain is not a death sentence yet judges are "disabling" patients and then these same patients are being told that they are unable to work or be productive members of our society. All they have left to do is sit in front of a TV, and in many cases, exist. If we are trying to make patients more accountable and healthier, let's not put socioeconomic barriers in front of them. There is nothing more demeaning to many of these patients than having to wait for their monthly check from "Big Brother". Let's empower our society, not castrate it.

Sincerely

Roland F. Chalifoux Jr., DO