

From: Michael Grier <mgrier@pcpmg.com>
To: Lt. Governor's OfficeLtGov@scstatehouse.gov
Date: 7/5/2018 12:47:04 PM
Subject: Attn.: Catherine McNicoll, Director of Legal and Legislative Affairs

Dear Ms. McNicoll:

The Lt. Governor was kind enough to speak with me yesterday when I asked him for assistance and he suggested I send this synopsis of my issue to you with the hope that it would have more impact by being forwarded to the Workers' Compensation (Comp) Board from his office.

We have been having recurring problems for years with the Comp carriers routinely delaying refills of medications we use all the time in our pain practice. I will take this opportunity to say that none of the issues I am highlighting today involve opioids or any other narcotics. These are non-narcotic drugs, generic and therefore inexpensive, which have been proven over time to treat chronic pain, usually neuropathic (nerve) pain which has no other treatment options. Some of these drugs have been approved by the FDA for the uses we prescribe them for but often, they have been found to be highly effective for conditions they may never have been thought about until after they had been on the market for years or decades. We use several epilepsy drugs to reduce nerve pain and we sometimes use high blood pressure drugs as well. While very safe over time, these drugs should not be stopped abruptly because a 'rebound' effect can result in a seizure (even if the person has never had one) or an extremely high blood pressure leading to a heart attack or a stroke.

The problem outlined below is an example from my clinic note that happened to one of my patients this month, which he relayed to me three days ago. It involves the drug clonidine which was developed for treating hypertension by inhibiting the effects of epinephrine (Adrenaline) and other nerve transmitters that contribute to the over-activity in his nervous system resulting from his injury and nerve damage. As a side benefit, clonidine usually helps people in pain with their insomnia without using potentially-addictive drugs like Valium, Xanax, Ativan and a host of other tranquilizers that can suppress breathing.

Monday July 3, 2018

He tells me today that his pharmacy refused to fill the clonidine we have been prescribing for over six years because the Workers' Compensation carrier refused to authorize it. He tried to explain to the adjuster, Kris Daye, at Auto-Owners' Insurance of Duluth, GA that we are treating several of the consequences of his Complex Regional Pain Syndrome (CRPS) including the neuropathic pain, the vascular instability and the associated insomnia. There was no plan to taper the medication, despite the warning in the FDA information accompanying the drug:

"Patients should be instructed not to discontinue therapy without consulting their physician. Sudden cessation of clonidine treatment has, in some cases, resulted in symptoms such as nervousness, agitation, headache, and tremor accompanied or followed by a rapid rise in blood pressure and elevated catecholamine concentrations in the plasma. Rare instances of hypertensive encephalopathy, cerebrovascular accidents and death have been reported after clonidine withdrawal. When discontinuing therapy with Catapres® (clonidine hydrochloride, USP) tablets, *the physician should reduce the dose gradually over 2 to 4 days to avoid withdrawal symptomatology."*

(FDA package insert for Catapres^R (clonidine HCl))

I called and spoke to Mr. Daye about the clonidine prescription. He said he and the "pharmacy department" of the Workers' Compensation carrier "looked up" clonidine and discovered it is a "heart" medicine and they will not pay for "heart" drugs like clonidine. He said they were told it is a "cardiovascular drug", so I asked him what the term 'vascular' means or how it may apply to the treatment of my patient's covered diagnoses and he said he did not know. I then asked him if he was aware, or was informed by the "pharmacy department", of the risks (documented

above) of abrupt withdrawal of clonidine treatment and he again said the he was not. In fact, the risk of a hypertensive crisis might be higher in this patient because of the underlying hypertension.

Having gone past frustration at that point, I then asked Mr. Daye if he was aware that abrupt withdrawal of clonidine has led to hypertensive crises, stroke and death and if that would happen to this patient, who would be responsible for that, given that he and the Comp carrier had made the arbitrary medical decision to abruptly withdraw the clonidine without the recommended taper? He responded that it would not be on him or the carrier.

In my opinion, the actions of Mr. Daye and the Comp carrier constitute practicing medicine (without appropriate licensure) and would certainly constitute malpractice if these same actions would have been performed by me or any other duly-licensed physician. On a totally arbitrary basis, Workers' Comp carriers will delay or suddenly withdraw authorization for medications, often without regard for the sometimes life-threatening consequences of abruptly withdrawing such medications; a danger that is specifically described in the FDA drug literature. This not only puts the patients' health and lives at risk, but is done in a completely cavalier manner, without regard for the patient's safety or any attempt to contact the prescribing physician to determine any risks of such actions. In this case, my patient said he specifically asked for Mr. Daye to contact me about discontinuing the clonidine and his request was brushed off as "no big deal", which could be appropriately addressed in a letter (which I have yet to see). They claim no responsibility for the consequences of their actions and without any prior notification, we as the prescribing physicians are unaware that our patients are being put in these dangerous situations until the patient's next visit to our office, until we receive notification of their hospital admission or by reading their obituary in the newspaper.

I want to make clear that it is not uncommon for the carriers to abruptly cancel authorization for various medications used for the treatment of pain including clonidine and various seizure drugs simply because they do not understand the medical rationale for their use and, more concerning, with a complete lack of understanding or appreciation for the possibly life-threatening consequences of stopping these medications abruptly without the recommended taper.

Ms. McNicoll, I am perfectly willing to discuss any medication or other treatment with any insurer or carrier if there is a question about the rationale for its use. What I vigorously protest is the carriers' habit of abruptly discontinuing a medication simply because they do not understand that rationale for its use. In most cases, this will usually result in increased pain experienced by the patient, but in some cases, like the one above, it could lead to a life-threatening rebound effect if certain drugs are withdrawn without the proper tapering period. If a person has a seizure or stroke while driving, it could injure or kill innocent bystanders in the vicinity. The fact that this is done without any apparent knowledge or concern for the potential consequences is an indication for some type of intervention with the Comp Board as they are putting SC residents health and lives at risk with their cavalier disregard for the consequences of their arbitrary actions.

What I would like to see is for the comp carriers to be prohibited from withdrawing existing drug therapies without contacting the prescribing physician first for advice on how to stop them safely.

Sorry for the length but I wanted to be complete.

Please contact me if I can be of further assistance to you or your office with this matter.

Gratefully,

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