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Context and Background of Action Needed on Proposed CDC Opioid Guidelines

The 2016 CDC opioid guidelines were aimed at primary care providers and resulted in a significant decrease in opioid prescriptions. Further, they should be voluntary, but many state boards mandated them by law, resulting in tremendous needless suffering, and thus the guidelines were criticized by patients and doctors alike. As a result, the proposed 2022 CDC Opioid guidelines are much more relaxed and will likely result in unintended consequences including increased overdoses and deaths.

The guidelines call for a multidisciplinary approach to chronic pain, that includes behavioral therapies, complementary medicine, opioid and non-opioid therapies, pharmaceuticals, but fail to emphasize the dual role of IPM (diagnostic and therapeutic). If anything, the nine lines on IPM seem to suggest that IPM has limited evidence, and IPM may not be safe. Thus, the IPM community needs to set the record straight, for two reasons:

1. IPM is safe, has strong clinical effectiveness as well as cost effectiveness data, and IPM decreases the opioid burden.
2. Early evaluation by pain physicians, will lead to an accurate diagnosis and a comprehensive, personalized plan of care. If the guidelines are followed as proposed, most patients with spinal pain will move from non-opioid therapy to opioid therapies without ever having an accurate diagnosis.
3. The CDC guidelines have become mandatory “Standard of Care”, causing payers to cover only therapies recommended or mandated by them. The CDC guidelines have shaped the physician referral patterns and behaviors of practitioners, and early referral to IPM will be in the best long-term interest of all the stakeholders, including the patients, payers, and the communities that are burdened with the opioid crises, that has worsened during the pandemic.