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April 17, 2014

John Dreyzehner, MD, MPH Commissioner  
Tennessee Department of Health  
220 Athens Way, Suite 240  
Plaza 1, Metrocenter  
Nashville, TN 37243

Submitted electronically to: [Pain.Guidelines@tn.gov](mailto:Pain.Guidelines@tn.gov)

**RE: Introduction to Tennessee Clinical Practice Guidelines for Management of Chronic Pain**

Dear Commissioner Dreyzehner:

On behalf of the American Academy of Physical Medicine and Rehabilitation (AAPM&R), I am writing to provide comments on the document, "Introduction to Tennessee Clinical Practice Guidelines for Management of Chronic Pain."

The AAPM&R is the national medical society representing more than 8,000 physiatrists, physicians who are specialists in the field of physical medicine and rehabilitation (physiatry). Approximately 120 of our members practice in Tennessee. Physiatrists treat adults and children with acute and chronic pain, persons who have experienced catastrophic events resulting in paraplegia, quadriplegia, traumatic brain injury, spinal cord injury, limb amputations, rheumatologic conditions, musculoskeletal injuries, and persons with neurologic disorders or any other disease process that results in impairment and/or disability. With appropriate rehabilitation, many patients can regain significant function, and live independent, fulfilling lives.

The Academy acknowledges that Tennessee, like all states, is facing a serious public health problem surrounding the use of opioids and the treatment of chronic non-malignant pain patients. Our physiatrist members understand these concerns as they too strive to protect the health and safety of all patients. As such, we applaud the efforts of the Department of Health to try to curb inappropriate use and prescribing of opioids. However, to prevent barriers to the delivery of pain care management, the Academy respectfully requests that the Department of Health reconsider



the definition of a “Pain Medicine Specialist” that is provided on page 7 and 8 of the guidelines document.

As we understand it, the Department of Health intends to limit physician’s ability to prescribe opioids by requiring those who prescribe opioid doses >200 mg Morphine Equivalent Daily Dose (MEDD) to have at least one of the following:

1. Subspecialty Certification in Pain Medicine from ABMS (requires one year fellowship).\*
2. Diplomate of the American Board of Pain Medicine - only if obtained by 7/1/2016.\*

\*both require primary American Board of Medical Specialties (ABMS) certification in Anesthesia, Physical Medicine and Rehabilitation or Neurology.

The Academy believes this definition is too restrictive and will unnecessarily limit patient access to physicians with trusted expertise in pain medicine. **By nature of their training and ABMS recognition, board-certified physiatrists are optimally suited to treat pain patients without having to do a special fellowship or obtain additional board certification beyond their primary PM&R board certificate.** For many physiatrists, pain management is a fundamental component of their practice, and their patients expect that the physiatrist treating their pain will have access to the full complement of treatment options, including opioids, if medically indicated.

As stated in the enclosed Academy policy statement, “Competencies for Residency Curriculum,” the primary aim of physiatrists is to restore function in patients with function limiting and/or painful conditions involving the central and peripheral nervous systems, cardiopulmonary and musculoskeletal systems. This includes but is not limited to disorders of the spine, peripheral joints, soft tissues, bone injuries, sprains/strains, disc herniations and athletic injuries. Physiatrists incorporate the treatment of pain and pain management into each of these diverse clinical areas of practice.



Furthermore, in the enclosed document, “AAPM&R Delineation of Privileges for Psychiatrists,” it is noted that psychiatrists specialize in the evaluation, diagnosis, and treatment of patients of all ages with painful conditions including, but not limited to the following:

- Chronic pain associated with musculoskeletal disorders
- Chronic pain associated with neuromuscular disorders
- Fibromyalgia and other pain processing disorders
- Headaches, facial and/or cranial pain
- Myofascial pain
- Pelvic pain
- Musculoskeletal trunk or abdominal pain
- Complex regional pain syndrome (CRPS) and other central pain syndromes
- Phantom pain

The Academy offers numerous opportunities for continuous education for psychiatrists in the treatment of pain, including chronic pain, through courses at our annual meeting as well as through a variety of online Maintenance of Certification materials related to pain management.

Pain management is integral to the entire specialty of physical medicine and rehabilitation. **Based on their training and qualifications, ABMS certified psychiatrists should be eligible to prescribe opioid doses >200 mg MEDD in Tennessee without restrictions. Furthermore, an ABMS certified psychiatrist should be eligible for designation as a “pain medicine specialist” in Tennessee without being required to obtain a subspecialty certificate in pain medicine from ABMS or diplomate status with the American Board of Pain Medicine.** Therefore, the Academy again requests that you re-write this section of the proposal.

Thank you for your consideration of these comments. If you have any questions or require more information, please contact Melanie Dolak at [mdolak@aapmr.org](mailto:mdolak@aapmr.org) or (847) 737-6020. At your convenience, we would be happy to facilitate a meeting between you and our Tennessee psychiatrists who are eager to provide additional information about our medical specialty.

American Academy of Physical Medicine and Rehabilitation



9700 W. Bryn Mawr Ave., Suite 200  
Rosemont, Illinois 60018  
www.aapmr.org

phone 847/737.6000  
fax 847/737.6001  
info@aapmr.org

Sincerely,

A handwritten signature in black ink, appearing to read 'Peter Esselman', is written in a cursive style.

Peter Esselman, MD, MPT  
Chair, Quality, Practice, Policy and Research Committee

CC: Kurtis M. Hoppe, MD, President  
David R. Reagan, MD, PhD Chief Medical Officer, Tennessee  
Department of Health  
Mitchell. L. Mutter, MD Medical Director of Special Projects,  
Tennessee Department of Health

Enclosures: AAPM&R Competencies for Residency Curriculum  
AAPM&R Delineation of Privileges for Psychiatrists