

Pain Management CONSULTANTS Multidisciplinary, interventional, personalized care.

Interventional procedures:

- Epidural steroid injections
- Diagnostic & therapeutic nerve blocks
- Discograms
- · Intradiscal therapies
- IDET
- Nucleoplasty
- Facet injections
- Radiofrequency ablation
 Implantable intrathecal pumps & spinal cord stimulators
- Vertebroplasty

Conditions treated:

- Back & neck pain
- Spinal problems
- Herniated discs
- Chronic unresolved headaches
- Compression fractures
- Post-herpetic neuralgia (shingles)
- · Diabetic neuropathy
- Multiple sclerosis
- Spasticity
- Extremity pain
- Cancer pain

Convenience:

- Fast, flexible appointment times
- PPO insurance & Workers' Compensation accepted
- Interventional pain physicians, psychologists & physical & occupational therapists
- State-of-the-art procedure room
- Patient counseling
- Patient education
- Prompt, timely progress reports to referring physicians

We are pain management clinicians who practice in a multidisciplinary setting. As part of our 25 years practice, we also maintain patients on opioid medications. A lot of our patients have been with us for 10 years or longer. They have been stable on the same medication and at the same dose for many years this. This medication dosage has always been arrived at after trying multiple modalities and multiple adjunctive drugs. They have already gone through "step therapy" and the reason they are being maintained at this particular opioid medication dose is that it allows them to remain functional (most of them regular jobs) without having side effects.

For the past two years, we have been inundated with requests for prior authorizations for these very medications that the insurance has been paying for, for so many years.

In most cases, they want the patient to undergo step therapy (again) and/or try medications that are on their formulary. <u>OR</u> even worse, demand the patient restart a trial of short acting opioids.

This is ridiculous so we end up doing volumes of paperwork to try to explain why this is inappropriate. Most times we end up having to call and spend excess amounts of time with insurance companies, as our patients are out of medication and going through with drawls. We are spending several hours on the phone being transferred around and it is causing the patient severe anxiety and affecting our ability to provide quality care.

With their policies, we are taking patients that were functional members of society and causing them to be unable to work and in extreme distress and in many cases ending up in the emergency room.

We would strongly support any legislation that would allow us to continue to provide quality care without draining our resources. We have had to hire another full-time staff member just to handle prior authorizations.

It is extremely distressing to see how the insurance companies have a callous indifference to the plight of <u>their</u> clients and propensity to play doctor at the expense of our patients' health and well-being.

Navnit Kaur-Jayaram, M.B.BS, M.D., FFARCS

Ashok Jayaram, M.D., FFARCS

Nadine Vandentop, P.A.