



American
Chiropractic
Association

June 29, 2016

The Honorable Sylvia Mathews Burwell
Secretary Department of Health and Human Services
200 Independence Ave. SW
Washington, D.C. 20201

Re: Petition for Amendment of a Rule Pursuant to 5 U.S.C. § 555(e). / CDC Guideline for Prescribing Opioids for Chronic Pain — United States, 2016

Dear Secretary Burwell:

This petition for amendment of a rule is submitted to you pursuant to section 553(e) of the Administrative Procedure Act.¹ The American Chiropractic Association (ACA) requests that you as Secretary of the U.S. Department of Health and Human Services ("HHS") amend the recently released "CDC Guideline for Prescribing Opioids for Chronic Pain — United States, 2016" as published in Morbidity and Mortality Weekly Report, Early Release / Vol. 65 March 15, 2016 ("CDC Guideline").

ACA is an interested party because it represents many of the nation's doctors of chiropractic who provide relief to chronic pain sufferers on a daily basis in a safe and effective manner without the use of opioids.

I. Amendment Requested

The draft proposal of the above referenced CDC Guideline (attached) made reference to the effectiveness of nonpharmacologic therapies including manipulation therapy in the treatment of chronic pain as follows:

"Based on contextual evidence, many nonpharmacologic therapies, including physical therapy, weight loss for knee osteoarthritis, complementary and alternative therapies (e.g., manipulation, massage, and acupuncture), psychological therapies such as CBT, and certain interventional procedures can ameliorate chronic pain."

However, no mention is made of manipulation therapy under the heading "Effectiveness of Nonpharmacologic and Nonopioid Pharmacologic Treatments" on page 12 of the final CDC Guideline nor anywhere else in the final rule.

The ACA therefore respectfully requests that you as Secretary restore the above referenced comment from the draft proposal to the final CDC Guideline. In addition, ACA requests that the portions the CDC Guideline pertaining to "Effectiveness of Nonpharmacologic and Nonopioid Pharmacologic Treatments" on page 12 and "Determining When to Initiate or Continue Opioids for Chronic Pain" p.17, be revised to reference the effectiveness of manipulation therapy in the treatment of chronic care by adding the following language: "Patients

¹ 5 U.S.C. § 555(e).

should be informed of non-pharmacological therapies for low back pain before seeking opioids. Manual-thrust manipulation, such as performed by a doctor of chiropractic, often achieves a greater short-term reduction in pain compared with common medical treatments.”

II. Supporting Evidence

A 2015 study found that 94 percent of manual-thrust manipulation patients had a 30 percent reduction in low back pain at week four, compared with only 56 percent of patients under medical care who had the same rate of reduction in low back pain at week four.²

Also a 2013 study found that chiropractic manipulative therapy, in conjunction with standard medical care, “offers a significant advantage for decreasing pain and improving physical function when compared with only standard care, for men and women between 18 and 35 years of age with acute low back pain.”³

In addition, 2013 research found that “reduced odds of surgery were observed for... those whose first provider was a chiropractor. 42.7% of workers [with back injuries] who first saw a surgeon had surgery, in contrast to only 1.5% of those who saw a chiropractor.”⁴

Furthermore, acute and chronic chiropractic patients experienced better outcomes in pain, functional disability, and patient satisfaction; clinically important differences in pain and disability improvement were found for chronic patients.⁵

III. Conclusion

Doctors of chiropractic are well positioned to play a vital role in the conservative management of acute and chronic pain. They offer complementary and integrative strategies, as well as guidance on self-care, that can provide needed relief for many who suffer from pain. More than 33.6 million Americans sought chiropractic services in 2014.⁶ Manipulative therapy, as provided by doctors of chiropractic, has been chosen by patients time and time again as an effective and safe way to address chronic pain. The nation would therefore be well served with the inclusion of manipulative therapy, as apparently initially considered by the CDC, into the final CDC Guideline. There is overwhelming grounds for you as Secretary to exercise your authority under 5 U.S.C. § 555(e) and to amend the CDC Guideline as requested above.

Thank you in advance for your consideration in this regard.

Sincerely,



David A. Herd, DC
President, American Chiropractic Association

² Schneider M, et al. Comparison of Spinal Manipulation Methods and Usual Medical Care for Acute and Subacute Low Back Pain Spine (Phila Pa 1976) 2015, 40 (4) 209-217

³ Goertz CM, Long CR, Hondras MA, Petri R, Delgado R, Lawrence DJ, Owens EF, Meeker WC. Adding Chiropractic Manipulative Therapy to Standard Medical Care for Patients with Acute Low Back Pain: Results of a Pragmatic Randomized Comparative Effectiveness Study. Spine (Phila Pa 1976). 2013; 38 (8): 627-34.

⁴ Keeny, BJ, Fulton-Kehoe D, Turner JA, Wickizer TM, Chan KC, Franklin GM. Early Predictors of Lumbar Spine Surgery After Occupational Back Injury: Results From a Prospective Study of Workers in Washington State. Spine (Phila Pa 1976). 2013; 38(11): 953-64.

⁵ Haas DC., M., & Sharma PhD., R., Miron PhD., S. Cost-Effectiveness of Medical and Chiropractic Care for Acute and Chronic Low Back Pain. Journal of Manipulative and Physiological Therapeutics, 28 (8), pp. 555- 563.

⁶ 2015 Gallup-Palmer Inaugural Report: Americans' Perceptions of Chiropractic.