



SPINE & PAIN
C E N T E R, P.C.

August 8, 2001

Ms. Kimberly Topper
Food and Drug Administration, CDEPR
Advisors and Consultant Staff HDF-21
5600 Fishers Lane
Rockville, Maryland 20857

Dear Ms. Topper:

I am writing at this time to provide my views concerning management of pain using opioid analgesics for the upcoming FDA Anesthetics and Life Support Drugs Advisory Committee meeting on September 13-14, 2001.

I am a physiatrist who specializes in chronic pain management in Bismarck, North Dakota. I have primarily a musculoskeletal practice with spine pain as the main focus. I see many patients who have persistent severe low back pain after multiple spine surgeries (i.e., failed back surgery syndrome). When I initially started practice in 1990, I initially treated these patients with physical therapy and medications, mainly anti-inflammatory medications. I sparingly used opioid medications. However, I was frustrated that many of these patients still had significant severe pain on a daily basis which affected their function, both at home and at work, and their overall quality of life.

Over the last several years with the higher acceptance for using opioid analgesics for chronic non-cancer pain, although controversial, I have found this to be extremely beneficial to numerous patients who had previously not had the opportunity to receive this treatment. In my experience with the long acting opioid medications such as MS-Contin, OxyContin, and Duragesic, I have found them to be extremely beneficial to patients with severe chronic musculoskeletal pain in both decreasing their pain and improving their quality of life. I have found the majority of patients have minimal long term side effects, except for constipation, utilizing these medications. I have found only a very small percentage of patients to have evidence of psychological addiction to this medication at which time we stop this treatment and, if the patient is willing, have them receive treatment for addiction. In my experience, the rate of addiction in my patient population is approximately 5-7 percent, which is what has generally been found statistically utilizing these types of medications. I, therefore, feel that this selective group of patients with chronic musculoskeletal pain can greatly benefit from these medications with a low potential for addiction. I do feel addiction is primarily a chronic relapsing brain disorder which is primarily genetic. Give this fact, I do not feel the medication causes addiction, but if patients already have an addiction tendency due to genetic and psychosocial factors, when exposed to the drug they will develop an addiction problem.

Michael P. Martiré, MD

*Board Certified
Diplomate and Fellow:*

Physical Medicine
and Rehabilitation

American Academy
of Electrodiagnosis

American Academy
of Pain Medicine

Affiliations:

Physiatric Association of
Spine, Sports and
Occupational Rehabilitation

American Pain Society

Myofascial Pain Society

North American
Spine Society

Specializing in:

Physiatric Spine Care

Sports Rehabilitation

Electrodiagnosis (EMG/NCS)

Muscle and Nerve
Injuries/Pain

Industrial Musculoskeletal
Medicine

Myofascial Pain/Fibromyalgia

Cumulative Trauma Disorders

Chronic Pain Management

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Overall, I have found long acting opioid analgesics invaluable in treating a select group of patients with chronic musculoskeletal pain, especially spine pain status post multiple surgeries as far as improving their quality of life and decreasing their suffering. Numerous studies and my own experience have demonstrated minimal long term side effects for the majority of patients, except for constipation which can usually be treated. When almost all other treatment has failed, opioid analgesics are often the one treatment left that can make the patients more comfortable for the rest of their lives.

Sincerely,

A handwritten signature in black ink, appearing to read "Michael P. Martire". The signature is fluid and cursive, with the first name being the most prominent.

Michael P. Martire, M.D.
Medical Director

MPM/cs