



**Physical Medicine & Rehabilitation**

**Brain Injury • Spinal Cord Injury  
Musculoskeletal & Sports Medicine  
Occupational Medicine  
Electrodiagnosis**

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To Whom It May Concern:

I am a Board Certified Physical Medicine and Rehabilitation specialist in St. Petersburg, Florida who treats chronic pain of nonmalignant etiology very commonly. In my experience I have enjoyed using the extended release narcotics for treatment once other treatment options are no longer viable. I start out most patients with tylenol, therapy modalities, and then add NSAIDs. If the pain is still not well-controlled, I advance on to narcotics.

Many patients come to me already on short-acting narcotics. These patients tend to complain about lack of sleep and need to take the medicine right on the clock. The addition of long-acting narcotics helps improve sleep and decreases the need for the short-acting "high". All patients started on chronic narcotics sign an agreement in our office that they will not pursue narcotics from any other physicians. I have not had any problems with the abuse of the long-term narcotics in my office, but I do screen these patients prior to starting them. If I do not believe that I can trust the patients, then I will not prescribe the medication.

I feel that pain management in the appropriate hands will decrease the amount of people addicted to narcotics. Many ER's and general practitioners have handed out narcotics in the past for a simple low back pain, that people have come to expect that is the appropriate treatment. However, most low back pain patients improve within a week with minimal intervention or medication. Narcotics should be reserved for more intense pain that can not be treated with a different medication or treatment. I believe that both the pediatric population and patients with chronic nonmalignant pain can benefit from using the modified release opiate analgesics when prescribed by appropriate physicians.

Sincerely,

A handwritten signature in black ink that reads 'Kari Pedersen MD'. The signature is fluid and cursive.

Kari Pedersen, M.D.

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