



THE RxProfessor

A False Choice

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Can marijuana solve our opioid epidemic?

Is marijuana less dangerous than opioids?

Is it marijuana or opioids?

I have asked similar questions of my audiences during 2016 (whether my focus subject for that day was marijuana or opioids). There were some that will never approve marijuana for medicinal purposes, under any circumstances. There are some that already are, largely because they see it as a less dangerous (and less costly) option than inappropriate polypharmacy Rx regimens. But the larger group of respondents said "they didn't know yet."

When Mark Walls asked those same questions in yesterday's blogger's panel at the California Work Comp & Risk conference, PRIUM's **Michael Gavin** answered it with three words ... "**A False Choice**". It was an unexpected response (based on the non-verbal reaction). *But soooooo spot on.*

(And I'm not saying that because he's my boss!)

As he elaborated, it's not a *marijuana vs. opioid question*. It's about the best treatment for that individual patient, which might (should?) include non-drug modalities. In other words, rather than Choice A (opioids) or Choice B (marijuana), there's a **Choice C (everything else)**.



appropriate treatment with the least amount of risk that complies with evidence based medicine. Sometimes that requires taking the blinders off (or ... I hate to use this overused phrase ... "thinking outside the box") to recognize better options. When I first started speaking in public in 2012 ...

- Very few people knew about Cognitive Behavioral Therapy (CBT), much less paid for it
- Physical therapy and chiropractic treatment is always over-used (the perception) and so once that 13th visit request comes over ... Denied
- Work Comp adjusters who received a request for a gym membership usually rejected it ... quickly
- Extending the option of yoga as part of a functional restoration program was anathema
- Teaching people to eat better or to stop smoking? What does that have to do with the work injury?
- Mindfulness? Are you kidding me?

But during the ensuing 4+ years, I've seen a change in how Work Comp thinks about treatment. An opening, if you will, to considering (and approving) what would historically be classified as "alternative" treatments. Because, at the end of the day, we're dealing with human beings that are Body + Mind + Spirit. *Bio-Psycho-Social*. And if the goal is to help people recover their lives after an injury, we owe it to them to try the most active therapy that has the least amount of risks. Sometimes drugs are appropriate. Sometimes they're not. *Getting beyond the autonomic Rx prescription or rejection of yoga is a pivotal part in the journey of our industry (and society) to better care.*

And that's precisely what Michael was addressing. It is not necessarily *marijuana vs. opioids*. It is *what works for this patient*.

I am an "**all of the above**" kind of guy. In my opinion, when trying to determine the best treatment plan, ALL options should be on the table. And what works best for that individual at that time is what should be chosen, in collaboration between the clinician and the patient.

In slightly different and more words than what Michael used (which is a typical contrast of our styles), that is what I wrote in "*Take three brownies and call me in the morning*," published on November 30, 2015 ...



medical purposes may be appropriate for some people with some conditions for some time, but if its use is not preceded by trials of FDA approved drugs and/or conservative treatment recommended by EBM, it's probably not "reasonable and necessary"

Thanks, Michael, for bringing it full circle for me (and others) yesterday. It is not *marijuana or opioids*. **It is whatever works!**



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