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Failing on the pain scale: Why 'fail first' practices must end

By pain patient Tony Radmilovich, Bend Oregon, 1/30/2013

Cold, hard fact... Health care still needs some reforming.

I am just one of many in need of a solution to a growing and ongoing health care issue. My long-term, acute and chronic pain puts me with 100 million other Americans, or about one in three. That's one of your neighbors, many of your co-workers, and probably a few in your immediate family.

The American Academy of Pain Management now estimates the burden of pain on everyday life has heavy costs, noting the total annual cost of health care due to pain may cost as much as $635 billion (in 2010 dollars) in the United States. This cost includes the medical costs of pain care and the economic costs related to disability days, lost wages and reduced productivity. That amounts to $2,061 per person.

I'm one whose life has been changed by pain. About seven years ago, after suffering the from debilitating pain in my legs, wrists, hands and arms for some time, my doctor prescribed medicine that managed to control my pain and allowed me to carry on a reasonably normal life as long as I continued taking it as recommended.

After a few months of success in controlling the pain, my insurer notified me it would no longer provide coverage for that medicine unless I first tried at least three other, less expensive medications to see if they be substituted.

At first I felt total fear as I knew that my present medication worked well and I was reticent to give it up but then I convinced myself that if something less expensive worked as well, it could be a good thing. My doctor was apprehensive as well, saying that he had prescribed the original medication for good reason but since I could not afford it without insurance coverage, we had no choice but to try something new.

This began a difficult and unnecessary time for me. I endured months of trying several alternatives as my insurance company directed, and was required to stay on these non-effective medicines for six weeks at a time. I often wondered if my physician's hands were tied in trying to treat with me with the most effective medicines available.

In this time, I had no real relief from my pain. I was having a very difficult time walking and even performing daily necessities. Though it was proven that two recommended

substitutes were worthless to me, I was required to try yet a third medicine and endured another six weeks of agonizing pain that by now was preventing me from sleeping as well as working.

Finally, the insurer agreed to resume coverage of my original medication, which I still rely upon today. I, like many other patients, wondered why this exercise had been necessary? In the process, it also ended up causing several otherwise unneeded visits to my doctor which cost not only me extra expense for co-pays but my doctor's and his staff's time, as well as the insurer, who must now reimburse my doctor for my extra office visits.

Both my doctor and I agreed that his medical judgment and my choice as a patient, within the bounds of accepted medical practice, should take precedence over my insurer's preferences in decisions about individual care. When I, as a patient, am stable and functional on a medication that is working for me, why should I be switched to other drugs?

While at first glance, these sort of cost-cutting measures, called 'fail first' or 'step therapy' practices might seem to make sense, I hope we can all look beneath the surface to see what effects in human terms such actions might have.

This lesson has taught us that health care professionals must retain the ability to address the variability of patient responsiveness and to individualize care through access to multiple treatment options.

Treating pain is, I believe, a litmus test for how we can wisely manage our limited health care resources. Can we eliminate obstacles to effective treatment that, as my experience shows, ultimately saves money and time?

I am a story of unanticipated consequences, but I am story that's important to share. Legislation is in process that will allow physicians to decide how and when medicine substitution should happen, not the insurance company. This is good news for me because I believe that my doctor's first concern and responsibility is to my well being, and medical decisions affecting me should be left to him or her.

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