



## Accurate Clinic

2401 Veterans Memorial Blvd. Suite 16  
Kenner, LA 70062 - 4799  
Phone: 504.472.6130 Fax: 504.472.6128

[www.AccurateClinic.com](http://www.AccurateClinic.com)

Eric Ehlenberger MD

### Why the 50 mile policy is inappropriate when applied to Accurate Clinic

This treatise presents the rationale as to why the 50 mile policy of refusing to dispense opioids to chronic pain patients with valid prescriptions based on the patient's residence or the prescribing physician's distance from the pharmacy that is currently being enforced by Louisiana pharmacies is not only inappropriate but counter-productive. This is particularly true relative to the pain management practice at Accurate Clinic. To support this contention, I have provided a comprehensive review of the nature of my practice and why it is not only unique but exemplary. To impede access of chronic pain patients to obtain treatment at Accurate Clinic is wrong, simply wrong.

Of critical significance is the result of a recent decision made by the federal court of appeals which governs Louisiana law. The following is a summary:

#### 1. Key Wording from the Fifth Circuit Opinion

In the case of **Neumann's Pharmacy, L.L.C. v. DEA** (February 13, 2026), the court vacated a DEA order that had penalized a Louisiana pharmacy for supposedly ignoring "red flags" like high pill counts or drug combinations.

##### *To clarify their federal liability:*

- **Actual Knowledge vs. Suspicion:** The court ruled that federal liability for a pharmacist arises **only** based on **actual knowledge** that a prescription is invalid, not just because a "red flag" or suspicion exists.
- **Rejection of "Reason to Know":** The court rejected the DEA's long-standing "knew or should have known" standard. It held that a pharmacist violates federal law **"only if she knows the prescription was invalid"** at the time it was dispensed.
- **The Three-Element Rule:** The court stated that for a pharmacist to be liable under 21 C.F.R. § 1306.04(a), the government must prove the pharmacist **(1) fills (2) an invalid prescription (3) knowingly.**
- **A Warning to the DEA:** The court explicitly told the DEA: *"It may not say it is applying existing regulations while quietly rewriting them in practice"* and emphasized that agencies must follow the law as written, not as they wish it to be.

#### The 50 mile "Red Flag"

As noted above, the identification of a "red flag" is in and of itself an inadequate basis to refuse to dispense a prescription. There must be actual knowledge associated with that "red flag" that it is an invalid prescription or written for non-medical purposes. I will assert here that prescriptions for patients of Dr. Ehlenberger. do not meet any standard for an "invalid prescription" nor one written for "non-medical purposes." This document presents irrefutable evidence that the quality of pain management provided at Accurate Clinic is above reproach.

Therefore, to refuse to fill one of my patients prescriptions based on relying only on the "red flag" of a 50 mile distance is not only inappropriate, but represents a failure of the pharmacist's "duty to dispense" controlled

substances. Additionally, it represents a safety and health hazard to our patients due to the impact on their mental and physical health, especially related to placing them at risk of impending opioid withdrawal syndrome.

The 50 mile “red flag” policy is based on the assumption that a patient *should* be able to obtain their pain management by a pharmacy or physician within that radius. This is a false assumption. Due to restrictions imposed on them, many pharmacies are unable to obtain opioid medications from distributors or they are limited to the number of opioid prescriptions they are allowed to dispense. *Furthermore*, the point will be made here that a patient is highly unlikely to be able to find an appropriate physician to manage their pain within 50 miles of their residence or pharmacy.

The motivation for applying this policy is presumably based on improving public safety by engaging efforts to reduce inappropriate or excessive opioid prescribing and thereby reduce opioid-related abuse and overdose deaths. It should be emphasized that research has undeniably proven that the opioid-related deaths are related to illicit fentanyl-laced products and **NOT** related to legitimate opioids prescribed by pain management physicians and dispensed by legitimate pharmacies. In fact, 61% of the deaths related to illicit opioid use are patient seeking pain control.

It is quite clear that limiting access of appropriate pain management to patients with chronic pain simply drives more people to desperately seek illicit pain medications (usually contaminated with illicit fentanyl) that ultimately may kill them or increase their vulnerability to developing an addiction to fentanyl. Illicit fentanyl is significantly more addictive than prescription opioids due to its extreme potency and how it affects the brain's reward system.

To achieve the optimal safety of opioid prescribing most effectively requires that chronic pain be treated by physicians with appropriate training along with management that includes educating and providing patients with evidence-based alternative treatments of chronic pain whenever feasible. These principles have always been the backbone of the pain management program at Accurate Clinic. Limiting patient access to such a pain management program as provided at Accurate Clinic is therefore inappropriate and counterproductive.

Furthermore, the truth is that not all physicians within a 50 mile radius of a patient's residence provide such an approach to pain management. In fact, few do. And of those that do, none provide the depth and scope of safety and alternative pain management treatment options compared with the pain management program of Accurate Clinic.

Unfortunately, it is also true that Louisiana suffers from a severe lack of clinicians willing to treat pain, despite the fact that pain is the **most common** reason patients seek medical care. Pain affects more people than diabetes, heart disease, and cancer combined and is a leading cause of doctor visits, particularly for chronic pain. The reasons for Louisiana's medical community to fail to provide adequate care for patients with chronic pain is multifactorial and not the focus of this document, but to further impede patient access to pain management, in any way, is irresponsible.

### **The Importance of the Relationship Between Dr. Ehlenberger and his Patients**

Before reviewing the nature of chronic pain management at Accurate Clinic, it is important to also address the importance of the role of the treating physician in the management of chronic pain.

The relationship between a physician and their patient is extremely important to the success of the patient's treatment. A successful relationship requires a patient's trust in their physician which develops over time. Furthermore, the knowledge the physician gains with consistent ongoing management of a patient and their medical conditions is also very important.

Many patients at Accurate Clinic have been seeing Dr. Ehlenberger on a monthly basis for more than 5-15 years. This is extremely valuable in appropriate pain management and should not be underestimated or underappreciated. Additionally, the nature of Dr. Ehlenberger's integrative approach to his patients' management has provided his patients with confidence and trust in his care and judgment. This is demonstrated by the fact that he has achieved a very high level of patient respect and loyalty with very few patients choosing to leave his practice, even at the cost of traveling long distances.

However, the benefits of a good relationship between a physician and their patients do not end here, they also extend to enhancing the patient's self-confidence in their ability to manage their chronic pain and other symptoms which can have a tremendous impact on therapeutic outcomes.

Furthermore, these benefits also extend to a reduced incidence of substance abuse and addiction: When there is a successful relationship between a clinician and a patient regarding the management of their chronic pain, there is less likelihood of a patient turning to controlled substances to deal with their problems. The integrative approach provided by Accurate Clinic improves the likelihood of such a successful relationship. This reduced likelihood of substance abuse has been demonstrated by Accurate clinic's status as having one of the best compliance with appropriate urine drug screens in the state, as documented and reported by Millenium, the company providing drug screen services to Accurate Clinic.

As such, a significant number of patients' receiving their care at Accurate Clinic have been doing so for many years and they will have the quality of their care jeopardized by enforcement of this 50 mile policy.

## **The Nature of the Chronic Pain Management Program at Accurate Clinic**

### **About Eric Ehlenberger MD**

Dr. Ehlenberger has extensive clinical experience. Board-certified initially in emergency medicine, he practiced full-time emergency medicine for 30 years after training at Charity Hospital - New Orleans in emergency medicine. His emergency practice was academic-based with more than 20 years of practice at Tulane Medical Center and Ochsner Medical Center. This has provided him with insights and experience in the assessment and management of patients with pain.

In 2008, Dr. Ehlenberger elected to start treating chronic pain when he recognized that there was a gap in quality pain management and he believed that he could do better. He proceeded to become certified and then advanced-certified in pain management by the American Academy of Pain Management. Understanding that treating patients with addictive drugs argued strongly for education regarding addiction, Dr. Ehlenberger then went on to become board certified in addiction medicine. He is therefore fully qualified with unique training and experience to support his role in managing chronic pain. To his knowledge, there is no other currently practicing pain management physician with board certification in addiction. He has been providing the management of chronic pain and opioid addiction full-time since 2008, giving him close to 20 years experience.

### **Dr. Ehlenberger's History of Pain Management**

Dr. Ehlenberger's initial entry into chronic pain management began in 2008 when he was asked to temporarily cover a doctor's practice at Advanced Medical Management in Metairie to allow the physician at that time an opportunity to attend a pain management conference, and then again to have a week vacation. After observing the nature of Dr. Ehlenberger's approach to pain management, the owners of the clinic gained confidence in his abilities and offered him the opportunity to take over that practice which he did.

At the same time, Guardian Pain Clinic in Harahan was having staff shortages and Dr. Ehlenberger was offered part-time work at that clinic as well. Engaging these practices was Dr. Ehlenberger's first exposure to the management of chronic pain, but his experience in the Emergency Room motivated him to immediately begin reducing patients' prescriptions of benzodiazepines and Soma, with the goal to discontinue use of these medications entirely. These tapers resulted in patients at Advanced to begin leaving the practice to seek their management elsewhere. This caused distress to the owners of the clinic who strongly encouraged Dr. Ehlenberger to discontinue reducing these patients prescriptions and "give them what they want." This conflict in how to appropriately treat chronic pain led to Dr. Ehlenberger leaving the practice at Advanced. A similar situation also evolved at Guardian Clinic which led to Dr. Ehlenberger leaving that practice as well and he was able to acquire Accurate Clinic and take over its full-time practice.

### **"Clinic killer"**

Anecdotally, at this time it was brought to Dr. Ehlenberger's attention by "someone in the know" that Dr. Ehlenberger had been given the nickname "Clinic Killer" by the DEA because of his impact on reducing patient loads at these two clinics. This was just in the first year of Dr. Ehlenberger's pain management practices.

The pain management program he currently provides at Accurate Clinic is multidisciplinary and provides the most extensive integrative approach to the management of chronic pain compared to any other independent pain practice in the state of Louisiana and possibly the country. Details of the interrogative approach to Dr. Ehlenberger's pain management are provided below.

At this juncture in history, the management of chronic pain often requires the use of opioids because the medical community does not yet have adequate alternatives to replace opioid management in many cases. The answer to the opioid "epidemic" lies not in trying to eliminate opioid management, but to provide it safely. Additionally, non-opioid management should be emphasized and made available to anyone with chronic pain.

Non-opioid management options require extensive education on the part of the physicians as well as the patients. Education is the primary goal of the practice at Accurate Clinic as exemplified by its website, [www.AccurateClinic.com](http://www.AccurateClinic.com). This is the MOST extensive educational resource for chronic pain in the state and in the country. There is no equal as one will see with but a few moments of exploration of the education section on the website. This website is made available to all patients in the practice, along with extensive one-on-one education and educational handouts.

## **Details of the Pain Management Provided at Accurate Clinic**

### **Safety Assessment and Monitoring**

Every effort is made to prescribe opioids safely to the patients at Accurate Clinic. To begin with, patients are thoroughly screened before being accepted into the pain management program, including review of a patient's medical records, imaging and drug testing as well as in some cases, criminal background checks. The screening includes not only screening for substance abuse risk, but also for confirmation of appropriate chronic pain conditions that require opioid management, including failure to respond adequately to non-opioid pain management.

Based on his addiction training, Dr. Ehlenberger has developed unique protocols for monitoring and managing safety concerns in his patients. On their first visit, all patients undergo extensive screening for every possible condition that might impact the safety of prescribing opioids. This includes thorough screening for Substance Abuse risks.

### **Screening for Substance Abuse Risks**

Unlike the common practice of screening for substance abuse risk engaged by other pain management physicians, Dr. Ehlenberger does not limit his screening to simplified questionnaire and reflex assigning of risk based on these risk tools, such as the ORT, NIDA and the COMM. His substance abuse risk screening includes these tools but goes far beyond them and is more extensive than any other pain practice in this state.

Recognizing that the underlying vulnerability for addiction lies in the presence of reward deficiency syndrome (RDS), all patients are screened for personal and family history of conditions associated with RDS including ADD, PTSD and Intermittent Explosive Disorder (IED). When patients have been diagnosed with one of the RDS conditions every effort is made for that patient to receive appropriate treatment by consulting physicians for their condition in an effort to reduce their vulnerability to opioid abuse.

Patients are also screened for psychiatric illnesses, including anxiety, depression and catastrophizing that may impact the prescribing of opioids. Patients are referred to outside physicians for management of these conditions when indicated.

Dr. Ehlenberger does not treat ADD nor prescribe Adderall and he does not prescribe benzodiazepines for his patients prescribed opioids. He does sometimes treat mild comorbid anxiety with natural alternative compounds or mild anxiolytic prescription drugs.

### **Sleep Apnea**

Screening for sleep apnea risk is also performed on all patients, including the acquisition of appropriate sleep studies when indicated and facilitation of treatment for the disorder..

### **Central Sensitization.**

In addition to screening relative to opioid safety, patients are also screened for central sensitization. This is a common condition that is a consequence of chronic pain in which the nervous system becomes sensitized to stimulation, including painful stimulation, but also other sensory experiences as well as vulnerability to anxiety.

Understanding a patient's degree of central sensitization provides insights into appropriate pain management, including opioid dosing. Engaging treatment of central sensitization is an important component of treating chronic pain and reducing reliance on opioids. Assessment and management of central sensitization is a practice that is only provided at Accurate Clinic, no other pain practice appears to address this problem directly yet it is present in a significant percentage of patients with chronic pain, including the flagship condition, fibromyalgia syndrome.

### **Ongoing Safety Screening**

The same extensive safety screening provided on each patient's first visit is then repeated annually. As a response to their initial safety screenings, patients are stratified into low, medium and high risk for substance abuse which guides the frequency of drug screens obtained yearly, with a minimum of four random drug screens annually. However, when a patient is considered at higher risk, they may receive drug screens up to every visit, or in some cases randomly between visits. Additionally, in some cases, patients are also randomly screened for bloods levels of opioids.

### **Urine drug screening**

If a patient exhibits behaviors that raise safety concerns, they are given a thorough "Safety and Compliance Assessment." Based on this assessment, a patient may then be assigned more in-depth and frequent screening, including random drug screens between appointments. In some cases, family members are required to accompany the patient for their clinic visits and/or oversee the patient's medication management

### **Controlled Substance Agreements and Patient Compliance**

All patients entered into the opioid pain management program are required to sign a controlled substance agreement that outlines our safety policies for prescribing controlled substances. Accurate Clinic has one of the highest levels of compliance with drug screening of any medical practice in the state of Louisiana, as reported by Millenium, the company providing the testing of drug screens, both urine and saliva.

### **Genetic Testing**

In the earlier years of Dr. Ehlenberger's practice, genetic testing was available and every patient in his practice was tested, including testing for substance abuse risk. When genetic risks were identified, the patient was educated regarding their risks including means for reducing their genetic risks. Unfortunately, since that time genetic testing has not been supported by third-party payers, although this may change in the near future.

### **Summary**

The extensive screening for, and management of, safety concerns related to the prescribing of opioids is by far the most comprehensive of any pain management practice in the state of Louisiana. The patients at Accurate Clinic embrace and appreciate the level of effort made to assure their safety in the prescribing of opioids and other medications. This is one of the driving forces behind patients choice of obtaining their pain management at Accurate Clinic clinic.

In fact, extensive reviews of the clinical practice at Accurate clinic by LAMMICO, the largest provider of medical malpractice insurance in the state of Louisiana, led to their conclusion that Accurate Clinic was the "standard by which other pain management practices should be compared to." The nature of the pain management program was considered "exemplary."

Additionally, the recent decision by Walgreen's to discontinue dispensing controlled substances prescribed at Accurate Clinic and other pain management practices led to an evaluation by the State Board (LSBME) of the pain practice program at Accurate Clinic. This evaluation concluded there were no safety concerns or other aberrations relative to the practice at Accurate Clinic.

## **The Pain Management Program at Accurate Clinic**

### **Opioid Management and Choices of Opioids**

When opioids are initiated in a patient's treatment, every effort is made to provide the safest choice of opioids as well as the most appropriate dosing. Some opioids are safer than others to prescribe so efforts are made to prioritize the use buprenorphine as first choice, followed by tapentadol as the second choice. Abuse deterrent opioids are also preferred when available and affordable.

### **Buprenorphine**

The use of buprenorphine has always been emphasized as the opioid drug of choice in the management of chronic pain, including the use of transdermal patches (Butrans) and buccal strips (Belbuca) and in some cases, off-label prescriptions of Suboxone for pain. Buprenorphine is by far the safest opioid available for the management of both pain and addiction. Sole use of Buprenorphine has been reported to be responsible for only 0.2% of all drug-related deaths, and this is mostly related to higher doses used in the management of addiction, not the lower doses used in the management of pain.

### **Tapentadol (Nucynta)**

Tapentadol is the second preferred drug of choice of opioids prescribed in Accurate Clinic. While frequently unavailable because of insurance coverage and pharmacy availability, it is the second safest opioid due to its dual mechanism of action in which only 40% of its analgesic morphine equivalence is based on the mu opioid receptor, while 60% of its analgesic benefit comes from its activity on the descending pathways. This mechanism is shared by non-opioid adjuvant pain medications, including duloxetine (Cymbalta), gabapentin and pregabalin (Lyrica).

Based on current research, fatal overdose deaths related to the sole use of tapentadol (tapentadol-only toxicity) are rare but exact percentages are not available.

### **Tramadol**

Tramadol is always offered as an opioid option to patients at Accurate Clinic but due to its weak analgesic benefit it is often ineffective. Also, its higher frequency of side effects and its significant percentage of genetic variants that render it ineffective for pain, make this choice an infrequent one.

### **Hydrocodone**

Hydrocodone is generally the first full mu agonist opioid of choice, preferred over the use of oxycodone, morphine, hydromorphone, oxymorphone and fentanyl. This is due to many factors. Foremost, however, is it may have lesser risk of the development of analgesic tolerance and opioid-induced hyperalgesia, greater affordability, and easier access in many cases compared to the others. Hydrocodone may have weaker euphoric side effects compared to oxycodone and therefore has less abuse liability.

### **High Dose Opioids**

In some cases, patients have been prescribed high dose opioids for many years. Efforts to reduce these high doses are frequently engaged, but often incompletely successful. CDC guidelines do not necessitate mandatory tapering of high dose opiates in the absence of specific safety concerns. However, Accurate Clinic encourages and reinforces opioid tapering whenever possible.

Patients on high-dose opioids are monitored more closely and every effort is made to provide alternative means of treating their pain to avoid any additional opioid burden. Part of the 4-D (see below) approach to pain management emphasizes the use of certain nutraceuticals for which there is evidence-based research to support their ability to limit the development of opioid analgesic tolerance (OAT) and opioid-induced hyperalgesia (OIH).

Furthermore, all high-dose opioid patients are educated as to a new treatment option that involves microdosing of buprenorphine as a means of rotating off a full mu opioid. Rotating to buprenorphine reduces OIH and improves pain control, while gaining improved safety of opioid prescribing. Unfortunately, this new treatment is not currently supported by insurance coverage and requires close cooperation with a pharmacist. Efforts are being made at Accurate Clinic to overcome these limitations for those patients interested in engaging this protocol.

### **Monitoring of Opioid Use**

Dr. Ehlenberger pays close attention to the choices and amounts of opioids he prescribes to his patients. He is the only physician who has incorporated a morphine equivalence (ME) graph that tracks a patient's morphine equivalent use extending at least six years into a patient's past. This graph is based on the PMP profile provided by the state and is available for up to six years for each patient. Since many of the patients at Accurate Clinic have been under his care since even before the PMP was engaged in 2008, he has been able to track their ME history for close to 20 years. This graph is reviewed regularly to monitor for unexpected patterns of dosing that may represent a safety concern.

### **Integrative Pain Management**

Accurate Clinic offers the most extensive integrative approach to pain management of any pain management practice in Louisiana. Extraordinary effort is made to educate all of the pain patients in the clinic to every evidence-based alternative approach to treat pain that is safe, available and affordable. The following is a list of adjuvant modalities that are included in Accurate Clinic's integrative pain management program:

1. Non-opioid pain management
2. Physical therapy
3. Adjuvant Prescription Medications
4. Traditional Chinese medicine, including acupuncture, acupressure, and Chinese herbal medicine
5. Complementary and Alternative Medicine (CAM) - nutraceuticals

6. Medical cannabis
7. Aromatherapy

## **Non-opioid pain management**

Non-opioid pain management is offered and encouraged at Accurate Clinic. All therapies outside of the prescribing of opioids are offered, including all alternative pain treatments included in the integrative pain management approaches, including physical therapy and traditional Chinese medicine.

### **Physical Therapy**

Patients are provided free of charge access to consult our fully licensed physical therapist regarding their pain conditions. They are educated regarding home exercise programs appropriate for their condition. When indicated, they are also provided with soft tissue mobilization treatments as well as myofascial trigger point injections at no charge to the patient.

While not specifically offered at Accurate Clinic, all patients are educated about and strongly encouraged to engage movement therapy practices, such as tai chi and yoga. A personal trainer was once employed full-time at Accurate Clinic to educate patients however we no longer are able to offer that service.

### **Adjuvant Prescription Medications**

Dr. Ehlenberger includes adjuvant prescription medications for pain to reduce reliance on opioids. These medications most commonly include gabapentin, pregabalin (Lyrica) and duloxetine (Cymbalta). It is recognized that gabapentin and pregabalin have evidence for abuse in the pain management population as well as potential contribution to accidental overdose associated with opioids. As such, Dr. Ehlenberger monitors drug screens for gabapentin and Lyrica and he monitors for abuse of these medications. At the same time, he limits his prescription quantities, prescribing the lowest doses indicated for sufficient control of the patient's symptoms. Additionally, he intermittently recommends trial tapers of these medications to determine if lower doses would suffice.

In some cases, muscle relaxers are added to a patient's regimen when indicated for muscle spasm and sometimes pain associated with muscle spasm. Recognizing the limited support of the use of muscle relaxers for pain, Dr. Ehlenberger's prescribing of these medications is limited and not universal. He never prescribes Soma because of its abuse potential.

### **Traditional Chinese Medicine**

All of the patients at Accurate Clinic are strongly encouraged to obtain acupuncture for their chronic pain conditions when indicated. There is excellent evidence in support of acupuncture for many pain conditions and it is considered to be extraordinarily safe. These treatments are affordably offered with treatments costing as little as \$25-\$40. They are provided on location at Accurate Clinic by a thoroughly trained physician (MD) educated in China, who also has a PhD in traditional Chinese medicine. Acupressure massage and traditional Chinese herbal therapy are also offered and affordable. Traditional Chinese medicine treatment is offered for conditions other than chronic pain as well..

### **Complementary and Alternative Medicine - Nutraceuticals**

Dr. Ehlenberger has done extensive research in the use of nutraceuticals for the management of chronic pain. He has developed an evidence-based approach to the management of chronic pain that is unique and groundbreaking. This approach (the 4-Domain Approach) is based on the assessment and management of 4 driving forces that magnify and maintain chronic pain: systemic inflammation, neuroinflammation, oxidative stress and mitochondria dysfunction. These processes are responsible for the development of central sensitization, an important condition that contributes to the severity of a patient's pain. These 4 domains contribute not only to severity of pain, but also to risk for most of the diseases of aging, including cardiovascular disease, diabetes and neurodegenerative diseases.

The protocols Dr. Ehlenberger has devised incorporating the 4-D Approach is unique to the pain management community. Some patients have reported an overall reduction of pain severity by up to 30% with opioid sparing benefits. All patients are educated in the 4-D protocols at no extra charge and encouraged to engage them. In the long run, the protocols are also expected to reduce the development of opioid analgesic tolerance and opioid-induced hyperalgesia, thereby reducing needs for increased dosing of opioids over time as well as potentially reducing daily opioid doses.

In addition to recommending the use of nutraceuticals relative to the 4D protocols, Dr. Ehlenberger has also devised specific nutraceutical protocols for the management of chronic neck and back pain based on the

mechanisms contributing to a patient's pain (I.e. herniated discs versus osteoarthritis), not just broadly applied to "neck "or "back " pain.

Other chronic pain conditions with specific recommended evidence-based nutraceutical approaches include migraine headaches, osteoarthritis, inflammatory arthritis, inflammatory bowel disease diseases, diabetic peripheral neuropathy, chemotherapy induced neuropathy, fibromyalgia, CRPS and other conditions.

### **Medical Cannabis**

Evidence indicates that medical cannabis can significantly reduce opioid usage and dosages, with studies indicating a 64–75% reduction in dosage for chronic pain patients and a 9–11% drop in daily opioid use. Dr. Ehlenberger provides medical cannabis products when indicated to those patients requesting it. However, it is important to point out that Dr. Ehlenberger's approach to recommending the use of medical cannabis products is also unique.

He provides extensive education regarding the safest and most appropriate use of the different cannabis-based products focusing on dosing of THC as well as identifying specific terpenes that are likely to be the most effective for the patient's individual needs. He provides THC dosing guidelines to his patients and limits the amount of THC products recommended to the dispensaries. He never allows unlimited access to THC products as is often the practice of other physicians.

All patients are screened and educated regarding their risk of cannabis use disorder and they are monitored for the development of excessive THC use. Patients are educated regarding the safest products and strongly advised against smoking flower. Again, [www.AccurateClinic.com](http://www.AccurateClinic.com) has an extensive education section covering cannabis. It provides informative safety and therapeutic information to guide patients who incorporate cannabis therapy.

Of note, the use of aromatherapy (see below) is encouraged as an adjuvant treatment for cannabis therapy. The terpenes found in marijuana that are associated with specific therapeutic benefits are shared by many essential oils used in aromatherapy. For example, linalool is the terpene found in marijuana flowers that are most highly associated with anxiolytic benefits and linalool is also the dominant terpene found in lavender oil and other essential oils.

Research has demonstrated definitive evidence for the benefits of lavender oil and linalool for the management of anxiety. In fact, Dr. Ehlenberger has determined that the dosing of linalool obtained from 30 to 60 minutes exposure to a room diffuser using lavender oil provides 6 to 10 times more linalool than inhaled from a joint of cannabis containing dominant terpene levels of linalool.

All cannabis patients are educated on the evidence-based uses of aromatherapy combined with cannabis therapy to enhance therapeutic benefits as well as to help reduce cannabis dosing.

### **Cannabis Use Disorder**

All cannabis patients are educated regarding cannabis use disorder (CUD) and ways to avoid developing CUD. Dr. Ehlenberger treats cannabis use disorder and has successfully achieved cannabis abstinence in at least one patient for more than one year.

### **Aromatherapy**

The use of aromatherapy is emphasized at Accurate Clinic as an evidence-based alternative treatment of pain, anxiety, insomnia, and migraine headaches. It is especially valuable as an adjuvant to the use of cannabis products. The [www.AccurateClinic.com](http://www.AccurateClinic.com) website provides extensive information regarding specific essential oils and their terpenes to guide patients to appropriate choices for management of their pain and other conditions.

### **Interventional Pain Management**

Dr. Ehlenberger is not trained in interventional pain management procedures and does not offer them. However, he does provide education regarding the various procedures and makes referrals to local interventional pain specialists when indicated.

### **Providing General Medical Care**

For many patients Dr. Ehlenberger provides general medical care for the management of medical conditions unrelated to chronic pain management. In effect, he functions as a primary care provider for these patients as an additional component of his integrative approach to his pain management.

### **Regarding the patient's choice of pharmacy to obtain their medications**

In many cases, many patients elect to fill their medications at pharmacies close to Accurate Clinic. Aside from convenience, there are other good arguments for them doing so. The local pharmacies and Accurate Clinic have excellent working relationships with good communication that they have developed over years of sharing patients. They have confidence in and knowledge of the nature and quality of medical care provided by Accurate Clinic. In turn, I have confidence in the quality of their pharmaceutical care, including their review of prescription safety and their willingness to provide some of the safer but less common opioids that I prefer to prescribe that other pharmacies do not provide.

A quality triad of patient, physician and pharmacist is critical for a successful clinical relationship to provide the safest and most appropriate care for a patient. This is abundantly necessary in the world of pain management. To interfere and break a patient's well established and successful triad represents an inappropriate invasion of the patient's medical care that compromise the quality and safety of that care which again is critically important in the world of pain management

## Conclusion

The numerous diverse approaches to the management of chronic pain unavailable elsewhere is one of the many reasons that patients elect to get their pain management at Accurate Clinic, despite the necessity of traveling long distances. The extensive efforts made by Dr. Ehlenberger to educate and provide access to alternative treatments for the management of chronic pain are reasons why patients come to Accurate Clinic. The resources for the management of chronic pain provided at Accurate Clinic are not available anywhere else in Louisiana.

Patients have valid reasons for driving more than 50 miles to seek their pain management at Accurate Clinic and they should not be denied access to this exemplary pain management program simply based on an arbitrary 50 mile policy.

It should also be reminded that the relationship between a physician (and pharmacist) and a patient is extremely important to the success of the patient's treatment. A successful relationship requires a patient's trust in their physician (and pharmacist). Furthermore, the knowledge the physician (and pharmacist) gains with consistent ongoing management of a patient and their medical conditions is also very important.

Many patients at Accurate Clinic have been seeing Dr. Ehlenberger (or their existing pharmacist) on a monthly basis for more than 5-15 years. That is extremely valuable for appropriate pain management and should not be underestimated or under-appreciated. It has been well established that Dr. Ehlenberger has achieved a very high level of patient respect and loyalty with very few patients choosing to leave his practice. A significant number of these patients' care at Accurate Clinic is jeopardized by this 50 mile policy.

Importantly,, many of the patients who live clinic for their pain management to Accurate Clinic by their local pain management available in their



[www.AccurateClinic.com](http://www.AccurateClinic.com)

more than 50 miles away come to Accurate because they were referred specifically physicians due to lack of appropriate area.

The 50 mile policy makes an invalid assumption that a patient can obtain pain management management from a physician within a 50 mile radius of a patient's residence. This in itself is undeniably wrong, particularly in light of the severe shortage of clinicians in Louisiana that even treat chronic pain. Furthermore, it is evident that there are no alternatives to Accurate Clinic that can provide the level of care and education provided at Accurate Clinic.

Worse, if this policy is engaged as a means of improving public safety, it will not only fail to do so but it will be counterproductive because it further compromises public safety. Since there is already a severe shortage of physicians trained and willing to treat chronic pain, this policy will further limit patient access to appropriate pain management and further contributes to the consequences associated with this shortage.

It is well documented that patients who are unable to access safe and appropriate medical management of their pain will turn to the use of illicit opioids for management of that pain so that they can maintain employment and support their family.

It is also well documented that when doing so, these patients will be exposed to illicit fentanyl-containing opioids. There are only two likely consequences when this happens:

1. The patient will die of illicit fentanyl overdose. **OR**

2. The patient survives, but will develop an addiction to illicit fentanyl, which has greater addiction liability than prescription opioids. This addiction will likely lead to an overdose death.

Current research demonstrates that 61% of patients currently dying from illicit fentanyl-related overdose are patients seeking pain relief. This is simply unacceptable. This 50 mile policy should not be enforced.

To allow a 50 mile policy to impair a patient's choice of who provides their medical care is simply unethical and unacceptable. It should not be allowed. It certainly would not be allowed if applied to a patient's management of their cancer, and therefore should not be allowed for a patient's management of their chronic pain.

There are millions of patients with chronic pain and this pain severely compromises their quality of life. Policies of this nature should not be allowed to impair these patients' choices of who provides their medical care, including both physicians and pharmacists. To make the assertion that any physician or any pharmacist should do for a patient is patently wrong.