

REPORT

[HTTPS://doi.org/10.64611/FQUK7972](https://doi.org/10.64611/FQUK7972)

WHAT IS LEGITIMATE PAIN?

Prepared By

Forest S. Tennant, Jr.

Published by

Arachnoiditis Hope

Tennant Foundation

336 ½ S. Glendora Ave.

West Covina, CA 91790

Email: tennantfoundation92@gmail.com

Website: www.arachnoiditishope.com

July 2025

The question posed by the title of this article may at first seem ridiculous or unneeded. The federal government regulations for physician prescribing says that a licensed physician can prescribe opioids and other controlled substances for a “legitimate medical purpose,” which is obviously intended to mean legitimate pain. It may be surprising, but the federal government doesn’t have a definition of legitimate pain. Also, Medical Boards throughout the United States do not define legitimate pain, although they monitor physicians for the “legitimacy” of pain treatment. Recent history has shown that physicians have been prosecuted by federal and state agencies for apparently treating non-legitimate pain despite the fact that there is no written definition of legitimate pain to be found in health or medical regulations and guidelines.

The lack of a written definition of legitimate pain has allowed wide discretion and abuse of claims and prosecutions by government agencies and their hired, medical consultants. In the past several years, government agencies, medical boards, professional groups, and insurance plans have seemingly called pain illegitimate if they didn’t like the treatment, dosage, brand, doctor, or cost. As unbelievable as it may sound, I’ve read and heard some terribly biased and ignorant definitions of what is and isn’t legitimate pain. For example, I’ve heard that a simple need for opioids make pain illegitimate. Some well-meaning persons claim that pain is whatever the patient says it is. Sorry patients, there are simply too many addicts prowling doctor’s offices with detailed, fraudulent claims of pain fabricated to obtain opioids. Common sense and science says “find the cause of pain before you prescribe.” Today, the new definition of pain, according to some physicians, is really an “opioid use disorder.” I’ve also read that pain is a character deficiency and a natural part of life that needs no treatment. It’s hard to believe but the International Association for the Study of Pain defines pain as “an unpleasant sensory and emotional experience.” I can’t wait to ask United Health and Medicare to pay for an expensive drug with this definition.

It is important to point out that the term “legitimate pain” is not only lacking in regulatory guidelines but it is also not found in medical dictionaries. While pain may also be an experience, emotion, or sensation it has historically been regarded a symptom of an underlying disease or injury. For example, the Dunglison’s Medical Dictionary of 1874 says, “pain is generally

symptomatic.” Medical practitioners must have, however, a definition because the term “legitimate” is now the term used to justify treatment with opioids and other controlled drugs.

Here is my submitted definition which I believe will generally satisfy all parties including patients, practitioners, governmental bodies, insurance companies, and media.

“A stressful symptom caused by a disease or injury that can be objectively identified by diagnostic tests or physical examination.”

In the past an argument was made that some causes of pain such as fibromyalgia and headaches can’t be objectively verified. This may have been true in the past, but today’s technological advances in magnetic resonance imaging and laboratory tests with a detailed physical examination can objectively determine the cause of every source of pain.

An examination of my submitted definition not only implies that a medical practitioner has the right to treat the patient, it also implies that the practitioner has an obligation to treat both the pain and the cause.