

MEDICATION-BASED PAIN CONTROL PROTOCOL FOR LOW BACK PAIN

For Health Care Providers
June 2021

	PHASE			
	Early acute Onset of symptoms: < 2 weeks	Late acute Onset of symptoms: 2 – 6 weeks	Sub-acute Onset of symptoms: 7 – 12 weeks	Chronic Onset of symptoms: > 12 weeks
Over the counter (OTC)				
Analgesics				
Acetaminophen (Tylenol®)	✓			
NSAIDs				
Ibuprofen (Advil®, Motrin®, Nuprin®)	✓			
NSAID/analgesic				
Naproxen (Aleve®, Naprosyn®)	✓			
Topical applications				
For localized pain control. IcyHot®, Arthricare, Zostrix®, Aspercreme®, BENGAY®	✓			
Prescription needed				
Cox-2 inhibitors				
Celecoxib (with history of gastrointestinal disorder)	✓			
NSAIDs Rx				
Meloxicam, ibuprofen, naproxen, diclofenac, nabumetone	✓	✓		
Injectable NSAIDs				
Toradol® (single use for patients with my severe pain without history of renal disease)	✓			
Oral steroids				
For radicular pain; short term, initial one to two weeks. Medrol Dosepak	✓			
Muscle relaxers				
For short term, early-on relief of muscle spasms (not for > 65 years old). Cyclobenzaprine (Flexeril®), metaxalone (Skelaxin®), methocarbamol (Robaxin®)	✓			
Opioid agonist 9 (Schedule IV)				
Non-narcotic pain reliever Tramadol, Ultracet®		✓	✓	✓
Trigger point injection				
Refer to Cigna's coverage policy about trigger-point injections.*		✓	✓	✓

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Opioids				
Short-acting opioids Schedule III: Acetaminophen + codeine (Tylenol #3, Tylenol #4) Schedule II: Acetaminophen + hydrocodone (Vicodin®, Lorcet®, Lortab®, Norco®, Zydone®), acetaminophen + oxycodone (Percocet®, Roxicet®, Roxicodone®, tapentadol)		Consider referral and consultation with a pain management specialist	Refer to pain management specialist	Refer to pain management specialist
Long-acting opioids Oxycontin®, Zohydro® Emergency room R pain management referral required. Long-term opioid use often begins with treatment of acute pain. When opioids are used for acute pain, clinicians should prescribe the lowest effective dose of immediate-release opioids in no greater quantity than needed for the expected duration of pain severe enough to require opioids. Three days or less will often be sufficient; more than seven days will rarely be needed.**				
For radicular pain only				
Neuroleptic drugs <i>For nerve and leg radicular pain.</i> Gabapentin (Neurontin®)		✓ Radiculopathy only	✓ Radiculopathy only	✓ Radiculopathy only
Epidural injections For radicular pain after six weeks.			✓ Radiculopathy only	✓ Radiculopathy only
Antidepressants Serotonin and norepinephrine reuptake inhibitors (SNRIs), such as serotonin and norepinephrine reuptake inhibitors (duloxetine) and tricyclics			✓ Radiculopathy only	✓ Radiculopathy only

*Go to the Cigna for Health Care Professionals website (CignaforHCP.com) > Review Coverage Policies > Medical and Administrative A-Z Index > M > [Minimally Invasive Spine Surgery Procedures and Trigger Point Injections](#)

**Centers for Disease Control and Prevention (CDC) Guideline for Prescribing Opioids for Chronic Pain — United States, 2016, page 16.

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