

# CHRONIC PAIN MANAGEMENT DECISION TOOL

**Combination therapy of any of the following when indicated is encouraged and often opioid sparing**

**Nonpharmacologic Therapy**  
Ice/heat, exercise, stretching, yoga, weight control, smoking cessation, meditation, chiropractic treatment, massage, TENS unit

**Possible Referrals:**  
Physical therapy  
Neurology  
Orthopedics  
Neurosurgery  
Rheumatology  
Oncology  
Palliative care  
Medicinal cannabis

## Non-neuropathic Pain

## Neuropathic Pain

**Oral Nonopioid Analgesia**  
Acetaminophen or NSAIDS (OTC or Rx)

**Topical Nonopioid Analgesia**  
Lidocaine patch, Voltaren gel  
Methyl salicylate, capsaicin, camphor (OTC or Rx)

**Topical Nonopioid Analgesia**  
Lidocaine patch (4% OTC, 5% RX)

**Oral Nonopioid Analgesia**  
**Max Daily Dose:**  
APAP - 4 grams  
Ibuprofen - 3200 mg  
Naproxen - 1100 mg  
Meloxicam - 15 mg  
Celecoxib - 400 mg

**Avoid NSAIDs in the following populations:**  
Pregnancy, geriatrics, kidney disease, platelet disorders, uncontrolled HTN, DM, ulcer disease

**Topical Nonopioid Analgesia**  
**Max Daily Dose:**  
Lidocaine Patch 5% - Three patches per day  
Voltaren Gel 1% - 8g/day for upper extremity joint, 16g/day for lower extremity joint, 32g/day for all affected joints

**Prior to Opioid Use:**  
Referral recommendation for opioids?  
Opioid screening (COMT, SOAPP)  
Evaluate naloxone need (>50 MEQ/day)  
Urine drug screening/ serum monitoring  
Pill counts  
Opioid treatment contract  
PMP  
Pharmacogenetic testing  
Consider ER vs. IR formulations vs. abuse deterrent forms

**Antidepressants**  
1st Line: Duloxetine, Venlafaxine, Milnacipran  
2nd Line: Amitriptyline, Desipramine, Nortriptyline

**Antiepileptics**  
1st line: Gabapentin or Pregabalin  
3rd line: Lamotrigine, Oxcarbazepine, Topiramate, Valproic Acid  
Trigeminal Neuralgia: Carbamazepine

**Opioid Analgesia**  
*Phenylpropylamines:* Tramadol, Tapentadol  
*Phenanthrenes:* Buprenorphine, Hydrocodone, Hydromorphone, Morphine, Oxycodone, Oxymorphone,  
*Phenylpiperdines:* Fentanyl  
*Diphenylheptanes:* Methadone

**Avoid in following populations:**  
Additional sedating medications, co prescribed benzodiazepines, chronic pulmonary disorders (COPD, asthma, chronic bronchitis, etc.), history of substance abuse

**Opioid Analgesia**  
(NE activity & others beneficial for neuropathic pain)  
*See Prior to Opioid Use*  
Methadone, Levorphanol, Tramadol, Tapentadol

**Opioid Max Daily Dose:**  
Tramadol - 400 mg  
Tapentadol - IR 600 mg  
ER 500 mg

**Avoid in the following populations:**  
Geriatrics, benzodiazepine use

**Antidepressant Max Daily Dose:**  
Duloxetine - 60 mg  
Venlafaxine - 225 mg  
Milnacipran - 100 mg BID  
Amitriptyline - 50 mg  
Desipramine - 200 mg  
Nortriptyline - 75 mg

**Avoid in following populations:**  
Geriatrics, prolonged QTC

Consider pharmacogenetic testing

**Antiepileptic Max Daily Dosing:**  
Gabapentin - 3600 mg  
Pregabalin - 450 mg  
Lamotrigine - 400 mg  
Oxcarbazepine - 1800 mg  
Topiramate (migraine prophylaxis) - 100 mg  
Valproic Acid - 1200 mg  
Carbamazepine - 1200 mg

**Avoid in following populations:**  
Geriatrics, severe renal impairment

**Re-evaluate regimen every 3-4 months using chronic pain follow-up template**  
> 90mg morphine equivalents per day  
Referral to pain management \*

\* Opioid Calculator of choice = practical pain management

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