Reason / Problem UpToDate UpToDate UpToDate UpToDate

Chronic Low Back Pain Outpatient Order Set

Back Pain

Quality Indicators

PQRS Quality Indicators:

☐ PQRS 131: Pain assessment should be performed using a standardized tool at each visit and a follow-up plan should be documented when pain is present [Not performed because]

☐ PQRS 408: Patients prescribed opiates for longer than six weeks should have a follow-up evaluation documented in the medical record at least every three months during opioid therapy [Not documented because]

☐ PQRS 412: Patients prescribed opiates for longer than six weeks duration should have a signed opioid treatment agreement documented in the medical record at least once during opioid therapy [Not documented because]

☐ PQRS 414: Patients prescribed opiates for longer than six weeks should be have an evaluation for risk of opioid misuse, using either a brief validated instrument or patient interview, documented in the medical record at least once during opioid therapy [Not documented because]

Cares

In-Clinic Assessments:

☐ Complete depression assessment [Tools]

☐ Document patient's current disease/condition status [Assessment Items]

☐ Complete pain assessment [Frequency]

Lifestyle Education: UpToDate UpToDate

- *UpToDate recommends that patients remain active, and limit bedrest (Grade 1A). UpToDate suggests patients be given evidence-based self-care information literature to supplement verbal advice (Grade 2B). UpToDate suggests not advising patients to switch to a very firm mattress or other surface (Grade 2B). UpToDate also suggests not advising routine use of lumbar supports (Grade 2C). (UpToDate)*
- *UpToDate suggests home and supervised exercise therapy that includes an individualized regimen incorporating stretching and strengthening for motivated patients (Grade 2B). Aerobic activities should be recommended for all patients, including patients with low back pain. (UpToDate)*

☐ Provide disease/medical condition education [Type]

Vital Signs:

☐ Obtain and document vital signs [Frequency]

Medications UpToDate UpToDate

- *UpToDate suggests short courses of nonopioid analgesic medications (acetaminophen or nonsteroidal antiinflammatory drugs) for acute exacerbations of subacute or chronic low back pain (Grade 2B). (UpToDate)*
- *UpToDate suggests prescribing opioids for chronic low back pain only for short-term use in patients with low vulnerability for drug abuse who are experiencing severe acute exacerbations of back pain (Grade 2B). Rarely, opioids may also be appropriate for severely disabled patients with chronic low back pain who do not respond to other measures, and who are assessed to have low vulnerability for drug abuse. (UpToDate)*
- *UpToDate suggests not using skeletal muscle relaxants or benzodiazepines for chronic low back pain (Grade 2C). UpToDate suggests not treating patients for chronic low back pain with antiepileptic medication (Grade 2B). (UpToDate)*

Non-Opioid Analgesics: UpToDate

☐ Acetaminophen 325 mg orally every 4 hours as needed for pain

☐ Acetaminophen 1,000 mg orally every 6 hours as needed for pain (not to exceed 4 grams in 24 hours)

☐ Ibuprofen 400 mg orally every 6 hours as needed for pain or inflammation

☐ Naproxen sodium 220 mg orally every 12 hours as needed for pain and inflammation

☐ Celecoxib 100 mg orally 2 times per day as needed for pain

Opioid Analgesics:

☐ Acetaminophen-codeine 300-30 mg tablet 1 tablet orally every 4 hours as needed for pain (not to exceed 4 grams of acetaminophen in 24 hours)

☐ HYDROcodone-acetaminophen 5-300 mg tablet 1 tablet orally every 4 hours as needed for pain (not to exceed 4 grams of acetaminophen in 24 hours)

☐ HYDROcodone-acetaminophen 5-325 mg tablet 1 tablet orally every 4 hours as needed for pain (not to exceed 4 grams of acetaminophen in 24 hours)

☐ oxyCODONE-acetaminophen 5-325 mg tablet 1 tablet orally every 4 hours as needed for pain (not to exceed 4 grams of acetaminophen in 24 hours)

☐ traMADol HCl 50 mg orally every 6 hours as needed for pain (not to exceed 400 mg in 24 hours)

Tricyclic Antidepressants: UpToDate

- *UpToDate suggests a trial of tricyclic antidepressants for treatment of chronic low back pain in patients, with or without depression, who have not responded to other measures (Grade 2B). (UpToDate)*

☐ Amitriptyline HCl 25 mg orally 1 time per day at bedtime

Laboratory UpToDate UpToDate

Chemistry:

☐ C-reactive protein (serum) Timing

☐ Protein electrophoresis panel (serum) Timing

☐ Renal function panel (serum) Timing

☐ Protein electrophoresis panel (urine) Timing

Hematology:

☐ Erythrocyte sedimentation rate (blood) Timing

☐ CBC with platelets and differential (blood) Timing

Immunology:

☐ HLA-B27 (blood) Timing *HLA-B27 can also be used as a screening tool in primary care in patients presenting with chronic back pain or inflammatory back pain suspected by the primary clinician as having a significant probability for axial spondylarthritis (axSpA), depending upon the availability and the costs of local HLA-B27 testing. The probability of axSpA goes up to about 30 percent in chronic back pain patients and about 60 percent in patients with inflammatory back pain if HLA-B27 is positive. Thus, these patients might warrant further evaluation, including imaging. (UpToDate)*

Urinalysis:

☐ Urinalysis (urine) Timing

Imaging UpToDate UpToDate UpToDate UpToDate

- *Patients who have not improved after four to six weeks of conservative therapy and who did not receive imaging on initial evaluation are reevaluated: Patients with persistent symptoms due to a lumbosacral radiculopathy or spinal stenosis who are candidates for and are interested in invasive therapies (eg, epidural injection or surgery) should have a magnetic resonance imaging (MRI) for further evaluation. (UpToDate)*
- *In patients with low back pain who have risk factors for cancer, UpToDate evaluates with erythrocyte sedimentation rate (ESR) (or C-reactive protein) and plain radiographs. (UpToDate)*
- *Other patients that may need imaging include those with concerns for ankylosing spondylitis and osteoarthritis. (UpToDate)*

Magnetic Resonance:

- *Magnetic resonance imaging (MRI) without contrast is generally considered the best initial test for most patients with low back pain who require advanced imaging. (UpToDate)*

☐ Lumbar spine MRI Contrast Timing Reason for Study

☐ Lumbosacral spine MRI Contrast Timing Reason for Study

Computed Tomography:

- *In patients who require advanced imaging but cannot have a magnetic resonance imaging (MRI), UpToDate advises proceeding with computed tomography (CT). (UpToDate)*

☐ Lumbar spine CT scan Contrast Timing Reason for Study

☐ Lumbosacral spine CT scan Contrast Timing Reason for Study

X-Ray:

☐ Routine Side View/Hip X-ray of the hips Timing Reason for X-ray

☐ Routine View Lumbar Spine X-ray of the lumbar spine Timing Reason for X-ray

☐ Routine View/Lumbosacral Spine X-ray of the lumbosacral spine Timing Reason for X-ray

☐ Routine View/Pelvis X-ray of the pelvis Timing Reason for X-ray

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Referrals UpToDate UpToDate

- *Any patient with symptoms of spinal cord or cauda equina compression or progressive and/or severe neurologic deficits should have immediate magnetic resonance imaging (MRI) for further evaluation with urgent specialist referral for further evaluation. Such symptoms and signs include new bowel or bladder incontinence, saddle anesthesia, and significant motor deficits not localized to a single unilateral nerve root. (UpToDate)*
- *UpToDate suggests a trial of epidural glucocorticoids for adults with persistent radiculopathy due to a herniated disc, who desire intervention for pain relief, understand that benefits are limited and short-term, and who are not interested in or are poor candidates for surgery (Grade 2B). (UpToDate)*
- *Many additional noninterventional treatment strategies have been advocated for patients with chronic low back pain. For patients interested in particular modalities, UpToDate suggests trials of spinal manipulation, massage therapy, or cognitive behavioral therapy, which are moderately more effective than sham or placebo treatment or appear to have effects comparable with exercise therapy (Grade 2B). UpToDate suggests functional restoration or interdisciplinary rehabilitation for patients who are more severely impaired by their back pain (Grade 2B). UpToDate suggests that patients with chronic pain who are interested or open to acupuncture be referred for a trial of acupuncture when alternatives are limited (Grade 2B). Acupuncture, as with other therapies, is likely to be most beneficial in patients who have high expectations of benefit. (UpToDate)*

☐ Acupuncturist referral [Timing] [Reason for Referral]

☐ Chiropractic referral [Timing] [Reason for Referral]

☐ Interventional Radiology referral [Timing] [Reason for Referral]

☐ Medical Oncology referral [Timing] [Reason for Referral]

☐ Neurosurgery referral [Timing] [Reason for Referral]

☐ Occupational Therapy referral [Timing] [Reason for Referral]

☐ Orthopedic Surgery referral [Timing] [Reason for Referral]

☐ Pain Management Clinic referral [Timing] [Reason for Referral]

☐ Physical Medicine and Rehabilitation referral [Timing] [Reason for Referral]

☐ Physical Therapy referral [Timing] [Reason for Referral]

☐ Psychotherapy referral [Timing] [Reason for Referral]

☐ Rheumatology referral [Timing] [Reason for Referral]

Disposition / Follow-up

☐ Return to clinic for follow-up [Timing]

☐ Transfer [Location] [Mode of Transfer]

Physician's Signature _____ Date _____ Time _____