Orthopaedic Spinal Services

Analgesia guideline – non specific low back pain

Initial presentation

▼

Follow up
2 days–4 weeks

▼

Review
4–6 weeks

Medication recommendation

1 **Paracetamol**

and

2 **NSAIDs** – 5–7 days
(if no contraindications)

3 **Continue regular paracetamol**

If the pain remains poorly controlled, consider the addition of:

4 **Option A: Tramadol**

or

Option B: Short-term opioid medication +/- tramadol

If severe pain persists after 4–5 weeks; review the patient's clinical presentation and re-consider the triage and referral guideline if required.

Clinical notes

Benzodiazepines: Do not prescribe benzodiazepines for low back pain. The risks of abuse, addiction, tolerance, overdose and death are well documented: FPM Choosing Wisely Australia 2018.

Combination analgesics (eg Panadeine Forte) are not recommended for long-term use.

Tramadol:

> Consider contraindications including concurrent use of SSRIs.

> Dose can be incrementally increased to 400mg maximum (if minimal side effects); 300mg if >75 years. Best to avoid in patients with renal impairment.

Short-term opioid medication:

> Can be considered for severe pain (immediate-release only eg oxycodone) in age-related doses, whilst encouraging physical activity, avoidance of bed rest, and self-management strategies that promote function: Low Back Pain Clinical Care Standard, ACSQHC 2022.

> The treating doctor must consider on an individual basis if an opioid analgesic is appropriate, monitor and evaluate its effective on recovery, function, and minimise harm as part of Analgesic Stewardship: ANZCA Position Statement on Acute Pain Management 2022.

> Slow-release opioids should be avoided in acute pain. They are less effective than immediate release opioids, lead to higher opioid doses, and increase the risks of opioid-induced ventilatory impairment and prolonged use: FPM Choosing Wisely Australia 2022 and Opioid Analgesic Stewardship in Acute Pain Clinical Care Standard, ACSQHC 2022. They are also not recommended for chronic non-cancer pain as per the Therapeutic Guidelines, except in exceptional circumstances.

> Opioid analgesics for acute pain should not be taken for more than one week and at the lowest possible dose. Weaning and cessation should be planned with the patient such that the daily dose is progressively decreased as soon as possible: Opioid Analgesic Stewardship in Acute Pain Clinical Care Standard, ACSQHC 2022. See also Information for patients given Oxycodone.

Gabapentinoids: Avoid prescribing for low back pain which has limited effectiveness, high risk profile, and does not fulfil the criteria for neuropathic pain. FPM Choosing Wisely Australia 2018.

Important: These guidelines are recommendations only and may not be appropriate for all patients. Be aware of the potential for interactions between these medications and other medications being taken by the patient, and co-morbidities that may increase the risk of adverse effects. If further advice is required, please contact the CALHN Pain Management Unit, The Queen Elizabeth Hospital, Tel: (08) 8222 7826 (weekdays).

Document updated: December 2022

Government of South Australia
SA Health

210901