

Algorithm, Clinical Highlights, Annotations

The Evidence Grid was revised to reflect literature updates. Scope and target population was updated to better clarify differentiating between chronic and acute pain.

Clinical Highlights were revised to better align with annotations and measures reflecting the key components and evidence in the guideline: assessment, functional goals, patient-centered and biopsychosocial care planning, Level I versus Level II approaches, and issues with medication and patient selection.

Added “biopsychosocial model” to the definitions page. Omitted dosing and frequency information in annotations where specifics of chronic pain are not detailed and up to date information can be found in other sources. References were moved to the sentence level throughout the guideline to better establish support for recommendations.

- 2 Revised statement about allodynia and hyperalgesia to indicate they are important in any pain syndrome, not just in complex regional pain syndrome.
- 5 Added a statement and references regarding fibromyalgia symptoms and myofacial pain.
- 8 Differentiated between untreated acute pain and ongoing chronic pain, using consistent language with the ICSI Acute Pain guideline.
- 11 Revised annotation to clarify involvement between primary care and pain specialists.
- 12 Omitted annotation statements regarding Functional Ability Questionnaire and scoring regarding barriers to functional improvement since this is not a validated, evidence-based tool at this time. Moved CAGE screening to this annotation and expanded it to the CAGE-AID screen for both alcohol and substance abuse. Omitted scoring of work and disability questions since this is not a validated tool.
- 14 Renamed “general management” to “core principles” for better clarification. Clarified that primary care should coordinate both Level I and Level II management of chronic pain. Added a statement regarding the role of cognitive-behavioral interventions in primary care.
- 16 Added statement that pregabalin is the only medication with FDA approval for fibromyalgia.
- 18 Added statement that evidence is controversial for invasive treatments.

- * 19 Changed statement to indicate medications are not the sole rather than not the primary focus of treatment. Changed “first line” statements to “initial”. Referred to other opioid assessment tools in addition to the DIRE tool. Added statement that methadone should be reserved for experienced practitioners. Revised statement regarding tricyclic antidepressants being preferred for initial therapy to indicate they have a role in the treatment of neuropathic pain. Added that pregabalin is also indicated for fibromyalgia. Indicated capsaicin is the active ingredient in the herbal product cayenne.

Added a statement that intervention modalities are different for acute and chronic pain and should involve evaluation by a pain specialist. Further added that choice of Level I therapeutic procedure should ideally be done in consultation between primary care and pain specialist. Updated content on radiofrequency neurotomy.

Added content on herbal products used for pain.

- 25 Reiterated that as with Level I management, Level II should be coordinated by primary care.

Appendix B: Updated PHQ-9 and scoring instructions based on newer copyright permission granted from owner.

Appendices C, D: Added statement that while these are not validated tools, it was work group consensus to include them as examples due to lack of other similar tools.

Appendix G: updated table to be consistent with Acute Pain guideline. Added comment that methadone is for experienced practitioners only. Omitted “short acting” from fentanyl comments section.

Appendices H, J: omitted non-opioid analgesics table and side effects table as most critical information can be found in annotations.

Appendix I: updated neuropathic pain table to include recent FDA alerts and black box warnings. Omitted brand names.

Priority Aims & Suggested Measures, Measurement Specifications

Revised all measures to better align with clinical highlights and annotations reflecting the key components and evidence of the guideline: assessment and reassessment, function, Level I versus Level II approaches, and issues with medication.

Support for Implementation

Updated the Other Resources Available table.

**An asterisk indicates any changes in clinical practice recommendations*