Neuropathic pain
- Peripheral (e.g., complex regional pain syndrome, HIV sensory neuropathy, metabolic disorders, phantom limb pain)
- Central (e.g., Parkinson’s disease, MS, myelopathies, post-stroke pain)

Muscle pain
- Fibromyalgia syndrome
- Myofascial pain syndrome
- Trauma

Inflammatory pain
- Inflammatory arthropathies (rheumatoid arthritis)
- Infection
- Postoperative pain
- Tissue injury

Mechanical/compressive pain
- Low back pain
- Neck pain
- Musculoskeletal pain – shoulders/elbow, etc.
- Visceral pain

* Pain types and contributing factors are not mutually exclusive. Patients frequently do have more than one type of pain, as well as overlapping contributing factors.

To management algorithm – see next page

Modified from ICSI Assessment Algorithm, available at: http://www.icsi.org
Management Algorithm

“General management”: develop plan of care and set goals using the biopsychosocial model

Physical rehabilitation and psychosocial management with functional goals

Pharmacologic management

Behavior management

Physical rehabilitation

Level I treatment:
neuropathic pain

See neuropathic pain management algorithm (next page)

Level I treatment:
muscle pain

Meds to consider:
• Tricyclic antidepressants (for short term pain and insomnia)
• Cyclobenzaprine (fibromyalgia)
• Duloxetine (fibromyalgia)
• Opioids rarely needed

Level I treatment:
imflammatory pain

• Pharmacotherapy not within scope of this guideline. Consider referral to a specialist.

Level I treatment:
mechanical/compressive pain

Meds to consider:
• NSAIDs (short term)
• Noradrenergic and noradrenergic/serotonergic antidepressants for pain
• Muscle relaxants
• Opioids rarely needed

Primary care to measure goals and review plan of care

Goals met?
• Function
• Comfort
• Barriers

Has enough been tried with Level I treatment?

Self-management plan of care

Outcome assessment

Return to “General Management”

Level II treatment: interdisciplinary team referral, plus a pain medicine specialist or pain medicine specialty clinic