



Sneak Peek into AACIPM's Forthcoming White Paper and Evidence Grid!

Background for Discussion During [Symposium](#), May 13-14, 2020

Recent efforts to analyze the evidence supporting complementary and integrative treatments for pain have resulted in numerous meta-analyses and clinical practice guidelines. The information in these documents can be used by clinicians, people with pain, payors or purchasers to identify evidence-based, safe, effective treatments for pain.

AACIPM soon will release an evidence grid that summarizes findings from a collection of what were thought to be the most influential and widely consulted clinical practice guidelines and meta-analyses for complementary and integrative pain treatments. The completed evidence grid will include both a relatively quick appraisal regarding the status of evidence for various treatments and pain conditions, while also providing a reference that can be used for a deeper dive into how a recommendation was developed.

An Example – Chronic Low Back Pain (Radicular, Non-Radicular/Not Otherwise Specified (NOS))

What the Available Evidence Tells Us – To Discuss Among Multi-Stakeholder Perspectives

By far, back pain conditions (e.g., acute, sub-acute, and chronic; radicular and non-radicular) and related spine conditions were the subjects of the greatest number of recommendations among the conditions in the grid, with nearly 200 recommendation decisions across the twelve data sources. This excerpt from the evidence grid (below) shows the recommendations for treatment of Chronic Low Back Pain – Radicular and Non-Radicular / Not Otherwise Specified (NOS). For these conditions, the recommendations demonstrate particularly high agreement from many of the sources that were reviewed.

AACIPM's symposium, Innovation & Progress in Person-Centered Pain Management, includes provocative panel discussions among important stakeholder perspectives to talk about real-world innovation and progress in person-centered pain management and payment models, and the evidence we currently have about this approach to care, the research gaps, and what all this means in real-world settings so that we can advance access to comprehensive integrative pain management.

Acknowledgements:

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EVIDENCE GRID EXCERPT

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*THERAPIES	CHRONIC LOW BACK PAIN	
	Non-Radicular / Not Otherwise Specified (NOS)	Radicular
NSAIDs	ACP, VA/DoD, AHRQ 2016	
Acetaminophen	VA/DoD (Long-term use), VA/DoD, Tick	
Systemic Corticosteroids	VA/DoD	VA/DoD
Diazepam (benzodiazepine)	AHRQ 2016	AHRQ 2016
Muscle Relaxants	VA/DoD (exacerbation)	
Duloxetine (antidepressants (tricyclics, SNRIs))	VA/DoD, ACP, AHRQ 2016	
Anti-convulsant	AHRQ 2016, VA/DoD	VA/DoD
Opioids	ACP (after failure of all other treatments), AHRQ 2016 (Short-term)	
Exercise (including motor control exercise)	VA/DoD, ACP, CDC, AHRQ 2016, AHRQ 2018, AHRQ 2020	AHRQ 2016
Tai Chi/qigong	VA/DoD, ACP, Tick, AHRQ 2016, AHRQ 2018, ICER, Colorado	
Yoga	VA/DoD, ACP, Tick, AHRQ 2016, AHRQ 2018, ICER, Mayo Nahin, Colorado, AHRQ 2020	
Pilates	VA/DoD, Tick, Colorado, AHRQ 2016	
Psychological therapies (cognitive behavioral therapy (CBT)/progressive muscle relaxation (PMR)/biofeedback, operant therapy)	VA/DoD (CBT), ACP, Tick (CBT, PMR, Biofeedback), Colorado (CBT, PMR, biofeedback), AHRQ 2016, AHRQ 2018, CDC, ICER (CBT), AHRQ 2020	
Mindfulness-based stress reduction	VA/DoD, ACP, Tick, AHRQ 2018, ICER, Yuan-Chi, AHRQ 2020	
Acupuncture	VA/DoD, ACP, Tick, AHRQ 2016, AHRQ 2018, ICER, Yuan-Chi, AHRQ 2020	
Spinal Manipulation	VA/DoD (and mobilizations), ACP, Tick, Colorado, AHRQ 2016, AHRQ 2018, Mayo Nahin, Yuan-Chi, AHRQ 2020	
Multidisciplinary Rehabilitation	VA/DoD, ACP, Colorado, CDC, AHRQ 2018, AHRQ 2020	
Education (including pain neuroscience) and Self-Care	VA/DoD	
Superficial Heat	AHRQ 2016	
Superficial Cold	AHRQ 2016	
Massage/Soft Tissue Mobilization/Myofascial Release	Tick, AHRQ 2016, AHRQ 2018, AHRQ 2020	
Traction	VA/DoD	
Low Level Laser Therapy	AHRQ 2016, ACP, AHRQ 2018, AHRQ 2020	
Ultrasound	ACP, Colorado	
Taping	AHRQ 2016, ACP	
Lumbar Support	AHRQ 2016, VA/DoD	
TENS	AHRQ 2016, ACP, VA/DoD	
PENS	AHRQ 2016	
Electrical Muscle Stimulation (including Interferential)	AHRQ 2016, VA/DoD	
Short Wave Diathermy	AHRQ 2016	
Spinal Epidural Steroid Injection	VA/DoD	VA/DoD (short term)
Facet Joint Steroid Injection	VA/DoD	
Medial Branch Block and Radiofrequency Ablation	VA/DoD	
Spinal Cord Stimulator		Manchikanti (if due to failed back surgery syndrome)

Important Notes About This Grid Excerpt

*This excerpt includes one set of painful conditions from the "Spine Conditions" evidence grid.

KEY AND SOURCES

COLOR	GRADING
GREEN	This source finds sufficient evidence to support using this treatment for this condition
YELLOW	This source finds mixed evidence that is inconclusive for using this treatment for this condition
RED	This source finds sufficient evidence that does not support using this treatment for this condition
BLACK	This source finds insufficient evidence to make a recommendation regarding using this treatment for this condition

ABBREVIATIONS	SOURCES
AHRQ 2016	Chou et al. 2016: AHRQ Comparative Effectiveness Review: Noninvasive Treatments for Lower Back Pain
AHRQ 2018	Skelly et al. 2018: AHRQ Comparative Effectiveness Review: Noninvasive Nonpharmacological Treatment for Chronic Pain
AHRQ 2020	Skelly et al. 2020: AHRQ A Systematic Review Update. Comparative Effectiveness Review: Noninvasive Nonpharmacological Treatment for Chronic Pain
ICER	ICER (2018): Extended-Release Opioid Agonists and Antagonist Medications for Addiction Treatment (MAT) in Patients with Opioid Use Disorder: Effectiveness and Value
Tick	Tick et al. 2017: Evidence-Based Nonpharmacologic Strategies for Comprehensive Pain Care; The Consortium Pain Task Force White Paper
CDC	Centers for Disease Control (CDC) Guidelines on Prescribing Opioids for Chronic Pain, 2017
ACP	Qaseem et al. 2017: Noninvasive Treatments for Acute, Subacute, and Chronic Low Back Pain: A Clinical Practice Guideline From the American College of Physicians
Mayo Nahin	Nahin et al. 2016: Evidence-Based Evaluation of Complementary Health Approaches for Pain Management in the United States (Mayo Clinic)
Yuan-Chi	Lin, Yuan-Chi et al. 2017: Using Integrative Medicine in Pain Management: An Evaluation of Current Evidence
VA/DoD	U.S. Department of Veterans Affairs. VA/DoD Clinical Practice Guidelines. Diagnosis and Treatment of Low Back Pain, 2017.
Colorado	Colorado Division of Workers' Compensation. Low Back Pain Medical Treatment Guidelines, 2014.
Manchikanti	Manchikanti et al. 2013. Update of Comprehensive Evidence-Based Guidelines for Interventional Techniques in Chronic Spinal Pain.