

Referral Support Service

Pain and Rheumatology

PM01

Chronic Lower back Pain

Definition

Non-specific recurrent lower back pain lasting more than 12 wks.

Exclude Red Flag Symptoms

- Bladder or bowel dysfunction,
- History of malignancy,
- Foot drop or disturbed gait,
- Fever,
- Age <20 > 55,
- Numbness of perineum (saddle anaesthesia)
- Thoracic Pain
- Weakness or numbness in one or more limbs

Management

Simple Mechanical Back Pain: Promote self -management through understanding, [exercise](#) and activity. (consider exercise programmes, physiotherapy)

Complex Back Pain: Consider MRI scan, bloods (inflammatory markers, myeloma screen) to make accurate diagnosis.
Plain X Rays are not normally helpful unless vertebral collapse is suggested clinically.

Pain Management: Consider weak analgesics, tricyclics and possibly stronger opioids for severe pain.

[Amitriptyline titration PILS](#)

[Nortriptyline titration PILS](#)

[Gabapentin titration PILS](#)

Referral Information

Indications for referral

Information to include in referral letter

- Describe exact reason for referral to secondary care.
- Outline clearly drugs that have been tried and the patient's response to them. (Include

doses of drugs and length of treatment trial).

- Outline non-drug treatments (eg MSK, physiotherapy, acupuncture, exercise programmes) that have been tried and the patient's response to them.
- [Past Medical/Surgical History](#)
- [Current Medications](#)
- [BMI/ Smoking status](#)

Investigations prior to referral

None essential if diagnosis clear and other pathology has been considered.

Patient information leaflets/ PDAs

[Exercise leaflet for mechanical back pain](#) - simple leaflet for mechanical back pain exercises.

[ARC Backpain Leaflet](#)

Reference

[Arthritis Research Council](#)

[Sheffield Persistent Pain Clinic](#)