



# WV SEMP Guidelines

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West Virginia  
Safe & Effective Management of Pain  
(SEMP) Guidelines

## WV Expert Pain Management Panel

West Virginia (WV) has the highest drug overdose death rate of 35 per 100,000 (Age Adjusted), with a large margin over the next closest state of New Mexico having a rate of 27, while the national average is 14. A geographically and professionally diverse expert panel of West Virginia professionals was formed with intention of creating guidelines for the safe and effective overall management of pain, which build upon the CDC Chronic Pain Opioid Guidelines of 2016. The guidance, included herein, aims to first provide a risk reduction strategy for the appropriate use of all pain treatments, and secondly, to develop pain management clinical treatment algorithms.

## Risk Reduction Strategy

A major concern of healthcare professionals and patients alike is the question of what is the “gold standard” approach to managing pain, particularly chronic pain. Previously, pain management strategies have been largely based upon subjective evaluation methods versus more objective assessments. The risk reduction strategy contained herein, aims to minimize patient risk and reduce healthcare professional anxiety in the overall management of chronic pain, which is paramount for ensuring the safest and most effective management of pain.

## Clinical Treatment Algorithms

Safe and effective clinical pain management algorithms based on best practices, clinical experience, and evidence-based literature addressing the three main classification of pain: nociceptive, neuropathic, and mixed.

### Nociceptive Pain

Pain arising from noxious stimuli affecting thermal, mechanical, or chemical receptors (nociceptors) in normal tissues

### Neuropathic Pain

Abnormal processing of sensory input by the Central and/or Peripheral Nervous Systems (CNS/PNS)

### Mixed Pain

Combination of both Nociceptive and Neuropathic Pains

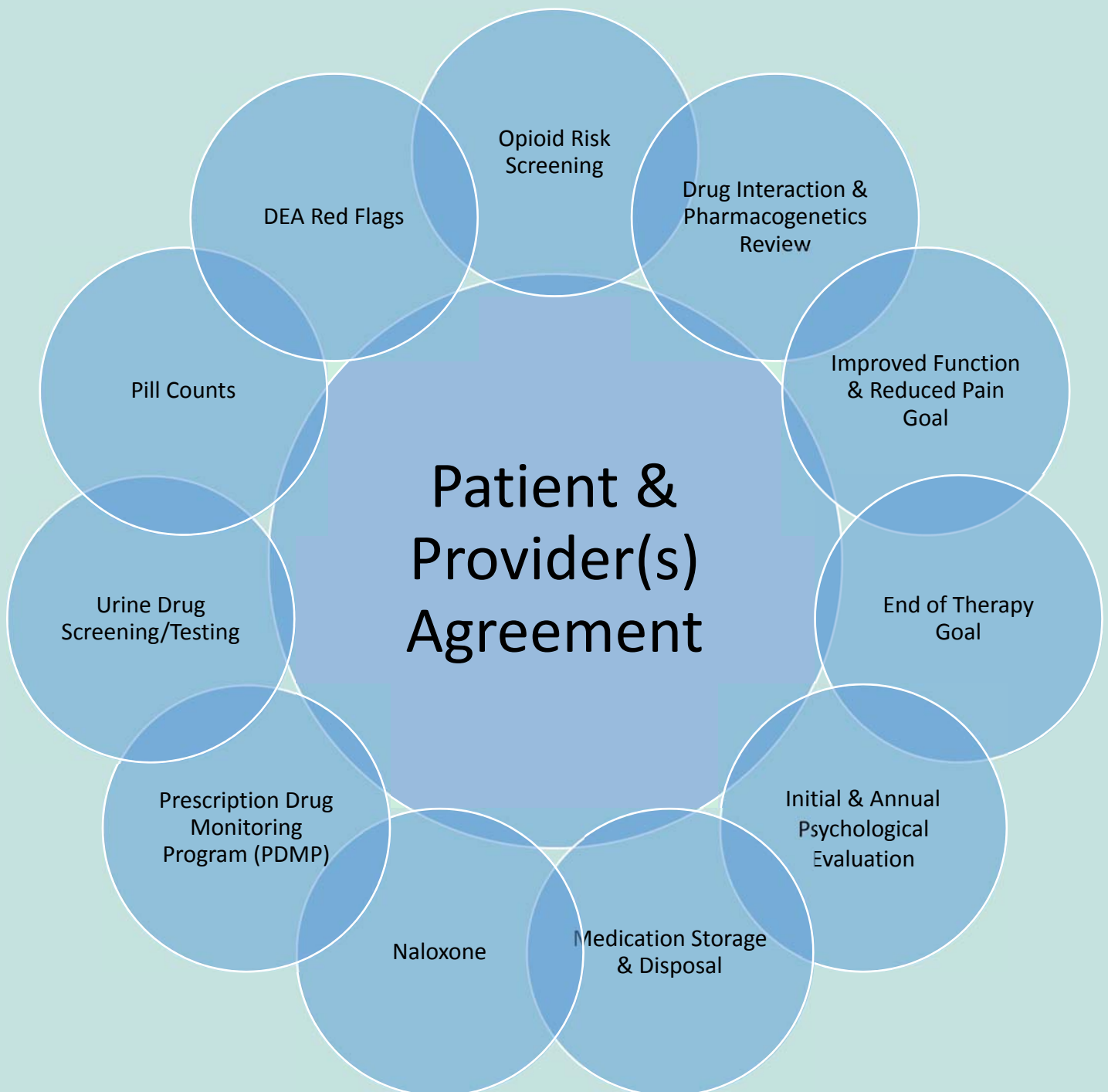


# Risk Reduction Strategy

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# Clinical Treatment Algorithms

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	Nociceptive Pain	Neuropathic Pain	Mixed Pain
1 <sup>st</sup> Line	<p><b>Non-Pharmacological (Active &amp; Passive)</b></p> <p>APAP then +/-NSAID*</p> <p>Topical Agent (NSAID, Lidocaine, Capsaicin)</p>	<p><b>Non-Pharmacological (Active &amp; Passive)</b></p> <p>Acute Trial of NSAID*/APAP</p> <p>Add on Topical Agent (NSAID, Lidocaine, Capsaicin)</p> <p>Gabapentinoids**</p> <p>Serotonin-Norepinephrine Reuptake Inhibitor (SNRI)</p> <p>Tricyclic Antidepressant (TCA)</p>	<p><b>Non-Pharmacological (Active &amp; Passive)</b></p> <p>Acute Trial of NSAID*/APAP</p> <p>Topical Agent (NSAID, Lidocaine, Capsaicin)</p>
2 <sup>nd</sup> Line	<p>Serotonin-Norepinephrine Reuptake Inhibitor (SNRI)</p> <p>Tricyclic Antidepressant (TCA)</p> <p>Controlled Substance Class IV</p> <p><b>Consider Referral to Specialist</b></p>	<p>Anti-Epileptic Drugs (AEDs)</p> <p>Controlled Substance Class IV</p> <p><b>Consider Referral to Specialist</b></p>	<p>Gabapentinoids**</p> <p>Serotonin-Norepinephrine Reuptake Inhibitor (SNRI)</p> <p>Tricyclic Antidepressant (TCA)</p> <p>Controlled Substance Class IV</p> <p><b>Consider Referral to Specialist</b></p>
3 <sup>rd</sup> Line	<p>Combination 1<sup>st</sup> &amp; 2<sup>nd</sup> Line Agents</p> <p>Acute Add-On Muscle Relaxer**</p> <p>Controlled Substance Class III</p> <p>Interventional Therapy</p> <p>Controlled Substance Class II (IR)</p> <p><b>Referral to Specialist Needed</b></p>	<p>Combination 1<sup>st</sup> &amp; 2<sup>nd</sup> Line Agents</p> <p>Acute Add-On Muscle Relaxer***</p> <p>Controlled Substance Class III</p> <p>Interventional Therapy</p> <p>Controlled Substance Class II (IR)</p> <p><b>Referral to Specialist Needed</b></p>	<p>Combination 1<sup>st</sup> &amp; 2<sup>nd</sup> Line Agents</p> <p>Acute Add-On Muscle Relaxer***</p> <p>Controlled Substance Class III</p> <p>Interventional Therapy</p> <p>Controlled Substance Class II (IR)</p> <p><b>Referral to Specialist Needed</b></p>
4 <sup>th</sup> Line	<p>Spinal Cord/Dorsal Root Ganglion Stimulation</p> <p>Controlled Substance Class II (ER)</p> <p>Implantable/Intrathecal (IT) Morphine/Baclofen/Ziconotide</p> <p>Consider Clinical Trial</p>	<p>Spinal Cord/Dorsal Root Ganglion Stimulation</p> <p>Controlled Substance Class II (ER)</p> <p>Implantable/Intrathecal (IT) Morphine/Baclofen/Ziconotide</p> <p>Botox Injection****</p> <p>Consider Clinical Trial</p>	<p>Spinal Cord/Dorsal Root Ganglion Stimulation</p> <p>Controlled Substance Class II (ER)</p> <p>Implantable/Intrathecal (IT) Morphine/Baclofen/Ziconotide</p> <p>Consider Clinical Trial</p>