

Thames Valley Priorities Committee Commissioning Policy Statement

Policy No. 298 (TVPC90) Intravenous Lidocaine infusions for chronic pain

**Recommendation made by
the Priorities Committee:** March 2019

Date agreed by OCCG 9th June 2019

Date of issue: **June 2019**

Thames Valley Priorities Committee has considered the evidence for the use of intravenous lidocaine/lignocaine infusions for patients with chronic pain conditions of neuropathic pain and fibromyalgia.

Due to the lack of evidence of clinical effectiveness and the lack of national guidance to support the use of lidocaine/lignocaine infusions for the treatment of chronic pain and the concern for patient safety, this procedure is **not normally funded**.

Chronic pain management:

The principles of care for the management of chronic and neuropathic pain according to NICE CG173¹ (2013; updated 2018) and SIGN 136² (2013) recommend a care management approach including the assessment of severity of the pain and its impact on lifestyle and daily activities, including sleep disturbance. The guidance recommends that patients with neuropathic pain should be offered a choice of pharmacological therapies together with non-pharmacological physical and psychological therapies and coping strategies. EULAR (2017)³ recommends that initial management for fibromyalgia should focus on non-pharmacological therapies such as exercise, cognitive behavioural therapy (CBT), defined physical therapies and meditative movement therapies. Patients with complex or severe pain should have access to support from multidisciplinary and multiprofessional Specialist Pain Management Services.

¹ NICE CG173 (2013; updated 2018) Neuropathic pain in adults: pharmacological management in non-specialist settings

² Scottish Intercollegiate Guidelines Network (SIGN) Guideline 136 (2013) Management of Chronic Pain - Full guideline

³ Macfarlane et al (2016) The European League Against Rheumatism (EULAR) Revised recommendations for the management of fibromyalgia

NOTES:

- Potentially exceptional circumstances may be considered by a patient's CCG where there is evidence of significant health status impairment (e.g. inability to perform activities of daily living) and there is evidence that the intervention sought would improve the individual's health status.
- This policy will be reviewed in the light of new evidence or new national guidance, e.g., from NICE.
- Thames Valley clinical policies can be viewed at <http://www.fundingrequests.ccsu.nhs.uk/>
- Oxfordshire CCG clinical policies can be viewed at <http://www.oxfordshireccg.nhs.uk/professional-resources/priority-setting/lavender-statements>