

SCOPE STATEMENT FOR HERC COVERAGE GUIDANCE

LOW BACK PAIN: PHARMACOLOGICAL AND HERBAL THERAPIES

Population description	Adults with acute, subacute, or chronic low back pain with or without radiculopathy <i>Population scoping notes: None</i>
Intervention(s)	Pharmacological interventions, including acetaminophen, non-steroidal anti-inflammatory medications (NSAIDs), skeletal muscle relaxants, antidepressants, antiepileptics, benzodiazepines, opioids, topical therapies (capsicum, lidocaine, methyl salicylate, herbal therapies [e.g., devil's claw, willow bark, capsicum]), combinations of the above <i>Intervention exclusions: None</i>
Comparator(s)	Other interventions for low back pain (including others listed above), no treatment
Outcome(s) (up to five)	Critical: Short-term function, long-term function, long-term risk of undergoing surgery Important: Adverse events, change in utilization of comparators <i>Considered but not selected for GRADE Table: None</i>
Key questions	<ol style="list-style-type: none">1. What is the comparative effectiveness of pharmacological and herbal interventions for low back pain?2. Does the comparative effectiveness of the interventions vary by:<ol style="list-style-type: none">a. Duration of back painb. Etiology of back or radicular pain (e.g., stenosis, disc herniation)c. Dose and frequency of the medicationd. Previous back surgerye. Response to previous medication trialsf. Risk level for poor functional prognosisg. Comorbidities (physical or behavioral)3. What are the harms of pharmacological interventions for low back pain?
Contextual questions	<ol style="list-style-type: none">1. Does the use of pharmacological therapies affect the subsequent use of health care resources?2. Does the effectiveness of pharmacological and herbal therapies depend on prior treatments the patient has received?

CHANGE LOG

Date	Change	Rationale