

Hull Clinical Commissioning Group

General Commissioning Policy

Treatment	Infusion Therapy
For the treatment of	Chronic (non-cancer) pain relief
Background	<p>This commissioning policy is needed because of the limited evidence base for the clinical and cost-effectiveness of this treatment.</p> <p>The therapy is not routinely commissioned and requests are currently considered via the Individual Funding Request (IFR) process.</p>
Commissioning position	<p>NHS Hull CCG does not routinely commission Infusion Therapy for chronic (non-cancer) pain relief.</p> <p>All requests for this treatment should be submitted by a Consultant Pain Physician and / or General Practitioner to the IFR Panel, including details of:</p> <ul style="list-style-type: none"> The nature of the chronic pain and its impact on the patients quality of life and daily functioning Pain management interventions previously tried and their outcomes, with specific reference to the local neuropathic pain pathway (Ref 1) including any reasons why the usual pathway cannot be followed The type of infusion therapy being considered The evidence base for this intervention The expected benefits of the treatment <p>The IFR Panel will consider each request on a case by case basis, particularly in patients who are unable to take oral medication.</p>
Effective from	September 2016
Summary of evidence / rationale	<p>Infusion therapy involves the intravenous infusion of drugs with analgesic properties usually over a period ranging from 30 mins to several hours in a clinical setting where a high degree of monitoring can take place to minimise the risk of adverse effects or toxicity occurring.</p> <p>The NICE Guideline CG96 (Neuropathic Pain) does not make any recommendations regarding infusion therapy and no other national guidelines exist on this therapy.</p> <p>The evidence base is limited. Only one small RCT (Ref 2) has looked at the long term effect of Phenytoin infusion for neuropathic pain. However, local audits have also shown similar benefits. These studies point to Phenytoin having an analgesic effect in acute flare-ups of chronic neuropathic pain and that this relief outlives both the infusion time and plasma half-life of Phenytoin.</p> <p>Other interventions that have been reported include</p>

Notes

1. This Policy will be reviewed in the light of new evidence, or guidance from NICE.
2. General Commissioning Policy Statements are agreed by the Planning and Commissioning Committee on behalf of NHS Hull Clinical Commissioning Group.

	<p>Off label use of intravenous lidocaine (lignocaine) as an infusion for intractable Neuropathic Pain not responding to neuropathic agents.</p> <p>Off label use of ketamine as an infusion for neuropathic pain developing on top of acute pain</p> <p>Adenosine infusion</p> <p>More evidence exists for lidocaine infusion (Refs 3-6) than the other interventions. Lidocaine is a sodium channel blocker that produces analgesia when administered intravenously to patients with neuropathic pain. However, Lidocaine infusions rarely provide relief that persists significantly beyond the duration of the infusion, so should generally be restricted to patients with neuropathic pain who are unable to take oral medication.</p> <p>Ketamine, an NMDA receptor antagonist, can have an analgesic effect in neuropathic pain. It is associated with side-effects that limit its use, but recent work has suggested an opiate potentiating effect that may be apparent at otherwise sub-therapeutic doses. However, for both ketamine and adenosine, studies in the literature are limited to very small case series or conference abstracts (Refs 7-10). Long term resolution of pain was only achieved in a very small proportion of patients given an intravenous adenosine infusion (Ref 8).</p>
Date	May 2017
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Refs:

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Kalso E, et al. Systemic local anaesthetic type drugs in chronic pain: a systematic review, *Eur J Pain*, 2 (i) (1998) 3-14. <http://www.ncbi.nlm.nih.gov/pubmed/10700296>
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Adenosine:

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Ketamine:

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<http://www.kenes.com/wip2009/posters/Abstract385.htm>