Fibromyalgia, Chronic Pain Syndrome, Chronic Fatigue Syndrome and Multiple Chemical Sensitivities Adjudication Reference Tool

Effective Date: September 2006
Authorization: Nancy Lawand, A/Director General, CPP Disability Directorate

Table of Contents

Top of page

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1. Purpose

The purpose of this reference tool is to familiarize Medical Adjudicators with the syndromes of Fibromyalgia (FMS), Chronic Pain Syndrome (CPS), Chronic Fatigue Syndrome (CFS), and Multiple Chemical Sensitivities (MCS) by describing characteristics normally used to establish or confirm the syndromes.

This reference tool includes a review of the definitions of Fibromyalgia, Chronic Pain Syndrome, Chronic Fatigue Syndrome and Multiple Chemical Sensitivities by providing some diagnostic characteristics and criteria to refer to when establishing or confirming the condition.

This tool should not be treated as a set of procedures or rules; rather, it is a guide against which the facts of each case should be assessed.

Top of page

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2. Background

The Federal Court of Canada in the Kent decision made reference to medical conditions not well understood by medical practitioners. These medical conditions are characterized by groupings of symptoms and/or physical findings that are non-specific to a particular diagnosis. At the time of presentation to a physician, the symptoms and/or physical findings may correspond to a number of medical diagnoses and the ultimate nature or impact of the presenting complaints may only become fully understood with the passage of time. This does not necessarily mean that a medical condition will at some future time be better understood from a medical perspective.

The Federal Court has directed that when a client's presenting symptoms and findings or the impact of these symptoms cannot be attributed to a defined medical condition at the time of application, this should be taken into consideration. These medical conditions can include Fibromyalgia, Chronic Pain Syndrome and Chronic Fatigue Syndrome and Multiple Chemical Sensitivities. This reference tool will assist Medical Adjudicators in understanding these medical conditions and their characteristics and outlines factors to be considered to determine eligibility for CPP disability benefits.

Top of page

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3. What's new

3.1 What's Changed

This adjudication reference tool has been updated to provide the most recent information available on Fibromyalgia, Chronic Pain Syndrome, Chronic Fatigue Syndrome and Multiple Chemical Sensitivities to assist Medical Adjudicators in determining eligibility for CPP Disability benefits.

Top of page

3.2 What's been Replaced

Adjudication Working Tool Fibromyalgia, Chronic Pain Syndrome and Chronic Fatigue Syndrome [Bulletin NO: 16/97-CPP-09].

Top of page

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4. Policy

This reference tool provides direction on the factors to be considered when assessing Fibromyalgia, Chronic Pain Syndrome, Chronic Fatigue Syndrome and Multiple Chemical Sensitivities. A specific diagnosis is not required to determine that a mental or physical disability exists.

Top of page

4.1 Factors to be Considered

The determination of eligibility for CPP disability benefits is not based solely on a specific medical condition or injury. The medical condition is considered as it relates to the individual's capacity to regularly pursue any work at a substantially gainful level. Therefore, a number of factors need to be considered; primarily the medical condition, functional limitations that result from the illness or injury and personal characteristics such as age, education and work experience.

In some cases, the medical evidence may not establish a diagnosis, but there will be signs and symptoms of a medical condition. The medical evidence may establish a relationship between signs, symptoms, findings and the disability. Self-reported symptoms, and observed behaviour noted by a physician, psychologist, or health care workers may provide the sole information and basis for a diagnosis.

This reference tool is to be used in conjunction with the CPP Disability Adjudication Framework, Reasonably Satisfied, to determine an applicant's eligibility for CPP disability benefits.

The determination of eligibility or continuing eligibility for CPP disability benefits will include the assessment of non-compliance with recommended health care treatments and the impact non-compliance may have on the individual's ability to work.

Top of page

4.2 Fibromyalgia (FMS)

Fibromyalgia (FMS) is a syndrome characterized by diffuse musculoskeletal pain and multiple tender points in specific locations. Eighty percent of individuals reporting this condition are female. The peak age range of occurrence is 30-50 years. Diagnosis is made on clinical grounds. There are presently no medical tests available such as diagnostic imaging or laboratory tests to confirm a diagnosis of Fibromyalgia.

Fibromyalgia is a syndrome, also called a disorder, defined by the American College of Rheumatology (ACR) which recognizes it as medically determinable if there are symptoms and signs noted and recorded through medical evaluation.

Top of page

4.2.1 Fibromyalgia Signs and Symptoms

The signs are primarily the tender points. The American College of Rheumatology (ACR) (1990) definition is a disorder characterized by "widespread pain felt in all four quadrants of the body, bilaterally, as well as above and below the waist and including the axial skeleton, present for a minimum duration of 3 months, with at least 11 of 18 specified tender points which cluster around the neck and shoulder, chest, hip, knee, and elbow regions." Other symptoms that Fibromyalgia clients frequently experience are gastrointestinal

discomfort such as may be experienced in irritable bowel syndrome, headaches, TMJ pain, fatigue, poor sleep, stiffness, low mood, and concentration and thinking difficulties. Other less common symptoms may include paresthesia and peripheral vasomotor complaints (such as those see in Raynaud's phenomenon).

There are no significant clinical differences between individuals considered to have primary versus secondary Fibromyalgia (a primary condition is the first and foremost to which others may be secondary or occur as complications, i.e. a person may have Osteoarthritis as a primary condition and Fibromyalgia as a secondary diagnosis). The issue of causality between a specific illness or trauma and secondary Fibromyalgia is usually not clear.

Myofascial pain syndrome has similarities to Fibromyalgia but it is distinguished by the emphasis on localized rather than diffuse pain.

There is considerable overlap among the clinical presentation/symptoms of persons with Chronic Fatigue Syndrome, Chronic Pain Syndrome and Fibromyalgia.

Top of page

4.3 Chronic Pain Syndrome

Chronic Pain Syndrome (CPS) is a pain perception and pain behaviour disorder usually associated with psychosocial consequences. Chronic Pain Syndrome is not a psychiatric disorder, nor should it be confused with psychogenic pain. The syndrome is considered when pain complaints last longer or are of greater magnitude than expected for a given illness or injury. Chronic Pain Syndrome is an illness of the whole person. The pain-related behaviour appears to be inconsistent with an underlying noxious stimulus. Medical disease/pathology must be ruled out as a cause of pain. Over time, those who characterize the syndrome experience deterioration of coping mechanisms and under such circumstances, limitations of functional capacity are apt to develop. Among the consequences of this loss of individual coping may be feelings of despair, alienation from family and society, job loss, isolation, feelings of helplessness and assumption of a dependent lifestyle.

Chronic Pain Syndrome (CPS) presents a major challenge to healthcare providers because of the usually complex history, unclear organic aetiology, and poor response to the medical model of care and therapy.

Top of page

4.3.1 Chronic Pain Syndrome Signs and Symptoms

Any pain that persists longer than the reasonably expected healing time for the involved tissues and, certainly, ongoing pain lasting longer than 6 months should be considered chronic pain.

According to the American Medical Association, the presence of two or more of the following characteristics should be present to establish a presumptive diagnosis of Chronic Pain Syndrome. The Eight D's of chronic pain are:

- Duration
- Dramatization
- Diagnostic Dilemma

- Drugs
- Dependence
- Depression
- Disuse
- Dysfunction

Chronic Pain Syndrome is characterized by the following:

- the pain persists for six months or more beyond the usual healing time for the injury;
- medical investigations and rehabilitation treatment have been concluded without positive results;
- complaints of pain and pain behaviour are inconsistent with organic findings; and
- pain impairs capacity to function and to work.

Difficulties in the following areas may be experienced by Chronic Pain Syndrome claimants, either as a reaction to perceived pain or following treatment with narcotic medications:

- decreased physical functioning;
- mood problems, dysthymia, depression;
- difficulty with thinking;
- vocational /rehabilitation failure;
- family relationship disruption;
- decreased social/recreational activities; and
- decreased daily activities.

It should be noted that patients diagnosed with Chronic Pain Syndrome and treated with narcotic medications may also experience adverse effects from medication that exacerbate some or all of the above the problems.

Top of page

4.4 Chronic Fatigue Syndrome (CFS)

Chronic Fatigue Syndrome (CFS) consists of a complex of symptoms and signs that may vary in incidence, duration, and severity. The hallmark of CFS is the presence of clinically evaluated, persistent or relapsing chronic fatigue which cannot be explained by another physical or mental disorder, or as the result of ongoing exertion. It is not substantially alleviated by rest and results in a significant reduction in previous levels of occupational, educational, social, or personal activities.

4.4.1 Chronic Fatigue Syndrome (CFS) Signs and Symptoms

CFS requires the concurrence of 4 or more of the following clinically documented medical symptoms, all of which must have persisted or recurred during 6 or more consecutive months of illness and must not have pre-dated the fatigue.

- post-exertional malaise and/or pain;
- post-exertional fatigue;
- loss of physical and mental stamina;
- poor sleep quality;
- pain, sometimes migratory in nature; and
- cognitive difficulties. **and**

One symptom from each of the two following categories:

- immune manifestations, such as tender lymph nodes or flu-like symptoms
- autonomic symptoms, such as postural hypotension

There are no specific diagnostic tests to confirm a diagnosis of Chronic Fatigue Syndrome.

Top of page

4.5 Multiple Chemical Sensitivities (MCS)

The theoretical concept underlying Multiple Chemical Sensitivities (MCS) was developed by allergist Theron G. Randolph, M.D. (1906-1995), who believed that patients may become ill from exposures to substances at doses far below levels normally considered safe.

In the 1950s, Randolph suggested that human failure to adapt to modern synthetic chemicals had resulted in a new form of sensitivity to these substances. Over the ensuing years, the condition he postulated has variously been called allergic toxemia, cerebral allergy, chemical sensitivity, ecologic illness, environmental illness (EI), immune system dysregulation, multiple chemical sensitivity, total allergy syndrome, total environmental allergy, total immune disorder syndrome, toxic response syndrome, 20th century disease, universal allergy, and many other names that suggest a variety of causative factors.

Theories to explain the cause of MCS include allergy, dysfunction of the immune system, and various psychological theories, such as symptoms compatible with a somatization disorder as defined in DSM IV-R.

Multiple Chemical Sensitivity is a chronic condition; that is, of greater than six months duration, characterized by multiple symptoms, said to be triggered by multiple chemicals, affecting multiple organs and multiple senses. The most severe cases, often called either Environmental Illness or 20th Century Disease, sometimes result in individuals isolating themselves from society, synthetic products, and any type of chemical product.

There are no consistent abnormal findings, laboratory abnormalities or diagnostic studies that can be relied upon to confirm the presence of the MCS syndrome.

Top of page

4.5.1 What Makes MCS So Hard to Identify?

Few products in our society do not include some synthetic or natural chemicals. While most people are generally unaffected by them, many of us have experienced some type of reaction stimulated by synthetic chemicals at some time. Headaches, dizziness and shortness of breath are symptoms that may occur following exposure to chemicals. For example, anyone exposed to ammonia fumes will have experienced some similar symptoms. The myriad symptoms reported by those experiencing MCS are also common to many other illnesses, diseases, or even to stressful situations. Claimants with MCS may exhibit phobic avoidance of reported triggers similar to the behaviour seen in persons with panic disorder and agoraphobia.

Persons who report symptoms of MCS often refuse to consider a psychological/ psychiatric component and may seek treatment from alternative health care practitioners, whose therapies may serve to reinforce the attribution of symptoms to chemical exposure.

Other medical conditions including psychiatric conditions must be excluded. The diagnosis of MCS is made on the basis of the history. Persons with MCS may feel they are housebound, which will, when encountered, make medical or psychiatric evaluation difficult to coordinate.

Top of page

4.5.2 Characteristics of Multiple Chemical Sensitivity (MCS)

- **multiple symptoms** (many and variable)
- affecting **multiple organs** (min. 2, usually 4+)
- affecting **multiple senses** (usually 2 to 4)
- triggered by **multiple chemicals** (and often also by other stressors & stimuli)
- **waxing and waning** with exposures
- **at or below levels** previously tolerated, or generally tolerated

Multiple

Multiple Symptoms

- Abdominal pain
- Asthma, headaches, rashes
- Chronic fatigue & weakness
- Concentration & memory loss
- Muscle & joint pains
- Numbness, tingling, twitching
- Sore eyes, ears, nose & throat

Multiple Organs

- Central nervous system
- Eye, ear, nose & throat
- Gastrointestinal
- Musculoskeletal
- Peripheral nervous system
- Respiratory
- Skin

Multiple Senses

- Hypersensitive to smells
- Photosensitive, blurred vision
- Intolerant of loud noises
- Bothered by abnormal tastes
- Hypersensitive to touch & temperature extremes
- Impaired "senses" of balance, coordination & concentration

Multiple Exposures

- Alcohol & medications
- Caffeine & food additives
- Raw fuels & engine exhaust
- New carpet & furnishings
- Paint & renovation materials
- Perfume & scented products
- Pesticides & herbicides
- Solvents & other volatile organic compounds

Top of page

4.6 Documentation

4.6.1 Documentation from a Family or Treating Physician

Medical reports from the treating physician can provide important documentation when determining eligibility for CPP disability benefits. To be a comprehensive report it must contain diagnosis,

relevant/significant medical history, any hospitalization, clinical findings, physical findings, functional limitations, outcome of consultations or result of investigations, medication, treatment and response and finally, prognosis. Contrary views on file, based on objective facts, should be investigated if deemed important and pertinent in determining CPP disability eligibility.

Some questions to consider:

- Does the medical report support the criteria for establishing the diagnosis of Fibromyalgia, Chronic Pain Syndrome and Chronic Fatigue Syndrome?
- Does the evidence in the family or treating physician's report substantiate the severity of the disability within the meaning of CPP legislation?
- Is there a contrary view on file from another physician or health professional?
- Has the client complied with recommended treatment? What was the result of that treatment? Is the client's condition still preventing him/her from working despite the treatment he/she is receiving?

Top of page

4.6.2 Documentation from a Physician with a Specialty Versus Other Health Care Professionals

There may be situations when there are conflicting reports from medical practitioners or when an opinion about capacity to work is not supported by other reports on file or by the totality of the facts on file. The Medical Adjudicator must assess the factual basis upon which the opinions on capacity are based and also assess the practitioners' qualifications and their areas of expertise.

For example, reports from health care professionals who are not physicians with a speciality may provide significant information/evidence of capacity to work. This evidence could be in the form of:

- a report from a neuropsychologist;
- a report from a qualified professional who routinely performs Functional Capacity Evaluations (a Functional Capacity Evaluation may provide an objective evaluation of physical capacity for work);
- a report from a clinical psychologist; or
- a report from an occupational therapist.

Some questions to consider:

- Is there a physiatrist/rheumatologist report to eliminate possible organic sources of the problem?
- Is there a psychiatrist/psychologist report to eliminate possible psychiatric causes for the problem?
- Are the conclusions drawn by physicians, specialists or health professionals based on objective, medical or functional findings?
- Has the Functional Capacity Evaluation ever been performed for this client? If one is not available, it can be requested by CPP, as required.

Top of page

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5. Procedures

Not Applicable

Top of page

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6. Tools

6.1 SDA Assist

The SDA Assist tool was created to provide a simulated online environment for ISP front line staff. Agents can now access any particular screen of any online product quickly and efficiently by using the index or search capabilities. SDA Assist will provide this simulated environment for all new ISP online services as they become available to the public.

Top of page

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7. References

7.1 Legislation/Regulations

- CPP, Subsection 42(2)-Definition of Disability

Top of page

7.2 Related Policy Directives

- ISP Policy Guideline the Adjudication Framework for Canada Pension Plan (CPP) Disability Benefits
- ISP Policy Guideline Reasonably Satisfied under the Canada Pension Plan (CPP)
- The ISP Policy Guideline Onus [Bulletin No: 12/2000-CPP-02]
- ISP Policy Directive - Late Applicant Provision/Protection for Disability Benefit -Bulletin No.: 09/2001-CPP-02
- Non Compliance With Health Care Treatment

Top of page

7.3 National Training Program (NTP)

- Disability Overview, Module 1;
- Disability Adjudication, Module 2;

Top of page

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8. Inquiries

For inquiries, contact the Operational Service Desk through your designated policy contact person(s) at Operational Service Desk.

Top of page

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9. Feedback

Do you have any suggestions or feedback concerning this product? If so, please send it to the PPP Feedback Inbox.

Top of page

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