



Complete Summary

GUIDELINE TITLE

Fibromyalgia.

BIBLIOGRAPHIC SOURCE(S)

Washington State Department of Labor and Industries. Fibromyalgia. Olympia (WA): Washington State Department of Labor and Industries; 2002 Aug. 5 p. [1 reference]

COMPLETE SUMMARY CONTENT

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SCOPE

DISEASE/CONDITION(S)

Fibromyalgia

GUIDELINE CATEGORY

Treatment

CLINICAL SPECIALTY

Family Practice
Internal Medicine
Physical Medicine and Rehabilitation
Rheumatology

INTENDED USERS

Health Care Providers
Health Plans

Physicians
Utilization Management

GUIDELINE OBJECTIVE(S)

- To answer questions about the association between fibromyalgia and the industrial insurance system, specifically:
 - Is fibromyalgia accepted as an industrial injury or occupational disease?
 - If a provider asserts a worker's fibromyalgia is related to the industrial injury or occupational exposure, what type of documentation should be submitted to support this contention?
 - Will the department or self-insurer pay for short-term treatment of fibromyalgia?
- To present recommendations on the temporary treatment of fibromyalgia in the injured worker

TARGET POPULATION

The injured worker with fibromyalgia

INTERVENTIONS AND PRACTICES CONSIDERED

Temporary Treatment of Fibromyalgia as an Aid to Recovery

1. Physical therapy
2. Low dose tricyclic anti-depressants
3. Muscle relaxants on a time-limited basis
4. Spinal manipulations

MAJOR OUTCOMES CONSIDERED

Not stated

METHODOLOGY

METHODS USED TO COLLECT/SELECT EVIDENCE

Searches of Electronic Databases

DESCRIPTION OF METHODS USED TO COLLECT/SELECT THE EVIDENCE

The guideline developer performed literature searches of the U.S. National Library of Medicine's Medline to identify data related to the injured worker population.

NUMBER OF SOURCE DOCUMENTS

Not stated

METHODS USED TO ASSESS THE QUALITY AND STRENGTH OF THE EVIDENCE

Not stated

RATING SCHEME FOR THE STRENGTH OF THE EVIDENCE

Not applicable

METHODS USED TO ANALYZE THE EVIDENCE

Review

DESCRIPTION OF THE METHODS USED TO ANALYZE THE EVIDENCE

Not applicable

METHODS USED TO FORMULATE THE RECOMMENDATIONS

Expert Consensus

DESCRIPTION OF METHODS USED TO FORMULATE THE RECOMMENDATIONS

Consensus development has generally taken place between the permanent members of the subcommittee (orthopedic surgeon, physiatrist, occupational medicine physician, neurologist, neurosurgeon) and ad hoc invited physicians who are clinical experts in the topic to be addressed. One hallmark of this discussion is that, since few of the guidelines being discussed have a scientific basis, disagreement on specific points is common. Following the initial meeting on each guideline, subsequent meetings are only attended by permanent members unless information gathering from invited physicians is not complete.

RATING SCHEME FOR THE STRENGTH OF THE RECOMMENDATIONS

Not applicable

COST ANALYSIS

A formal cost analysis was not performed and published cost analyses were not reviewed.

METHOD OF GUIDELINE VALIDATION

External Peer Review
Internal Peer Review

DESCRIPTION OF METHOD OF GUIDELINE VALIDATION

Following input from community-based practicing physicians, the guideline was further refined.

RECOMMENDATIONS

MAJOR RECOMMENDATIONS

Fibromyalgia is a complex pain disorder that raises many questions for providers, particularly as to whether this condition is related to the industrial insurance system.

Is fibromyalgia accepted as an industrial injury or occupational disease?

Based on a lack of scientific evidence, the Washington Department of Labor and Industries does not generally recognize fibromyalgia as an industrial injury, an occupational disease, or an aggravation to a pre-existing condition.

The worker's health care provider may submit additional information, as described below, that the provider believes rebuts, or challenges, this general policy for an individual worker.

If a provider asserts a worker's fibromyalgia is related to the industrial injury or occupational exposure, what type of documentation should be submitted to support this contention?

1. Case-specific information linking the injury to the occurrence of fibromyalgia

Case-specific information might include, but is not limited to:

- Evidence of a temporal relationship to the worker's industrial injury or occupational exposure (e.g., the injury precedes all symptoms of fibromyalgia or symptoms of potentially crossover disorders such as chronic fatigue syndrome)
 - Documentation that the worker's diagnosis of fibromyalgia meets the American College of Rheumatology's 1990 Criteria for the Classification of Fibromyalgia (see Attachment A in the original guideline document)
 - A biological and clinically justifiable rationale for the relationship between the industrial injury and the occurrence of fibromyalgia. The biological rationale should include a discussion based on accepted principles of biological sciences (anatomy, physiology, biochemistry, etc.) as to how the industrial injury caused the condition.
2. Scientific studies that address the relationship between individual injuries and the occurrence of fibromyalgia.

The provider is encouraged to submit published scientific studies supporting the contention of causality. In 1996, and again in 1997 and 1998, the department reviewed the existing scientific literature on this subject and found insufficient medical data to establish a causal relationship between a traumatic injury or occupational exposure and the development of

fibromyalgia. Therefore, it is particularly important that the provider point out any new studies or new analyses of old studies that he or she feels supports a different conclusion regarding causality.

Effective January 1, 1999, State Fund claim managers will automatically request this information from the attending physician whenever fibromyalgia is contended on a claim. Information submitted by the provider to support the causal relationship will be reviewed by department medical staff before a claim adjudication decision is made.

Will the department or self-insurer pay for short-term treatment of fibromyalgia?

Temporary treatment as an aid to recovery

In general, fibromyalgia is not an accepted condition and treatment is not allowed. However, if fibromyalgia is directly retarding recovery of the accepted industrial injury or occupational disease, the department or self-insurer may authorize temporary treatment. Temporary treatment can be authorized when all of the following conditions are met:

- The accepted industrial injury is not stable.
- Fibromyalgia is directly retarding recovery of the accepted industrial injury or occupational disease.
- The required documentation is submitted (see authorization and documentation requirements below).

Treatment as an aid to recovery will be authorized for no longer than 90 calendar days. If the worker has reached maximum recovery from the accepted industrial injury or occupational disease prior to the 90-day period, the fibromyalgia treatment will be terminated at that time.

What are the authorization requirements?

The provider must obtain prior authorization to treat fibromyalgia as an aid to recovery. The department or self-insurer will not pay for treatment for fibromyalgia as an unrelated condition unless specifically authorized.

To request prior authorization, the provider must submit the following in writing to the department or self-insurer:

- Adequate documentation that the worker's diagnosis of fibromyalgia meets the American College of Rheumatology's 1990 Criteria for the Classification of Fibromyalgia (see Attachment A in the original guideline document)
- An explanation of how fibromyalgia, as an unrelated condition, is affecting the accepted industrial condition
- A treatment plan

Note: The State Fund's Provider Toll Free staff will not be able to authorize these services.

What type of treatment may be allowed for the temporary treatment of fibromyalgia?

The department or self-insured employer is most likely to approve treatment plans that include conservative, non-invasive treatment that the scientific literature has shown to be effective in the short term. Such treatment includes, but may not be limited to:

- Physical therapy
- Low dose tricyclic anti-depressants
- Muscle relaxants on a time-limited basis
- Spinal manipulations

The department or self-insured employer will not approve invasive therapies or treatments whose effectiveness has not been documented for even the short-term. The following types of treatment will not be approved for the treatment of fibromyalgia:

- Trigger point injections
- Methotrexate
- Opioids
- Non-steroidal anti-inflammatory drugs (NSAIDs)

Note: Fibromyalgia may coexist with other conditions for which such therapies may be indicated.

What are the documentation requirements?

When treating an unrelated condition, the attending physician must submit a report every 30 days outlining the effect of the treatment on both the unrelated and the accepted industrial conditions.

CLINICAL ALGORITHM(S)

None provided

EVIDENCE SUPPORTING THE RECOMMENDATIONS

TYPE OF EVIDENCE SUPPORTING THE RECOMMENDATIONS

The type of supporting evidence is not specifically stated for each recommendation.

The recommendations were developed by combining pertinent evidence from the medical literature with the opinions of clinical expert consultants and community-based practicing physicians. Because of a paucity of specific evidence related to the injured worker population, the guideline is more heavily based on expert opinion.

BENEFITS/HARMS OF IMPLEMENTING THE GUIDELINE RECOMMENDATIONS

POTENTIAL BENEFITS

Temporary treatment of fibromyalgia may aid in recovery from industrial injury or occupational disease.

POTENTIAL HARMS

Not stated

QUALIFYING STATEMENTS

QUALIFYING STATEMENTS

- The Office of the Medical Director works closely with the provider community to develop medical treatment guidelines on a wide range of topics relevant to injured workers. Guidelines cover areas such as lumbar fusion, indications for lumbar magnetic resonance imaging (MRI), and the prescribing of controlled substances. Although doctors are expected to be familiar with the guidelines and follow the recommendations, the department also understands that guidelines are not hard-and-fast rules. Good medical judgment is important in deciding how to use and interpret this information.
- The guideline is meant to be a gold standard for the majority of requests, but for the minority of workers who appear to fall outside of the guideline and whose complexity of clinical findings exceeds the specificity of the guideline, a further review by a specialty-matched physician is conducted.
- The guideline-setting process will be iterative; that is, although initial guidelines may be quite liberally constructed, subsequent tightening of the guideline would occur as other national guidelines are set, or other scientific evidence (e.g., from outcomes research) becomes available. This iterative process stands in contrast to the method in some states of placing guidelines in regulation. Although such regulation could aid in the dissemination and quality oversight of guidelines, flexibility in creating updated guidelines might be limited.

IMPLEMENTATION OF THE GUIDELINE

DESCRIPTION OF IMPLEMENTATION STRATEGY

All of the surgical guidelines established by the Department of Labor and Industries in collaboration with the Washington State Medical Association (WSMA) have been implemented in the context of the Utilization Review (UR) program (complete details regarding the Utilization Review program can be found on the [Washington State Department of Labor and Industries Web site](#)). It has been critical in contract negotiations with UR vendors to specify that the vendor is willing to substitute WSMA-generated guidelines for less specific standards already in use by the company. The Department of Labor and Industries initiated an outpatient UR program, and this has allowed full implementation of guidelines related to outpatient procedures (e.g., carpal tunnel surgery, magnetic resonance

imaging [MRIs]). The scheduled drug use guideline has been used internally, but has not been formally implemented in a UR program.

The intention of the joint Department of Labor and Industries and WSMA Medical Guidelines Subcommittee was to develop treatment guidelines that would be implemented in a nonadversarial way. The subcommittee tried to distinguish between clear-cut indications for procedures and indications that were questionable. The expectation was that when surgery was requested for a patient with clear-cut indications, the request would be approved by nurse reviewers. However, if such clear-cut indications were not present, the request would not be automatically denied. Instead, it would be referred to a physician consultant who would review the patient's file, discuss the case with the requesting surgeon, and make recommendations to the claims manager.

INSTITUTE OF MEDICINE (IOM) NATIONAL HEALTHCARE QUALITY REPORT CATEGORIES

IOM CARE NEED

Living with Illness

IOM DOMAIN

Effectiveness

IDENTIFYING INFORMATION AND AVAILABILITY

BIBLIOGRAPHIC SOURCE(S)

Washington State Department of Labor and Industries. Fibromyalgia. Olympia (WA): Washington State Department of Labor and Industries; 2002 Aug. 5 p. [1 reference]

ADAPTATION

Not applicable: The guideline was not adapted from another source.

DATE RELEASED

1998 Nov (revised 1999 Jun; republished 2002 Aug)

GUIDELINE DEVELOPER(S)

Washington State Department of Labor and Industries - State/Local Government Agency [U.S.]

SOURCE(S) OF FUNDING

Washington State Department of Labor and Industries

GUIDELINE COMMITTEE

Washington State Department of Labor and Industries (L&I), Washington State Medical Association (WSMA) Industrial Insurance Advisory Section of the Interspecialty Council

COMPOSITION OF GROUP THAT AUTHORED THE GUIDELINE

Medical Director, Washington State Department of Labor and Industries (L&I): Gary Franklin, MD

The individual names of the Washington State Medical Association (WSMA) Industrial Insurance Advisory Committee are not provided in the original guideline document.

FINANCIAL DISCLOSURES/CONFLICTS OF INTEREST

Not stated

GUIDELINE STATUS

This is the current release of the guideline.

This guideline updates a previous version: Washington State Department of Labor and Industries. Fibromyalgia. Olympia (WA): Washington State Department of Labor and Industries; 1999 Jun.

GUIDELINE AVAILABILITY

Electronic copies: Available from the [Washington State Department of Labor and Industries Web site](#).

Print copies: L&I Warehouse, Department of Labor and Industries, P.O. Box 44843, Olympia, Washington 98504-4843.

AVAILABILITY OF COMPANION DOCUMENTS

This guideline is one of 16 guidelines published in the following monograph:

- Medical treatment guidelines. Olympia (WA): Washington State Department of Labor and Industries, 2002 Aug. 109 p.

Also included in this monograph:

- Grannemann TW (editor). Review, regulate, or reform? What works to control workers' compensation medical costs? In: Medical treatment guidelines. Olympia (WA): Washington State Department of Labor and Industries, 1994 (republished 2002). p. 3-19.

Electronic copies: Available from the [Washington State Department of Labor and Industries Web site](#).

The following is also available:

- Washington State Department of Labor and Industries. Utilization Review Program. New UR Firm. (Provider Bulletin: PB 02-04). Olympia (WA): Washington State Department of Labor and Industries; 2002 Apr. 12 p.

Print copies are available from the L&I Warehouse, Department of Labor and Industries, P.O. Box 44843, Olympia, Washington 98504-4843.

PATIENT RESOURCES

None available

NGC STATUS

This summary was completed by ECRI on July 24, 1999. The information was verified by the guideline developer on October 17, 1999. This summary was updated by ECRI on May 28, 2004. The information was verified by the guideline developer on June 14, 2004.

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The logo for FIRSTGOV, featuring the word "FIRSTGOV" in a stylized font with a red star above the "I".

