

**BEFORE THE ARKANSAS WORKERS' COMPENSATION COMMISSION**

**CLAIM NO. F205649**

<b>DENISE COULTER, EMPLOYEE</b>	<b>CLAIMANT</b>
<b>POULAN WEED EATER, EMPLOYER</b>	<b>RESPONDENT</b>
<b>ELECTROLUX HOME PRODUCTS, CARRIER</b>	<b>RESPONDENT</b>

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**OPINION FILED DECEMBER 30, 2003**

Hearing before Administrative Law Judge J. Mark White on October 30, 2003, in Texarkana, Miller County, Arkansas.

Claimant represented by Mr. R. Theodor Stricker, Attorney at Law, Jonesboro, Arkansas.

Respondents represented by Mr. Edward McCorkle, Attorney at Law, Arkadelphia, Arkansas.

**STATEMENT OF THE CASE**

On October 30, 2003, the above-captioned claim came on for a hearing in Hope, Arkansas. A pre-hearing conference was conducted on June 9, 2003, and a Prehearing Conference Order was entered that same day. A copy of the June 9, 2003, Prehearing Conference Order has been marked as Commission Exhibit No. 1 and made a part of the record herein without objection. At the hearing, the parties confirmed that the stipulations, issues and respective contentions, as amended, were properly set forth in the Prehearing Conference Order.

The parties stipulated that the Arkansas Workers' Compensation Commission has jurisdiction of this claim; that the employer/employee/self-insured

relationship existed between the parties on January 22, 2002; that the claimant sustained a compensable injury to her left shoulder and arm for which she received benefits; and that the respondents have denied compensability for the claimant's leg and knees claim. At the hearing, the parties further stipulated to a compensation rate of \$208 per week for total disability benefits.

The parties agreed that the issues to be presented were whether the claimant developed an injury to her legs and knees as a compensable consequence of the medication she took for her compensable shoulder and arm injury; whether the claimant is entitled to additional temporary total disability benefits; whether the claimant is entitled to additional medical benefits; and controversion and attorney's fees.

The claimant contends that she sustained a compensable injury as a consequence of the medication she was prescribed for her compensable injury and that she is entitled to medical and indemnity benefits related to this compensable consequence.

Respondents contend that the claimant has received all appropriate benefits for the injury accepted as compensable; that the claimant's leg and knee injuries did not arise out of and in the course and scope of her employment; and that there are no objective medical findings to support additional temporary total disability or

permanent partial disability benefits.

### **FINDINGS OF FACT AND CONCLUSIONS OF LAW**

After reviewing the record as a whole, to include medical reports, documents and other matters properly before the Commission, and having had an opportunity to hear the testimony of the claimant and to observe her demeanor, the following findings of fact and conclusions of law are hereby made in accordance with ARK.

CODE ANN. § 11-9-704:

1. The Arkansas Workers' Compensation Commission has jurisdiction of this claim.
2. The stipulations agreed to by the parties are reasonable and are hereby accepted as fact.
3. The claimant has failed to prove by a preponderance of the evidence a causal connection between her present condition, her leg and knee problems, and her use of Celebrex for her compensable shoulder injury.
4. The claimant has failed to prove by a preponderance of the evidence that she developed an injury to her legs and knees as a compensable consequence of the medication she took for her compensable arm and shoulder injury.
5. The claimant has failed to prove by a preponderance of the evidence that she

is entitled to additional benefits.

## **DISCUSSION**

### **I. History**

On January 22, 2002, the claimant sustained a compensable injury to her left shoulder and arm. The respondents accepted her injury as compensable and provided medical benefits, beginning with a January 29, 2002, visit with Dr. Richard Ridlon. Dr. Ridlon diagnosed “bursitis of the shoulder and tendonitis of the elbow area and forearm.” He placed the claimant on light duty, provided a cortisone shot and gave the claimant a prescription for Celebrex.

The claimant testified that within a day or two after starting the Celebrex, she began to develop “severe swelling in both knees and excruciating pain in both knees and fluid on them.” She testified that she attempted to treat the swelling herself while continuing to take the Celebrex. She testified that she reported her knee problems to the respondent-employer’s plant nurse, Sheila Nix-Smith, on February 12, 2002, and that Nix-Smith treated her right knee with heat and ice. Nix-Smith testified that she was not aware of any knee injury, and did not treat it, until February 19. She testified that the claimant told her she hurt her right knee at home, and Nix-Smith’s treatment records reflect the same, as does the first aid pass

completed by Nix-Smith. Tom Lingo, the claimant's supervisor, likewise testified that the claimant told him she had injured her knee at home.

The claimant testified that she ceased taking the Celebrex on February 22 after she read about its possible side-effects. She sought treatment from her personal physician, Dr. James Turbeville, on February 25. Dr. Turbeville gave the claimant an off-work slip that noted she "had swelling of both knees & effusion – I feel this could be from the Celebrex." The remainder of the off-work slip is nearly illegible, but it appears to read, "see PDR copy of side effects – I have heard people have reactions to sulfa drug & joint pain & swelling & Celebrex has sulfa in it." Dr. Turbeville's treatment record from that visit is mostly illegible, but it does clearly record that the claimant complained of swelling in both knees, with the right knee being worse. On the back of the off-work slip, Dr. Turbeville indicated he would refer the claimant to a rheumatologist.

On February 28, the claimant saw the company doctor, Dr. Ridlon, for "follow up of her shoulder injury." The claimant testified that Dr. Ridlon's treatment provided no relief for her shoulder, but Dr. Ridlon recorded in his February 28 note, "shoulders are OK now she says, she's convinced that Celebrax [sic] caused her knees to swell and hurt." Dr. Ridlon added, "She does have synovitis of the right knee, the knee is warm, there is a little crepitanace with motion. I explained to her

that I don't think that Celebrax [sic] caused that problem. She relates no recent or remote injuries to her knee except that and she had told the nurse at work that she twisted her knee at home." The record contains multiple copies of Dr. Ridlon's treatment note, but one of the copies has an additional handwritten statement at the bottom, appearing to be in the doctor's handwriting, that reads, "L knee not warm or swollen."

On March 28, the claimant injured her right knee when she jumped to dodge glass falling from a light bulb that had exploded. The respondents sent the claimant to see Dr. King, and then Dr. Ridlon, for treatment. Dr. King's note at the bottom of his treatment record of March 28 appears to read, "A normal exam." The respondents approved an MRI of the right knee, performed April 5, which revealed only joint effusion. Dr. Ridlon completed a workers' compensation form on April 9, stating a diagnosis of, "R knee sprain" and placing the claimant on light duty for two weeks.

Another treatment note dated April 9 and located at page 47 of Claimant's Exhibit No. 1 records the claimant as complaining of right knee swelling and bilateral knee pain. Though the treatment note is labeled as being from Dr. Ridlon in the claimant's exhibit index, it appears to actually be authored by Dr. Turbeville. The same note records a visit of April 26; the note reads, "Pt states both knees

swollen and [illegible]. Pt states thighs feel like pins sticking in them. Pt states pain gets so severe she falls without warning. Pt also states she can't do anything at all, no housework, no cooking." An off-work slip on Dr. Turbeville's stationary for that same date says the claimant was unable to work because of her knees and was scheduled to see a rheumatologist on June 7.

Up until this point, the claimant had continued to work either light or regular duty. On April 29, the claimant requested a medical leave absence, which was granted. She did not again return to work, though she remained an employee of the respondent-employer until October 25, 2002, when her medical leave expired and she was terminated. She continued to have access to her health insurance during these six months off from work.

On June 7, the claimant saw a rheumatologist, Dr. Melody D. St. John. Dr. St. John recorded as "chief complaint":

She states that in February of last year she injured her shoulder at work and was diagnosed with bursitis and tendonitis, had a steroid injection, and then got some Celebrex for it. Two days later her knees swelled up and she states that her whole lower extremities have swollen since that time with pain going up and down. She believes that this is a reaction to Sulfa. She states that occasionally she can't even where [sic] her shoes secondary to swelling. It hurts for her to walk. Her legs have become so tender that even the slightest touch is excruciating pain. She is unable to sleep at night and has been very depressed. Naprosyn does help some.

Moving, bending, and that sort of think [sic] makes her worse. She has had a negative rheumatoid factor and ANA. And her x-rays do show some mild degenerative joint disease of her knees. She is now unable to do her own housework and occasionally falls without warning. She states that she stays swollen. The pain is sharp in nature and is continuous.

Notably, Dr. St. John offered no opinion as to the causal connection, if any, between Celebrex or Sulfa and the claimant's condition. Dr. St. John diagnosed fibromyalgia, hypercalcemia, depression, degenerative joint disease, and trace sickle cell. Dr. St. John directed the claimant to return in two weeks, but the claimant never did so. She testified that she was unable to afford the visit and that the respondents refused to pay for it.

Though she testified that she could not afford to see Dr. St. John after that June visit, the claimant continued to see Dr. Turbeville through the summer and fall of 2002, and on August 12, 2002, he signed the following "to whom it may concern" letter:

Denise was in my office again today. She continues to have pain in her legs, knees, hip, back and thighs. She has been diagnosed with fibromyalgia and degenerative joint disease. Patient also has depression. Patient has to walk with a cane. She also has carpal [sic] tunnel syndrome in left wrist and hand. I do not feel she is able to hold down any job that she is qualified to do. I feel she is totally and permanently disabled to do any type of gainfully [sic] employment.

At the hearing, the claimant was in a wheelchair. She testified that she was using a wheelchair,

because of side-effects that are so painful and excruciating. It went all over my body and it is very hard trying to walk. I have such pain and swelling and fluid in my body and it makes it very hard for me to walk and I have to use a cane in order to be able to walk. In using a cane I can only go a short distance. I can't walk any long distance at all.

The claimant testified that she is presently taking medication for "muscle spasms, pain, depression, panic and anxiety attacks, swelling and to sleep."

Following testimony, the claimant's counsel contended that the claimant's fibromyalgia and other problems were due to a "chemical reaction to the Celebrex." He pointed out that the claimant has been diagnosed with fibromyalgia, but he acknowledged "the current unsettled nature of medical opinion in regards to what actually causes fibromyalgia."

## **II. Adjudication**

### **A. Compensability**

The claimant alleges that she sustained a compensable consequence of her original shoulder injury, in that the medication prescribed for her arm and shoulder caused fibromyalgia and her continuing leg and knee problems. If an injury is

compensable, then every natural consequence of that injury is also compensable, including injuries from medical treatment. *Air Compressor Equipment v. Sword*, 69 Ark. App. 162, 11 S.W.3d 1 (2000). The basic test is whether there is a causal connection between the two episodes. *Id.* An adverse reaction to medication prescribed for a compensable injury can be termed a “quasi-course of employment” injury, in that it is outside the time and space limits of the employment, but it is nonetheless related to the original injury in that it would not have happened but for the original injury. *Eagle Safe Corp. v. Egan*, 39 Ark. App. 79, 842 S.W.2d 438 (1992).

It should first be emphasized that the compensability of the claimant’s two other work injuries – the shoulder injury of January 22, 2002, and the knee injury of March 28, 2002 – are not at issue in this claim. The respondent accepted both of these injuries and provided medical treatment for them. The claimant has raised neither of these injuries as an issue of compensability. The only question of compensability at issue in this claim is whether the claimant sustained a compensable consequence in the form of a reaction to the medication she was prescribed for her shoulder injury.

The claimant suffers from a variety of maladies. According to the medical evidence in the record, the claimant complains of pain in her legs, knees, hip, back, thighs and eyes. She has been diagnosed with fibromyalgia, degenerative joint

disease, carpal tunnel syndrome and depression. She contends that the medication prescribed for her compensable shoulder injury, Celebrex, is responsible for her leg and knee problems and her fibromyalgia. She testified that the Celebrex initially caused severe swelling and excruciating pain in both knees, and that the reaction continues to cause her intense pain throughout her body, even though she ceased taking the Celebrex on or about February 22, 2002.

Though the claimant poses an interesting theory, it is just that – a theory. The only evidence substantiating the claimant’s contention of a causal connection is an off-hand comment by one physician. When Dr. James Turbeville treated the claimant for knee swelling, he noted, “I feel this could be from the [C]elebrex.” None of Dr. Turbeville’s records substantiate, explain or defend this speculation, other than that he had “heard” that other individuals had suffered similar reactions to the drug. Another of the claimant’s treating physicians, Dr. Richard Ridlon, conversely opined, “I don’t think that Celebrax [sic] caused that problem.” Considering only the opinions of these two doctors, we are left with an evidentiary stalemate. Without more evidence, the claimant cannot prove her contentions by a preponderance of the evidence.

The claimant introduced into evidence a document from her pharmacy listing the possible side effects of Celebrex. She testified that she first suspected a link

between her knee swelling and the Celebrex after reading that document. Yet, none of the claimant's present or past complaints or diagnoses were identified as possible side effects in that document. The document lists "swelling of ankles, feet or hands" as a possible side effect, but the claimant has complained of none of these. The swelling for which she was treated was in her knees, not her ankles or feet.

More to the point, there is zero evidence in the record, other than the claimant's speculation, that the Celebrex caused the claimant's fibromyalgia. Nothing in the medical record connects any of the claimant's present medical conditions and complaints to her work injuries or to her use of Celebrex. The claimant is not a doctor, nor is there any evidence that she possesses the specialized and unique medical knowledge required to render a valid medical opinion on her condition and its causation. Her suspicions do not and cannot constitute credible evidence, or substitute for an expert medical opinion. The claimant's theory that her medication caused her knee problems and her fibromyalgia is plausible, but ultimately it is no more than conjecture and speculation. Such cannot substitute for credible evidence. *Dena Construction Co. v. Herndon*, 264 Ark. 791, 575 S.W.2d 155 (1980).

Given the conflicting opinions of Drs. Ridlon and Turbeville, and given the lack of any other credible evidence to establish a causal connection, I must find that

the claimant has failed to prove by a preponderance of the evidence a causal connection between her present condition, her leg and knee problems, and her use of Celebrex for her compensable shoulder injury. I therefore find that she has failed to prove by a preponderance of the evidence that she developed an injury to her legs and knees as a compensable consequence of the medication she took for her arm and shoulder injury.

### **B. Additional Benefits**

An employer must promptly provide for an injured employee such medical treatment as may be reasonably necessary in connection with the injury received by the employee. ARK. CODE ANN. § 11-9-508(a). An employee who suffers a compensable scheduled injury is entitled to benefits for temporary total disability during her healing period or until she returns to work, whichever occurs first. ARK. CODE ANN. § 11-9-521 (a); *Wheeler Construction Co. v. Armstrong*, 73 Ark. App. 146, 41 S.W.3d 822 (2001). The healing period continues until the underlying condition has become stable, the employee is as far restored as the permanent character of her injury will permit, and there is nothing further in the way of treatment that will improve her condition. *Id.*

The record establishes that the respondents provided all necessary treatment for the claimant's compensable shoulder injury, and the claimant has not contended

otherwise. Multiple witnesses testified that the claimant said her shoulder problem had resolved, and there is no evidence in the medical record to suggest otherwise. Likewise, it appears that the claimant suffered a possibly compensable injury to her right knee when she jumped to avoid a falling light bulb, and the respondents provided all necessary treatment for that injury as well. Yet nothing in the medical evidence suggests or establishes that the claimant requires additional treatment for that injury. Nothing in the medical evidence establishes that the condition of her knee was any worse after that accident than before that accident, since the only objective sign of injury, swelling, was present before the accident.

The only injury at issue in this claim is the fibromyalgia and continuing leg and knee problems attributed by the claimant to her use of Celebrex. As noted above, the claimant has failed to prove by a preponderance of the evidence that this alleged injury is a compensable consequence, or that there is any causal connection between the Celebrex and her present problems. She has likewise failed to prove that additional treatment for her two compensable injuries is reasonably necessary, or that she remains in her healing period for either of the two compensable injuries. Thus, she has failed to prove by a preponderance of the evidence that she is entitled to additional benefits.

**AWARD**

The claimant has failed to prove by a preponderance of the evidence that she sustained a compensable injury or that she is entitled to additional benefits. Therefore, this claim for benefits must be, and it hereby is, denied and dismissed.

**IT IS SO ORDERED.**

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**HON. J. MARK WHITE**  
Administrative Law Judge