

BEFORE THE ARKANSAS WORKERS' COMPENSATION COMMISSION

CLAIM NO. E911803

BRENDA MAGADAN,  
EMPLOYEE

CLAIMANT

WASHINGTON MEDICAL CENTER,  
SELF-INSURED EMPLOYER

RESPONDENT

CCMSI,  
INSURANCE CARRIER/TPA

RESPONDENT

OPINION FILED JANUARY 26, 2005

Upon review before the FULL COMMISSION in Little Rock,  
Pulaski County, Arkansas.

Claimant represented by the HONORABLE MARK FREEMAN, Attorney  
at Law, Fayetteville, Arkansas.

Respondents represented by the HONORABLE TOD BASSETT,  
Attorney at Law, Fayetteville, Arkansas.

Decision of administrative law judge: Affirmed in part and  
reversed in part.

OPINION AND ORDER

The claimant appeals and the respondents cross-appeal  
an administrative law judge's opinion filed November 5,  
2003. The administrative law judge found that the claimant  
failed to prove she was entitled to temporary total  
disability compensation after July 12, 2002. The  
administrative law judge also found that treatment from Dr.  
Atkinson and Dr. Cannon on and after December 26, 2002 was  
reasonably necessary for the claimant's compensable injury.

After reviewing the entire record *de novo*, the Full Commission affirms the administrative law judge's opinion that the claimant failed to prove she was entitled to additional temporary total disability. We reverse the administrative law judge's opinion that treatment from Dr. Atkinson and Dr. Cannon after December 26, 2002 was reasonably necessary.

I. HISTORY

Brenda Elaine Magadan, age 47, testified that she began working for Washington Regional Medical Center in January 1985, and that she became a registered nurse in about 1993. The parties stipulated that the claimant sustained a compensable injury to her lumbar spine on January 1, 1999. The claimant testified that while stooping to hold up a 350-plus pound patient, "I reached over, was stooping with his weight, I felt my back, is how I injured it."

Dr. Gary L. Moffitt saw the claimant on January 13, 1999 and reported "muscle tightness and spasming in the right buttock, gluteal area." The record indicates that Dr. Moffitt diagnosed "Lumbar and right hip strain," and that he referred the claimant for physical therapy. Dr. Moffitt stated that the claimant could return to restricted work.

Dr. Moffitt released the claimant to work at full duties on January 25, 1999. The claimant testified that she performed full-time work for about eight months.

Dr. Stephen P. Johnson's impression on August 5, 1999 included "Chronic gluteal strain versus an S-1 radiculopathy." An MRI of the lumbar spine was taken on September 2, 1999, with the following impression:

Small left-sided L-5/S-1 paramedian HNP that does abut the exiting nerve root. By history, however, the patient did not have left lower extremity symptoms.

Anomalous T-12/L-1 intervertebral disc suggesting large posterior Schmorl's node with degenerative disc disease anteriorly, discogenic changes and moderate-sized central HNP that is felt to be subligamentous. It does efface the thecal sac but does not compress the nerve roots.

Moderate degenerative facet arthropathy at each level with fluid in the facet joints at multiple levels.

The conus medullaris is not enlarged, and there is normal marrow signal intensity arising from the vertebral bodies.

Dr. Moffitt opined on September 3, 1999, "the main problem Ms. Magadan is having at this time is related to the degenerative facet arthropathy. I would not recommend further epidural steroid injections. I think that she most

likely would benefit from physical therapy directed to facet disorder....She may continue to work with no restrictions."

The claimant began undergoing more physical therapy. Dr. Moffitt reported on September 24, 1999, "on Monday she was pushing a gurney and felt pain occur in her lower back again and now she has swelling in the right hip area in the region of the iliac crest." Dr. Moffitt assigned restricted work duties on September 28, 1999.

Dr. Vincent B. Runnels saw the claimant on October 4, 1999 and stated, "I think that this patient has degenerative disc disease and has suffered a mild disc bulge, but now is mainly having facet pain." Dr. Runnels noted on October 20, 1999, "She is now taking Lortab every four hours; although, I only prescribed it for twice a day." Dr. Runnels wrote on November 3, 1999, "I think she will be able to return to her nursing work, but I do not think that she should go back into the emergency room. It would be wise if the hospital could find her some nursing job that did not require any strenuous lifting, repetitive bending, or overhead work. Some sort of clerical-nurse-type job might be needed that could utilize her nursing knowledge and would not require

her to do any lifting." Dr. Runnels indicated that he did not think the claimant was a surgical candidate.

Dr. Alice M. Martinson independently evaluated the claimant and informed the respondent-carrier on December 14, 1999:

1. I believe that Ms. Magadan has significant degenerative disc changes at T12-L1, and to a lesser extent, at L5-S1. The T12-L1 changes were clearly present at the time of her on-the-job incident since there are x-ray abnormalities at this level visible immediately after that incident. I believe that it is these demonstrable structural changes which are responsible for her ongoing discomfort. She has no indication for surgical intervention.

2. I believe that Ms. Magadan is fit to return to work as a nurse with some restrictions. I think she should avoid repetitive bending, stooping, and lifting more than 20 pounds. In particular, I think she should avoid work settings which, even though bending, stooping, and lifting are not part of the normal job, she might be called upon to take sudden significant spinal loads in order to assist a patient. These restrictions would suggest that she could be assigned to a nursing role which is primarily administrative or supervisory in nature. Under the best of circumstances, I would consider returning to regular assignment as an Emergency Room nurse would be inappropriate.

3. She has no objective findings of any pathology other than the two-level disc changes which have been previously noted. These might be fundamentally considered degenerative in nature; however, they were, by all accounts, asymptomatic prior to her injury incident. Therefore, I

believe there has been some sort of fundamental change in their nature at this point.

4. I found no evidence of conscious symptom magnification or malingering in Ms. Magadan's clinical presentation. She is, admittedly, considerably concerned about the nature of her problem and its implications for her future employment and job satisfaction since she greatly enjoyed her assignment in the Emergency Room. That anxiety appears to have translated into some somatic preoccupation, and for this reason I went to great lengths to explain her physical and MRI abnormalities to her, emphasizing their benign nature. I believe that if she participates in a conscientious mobilization program, particularly with water exercise, that her complaints will diminish and she will become quite functional.

5. As stated above, I believe that Ms. Magadan is able to return to work at this time. She says that the only position she has been offered by nursing services is that of a ward clerk, and she desires something that is more in keeping with her status as an RN. Hopefully, a position can be found for her within the administrative nursing area which will be consistent with both her physical capabilities and her educational background.

Dr. Runnels noted on December 17, 1999, "She was a good bit better until she had to babysit and lifted the baby a good bit, and this aggravated her." Dr. Runnels stated on December 30, 1999, "She is much better. She is going to be able to start work on January 4<sup>th</sup> in a case management position, once the details can be worked out. Mainly, she will be auditing charts....At the present time, there is no

permanent disability, but she will have some permanent limitations, as previously outlined. She particularly should not be involved with any heavy lifting, repetitive bending, or overhead work." The claimant returned to Dr. Runnels in February 2000, reporting "a recent flare-up." Another MRI of the lumbar spine was taken on February 21, 2000, with the following impression:

This lumbosacral MRI demonstrates a T-12/L-1 disc protrusion with loss of the disc space height and indenting of the thecal sac without significant spinal stenosis or neural foraminal encroachment.

The claimant continued to occasionally follow up with Dr. Runnels. Dr. Runnels referred the claimant to Dr. David A. Davis, who reported on May 12, 2000, "This seems to be musculoskeletal low back pain, probably lumbar strain with exacerbation of preexisting degenerative arthropathy....An important part of her improvement is going to be smoking cessation, which should hopefully help with resolution of her low back pain." Dr. Davis informed Dr. Runnels on June 12, 2000, "At this point, she may have reached maximal medical improvement in that there is little else to offer her in the way of further evaluation or treatment for the problem. I did caution her about the chronic use of Lortab,

Soma, Ultram, and we discussed how she might taper off of these medications."

Dr. William L. Money noted on July 25, 2000, "Brenda is a 44-year-old white female referred to the dolorology service through Dr. Runnels office with a chief complaint of lumbosacral pain and right leg pain, radiating from the posterior aspect into the plantar aspect of the right foot....My thought is that this lady has an element of pyriformis syndrome. With that in mind she gives informed consent for a pyriformis injection." Dr. Money assessed "Pyriformis syndrome." The claimant began treating with Dr. Money.

A lumbar myelogram was taken on September 6, 2000, with the following impression:

Degenerative disc disease at L2/1 with disc space narrowing and osteophyte formation. Posterior osteophytes do cause an impression upon the ventral sac at L2/1.

Otherwise, the exam is unremarkable. No extradural defect affecting the nerve root sleeves.

Dr. Runnels stated on September 18, 2000:

I frankly do not see this as a piriformis syndrome as I cannot explain the loss of the knee jerk from that, but I have no objection to trying anything. If an injection has any Cortisone in it, it may

help her. She should continue her back exercises, watching her posture and avoidance of heavy lifting.

Should she opt to settle her claim at any point, I would estimate that she has a 5% permanent disability to the body as a whole.

The claimant continued to follow up with Dr. Money, who referred the claimant to Dr. K. Marty Hurlbut. Dr. Hurlbut's impression on July 2, 2001 was "1. Piriformis syndrome chronic. 2. sciatica probable related to pirifirmal muscle spasticity by history." Dr. Hurlbut recommended an MRI of the pelvis, and a subsequent MRI of the pelvis and hips was unremarkable. The claimant followed up with Dr. Hurlbut and Dr. Money. Dr. Hurlbut noted on November 7, 2001, "It is difficult to feel any true muscle spasms."

The record indicates that Dr. Money referred the claimant to Dr. Thomas W. Atkinson in May 2002. Dr. Atkinson's letterhead identified him as board-certified in internal medicine, and that he practiced "Adult Diagnostic and Therapeutic Medicine." At hearing, the claimant characterized Dr. Atkinson as her "primary physician."

On June 13, 2002, Dr. Atkinson noted "relapse of back pain needs 30 days off to recover."

Another MRI of the lumbar spine was taken on June 21, 2002, with the impression "Large posterior spur and degenerative disc disease at T12-L1. This causes some effacement of the subarachnoid space but no neural element compromise."

The parties stipulated that there was "no dispute over temporary total disability benefits through July 11, 2002."

Dr. Johnson noted on August 22, 2002, "I don't know what is going on with Brenda. She has been difficult to evaluate for many physicians in the past. She has chronic pain. There is a family history of rheumatoid arthritis however."

The claimant continued to treat with Dr. Atkinson.

The impression of a rheumatologist, Dr. Thomas R. Dykman, on October 7, 2002 was "1) Myalgias likely due to fibromyalgia. 2) Positive rheumatoid factor with questionable evidence of synovitis. 3) Chronic low back pain secondary to injury. 4) Surgical menopause on hormonal supplementation."

An orthopedic specialist, Dr. Randall L. Hendricks, evaluated the claimant and wrote to the respondents' attorney on October 14, 2002:

Thus far I have reviewed the MRI from February 1 of 2000 and this shows some mild bulging of the L5-S1 disk, primarily central and left sided. The T12-L1 disk is spondylotic in nature with bulging both anteriorly and posteriorly but no specific neurological compression. EMG/NCV studies done two years ago were essentially normal and a myelogram CT scan undertaken on the patient at Washington Regional Medical Center on the 6<sup>th</sup> of September of 2000 looked essentially normal as well with no specific nerve root impingement that would explain the patient's complaint of pain.

I have reviewed medical records from Dr. William Money, Dr. Marty Hurlbut, Dr. Vincent Runnels and the only thing that I did not have the opportunity to reveal (sic) were the current films from the most recently performed MRI of the lumbar spine on 6/21/02.....

Dr. Hendricks recommended lumbar diskography for further diagnosis.

Dr. Atkinson noted on October 28, 2002, "I think this patient on opiates for chronic pain is disabled. I know she could be working if it was possible."

Dr. Hendricks wrote to the respondents' attorney on November 4, 2002:

I do believe that Ms. Magadan is capable of working. At present time I would not suggest any specific restrictions. I do believe that the narcotic pain medications as prescribed to the patient are not reasonable under these circumstances and they should be discontinued. I believe she is on too many pain medications and is likely habituated to these. I am not totally

sure in my own mind that they are necessary. The patient indeed has a mildly bulging L5-S1 disc which should not substantially impair her ability to work. The discogram in my mind was to better evaluate whether or not the L5-S1 disc had anything to do with her current complaint and to give the patient the full benefit of the doubt. However, as the patient does not wish to proceed with the discogram, then I think she can return to work at regular duties.

With respect to the Guides to the Evaluation of Permanent Impairment, Fifth Edition, by the American Medical Association I do not identify any obvious impairment.

The parties stipulated that there was "no dispute over the payment of medical expenses through December 26, 2002."

Dr. R. David Cannon wrote to Dr. Atkinson on March 13, 2003:

She has paraspinal spasms across the LS spine. Neurologically, there are no focal or neuromuscular deficits....

I agree with your current treatment regimen of the long-acting opioid analgesic in a chronic pain setting....I also told Ms. Magadan that you may want to consider a bone scan....

Because Ms. Magadan does have a chronic pain syndrome, treating her with opioid therapy certainly appears to be appropriate. The only other thing she has not tried is use of a TENS unit and that could be added into the therapy as mentioned above.

Ms. Magadan claimed entitlement to additional worker's compensation, and a pre-hearing order was filed on July 21, 2003. The parties agreed to litigate the following issues:

(1) The claimant's entitlement to temporary total disability compensation from July 12, 2002 through a date to be determined;

(2) The claimant's entitlement to additional medical services after December 26, 2002;

(3) The effect of Ark. Code Ann. §11-9-411 on indemnity benefits; and

(4) Attorney's fee.

Hearing before the Commission was held on September 22, 2003. The claimant testified that Dr. Atkinson had prescribed Methadone, Oxycodone, Lexapro, Skelaxin, and Valium. The claimant testified:

Q. Do you feel like you can go back to work today doing, let's say, working in the ER, based on what you did back then?

A. No, I could not.

Q. Why not?

A. I could not - I could not walk the hallways like I used to; I could not be doing the pushing or lifting, pushing patients out in the wheelchairs, even helping our patients to the bathroom, pushing and lifting them, packing out, pulling patients out of vehicles. I was the code nurse, which meant pushing the crash cart upstairs

to the floors, and I could not do that. I could not do the CPR....

Q. Where do you have pain right now that keeps you from working?

A. I have pain in my lower back, my right buttocks area, and down my right leg.

The respondents' attorney cross-examined the claimant:

Q. Do you think you could make it through the day tomorrow without any medication?

A. My day would - I would have no function.

Q. You would have no what?

A. I would be down on the couch or in bed due to the pain.

Q. Due to the pain where?

A. Low back, right buttocks.

The administrative law judge found, "The claimant has proven by the greater weight of the credible evidence that the medical services provided her by and at the direction of Dr. Thomas Atkinson and Dr. R. David Cannon, on and after December 26, 2002, constitutes reasonably necessary medical services for the claimant's compensable injury." The administrative law judge also found, "The claimant has failed to prove by the greater weight of the credible evidence that she continued to be temporarily totally

disabled, as a result of the effects of her compensable injury, on and after July 12, 2002. Specifically, she has failed to prove by the greater weight of the credible evidence that she continued within her 'healing period' from the effects of her compensable injury after that date."

The claimant appeals the administrative law judge's denial of additional temporary total disability compensation. The respondents appeal the administrative law judge's award of additional medical treatment.

## II. ADJUDICATION

### A. Temporary disability

An injured employee is entitled to temporary total disability compensation during the time that she is within her healing period and is totally incapacitated to earn wages. Arkansas State Highway and Transportation Department v. Breshears, 272 Ark. 244, 613 S.W.2d 392 (1981). The administrative law judge in the present matter found that the claimant failed to prove that she remained within her healing period on and after July 12, 2002. Whether or not the claimant's healing period has ended is a question of fact for the Commission. Ketcher Roofing Co. v. Johnson, 50 Ark. App. 63, 901 S.W.2d 25 (1995). The Full Commission

affirms the administrative law judge's finding in the present matter.

The preponderance of evidence does not support the claimant's argument that she remains within her healing period. The claimant sustained an accidental injury on January 1, 1999, and she subsequently treated with several different physicians. Diagnostic testing has shown a herniation at L5-S1 and possibly T12-L1, but no physician has recommended surgery. In December 1999, Dr. Martinson essentially determined that the claimant had suffered an aggravation of a pre-existing condition. On December 30, 1999, nearly a year out from the compensable injury, Dr. Runnels stated that the claimant was "much better," and he returned the claimant to restricted work.

Dr. Davis told Dr. Runnels in June 2000, "she may have reached maximum medical improvement in that there is little else to offer her in the way of further evaluation or treatment for the problem." Dr. Runnels stated in September 2000 that should the claimant settle her claim, he would estimate a 5% permanent disability. The assignment of a permanent impairment by a treating physician is evidence that a claimant's healing period has ended. Johnson v.

General Dynamics, 46 Ark. App. 188, 878 S.W.2d 411 (1994). Temporary total disability cannot be awarded after the healing period has ended. Trader v. Single Source Transportation, Workers' Compensation Commission E507484 (Feb. 12, 1999). The Full Commission therefore affirms the administrative law judge's finding that the claimant was not entitled to temporary total disability compensation after July 11, 2002. Dr. Hendricks concurred in November 2002 that the claimant had reached maximum healing, and his reports also indicate that the claimant was not totally incapacitated from earning wages.

B. Reasonably necessary medical treatment

The 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). The injured party bears the burden of proving that she is entitled to additional benefits. Dalton v. Allen Eng'g Co., 66 Ark. App. 201, 989 S.W.3d 543 (1999). What constitutes reasonably necessary medical treatment is a question of fact for the Commission. DeBoard v. Colson Co., 20 Ark. App. 166, 725 S.W.2d 857 (1987).

In the present matter, the Full Commission reverses the administrative law judge's finding that treatment from Dr. Atkinson and Dr. Cannon after December 26, 2002 was reasonably necessary in connection with the claimant's injury. The claimant sustained a compensable injury on January 1, 1999. On January 13, 1999, Dr. Moffitt reported "muscle tightness and spasming in the right buttock, gluteal area." The Full Commission recognizes that the claimant does not have to support a continued need for medical treatment with objective findings. Chamber Door Industries, Inc. v. Graham, 59 Ark. App. 224, 956 S.W.2d 196 (1997). Nevertheless, the record does not support the administrative law judge's assertion that "muscle spasms have continuously persisted thereafter." Dr. Johnson did not report any spasms in August 1999, and Dr. Runnels has never noted the presence of muscle spasms. Dr. Martinson did not report muscle spasms in December 1999. In November 2001, Dr. Hurlbut noted, "It is difficult to feel any true muscle spasms." The next report of "spasm" did not occur until March 2003, when Dr. Cannon reported "paraspinal muscle spasms across the LS spine." The Commission has the authority to accept or reject medical opinion and the

authority to determine its medical soundness and probative force. Hill v. Baptist Medical Ctr., 74 Ark. App. 250, 57 S.W.3d 735 (2001). We attach more significant weight to the report of Dr. Hendricks, the orthopedic specialist who examined the claimant in November 2002 and did not find any muscle spasm. Moreover, Dr. Cannon did not causally relate his March 2003 report of spasms "across the LS spine" to the January 1999 compensable injury. The Full Commission further finds that Dr. Cannon's finding of "chronic pain syndrome" was not a result of the 1999 injury.

Finally, we note the administrative law judge's determination that Dr. Atkinson and Dr. Cannon "were obviously of the opinion that the appropriate treatment modality for the claimant's chronic complaints is the use of narcotic analgesics." We have questioned an individual's complaints of excessive, intractable pain, when shown in the light of narcotic addiction. Winslow v. D&B Mechanical Contractors, Workers' Compensation Commission E302577 (Feb. 24, 1999). The Commission notes from the record Dr. Runnels' statement in October 1999, "She is now taking Lortab every four hours; although, I only prescribed it for twice a day." Dr. Martinson opined in December 1999 that

the claimant needed water exercise; Dr. Martinson did not prescribe the protracted use of narcotics. Dr. Davis stated in May 2000 that the claimant needed to stop smoking to resolve her back pain. Dr. Davis expressly cautioned the claimant about chronic use of medication and urged her to taper off. In November 2002, Dr. Hendricks wrote, "I believe she is on too many pain medications and is likely habituated to these." Finally, the Full Commission does not find the claimant's testimony credible that she "cannot function" without prescription medication. The prevailing weight of medical evidence before the Commission indicates that there is not a physical or organic basis for the claimant's purported lack of functioning without narcotic medication.

Based on our *de novo* review of the entire record, the Full Commission finds that the claimant failed to prove that she was entitled to additional temporary total disability compensation or additional medical treatment. We therefore affirm the administrative law judge's finding that the claimant failed to prove she was entitled to additional temporary total disability after July 12, 2002, but we reverse the finding that treatment from Dr. Cannon and Dr.

Atkinson after December 26, 2002 was reasonably necessary.  
This claim is denied and dismissed.

\_\_\_\_\_IT IS SO ORDERED.

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OLAN W. REEVES, Chairman

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KAREN H. MCKINNEY, Commissioner

Commissioner Turner dissents.

**DISSENTING OPINION**

I dissent from the majority opinion. I dissent not only to the denial of the claimant's temporary total disability benefits but, most particularly, to the majority's refusal to allow the claimant to continue receiving medical benefits. I believe that the latter finding is very disturbing in that it leaves the claimant with no access to medical treatment for her chronic back condition, and disregards the considered opinions of medical professionals in what are clearly medical questions.

The respondent had stopped paying the claimant temporary total disability benefits in July 2002. However, in doing so, the respondent was not relying on any basis other than their subjective determination that the claimant was no longer within her healing period. The Administrative Law Judge apparently concurred in this view since he did not award the claimant any disability benefits beyond that date. However, there are no medical records or reports from the claimant's treating doctors suggesting she had reached the end of her healing period. To the contrary, the claimant is still under an active course of treatment directed toward restoring her ability to function in the workplace. Specifically, the claimant is under the treatment of Dr. Thomas Atkinson, a Board Certified internist and Dr. David Cannon, a pain management specialist. These doctors have overseen a regimen of medication and occasional physical therapy which is designed to improve the claimant's functionality. I do not believe that there is any medical basis for finding that the claimant's healing period has ended.

Not only does the majority substitute its opinion over that of medical professionals in regard to the end of the claimant's healing period, they also do so in denying the claimant further medical treatment. Two experienced, highly qualified physicians were treating the claimant for her chronic pain condition. Nonetheless, the Commission has chosen to disregard the considered medical opinions of these two doctors and held their treatment is not reasonable or necessary.

The only medical evidence the majority relies upon in denying the claimant additional medical treatment were the statements of some consulting physicians who, at most, cautioned the claimant about the dangers of chronic use of pain medication. However, the only doctor who opined that the claimant should cease taking medication was Dr. Randall Hendricks of the Central State Orthopedic Clinic in Tulsa, Oklahoma. Dr. Hendricks only saw the claimant on one occasion and he stated that he could not fully evaluate the claimant unless she underwent a discogram. However, the claimant declined to continue seeing Dr. Hendricks or undergo a discogram. She testified that she did not undergo the

test because Dr. Hendricks had told her, “. . . no matter what the test showed, what the results were going to be, that I would not have to have surgery and that I should get off all medication and go back to work, and that was going to be his report.” Not surprisingly, this statement ended any interest the claimant might have had in pursuing treatment from Dr. Hendricks. It also calls into question Dr. Hendricks' objectivity if he was not interested in knowing the results of his own tests before stating his conclusion.

It is also significant that while the other doctors who either provided treatment or performed consultative examinations were aware that the claimant was taking pain medication, they did not render an opinion that the claimant's medication was improper. As noted by the Administrative Law Judge, there was no evidence anywhere in the record that suggests that the claimant was exhibiting any addictive behavior or in any other way reacting unfavorably to the pain medications which she was receiving. The claimant testified that she was still able to drive, do light housework, and was never disoriented or impaired. While the claimant did

testify that her chronic pain syndrome kept her from being able to work or perform vigorous activities there is no evidence that her medication was the source of her limitations.

In short, while there is some dispute amongst the claimant's doctors as to the exact cause of her chronic pain syndrome, none of her treating physicians, and only one of the consulting doctors has ever directly disputed the reasonableness of the medications being prescribed to the claimant by Dr. Atkinson and Dr. Cannon. It is also interesting to note that the doctors cited by the majority questioning the appropriateness of the claimant taking pain medication frequently had prescribed the medications in question. Obviously, if these doctors thought that the claimant should not be taking some of these pain medications, they would not have prescribed them to her.

One of the central principles of the workers' compensation system is that the employer has the absolute duty to provide the claimant reasonable and necessary medical treatment. The majority's decision in this case substantially undercuts that principle in that

it effectively denies the claimant additional medical treatment for what is indisputably a compensable injury. Just because the claimant's condition is difficult to diagnose and treat does not mean that she should be denied the only available treatment option to her. Pain management therapy using opioid medications under the direction of experienced and competent doctors, is a widely accepted treatment regimen for chronic pain. While I realize that the Commission has the duty to ultimately decide disputed issues, including those dealing with medical questions, I disagree with the Commission's willingness to substitute its own ideas of medical propriety for those of medical doctors.

For these reasons, I dissent.

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SHELBY W. TURNER, Commissioner