GOVERNMENT OF THE DISTRICT OF COLUMBIA

Department of Employment Services

VINCENT C. GRAY
MAYOR

LISA MARÍA MALLORY
DIRECTOR

COMPENSATION REVIEW BOARD

CRB No. 12-171

SHIRLEY G. LATTIMORE,
Claimant-Respondent,

v.

CVS PHARMACY OF D.C. AND VIRGINIA and GAB ROBINS,
Employer/Insurer-Petitioner.

Appeal from a September 21, 2012 Compensation Order By
Administrative Law Judge Anand K. Verma
AHD No. 09-243D, OWC No. 641909

Joel E. Ogden, Esquire for the Petitioner
Matthew Peffer, Esquire for the Respondent

Before MELISSA LIN JONES, HEATHER C. LESLIE, and JEFFREY P. RUSSELL, *Administrative Appeals Judge*.

MELISSA LIN JONES for the Compensation Review Board.

DECISION AND REMAND ORDER

FACTS OF RECORD AND PROCEDURAL HISTORY

On August 23, 2007, Ms. Shirley G. Lattimore was injured at work.[1] A dispute arose over her entitlement to ongoing temporary total disability benefits, authorization for epidural injections, and payment of causally related medical expenses.

Following a formal hearing, an administrative law judge ("ALJ") granted Ms. Lattimore's request for wage loss benefits and epidural steroid injections for her lumbar and cervical spine. The ALJ ruled Ms. Lattimore's "singular act of indiscretion, [footnote omitted] absent a pattern of Claimant's non-cooperation with Employer's vocational efforts, does not rise to the level

[1] Perhaps because the ALJ "incorporate[s] by reference and adopt[s] the findings of fact made in the October 22, 2010 Compensation Order" (a Compensation Order not made available to the Compensation Review Board ("CRB")), in the Compensation Order on Remand, there is no mention of Ms. Lattimore's accident or any resulting injuries.

necessary to constitute unreasonable refusal or acceptance of the vocational rehabilitation within the meaning of §32-1507(d)."[2]

On appeal, CVS Pharmacy of D.C. and Virginia ("CVS") did not contest the ALJ's ruling on casual relationship; the only issues on appeal were "the reasonableness and necessity of additional medical care as recommended by Dr. Reza Ghorbani, and the question of whether Ms. Lattimore's benefits should be suspended for non-cooperation with vocational rehabilitation."[3] In a Decision and Remand Order,[4] the Compensation Review Board remanded the matter for the ALJ to address several issues which are set forth in detail below.

The ALJ issued a Compensation Order on Remand on September 21, 2012. He reached the same conclusions he had reached in the Compensation Order, and this appeal ensued.

CVS asserts the ALJ erred by finding Ms. Lattimore did not fail to cooperate with vocational rehabilitation based upon multiple instances of an inappropriate attitude toward pursing employment unaccompanied by any rational explanation for her noncompliance. CVS also asserts the ALJ erred by implicitly granting an open period of epidural injections that are not supported by a recommendation in a utilization review report. For these reasons, CVS requests the CRB reverse the Compensation Order on Remand.

On the other hand, although Ms. Lattimore concedes that the "ALJ did not address the CRB's concern that the recommended injections be limited in time,"[5] she contends that the ALJ followed the mandates in the Decision and Remand Order and that the ALJ accurately concluded she complied with vocational rehabilitation. In addition, Ms. Lattimore contends that regarding epidural steroid injections for her lumbar and cervical spine, the ALJ appropriately afforded her treating physician's recommendations greater weight than that afforded the recommendations contained in the utilization review report. Ms. Lattimore requests the CRB affirm the Compensation Order on Remand.

ISSUES ON APPEAL

1. Does the ALJ's conclusion that Ms. Lattimore did cooperate with vocational rehabilitation flow reasonably from findings of fact supported by substantial evidence?

2. Is the ALJ's failure to address the directive to explain the extent of the award of epidural injections harmless error?

3. Has the ALJ properly addressed the directives in the September 10, 2012 Decision and Remand Order?

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[2] *Lattimore v. CVS Pharmacy of D.C. and Virginia*, AHD No. 09-243D, OWC No. 641909 (April 27, 2012).

[3] *Lattimore v. CVS Pharmacy, Inc.*, CRB No. 12-075, AHD No. 09-243D, OWC No. 641909 (September 10, 2012).

[4] *Lattimore v. CVS Pharmacy, Inc.*, CRB No. 12-075, AHD No. 09-243D, OWC No. 641909 (September 10, 2012).

[5] Claimant's Opposition to the Application for Review, unnumbered p. 4, nt. 1.

ANALYSIS[6]

FAILURE TO COOPERATE WITH VOCATIONAL REHABILITATION

In the Compensation Order, although the ALJ found that Ms. Lattimore was late to almost half of her vocational counseling meetings, he made no findings as to the reasons why. In the Compensation Order, the ALJ also found that Ms. Lattimore did engage in some level of job interview sabotage, but not frequently. Based upon the ALJ's own findings, the CRB determined that the conclusion that Ms. Lattimore did cooperate with vocational rehabilitation did not flow reasonably from the findings:

> We are at a complete loss to understand how, having found that Ms. Lattimore had failed to apply to nearly half of the jobs that were identified as being suitable potential employment, that she was late to five out of thirteen counseling meetings, that she engaged in at least some degree of sabotage, and having made no additional findings explaining why these failures to adhere to the "protocol" occurred, the ALJ could characterize the level of compliance as containing but "a singular act of indiscretion".
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> Beyond this, the ALJ concedes that this "singular act of indiscretion" would normally call for suspension of benefits, yet he finds that such a sanction is not called for in this case because a "pattern of non-cooperation" is otherwise "absent".
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> This somewhat astonishing statement is a conclusion that does not flow rationally from the facts as the ALJ found them. Four months of late attendance, failure to apply for jobs, and conduct amounting to job search sabotage would, in any rational view and absent explanatory counter findings, constitute a pattern of non-cooperation.
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> And, the ALJ's analysis does not even take into account the other aspects of Ms. Lattimore's conduct as alleged by the VSC that he felt undermined the job search process: in addition to prefacing her employment interviews by advising the potential employers that she suffered from a disabling injury, she also is reported to have advised prospective employers that she didn't think she could perform the prospective jobs, and that she could not pass a drug screening test. HT 101. Further, the ALJ never discusses the VSC's testimony that Ms. Lattimore's self-directed job search, as evidenced by her job search logs,

[6] The scope of review by the CRB is limited to making a determination as to whether the factual findings of the appealed Compensation Order on Remand are based upon substantial evidence in the record and whether the legal conclusions drawn from those facts are in accordance with applicable law. Section 32-1521.01(d)(2)(A) of the District of Columbia Workers' Compensation Act, as amended, D.C. Code §32-1501 to 32-1545, ("Act"). Consistent with this standard of review, the CRB is constrained to uphold a Compensation Order on Remand that is supported by substantial evidence, even if there also is contained within the record under review substantial evidence to support a contrary conclusion and even if the CRB might have reached a contrary conclusion. *Marriott International v. DOES*, 834 A.2d 882, 885 (D.C. 2003).

> demonstrated that she was only inquiring to two potential employers a week, as opposed to the recommended five. Lastly, the ALJ completely ignores perhaps the most significant testimony from the VSC, that being that following receipt of a letter from him attempting to reschedule the Good Friday meeting, Ms. Lattimore called and advised that she "didn't want to be in rehabilitation counseling anymore" (HT 103), thereby ending rehabilitation efforts.
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> It is undeniable that under some circumstances a withdrawal by a claimant from the VR process is justifiable, but there must be a reason or a justification. Without more findings concerning the reasons for the withdrawal such a cessation of participation would, on its face, appear to amount to non-cooperation under the Act.
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> We recognize that Ms. Lattimore testified to a somewhat different version of the course of her VR program, including her view that the counselor "ridiculed" or "belittled her" on occasion, and that she was diligent in her job search. See, e.g., HT 80. However, the ALJ made no factual findings of that nature, and did not base his legal conclusion that Ms. Lattimore's participation level was not unreasonable on those allegations.
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> Rather, the factual findings that he did make concerning the process (which are supported by substantial evidence) do not lead to the rational conclusion that Ms. Lattimore was cooperative. Indeed, the ALJ's characterization of her participation as including but one failure to cooperate (in the ALJ's words, a "singular act of indiscretion") is (1) demonstrably wrong, given that there were at least 34 failures to apply for jobs, at least one act of job placement sabotage, and five late arrivals at meetings, and (2) inconsistent with the numerous failures that he identified in both the Findings of Fact and Discussion sections of the Compensation Order.[7]

On remand, the ALJ essentially relies upon a failure of proof to find Ms. Lattimore did not fail to cooperate with vocational rehabilitation:

> Continuing to discredit the CO, the CRB goes on to instruct that the ALJ was to make a specific finding of why Claimant failed to apply for 34 employment positions. When specific reasons for Claimant's failure to apply for all those 34 positions are not contained in the record, the CRB essentially wants that ALJ impermissibly speculate and make findings on that basis. As evidenced by the record, the VSC in his vocational closure report dated June 13, 2011, generically noted Claimant "has not been fully compliant with the vocational services provided to her." However, in a subsequent paragraph under the Summary of Vocational Services, the VSC acknowledged that Claimant "has been in active job search in Vocational Rehabilitation for six months. During this time, (Claimant) and Vocational counselor met 9 times..." (EE 4, page 7). In the

[7] *Lattimore v. CVS Pharmacy, Inc.*, CRB No. 12-075, AHD No. 09-243D, OWC No. 641909 (September 10, 2012).

> vocational closure report dated June 13, 2011, although the VSC further noted without any specificity that Claimant "did not show up to all appointments on time and prepared," he did note, however, that Claimant "often complained about her not being able to work due to her disability," The VSC in his closure report did not allege any deliberate or willful conduct attributable to Claimant in reporting late to the unspecified meetings or reporting "without proper amount of job contacts on her job log." (EE 4, p. 8).
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> The testimony of VSC reveals Claimant applied for 46 employment opportunities within a four-month period, however, she received no offers of employment. (HT 115-16). The VSC also testified that although Claimant was tardy in showing up for 5 out of 13 meetings, she did attend the scheduled meetings. (HT 96-97). Further, his testimony also established that Claimant informed the VSC in advance whenever she could not keep up her appointments. The VSC testified that Claimant missed two meetings as scheduled in that Claimant provided a doctor's appointment letter as an excuse and in another, she communicated to the VSC in advance that she would not make it because of her observance of Good Friday. (HT (7-99). Indeed, there is no demonstration in the entirety of the adduced evidence that establishes Claimant unreasonably failed to cooperate with Employer's vocational rehabilitation efforts to warrant suspension of benefits. There may not have been 100% compliance with the vocational rehabilitation efforts, however, the record clearly establishes Claimant's substantial compliance with Employer's vocational efforts and discloses no deliberate attempt to sabotage its vocational protocol.
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> The undersigned is also mindful that certainly, it was error on the part of Claimant to disclose her existing infirmities to a would-be employer before being asked to so disclose in a job interview. Nevertheless, despite this isolated error, the record reveals substantial compliance with Employer's vocational efforts without evidence of a pattern of Claimant's non-cooperation and, therefore, an unreasonable refusal or acceptance of the vocational rehabilitation within the meaning of §32-1507(d) is not established. Consequently, no suspension of Claimant's benefits is warranted.[8]

Because the CRB is without authority to reweigh the evidence when an ALJ's findings of fact are supported by substantial evidence,[9] we are compelled to affirm the ALJ's findings of fact and conclusions of law on this issue.

EPIDURAL INJECTIONS EVERY SIX MONTHS FOR LIFE

In the Compensation Order, the ALJ made "a prospective award of medical care that goes beyond the specific immediately anticipated but disputed medical procedure or care, based upon

[8] *Lattimore v. CVS Pharmacy of D.C. and Virginia*, AHD No. 09-243D, OWC No. 641909 (September 21, 2012).

[9] *Marriott*, *supra*.

the present needs and condition of a claimant. [Because an] award may not be based upon predictions or surmise concerning what that condition might be at given points in time in the future,"[10] the matter was remanded for the ALJ to describe in detail the extent of the award of epidural injections. The ALJ failed to do so on remand.

In addition, the ALJ was to detail why injections are reasonable and necessary based upon a fair reading of the utilization review report. In the September 10, 2012 Decision and Remand Order, the CRB explained:

> The portion of the Discussion section of the Compensation Order which appears to consider whether the injections are necessary describes some of the UR report, some of the competing medical opinion evidence, and the fact that Ms. Lattimore did report improvement from a series of three lumbar injections undertaken between December 2010 and February 2011. It looks on the surface to be a discussion considering the relative merits of the parties' evidence on the issue of reasonableness and necessity. However, the concluding two sentences of this portion of the Compensation Order read as follows:
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> > As such, Claimant's need for a series of future lumbar and cervical injections to ameliorate the pain and radiculopathy is well supported. In other words, Claimant has satisfactorily carried her burden of proving that her condition since the last compensation hearing has not changed to warrant any modification of the October 22, 2010 award.
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> Compensation Order, page 7 -- 8. This sequence of sentences is inscrutable: the second sentence does not appear to relate to anything stated in the first sentence. Rather, they appear to express two completely distinct, possibly related, but independent thoughts. We don't know how to reconcile these two sentences, which purport to be saying the same thing, yet which do not.
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> Further, while the ALJ has given some explanation as to why he deems the injections reasonable at this time, including the fact that Ms. Lattimore has reported benefiting from them in the past, he bases the award in part upon an apparent misreading of the UR report.
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> The ALJ demonstrates some confusion concerning the content and meaning of the UR report and/or Dr. Ghorbani's records. The ALJ states that "The repeat epidural lumbar injections, *as recommended by the UR*, have demonstrated continued objective gains in the degree of Claimant's lumbar and right leg radicular pains, reduced from a the [*sic*] scale 8/10 to 5/10." Compensation Order, page 7. The injections that resulted in the reported reduction of pain from "8/10 to 5/10" were those performed with CVS's prior approval. See and *cf.* CE 14, Bates page 19, Dr. Ghorbani note February 2, 2011, and Dr. Ghorbani note, Bates page 31, December 29, 2010; see also, CE 14, Bates page

[10] *Lattimore v. CVS Pharmacy of D.C. and Virginia*, AHD No. 09-243D, OWC No. 641909 (April 27, 2012).

16, narrative summary of office visits, entry for November 18, 2010 referencing "W/c [worker's compensation] authorized her injections". These injections had occurred prior to the UR process, the report of which is dated February 23, 2012. EE 6.

The ALJ also wrote that "The general consensus recommendation under the UR was for no more than four blocks per region per year. The UR also stressed that repeat injections should be based on continued objective documented pain and function response". *Id.*

This appears to us to be a misunderstanding of the UR report. There is no portion of that report that contains a "general consensus recommendation" as described by the ALJ. Rather, it appears that the ALJ has interpreted a portion of the "Guideline/Reference Used: *Evidence citations for lumbar epidural steroid injection"* on EE 6, Bates page 87 of CVS's exhibits, being the 2nd unnumbered page of the UR report, as being a recommendation for treatment in this case. It is not. Rather, this portion of the UR report represents a distillation of the parameters in which, under the standards accepted by the UR report's author, lumbar epidural steroid injections would be appropriate, and conversely, situations under which they would not. It is explanatory material meant to elucidate the reader as to why Dr. Ghorbani's recommendations for epidural steroid injections, either at this time or "for life", are not certified.

Further, while the UR report does reference that Ms. Lattimore reports past benefit from lumbar epidural injections, nowhere in the UR report that we have seen, or to which we have been directed by Ms. Lattimore or the ALJ, is it *recommended* that Ms. Lattimore receive injections. The report could not be clearer: they are *not* certified as being reasonable and necessary. Again, the ALJ's description of them as having been "recommended by UR" evinces a misreading of the UR report. [Footnote omitted.] The heart of the UR rationale is found at point "(9)" on EE 6, Bates page 87 of the UR report: "Current research does not support a routine 'series-of-three' injections in either the diagnostic or therapeutic phase. We recommend no more than 2 [epidural steroid injections] for the initial phase and rarely more than 2 for therapeutic treatment." The same is the heart of the non-certification recommendation on the cervical steroidal injection issue. See, EE 6, Bates page 89, point "(9)".

As discussed above, UR opinion is entitled to the same level of deference as is treating physician opinion. In this case, the UR report unequivocally rejects the recommendations for additional lumbar and cervical epidural steroidal injections. The ALJ does not address the recommendations contained in the UR report, or explain why they are rejected. Further, the ALJ appears to misread the contents of the UR report, at least insofar as we can understand what the ALJ is stating relative to his understanding of the report and its contents. A conclusion that is based upon a mistake as to the meaning and content of the record is not based upon substantial evidence.

> Accordingly, the award of the epidural steroidal injections is vacated as being not based upon substantial evidence, being overly broad inasmuch as it appears to grant a claim for future procedure on a speculative basis as to what Ms. Lattimore's condition might be in the future, and because the ALJ failed to adequately explain why the recommendations in the UR report were rejected.[11]

On remand, the ALJ explains why he gives greater weight to the opinion of the treating physician over the opinions expressed in the utilization review report:

> In assailing the CO, the CRB states on remand that the ALJ misunderstood the UR report by noting "general consensus recommendation" for no more than four blocks per region per year." Perhaps overlooked on the CRB's initial review, the UR report at page 87 clearly references the general consensus recommendation in paragraph 7 under the "Evidence citations for lumbar epidural steroid injection" (EE 6, p. 87). Further, The CRB alleges misreading of the UR report in that the ALJ failed to explain why the UR report was rejected. At page 7 of the CO, there was sufficient elaboration of the quality of benefits from the epidural injections the UR required in order to recommend its continuity. The CO detailed those benefits, albeit not lasting infinitely, Claimant reported after she received the December 29, 2010, January 5 and February 2, 2011 injections. The therapeutic benefits to Claimant were further reported in the follow up examinations of February 2, 29 and April 18, 2011. The repeat epidural injections also produced objective gains to Claimant in terms of the degree of her pain as reportedly decreased from 8/10 to 5/10. The benefits experienced by Claimant from the continued epidural injections clearly rebut the UR rationale for non certification of lumbar epidural injections at page 95.
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> The UR report clearly omitting all the dates of epidural injections, i.e., December 29, 2010, January 5, 2011 and February 2, 2011, merely referenced "the claimant has had a series of lumbar epidural steroid injections on 02/02/11 with relief; however, there is no outline of objective functional gains and associated reduction of medication use from previous procedures to justify the repeat injection." The reported benefits have been clearly noted in Claimant's follow up examinations, although not measuring up to the UR's expectations insofar as the details by Dr. Ghorbani in his follow up narratives. Routine follow up examinations rarely give a lengthy narrative of the derived benefits from the prescribed or recommended regimen of treatment; a plain reference of the relief obtained by Claimant suffices for our purpose. (EE 6, page 95). Hence, the UR recommendation was discredited and rejected in favor of Claimant's treating physician's opinion. [Footnote omitted.] As such, Claimant's need for a series of future lumbar and cervical injections to ameliorate the pain and radiculopathy therein is well supported. In other words, Claimant has satisfactorily carried her

[11] *Lattimore v. CVS Pharmacy, Inc.*, CRB No. 12-075, AHD No. 09-243D, OWC No. 641909 (September 10, 2012). (Emphasis in original.)

> burden of proving that her condition since the last compensation hearing has not changed to warrant any modification of the October 22, 2010 award.[12]

Based upon the benefits described in the medical records credited by the ALJ, there appears to be a basis for such a ruling; however, the ruling is made in the wrong legal context.

In the Compensation Order on Remand, the ALJ introduces the concept of a *Snipes* proceeding and the shifting burden of proof required when a party requests a modification of a previous Compensation Order:

> In a modification proceeding where Employer seeks to alter the determination of the prior compensation order, the burden of proof must rest with Employer. Generally, the burden is on the party asserting a change of circumstances warrants modification to prove the change. See *Nader v. de Toledano*, 408 A. 2d 31, 48 (D.C. 1979), *cert. denied*, 444 U.S. 1078, 62 L. Ed. 2d 761, 100 S. Ct. 1028 (1980). In the context of workers' compensation law, the burden of showing a change of conditions has also been held to be on the party claiming the change, whether a claimant or employer. 8 Larson, LARSON'S WORKERS' COMPENSATION LAW, §81.33(c) at 15-1194.32; see also *Dillon v. Workmen's Compensation Appeal Board*, 536 Pa. 490, 640 A. 2d 386, 390 (1994). The burden may shift once the moving party established his case. 8 Larson, *supra*, § 81.33(c) at 15-1194.42.
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> Consistent with the scheme of allocated burden of proof, Employer presented evidence from its IME physician, Dr. Gordon who examined Claimant and observed complete resolution of the symptoms she suffered in the August 23, 2007 work injury. He believed Claimant had fully recovered from the soft tissue injuries without any sequelae. Without recourse to more, Employer has sustained its requisite burden. Now, the burden of production shifts to Claimant to establish with credible reliable medical evidence that her physical condition since the last compensation hearing has not changed and that the symptoms she had complained of then have continued without remission.[13]

Causal relationship was not contested at the formal hearing. The tenets of the law the ALJ fails to apply are that "medical care is not compensation subject to the modification requirements of the Act"[14] and that the reasonableness and necessity of the requested medical treatment at issue now has not been addressed in any prior Compensation Order. Although epidural injections may have been found to be reasonable and necessary in 2010, that ruling is no indication the

[12] *Lattimore v. CVS Pharmacy of D.C. and Virginia*, AHD No. 09-243D, OWC No. 641909 (September 21, 2012).

[13] *Lattimore v. CVS Pharmacy of D.C. and Virginia*, AHD No. 09-243D, OWC No. 641909 (September 21, 2012).

[14] *Parker v. Georgetown University Hospital*, CRB No. 120131, AHD No. 10-569A, OWC No. 661617 (February 27, 2013).

reasonableness and necessity of epidural injections requested in 2012 was considered at that time. The ALJ's misapplication of the law requires we, again, remand this matter.[15]

REASONABLENESS AND NECESSITY OF MEDICAL TREATMENT

At the formal hearing, CVS "opposed the reasonableness and necessity of the additional ongoing medical care to the extent that the UR report did not certify it as being reasonable and necessary. HT 33."[16] In addition to epidural injections, the utilization review report submitted into evidence also addresses Oxycodone, Mobic, Trumicin cream, and Soma. Continued use of Oxycodone was certified as reasonable and necessary; Mobic and Trumicin cream were certified as not reasonable and necessary; a titrated reduction of Soma over the course of a month was certified as reasonable and necessary.

The Compensation Order did not address ongoing provision of Mobic, Trumicin cream, and Soma. Consequently, the matter was remanded for further consideration of the reasonableness and necessity of these treatments.

In the Findings of Fact portion of the Compensation Order on Remand the ALJ states

> Claimant needs to take Soma 350 mg and Mobic 15 mg as continued in the February 6, 2012 follow up examination until Dr. Ghorbani recommends discontinuance of these medications. [Footnote omitted.] In addition, the continued use of Trumicin cream to control her pain and inflammation is also demonstrated.[17]

Without any analysis or explanation as to the medical evidence to support such a finding, the law requires we remand this matter.

Finally, although the CRB chooses to ignore much of the inflammatory language and gratuitous barbs the ALJ injects into the Compensation Order on Remand, it cannot go without mention that the ALJ misrepresents existing law by asserting *Golding-Alleyne*[18] supports the proposition that "the Court said the CRB altered the facts of the decision it reviewed, attributing to the ALJ reasoning that directly contradicted the ALJ's express analysis."[19] Suffice it to say, in *Golding-Alleyne* the D.C. Court of Appeals does not state or even imply that the CRB engaged in any such transgression.

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[15] *D.C. Department of Mental Health v. DOES,* 15 A.3d 692 (2011) (We cannot affirm an administrative determination that "reflects a misconception of the relevant law or a faulty application of the law.")

[16] *Lattimore v. CVS Pharmacy, Inc.*, CRB No. 12-075, AHD No. 09-243D, OWC No. 641909 (September 10, 2012).

[17] *Lattimore v. CVS Pharmacy of D.C. and Virginia*, AHD No. 09-243D, OWC No. 641909 (September 21, 2012).

[18] *Golding-Alleyne v. DOES*, 980 A.2d 1209 (D.C. 2009).

[19] *Lattimore v. CVS Pharmacy of D.C. and Virginia*, AHD No. 09-243D, OWC No. 641909 (September 21, 2012).

CONCLUSION AND ORDER

The ALJ's conclusion that Ms. Lattimore cooperated with vocational rehabilitation flows reasonably from his findings of fact which are supported by substantial evidence; this ruling is AFFIRMED. The ALJ did not address the extent of the award of epidural injections; the award of epidural injections is based upon a misapplication of the law; and the Compensation Order on Remand fails to adequately address the directives in the September 10, 2012 Decision and Remand Order regarding Mobic, Trumicin cream, and Soma. The September 21, 2012 Compensation Order on Remand is AFFIRMED IN PART, is VACATED IN PART, and is REMANDED for a thorough review of the evidence consistent with this Decision and Remand Order.

FOR THE COMPENSATION REVIEW BOARD:

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MELISSA LIN JONES
Administrative Appeals Judge

April 24, 2013
DATE