

ISSUE

The issue is whether OWCP properly denied appellant's request for authorization for a prescription medication.

FACTUAL HISTORY

On November 29, 1991 appellant, then a 53-year-old financial manager, filed an occupational disease claim (Form CA-2) alleging that he sustained a physical and mental breakdown on or about October 11, 1991 due to factors of his federal employment, including job stress, necessitating a psychiatric hospitalization. He noted that he first became aware of his condition on October 11, 1991 and realized its relation to factors of his employment on November 7, 1991. Appellant stopped work on October 14, 1991 and returned to work in a new position in 1993. OWCP accepted the claim for a temporary episode of depression. Appellant retired from the employing establishment in January 1995. OWCP later expanded the acceptance of his claim to include major depression, recurrent episode, and a urological condition. Appellant remained under medical treatment and participated in an OWCP-authorized wellness center physical exercise program.

In reports dated October 31, 2016, Dr. Ryan T. Santin, a Board-certified psychiatrist, noted appellant had been followed since 1991 for depression, anxiety, post-traumatic stress disorder (PTSD), and panic disorder. He was prescribed Metoprolol Succinate (Metoprolol) “[f]or Blood Pressure, heart.”

In a September 26, 2017 letter, Dr. Seth Parsons, a psychiatrist, noted that Metoprolol “assists with anxiety, but also hypertension.”

In reports dated from April 4, 2018 through April 1, 2019, Dr. David A. Schlagel, a Board-certified psychiatrist, recounted a history of the accepted occupational condition and treatment. He prescribed Metoprolol for anxiety. Commencing October 2, 2019, Dr. Schlagel reduced the Metoprolol dose to lessen appellant's symptoms of dizziness and fatigue.

In an August 5, 2020 report, Dr. Schlagel diagnosed generalized anxiety disorder, PTSD by history, major depressive disorder, recurrent, in full remission, insomnia, and cardiovascular conditions. He opined that appellant had not fully recovered from the accepted emotional condition. Dr. Schlagel maintained appellant on Metoprolol for anxiety in reports dated through July 12, 2021.

In a letter dated May 20, 2022, Optum, OWCP's pharmacy benefit manager (PBM), advised appellant that, although OWCP had previously authorized Metoprolol, the medical evidence of record was insufficient to establish that it was medically necessary to treat his employment-related conditions. In a development letter of even date, it requested that Dr. Schlagel provide a report explaining the medical necessity for Metoprolol and its relationship to the accepted conditions. OWCP afforded both parties were afforded 30 days to submit the requested evidence.

In response, Dr. Schlager submitted a May 31, 2022 report noting that appellant required Metoprolol for hypertension and coronary artery disease, as he had a history of myocardial infarction.

In a letter dated August 19, 2022, OWCP advised Dr. Schlager that additional documentation was needed to support continued authorization of Metoprolol. It requested a medical report with a reasoned opinion as to why the medication was required to address symptoms of the accepted occupational conditions. OWCP afforded Dr. Schlager 30 days to respond. It provided a copy of the letter to appellant and advised him of his responsibility “to ensure that all requested information is provided as promptly as possible.”

In development letters dated October 3 and 4, 2022, the PBM advised Dr. Schlager and appellant, respectively, that the medical evidence of record was insufficient to establish that Metoprolol was medically necessary to treat the accepted conditions. It requested a medical report explaining why the medication was necessary to treat the accepted conditions.

On December 16, 2022 Dr. Schlager noted that appellant remained under psychiatric treatment and was compliant with attendance at a cardiovascular exercise and mobility program.

In a February 8, 2023 report, Dr. Schlager diagnosed generalized anxiety disorder, PTSD by history, major depressive disorder, recurrent, in full remission, insomnia disorder, coronary artery disease, ischemic cardiomyopathy, status-post implantable cardioverter-defibrillator (ICD) placement, mitral valve repair, and a urological condition. He prescribed Metoprolol “for anxiety.”

Appellant also submitted a June 15, 2022 report by Dr. Schlager with the same diagnoses and prescription information as presented in the February 8, 2023 report.

By decision dated May 25, 2023, OWCP denied appellant’s request for authorization of Metoprolol, finding that the evidence of record did not support that it was medically necessary to treat the effects of his accepted employment-related conditions.

LEGAL PRECEDENT

Section 8103 of FECA³ provides that the United States shall furnish to an employee who is injured while in the performance of duty, the services, appliances, and supplies prescribed or recommended by a qualified physician, which OWCP considers likely to cure, give relief, reduce the degree, or the period of disability, or aid in lessening the amount of monthly compensation.⁴ In interpreting section 8103 of FECA, the Board has recognized that OWCP has broad discretion in approving services provided, with the only limitation on OWCP’s authority being that of

³ 5 U.S.C. § 8103.

⁴ *Id.*, see also *N.G.*, Docket No. 18-1340 (issued March 6, 2019).

reasonableness.⁵ OWCP has administrative discretion in choosing the means to achieve this goal and the only limitation on OWCP's authority is that of reasonableness.⁶

Abuse of discretion is generally shown through proof of manifest error, clearly unreasonable exercise of judgment, or actions taken which are contrary to both logic and probable deductions from established facts. It is not enough to merely show that the evidence could be construed so as to produce a contrary factual conclusion.⁷

ANALYSIS

The Board finds that OWCP properly denied appellant's request for authorization for a prescription medication.

Dr. Santin noted in reports dated October 31, 2016 that Metoprolol had been prescribed for hypertension and cardiac conditions, while Dr. Parsons noted in a September 16, 2017 letter that Metoprolol addressed both hypertension and anxiety. Dr. Schlagel, in reports dated from April 4, 2018 through July 12, 2021, and February 8, 2023, explained that Metoprolol had been prescribed for anxiety.

In a letter dated May 20, 2022, the PBM indicated that additional information was necessary before the request for Metoprolol could be approved. It requested a complete response to its development letter and afforded 30 days to submit the necessary evidence. In response, Dr. Schlagel submitted a May 31, 2022 report noting that he prescribed Metoprolol to address hypertension and coronary artery disease with a history of myocardial infarction.

Thereafter, the PBM issued October 3 and 4, 2022 development letters to Dr. Schlagel and appellant, requesting additional medical reports addressing whether Metoprolol had been prescribed to treat the accepted employment-related conditions. It subsequently received Dr. Schlagel's June 15, 2022 and February 8, 2023 reports, indicating that he prescribed Metoprolol for anxiety.

As noted, the only restriction on OWCP's authority to authorize medical treatment is one of reasonableness.⁸ OWCP requested a rationalized explanation on the medical necessity of the prescription medication. While Dr. Schlagel noted in his reports dated April 4, 2018 through February 8, 2023 that appellant should continue taking the medication, he attributed the necessity of the medication to anxiety, hypertension, and cardiovascular disease. He failed to explain why it was medically necessary to treat the accepted employment-related conditions. The Board,

⁵ *D.W.*, Docket No. 19-0402 (issued November 13, 2019); *see also Daniel J. Perea*, 42 ECAB 214, 221 (1990) (abuse of discretion by OWCP is generally shown through proof of manifest error, clearly unreasonable exercise of judgment, or administrative actions which are contrary to both logic, and probable deductions from established facts).

⁶ *S.K.*, Docket No. 22-0950 (issued June 23, 2023); *J.E.*, Docket No. 18-0228 (issued August 8, 2019); *Daniel J. Perea, id.*

⁷ *E.L.*, Docket No. 17-1445 (issued December 18, 2018); *L.W.*, 59 ECAB 471 (2008); *P.P.*, 58 ECAB 673 (2007).

⁸ *B.I.*, Docket No. 18-0988 (issued March 13, 2020); *see also Daniel J. Perea, supra* note 5.

therefore, finds that OWCP has not abused its discretion in denying appellant's request for authorization for prescription medication.⁹

Appellant may submit new evidence or argument with a written request for reconsideration to OWCP within one year of this merit decision, pursuant to 5 U.S.C. § 8128(a) and 20 C.F.R. §§ 10.605 through 10.607.

CONCLUSION

The Board finds that OWCP properly denied appellant's request for authorization for a prescription medication.

ORDER

IT IS HEREBY ORDERED THAT the May 25, 2023 decision of the Office of Workers' Compensation is affirmed.

Issued: January 4, 2024
Washington, DC

Patricia H. Fitzgerald, Deputy Chief Judge
Employees' Compensation Appeals Board

Janice B. Askin, Judge
Employees' Compensation Appeals Board

Valerie D. Evans-Harrell, Alternate Judge
Employees' Compensation Appeals Board

⁹ See *G.B.*, Docket No. 18-1478 (issued February 4, 2019); *R.C.*, Docket No. 18-0612 (issued October 19, 2018); *G.A.*, Docket No. 09-2153; *Lewis J. Wheeler, Jr.*, Docket No. 00-0026 (issued June 6, 2001) (OWCP did not abuse its discretion in denying authorization for non-opioid prescription medication where the treating physicians did not provide medical rationale explaining why the requested medication was medically necessary to address the accepted occupational conditions).