

FACTUAL HISTORY

On April 30, 1992 appellant, then a 32-year-old quality assurance evaluator, filed a traumatic injury claim (Form CA-1) alleging that on April 29, 1992 she injured her arms, left knee, right ankle, back, and abdomen when she slipped on wet paint and fell while in the performance of duty. OWCP accepted the claim for skin disturbance, bilateral brachial plexus lesions, intervertebral disc disorder with myelopathy of the thoracic region, thoracic outlet syndrome, and degeneration of cervical intervertebral discs.³

In a January 10, 2001 report, Dr. Kent T. Overmyer, a Board-certified anesthesiologist and pain management specialist, related appellant's complaints of head, neck, and left shoulder pain, which she attributed to a slip and fall at work. He noted that she experienced migraine headaches and difficulty sleeping, and that she was previously diagnosed with fibromyalgia. Dr. Overmyer listed appellant's current medications for treatment of migraine headaches, including Fiorinal with Codeine.⁴ He performed a physical examination and diagnosed cervical radicular symptoms, paresthesia-like pain in the left upper extremity, and overlying myofascial pain complaints.

In reports dated January 21 through March 8, 2022, Dr. Overmyer prescribed various medications, including BUT/APAP/CAF CAP Codeine. On March 8, 2022, he documented physical examination findings of trigger points in the neck, shoulder, cervical strap, and thoracic paravertebral musculature bilaterally. Dr. Overmyer indicated that appellant was "better with medication than without," and that the medications provided her with pain relief to allow her to perform activities of daily living. He diagnosed right foot, low back, and limb pain, sleep disturbance secondary to pain, lumbar disc disorder with myelopathy, and chronic pain syndrome.

Optum, OWCP's pharmacy benefit manager (PBM), in a May 20, 2022 letter, advised appellant that she was receiving BUT/APAP/CAF CAP Codeine, which did not appear to be related to her accepted conditions. The PBM advised appellant that, should her physician opine that the current accepted conditions needed to be revised or additional complications related to her current accepted conditions needed to be added, the physician should explain in writing, with medical rationale, the relationship between her condition and her accepted conditions. It noted that the information should be provided within 30 days of the letter, and that if additional information was not received within that period, her coverage for the medication would end by July 1, 2022. The PBM sent a similar notice to Dr. Overmyer, dated May 20, 2022.

In a medical report dated June 7, 2022, Dr. Overmyer noted appellant's complaints of pain and physical examination findings, which included trigger points in the neck, shoulder, cervical strap, and thoracic paravertebral muscle bilaterally; painful range of motion of the right shoulder joint; left foot bruising; and tenderness over the right third digit secondary to trigger finger and over the posterior aspect of the carpometacarpal joint radially. He diagnosed right foot, low back, and limb pain, sleep disturbance secondary to pain, lumbar disc disorder with myelopathy, and chronic pain syndrome. Dr. Overmyer listed appellant's currently prescribed medications, including BUT/APAP/CAF CAP Codeine. With regard to appellant's treatment plan, he noted that her medications were providing good pain relief and that she was having no side effects with

³ Appellant retired from federal service, effective September 1, 1995.

⁴ The common generic name for Fiorinal with Codeine is Butalbital/Acetaminophen/Caffeine with Codeine (BUT/APAP/CAF CAP Codeine).

her medications. Dr. Overmyer further noted that appellant was found to be using her medications properly, and that they continued to provide her with pain relief and allowed her to perform her activities of daily living.

In a letter dated August 22, 2022, OWCP advised Dr. Overmyer that the medication BUT/APAP/CAF CAP Codeine did not appear to be related to appellant's accepted employment conditions, as it was indicated for use in treatment of migraines/headaches and was not recommended for general pain. It requested a reasoned medical opinion supported by current examination findings that either the medication should be covered for appellant's currently accepted conditions or, if the medication was being prescribed for a condition felt to be related to the original work injury that had not been accepted, to provide a diagnosis of the consequential condition, current medical findings, and reasoned medical opinion as to how any additional condition was a direct result of the accepted April 29, 1992 employment injury. OWCP afforded 30 days for the submission of additional evidence.

In a report dated August 24, 2022, Dr. Overmyer noted that appellant's complaints and physical examination findings were unchanged. He diagnosed right foot, low back, and limb pain, sleep disturbance secondary to pain, lumbar disc disorder with myelopathy, and chronic pain syndrome and again noted a list of currently prescribed medications, including BUT/APAP/CAF CAP Codeine.

In follow-up letters dated October 3 and 4, 2022, the PBM again advised appellant and Dr. Overmyer that appellant was receiving BUT/APAP/CAF CAP Codeine, which did not appear to be related to the accepted conditions. The PBM again advised that, should appellant's physician opine that the current accepted conditions needed to be revised or additional complications related to her current accepted conditions needed to be added, the physician should explain in writing, with medical rationale, the relationship between any additional condition and her accepted conditions. It noted that the information should be provided within 30 days of the letter.

In a report dated November 30, 2022, Dr. Overmyer noted that appellant's complaints and physical examination findings were unchanged. He diagnosed right foot, low back, and limb pain, sleep disturbance secondary to pain, lumbar disc disorder with myelopathy, and chronic pain syndrome and again noted a list of currently prescribed medications, including BUT/APAP/CAF CAP Codeine.

By decision dated June 5, 2023, OWCP denied authorization for BUT/APAP/CAF CAP Codeine, finding that the evidence of record was insufficient to establish that the medication was medically necessary to address the effects of her work-related injury or condition under FECA.

LEGAL PRECEDENT

Section 8103(a) of FECA⁵ 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

⁵ *Supra* note 1.

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 in the amount of monthly compensation.⁶

While OWCP is obligated to pay for treatment of employment-related conditions, the employee has the burden of proof to establish that the expenditure is incurred for treatment of the effects of an employment-related injury or condition.⁷ Proof of causal relationship in such a case must include supporting rationalized medical evidence.⁸

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 reasonableness.⁹ 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.¹⁰

ANALYSIS

The Board finds that OWCP properly denied authorization for a prescription medication, finding that it was unrelated to the accepted employment conditions.

In support of authorization, appellant submitted a series of reports dated January 21 through November 23, 2022 from Dr. Overmyer, which noted appellant's complaints of pain and included either Fiorinal with Codeine or BUT/APAP/CAF CAP Codeine in appellant's list of current medications. On March 8, 2022, he indicated that appellant was "better with medication than without," and that the medications provided her with pain relief to allow her to perform activities of daily living. In his June 7, 2022 report, Dr. Overmyer explained that appellant's medications were providing good pain relief and that she was having no side effects. Dr. Overmyer further noted that appellant was found to be using her medications properly, and that they continued to provide her with pain relief and allowed her to perform her activities of daily living.

Dr. Overmyer, however, did not provide a reasoned medical opinion explaining that BUT/APAP/CAF CAP Codeine was prescribed to treat appellant's accepted conditions; nor did he provide a reasoned medical opinion as to how any additional condition was causally related to the accepted April 29, 1992 employment injury. The medical evidence of record is therefore

⁶ *Id.* at § 8103; *see also* *L.W.*, Docket No. 21-0607 (issued October 18, 2022); *N.G.*, Docket No. 18-1340 (issued March 6, 2019).

⁷ *See* *R.B.*, Docket No. 21-0598 (issued May 19, 2022); *M.P.*, Docket No. 19-1557 (issued February 24, 2020); *M.B.*, 58 ECAB 588 (2007). *See also*, *R.M.*, Docket No. 19-1319 (issued December 10, 2019); *J.T.*, Docket No. 18-0503 (issued October 16, 2018); *Debra S. King*, 44 ECAB 203, 209 (1992); *Zane H. Cassell*, 32 ECAB 1537, 1540-41 (1981).

⁸ *K.W.*, Docket No. 18-1523 (issued May 22, 2019); *C.L.*, Docket No. 17-0230 (issued April 24, 2018); *Bertha L. Arnold*, 38 ECAB 282 (1986).

⁹ *O.M.*, Docket No. 21-1383 (issued March 1, 2023); *J.M.*, Docket No. 20-0457 (issued July 16, 2020); *Daniel J. Perea*, 42 ECAB 214 (1990).

¹⁰ *Id.*, *R.B.*, *supra* note 7; *C.S.*, Docket No. 19-0516 (issued August 15, 2019).

insufficient to establish that the requested prescription for BUT/APAP/CAF CAP Codeine is for treatment of an employment-related injury or condition.¹¹

Thus, the Board finds that OWCP properly denied authorization for the prescription for BUT/APAP/CAF CAP Codeine.

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 of a prescription medication, finding that it was unrelated to the accepted employment conditions.

ORDER

IT IS HEREBY ORDERED THAT the June 5, 2023 decision of the Office of Workers' Compensation Programs is affirmed.

Issued: March 23, 2026
Washington, DC

Alec J. Koromilas, Chief Judge
Employees' Compensation Appeals Board

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

Janice B. Askin, Judge
Employees' Compensation Appeals Board

¹¹ See 5 U.S.C. § 8103(a); *D.O.*, Docket No. 25-0722 (issued January 5, 2026); *P.M.*, Docket No. 18-0287 (issued October 11, 2018); *B.L.*, Docket No. 15-1452 (issued September 20, 2016); *L.D.*, 59 ECAB 648 (2008).