

Commonwealth of Kentucky
Workers' Compensation Board

OPINION ENTERED: February 19, 2016

CLAIM NO. 200078819

WHAYNE SUPPLY

PETITIONER

VS.

APPEAL FROM HON. JANE RICE WILLIAMS,
ADMINISTRATIVE LAW JUDGE

JAMES NAPIER
and HON. JANE RICE WILLIAMS,
ADMINISTRATIVE LAW JUDGE

RESPONDENTS

OPINION
AFFIRMING

* * * * *

BEFORE: ALVEY, Chairman, STIVERS and RECHTER, Members.

STIVERS, Member. Whayne Supply seeks review of the October 7, 2015, Opinion and Order of Hon. Jane Rice Williams, Administrative Law Judge ("ALJ"), resolving a medical dispute concerning the reasonableness and necessity of two narcotic medications in favor of James Napier ("Napier"). The ALJ also resolved a medical dispute regarding the compensability of an emergency office visit to Jeff Fugate,

APRN, on July 29, 2015, in favor of Whayne Supply. The ALJ's decision regarding this dispute is not in question.

The record reflects in an Opinion and Award rendered March 11, 2002, Hon. Donald G. Smith, Administrative Law Judge ("ALJ Smith") determined Napier sustained work-related injuries to his left arm and back as a result of a work incident occurring on June 12, 2000. ALJ Smith also found Napier developed Reflex Sympathetic Dystrophy ("RSD") and psychological problems due to this injury. ALJ Smith accepted the impairment ratings of Drs. George Chaney, Debra Blades, Joseph Rapier, and Kenneth Starkey assessed pursuant to the 5th Edition of the American Medical Association, Guides to the Evaluation of Permanent Impairment ("AMA Guides").¹ Due to the effects of his June 12, 2000, injury, Napier was found totally occupationally disabled. However, because it was undisputed Napier had prior back and left elbow problems and Dr. Rapier opined Napier had prior active disability, ALJ Smith found one third of the total occupational disability "to be prior active and non-compensable."

¹ The March 2002 opinion states Dr. Chaney assessed an 8% impairment rating for the back and a 40% impairment rating for RSD. Dr. Blades assessed a 31% impairment rating for RSD. Dr. Rapier assessed a 5% impairment rating based on the DRE model for the lower back condition and an 18% impairment rating based on the ROM model for the lower back. Dr. Starkey assessed a 35% to 50% impairment rating for the psychological injury.

On January 31, 2003, the parties entered into a settlement agreement whereby Napier would receive the lump sum of \$27,000.00 and \$250.00 a week for 1,722 weeks. Napier retained his right to future medical benefits.

On March 11, 2015, Whayne Supply filed a motion to reopen, a motion to join Dr. John Jones, and a Form 112 medical dispute contesting the compensability of Prozac and Percocet regularly prescribed by Dr. Jones. Whayne Supply contended neither were reasonable and necessary for the cure and relief of Napier's work-related conditions.

Whayne Supply relied upon the February 10, 2015, utilization review determination report of Dr. Marvin Chang. In his report, Dr. Chang stated Napier had been followed for complaints of chronic low back pain with associated anxiety. His prior medication history was pertinent for narcotic medications and Valium to control anxiety. Napier's most recent urine drug screen reports of November 26, 2014, showed consistent findings of opioid medications including Oxycodone as well as Benzodiazepines. As of December 26, 2014, Napier's pain scores were 3/10 on the VAS. Napier indicated his anxiety was well-controlled with Valium. Other medications listed in the evaluation included Prozac 40 mg at night. Napier's physical

examination was unremarkable. Percocet and Valium were refilled at this evaluation.

Dr. Chang noted the most recent clinic reports did not discuss a diagnosis of depression or how Prozac was providing any functional improvement or reduction in depression symptoms to support its continued use. Given the lack of documentation regarding the efficacy of Prozac, Dr. Chang did not recommend continued certification of this medication. However, he did not recommend an abrupt cessation as there needed to be a reasonable period of weaning.

With respect to the 10/325 mg, Percocet, Dr. Chang noted the clinical documentation revealed consistent urine drug screen results for narcotic medications. However, the December 26, 2014, reports did not specifically discuss the efficacy of Percocet in terms of functional improvement or pain relief. There were no other compliance measures such as opioid risk assessments available for review. Without further evidence regarding the efficacy of Percocet, Dr. Chang would not recommend certification for continued use. Dr. Chang recommended the continued use of Valium since the clinical report of December 26, 2014, noted Napier's anxiety was well-controlled with Valium.

In an order dated April 17, 2015, the ALJ found Whayne Supply made a *prima facie* showing for reopening, joined Dr. Jones as a party, and set a telephonic conference.²

On August 20, 2015, Whayne Supply introduced the report of Dr. William Lester generated as a result of an independent medical evaluation ("IME") conducted on July 23, 2015.

Napier introduced the June 10, 2015, office note of Dr. Jones with the Primary Care Centers of Eastern Kentucky. He also introduced separate questionnaires completed by Dr. Jones on August 3, 2015, and August 26, 2015. Dr. Jones' July 6, 2015, office note was attached to the latter questionnaire.

Napier testified at the September 17, 2015, hearing. Napier testified that since the injury he has been treated for RSD in his left arm and legs. He has also been treated for low back pain and psychological problems. Napier testified that after the injury, which caused him to lose his job, he felt "like scum." As a result of the injury, he was unable to support his family and was

² After the ALJ sustained the motion to reopen, Whayne Supply filed a supplemental medical dispute regarding Napier's emergency visit to Jeff Fugate, APRN.

prevented from reaching his goal of becoming a "diagnostic man." Napier testified he attempted to discontinue Prozac without assistance from medical personnel, which resulted in severe depression, hateful behavior, and suicidal thoughts. He stated the Prozac helps him control his temper, relieves depression, and prevents suicidal thoughts.

The injury to his low back causes pain in that region which extends down his leg and into the groin. Although Percocet does not completely relieve his pain, it eases it. This allows him to mow his grass and lead a halfway normal life. Because he recently experienced a heart attack, Napier can no longer use a TENS unit. His doctor also stopped the use of Neurontin. Napier admitted he has not been referred to a specialist for either his low back condition or his psychological problems. He also tried to discontinue his use of the narcotic pain medication prescribed for his back problems but could not.³

In the August 7, 2015, Opinion and Order, the ALJ provided the following findings of fact and conclusions of law:

Plaintiff testified at the hearing on September 17, 2015. He is 49 years

³ Before being on Percocet, Napier had been taking Lorcet.

old. He began working for Wayne Supply in September of 1988, where he remained until the work related injury to his low back in 2000. He did not have to undergo surgery but it is his testimony that the injury made it impossible for him to continue in the job he loved. For the past 15 years he has not worked and has treated with Prozac and Percocet for RSD related to his low back injury and resulting depression. Approximately 5 years ago, he attempted to get off Prozac on his own but became depressed, anti-social and suicidal with a temper. Prozac keeps these symptoms at bay. His only treating physician since his injury has been Dr. Jones. He has never attempted to treat with a specialist (either related to back pain or depression) or been referred to a specialist. Napier stated his medication partially relieves his pain and he is able to mow his lawn with a riding mower on good days. A TENS unit helped his back pain but he could not use it because he has a heart condition.

On the day of the contested visit to Jeff Fugate, APRN, July 29, 2015, Napier stated his legs hurt with emergency type pain. He presented at Kentucky Primary Care and was given several shots. He had to go to this different facility because his primary care physician was not in his office. To avoid the high cost of emergency care, he presented with a different facility and was seen by Jeff Fugate, APRN. He believes the cost would have been much higher in an emergency room.

Defendant Employer introduced the February 6, 2015 utilization review report of Marvin Chang, M.D., who reviewed records and determined the contested medications were not

reasonable and necessary for the cure, and/or relief, of the effects of the work injury as the medical reports were lacking in a diagnosis for depression or how Prozac was providing any functional improvement or reduction in depression. Regarding Percocet, the record did not reflect a reduction in pain related to the use of Percocet. Nothing in the record supported long term use of either drug.

Defendant Employer introduced the July 23, 2015 report of William Lester, M.D., who conducted an Independent Medical Evaluation (IME) by taking a history of Plaintiff, reviewing records and conducting a physical examination. Dr. Lester found nothing objective to support the subjective complaints. The MRI revealed bulging but no nerve root impingement. Based on the history Plaintiff related of depression, Dr. Lester recommended a trial weaning from Prozac to see if depression returned and then to prescribe Prozac accordingly. Percocet has also been a long prescribed drug for Plaintiff and should also be reduced through a weaning process. Plaintiff should participate in some form of exercise and additional non-narcotic forms of pain relief. While Dr. Lester agreed with Dr. Chang in principle, he did not believe discontinuation would be possible because of the many years of dependence.

Plaintiff introduced the office treatment note of John I. Jones, D.O., dated June 10, 2015 who saw Plaintiff in follow up for back pain, anxiety and depression. He noted Plaintiff's compliance with medications and that Plaintiff was able move freely due to his current treatment. He could mow his lawn and walk for longer periods. Dr.

Jones completed a questionnaire dated August 26, 2015, where he confirmed the objective findings support the subjective complaints for which Plaintiff's medications are prescribed. Dr. Jones found Prozac and Percocet to be reasonable, and found it would be unreasonable for Plaintiff to be weaned after 10 years of opioid use. The current pain management regimen made it possible for Plaintiff to participate in activities.

In a post-judgment Motion to Reopen to Assert a Medical Fee Dispute, Defendant Employer has the burden of proving that the contested medical expenses and/or proposed medical procedure is unreasonable or unnecessary, while Plaintiff maintains the burden of proving that the contested medical expenses and/or proposed medical procedure is causally related treatment for the effects of the work-related injury. *Mitee Enterprises vs. Yates*, 865 SW2d 654 (KY 1993) *Square D Company vs. Tipton*, 862 SW2d 308 (KY 1993) *Addington Resources, Inc. vs. Perkins*, 947 SW2d 42 (KY App. 1997). In addition, the legislature's use of the conjunctive "and" which appears in subsection 1 of KRS 342.020 "cure and relief" was intended to be construed as "cure and/or relief". *National Pizza Company vs. Curry*, 802 SW2d 949 (KY 1991).

Even though the current treatment is found reasonable and necessary, it does not mean there would not be a better option for Plaintiff. It is disturbing that Plaintiff has not worked in 10 years due to a non-surgical back injury, yet there is no evidence of any effort to improve his condition. It is his own testimony that he has never seen any kind of

specialist for his back or his psychological condition.

In this specific instance, Defendant Employer has moved to reopen this claim to challenge the reasonableness and necessity of prescriptions for Prozac and Percocet, and an emergency office visit on July 29, 2015. Although Dr. Chang's opinion that the current treatment has been consistently unchanging as well as Plaintiff's extremely limited ability to function (he has not worked since the injury), the opinion of the treating physician is somewhat supported by the opinion of Dr. Lester that Plaintiff has continued this same regimen for 10 years and it would be difficult to successfully wean him at this time. For this reason, it is found that Defendant Employer has not met its burden of proving Percocet and Prozac are not reasonable and necessary for the cure and/or relief of the effects of the work injury. Therefore, the contested medications are found compensable. However, the contested unauthorized emergency office visit is found non-compensable. It would set a detrimental precedent to rule otherwise. Even though presentation at the emergency room may have been more expensive, Plaintiff needs to operate within the treatment parameters so that the party responsible for payment may monitor the activity. [footnote omitted]

No petition for reconsideration was filed.

On appeal, Whayne Supply argues the ALJ failed to apply the proper legal standard set forth in Square D Company v. Tipton, 862 S.W.2d 308 (Ky. 1993) in reaching

her decision. It asserts treatment which is unproductive or does not provide a reasonable benefit is not compensable. Thus, it was incumbent upon the ALJ to evaluate the evidence and make a specific finding as to whether the continued use of Percocet and Prozac provided a reasonable benefit for the cure and relief of the work injury.

Whayne Supply argues it met its burden of proof through the credible opinions of Drs. Lester and Chang. It notes Dr. Chang stated he reviewed Napier's medical records and opined the continued use of Percocet and Prozac were not reasonable and necessary for the effects of the work injury. Dr. Chang indicated Prozac had been prescribed without a diagnosis of depression, evidence of functional improvement, or documentation of a reduction of depression symptoms to support its continued use. Likewise, he did not recommend the continued use of Percocet. As a result, Dr. Chang recommended a weaning period. Similarly, it contends Dr. Lester opined the continued use of Percocet and Prozac were unreasonable and unnecessary treatment of the work injury. Dr. Lester also recommended a weaning period reducing the dosages.

Whayne Supply contends it requested a finding the two specific medications be deemed non-compensable and to

be relieved of the financial responsibility for the medications at the conclusion of the weaning periods as recommended by Dr. Lester. Therefore, it was incumbent upon the ALJ to review the medical evidence, determine whether long-term use of the medications in question were unreasonable and unnecessary, and order the employer through its medical payment obligor to pay for a program to wean Napier from the medications.

Whayne Supply also argues the ALJ is required to support her findings and conclusions with findings of fact drawn from the evidence so the parties may be dealt with fairly and properly apprised of the basis of the decision. It contends the ALJ failed to meet this standard enunciated in Shields v. Pittsburgh and Midway Coal Mining Co., 634 S.W.2d 440 (Ky. App. 1982). Therefore, it requests the ALJ's decision be reversed and remanded with directions to perform the analysis as required by Square D Company v. Tipton, supra.

In a post-award medical fee dispute, the burden of proof and risk of non-persuasion with respect to the reasonableness and necessity of medical treatment falls on the employer. National Pizza Company vs. Curry, 802 S.W.2d 949 (Ky. App. 1991). However, the burden remains with the claimant concerning questions of work-relatedness or

causation of the condition. Id; see also Addington Resources, Inc. vs. Perkins, 947 S.W.2d 421 (Ky. App. 1997). Here, there is no question the issue was the reasonableness and necessity of the narcotic medication. Thus, Whayne Supply had the burden of proof.

Since Whayne Supply was unsuccessful before the ALJ in proving the narcotic medications were not reasonable and necessary treatment of Napier's work injury, the sole issue in this appeal is whether the evidence compels a different conclusion. Wolf Creek Collieries v. Crum, 673 S.W.2d 735 (Ky. App. 1984).

The claimant bears the burden of proof and risk of persuasion before the board. If he succeeds in his burden and an adverse party appeals to the circuit court, the question before the court is whether the decision of the board is supported by substantial evidence. On the other hand, if the claimant is unsuccessful before the board, and he himself appeals to the circuit court, the question before the court is whether the evidence was so overwhelming, upon consideration of the entire record, as to have compelled a finding in his favor.

Wolf Creek Collieries at 735.

Compelling evidence is defined as evidence that is so overwhelming no reasonable person could reach the same conclusion as the ALJ. REO Mechanical v. Barnes, 691 S.W.2d 224 (Ky. App. 1985). In other words, an

unsuccessful litigant on appeal must prove that the ALJ's findings are unreasonable and, thus, clearly erroneous, in light of the evidence in the record. Special Fund v. Francis, 708 S.W.2d 641 (Ky. 1986). For an unsuccessful litigant, this is a great hurdle to overcome. In Special Fund v. Francis, supra, the Supreme Court said:

If the fact-finder finds against the person with the burden of proof, his burden on appeal is infinitely greater. It is of no avail in such a case to show that there was some evidence of substance which would have justified a finding in his favor. He must show that the evidence was such that the finding against him was unreasonable because the finding cannot be labeled "clearly erroneous" if it reasonably could have been made. Thus, we have simply defined the term "clearly erroneous" in cases where the finding is against the person with the burden of proof. We hold that a finding which can reasonably be made is, perforce, not clearly erroneous. A finding which is unreasonable under the evidence presented is "clearly erroneous" and, perforce, would "compel" a different finding.

Id. at 643.

As fact-finder, the ALJ has the sole authority to determine the quality, character and substance of the evidence. Square D Company v. Tipton, supra. Similarly, the ALJ has the sole authority to judge the weight to be accorded the evidence and the inferences to be drawn

therefrom. Miller v. East Kentucky Beverage/Pepsico, Inc., 951 S.W.2d 329 (Ky. 1997); Luttrell v. Cardinal Aluminum Co., 909 S.W.2d 334 (Ky. App. 1995). The fact-finder may reject any testimony and believe or disbelieve various parts of the evidence, regardless of whether it comes from the same witness or the same adversary parties' total proof. Magic Coal Co. v. Fox, 19 S.W.3d 88 (Ky. 2000); Whittaker v. Rowland, 998 S.W.2d 479 (Ky. 1999); Halls Hardwood Floor Co. v. Stapleton, 16 S.W.3d 327 (Ky. App. 2000).

Furthermore, in the absence of a petition for reconsideration, on questions of fact, the Board is limited to a determination of whether there is substantial evidence contained in the record to support the ALJ's conclusion. Stated otherwise, inadequate, incomplete, or even inaccurate fact-finding on the part of an ALJ will not justify reversal or remand if there is substantial evidence in the record that supports the ultimate conclusion. Eaton Axle Corp. v. Nally, 688 S.W.2d 334 (Ky. 1985); Halls Hardwood Floor Co. v. Stapleton, supra. As no petition for reconsideration was filed, our sole task on appeal is narrowed to a determination of whether the ALJ's decision is supported by substantial evidence.

The June 10, 2015, office note of Dr. Jones indicates Napier had been compliant with his medications as a urine drug screen revealed such. Napier had an onset of symptoms over the years. Dr. Jones stated as follows:

Patient able to do some activities of daily living with current pain treatment that he could not due to his treatment. He now cuts his grass with a riding lawnmower [sic] that was not possible before. Patient able to ambulate more in a day limited to just a few minutes and now can walk for 30 - 1 hour at a time if needed. This allows him to participate in more family activities.

Anxiety:

c/o Anxiety follow-up at patient's baseline. c/o Medications significant benefit with Prozac and klonopin. c/o Panic attacks less frequent panic attacks. c/o Stressors stable.

Dr. Jones' treatment was as follows:

1. CLBP

Refill Percocet Tablet 10-325 MG, 1 tablet, Orally, every 6 hrs, 30 days, 120, Refills 0.

2. Anxiety

Refill Valium Tablet, 10 MG, 1 tablet, Orally, Twice a day, 30 days, 60 Tablet, Refills 0.

3. Depression (Major depressive affective disorder, recurrent episode, unspecified)

Refill Prozac Capsule, 40 mg, 1 capsule
at bedtime, Orally, Once a day, 30
days, 30, Refills 5.

Follow Up

4 Weeks

On August 3, 2015, Dr. Jones completed a questionnaire in which he indicated that as a result of his occupational injury, Napier experiences low back pain, depression, and anxiety. The results of the physical examination were lumbar spine tenderness and lumbar rotation limited to 25 degrees bilaterally. Flexion of the lumbar spine was limited to 40 degrees. Napier also had a depressed mood. Dr. Jones opined Napier's condition is related to his past work. Napier sustained a low back injury and suffers from depression due to the physical limitations. Dr. Jones stated as follows:

I prescribe the following medications for James related to his work Injury: Percocet 10-325 Mg, 1 tablet every 6 hours. Valium 10 mg. every day, twice daily. They do not provide a cure but they provide some relief from pain and are medically necessary because they help him with activities of daily living and manage his pain.

In a subsequent questionnaire completed by Dr. Jones on August 26, 2015, he stated his objective findings support Napier's subjective complaints for which he prescribed medications. Dr. Jones concluded the

medications he prescribed are reasonable and necessary for the cure and relief of any conditions which were related to the June 12, 2000, work injury. Dr. Jones stated Napier "uses NSAIDS prn and (illegible) inadequate Percocet symptoms of pain are tolerable. It would seem unreasonable to wean patient from medication after a decade of treatment with opioids."

Dr. Jones disagreed with the rationale of Dr. Lester concerning the denial of the contested medications. Dr. Jones stated pain management was reasonable and necessary for the treatment of Napier's work-related injuries as it allowed him to function and perform daily tasks and participate in activities. He noted Dr. Lester's report also reflects this opinion. Attached to this questionnaire is Dr. Jones' August 26, 2015, report in which he again noted Napier is able to do some activities of daily living with his current pain treatment which he could not do prior to treatment. Napier now cuts his grass using a riding lawnmower which was not possible previously. Napier is also able to ambulate more in a day limited to just a few minutes and now can work thirty minutes to an hour at a time. Further, Napier is also able to participate in more family activities. He also noted

Prozac and Klonopin significantly benefit Napier's anxiety and cause his panic attacks to be less frequent.

Dr. Lester did not find any objective findings to support the subjective complaints for which the medications were prescribed. Dr. Lester expressed the following opinion:

Please state your opinion, expressed in terms of reasonable medical probability, whether or not Prozac and Percocet 10/325 mg are unreasonable and unnecessary for cure or relief of any conditions which may be related to the June 12, 2000 and December 16, 1999 work injuries. Please provide detailed explanation and support for your opinion, with reference to findings (or lack thereof) from examination. **The Prozac was started years ago, secondary to depression after his injury and according to the patient; he was seen by a psychiatrist who started him on the medication years ago. Based on this and his use of Prozac, a trial of weaning would be indicated; and if depression recurs, then restarting it would be reasonable. Trial of decreasing Prozac by 10mg per month over a four month time frame is reasonable. His pain medication of Percocet has been long standing and he has been on high doses in the past, currently he is on Percocet 10/325 four times per day. The medication according to him, allows him to be more active with his church, masonic activities, etc. It would be reasonable to decrease the amount of Percocet by a weaning program over a 6-8 month time frame, and to see if exercise and additional non-narcotic medication would help.**

Concerning the rationale expressed by Dr. Chang, Dr. Lester stated as follows:

I agree with Dr. Chang's rationale, but secondary to long term nature of use of these medications and lack of any exercise program, it will be difficult with weaning process. I would recommend counseling and behavioral medicine to help with this process.

Concerning the pain management treatment Napier received, Dr. Lester stated as follows:

I think pain management is reasonable in trying to wean him off the medication and offering alternative treatment for pain.

Dr. Jones' June 10, 2015, and August 26, 2015, office notes, the questionnaires he completed, and the testimony of Napier constitute substantial evidence supporting the ALJ's determination Whayne Supply had not satisfied its burden of proving Prozac and Percocet were not reasonable and necessary treatment of Napier's work-related conditions. Dr. Jones' office notes and his answer to the questionnaires firmly demonstrate Percocet and Prozac provide a reasonable benefit to Napier as Percocet provides relief from his pain so as to allow him to better perform daily tasks and Prozac significantly reduces his anxiety as well as decrease his panic attacks. Napier's testimony reinforces the opinions of Dr. Jones. Napier

testified his attempt to discontinue Prozac resulted in significant psychological problems which were alleviated when he resumed taking Prozac. Dr. Jones stated Prozac and Klonopin provide significant benefit to Napier in dealing with anxiety and also reduces the frequency of his panic attacks. Dr. Jones noted that although not completely relieving his pain, Percocet eases Napier's pain and allows him to "lead a halfway normal life." Napier acknowledged he tried to discontinue his use of narcotic pain medication for his back symptoms but could not.

In addition, the report of Dr. Lester also supports the ALJ's decision. Dr. Lester indicated there should be a trial weaning of Prozac, but if the depression reoccurs then restarting it would be reasonable. Napier's testimony supports the opinion of Dr. Lester as he testified he attempted to discontinue using Prozac but immediately developed severe psychological problems and resumed taking the medication which remedied the problems resulting from his self-imposed trial weaning. Similarly, Dr. Lester noted Napier had been taking high doses of Percocet for a long time and was currently on 10/325 doses four times per day. Napier informed Dr. Lester the medication allows him to be more active with his church and masonic activities. Dr. Lester recommended decreasing the

amount of Percocet via a weaning program over a six to eight month time frame to see if exercise and additional narcotic medication would help. Dr. Lester did not recommend discontinuing the use of Percocet. This is reflected in Dr. Lester's answer to the question pertaining to whether he agreed with Dr. Chang's rationale. Dr. Lester indicated he agreed with the rationale but also noted the weaning process will be difficult in this case. Thus, he recommended counseling and behavioral medication to help with the process. Dr. Lester's report supports the continued use of Percocet with a possible reduction in the amount. With respect to Prozac, Dr. Lester opined if during the weaning process Napier's depression reoccurs, the Prozac should be restarted.

The medical records and opinions of Dr. Jones as well as Napier's testimony reveal Percocet provides a reasonable benefit to Napier by allowing him to engage in regular daily activities, and also permits him to participate in more family activities. Dr. Jones' records and opinions, and Napier's testimony also reveal Prozac relieves the emotional symptoms Napier experiences stemming from his work injury. In addition, Dr. Lester's opinions do not unequivocally support the discontinuation of the medications in question. Thus, we find no merit in Wayne

Supply's contention substantial evidence does not establish the medications in question are unproductive and do not provide a reasonable benefit. Further, the ALJ applied the correct standard.

In the same vein, Whayne Supply's argument the ALJ did not provide sufficient findings to adequately inform it of the basis for the determination Percocet and Prozac remain compensable has no merit. Since Whayne Supply did not file a petition for reconsideration seeking additional findings and raising this issue with the ALJ, it has waived its right to complain about inadequate fact-finding and the ALJ's failure to supply the basis for her decision. As previously noted, since Whayne Supply did not file a petition for reconsideration, inadequate, incomplete, or even inaccurate fact-finding on the part of the ALJ will not serve as a basis for reversal as long as substantial evidence supports the ALJ's decision. As we have determined substantial evidence supports the ALJ's decision regarding the reasonableness and necessity of the narcotic medications, Whayne Supply's argument fails and the ALJ's decision must be affirmed.

Accordingly, the October 7, 2015, Opinion and Order of Hon. Jane Rice Williams is **AFFIRMED**.

ALL CONCUR.

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