

THE STATE OF SOUTH CAROLINA
In the Court of Appeals

APPEAL FROM THE
SOUTH CAROLINA WORKERS' COMPENSATION COMMISSION
APPELLATE PANEL

RECEIVED

SEP 02 2014

Avery B. Wilkerson, Jr., Commissioner;
Andrea C. Roche, Commissioner, and T. Scott Beck, Commissioner, concurring

SC Court of Appeals

S.C.W.C.C. Case No.: 1108188
Appellate Case No.: 2014-001676

Russell GoodwinAppellant,

v.

Employbridge dba Prologistix, Employer, and American Casualty Company of
Reading PA, CarrierRespondents.

MOTION TO FILE OUT OF TIME

The Plaintiff, Russell Goodwin, appeals the Order of the South Carolina Workers' Compensation Commission filed and served on May 20, 2014. Appellant received written notice of the entry of the Order on May 25, 2014. Counsel for Appellant was retained the date of the filing of the notice of appeal. Although the notice of appeal was filed more than 30 days after the receipt of the underlying order, appellant requests a tolling of the deadline for Appellant under the Americans with Disabilities Act to allow for an extended filing period given the pro se Appellant's long running mental illness.

Equitable tolling of statutes of limitations may be warranted upon showing that the plaintiff was *non compos mentis*. *Speiser v. U.S. Dep't of Health and Human Servs.*, 670 F.Supp. 380, 384 (D.D.C. 1986). To be *non compos mentis*, one must be "incapable

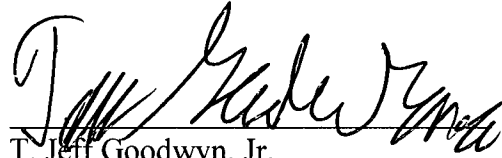
of handling her own affairs or unable to function in society.” *Smith-Haynie*, 155 F.3d at 580; *Perry*, 669 F. Supp. 2d at 66. An individual must show that she was “unable to engage in rational thought and deliberate decision making sufficient to pursue her claim alone or through counsel.” *Smith-Haynie* 155 F.3d at 580 (quoting *Nunnally v. MacCausland*, 996 F.2d 1, 5 (1st Cir. 1993).

Here, Mr. Goodwin requests an equitable tolling of the filing deadline for a notice of appeal based on disabilities arising from mental illness. Mr. Goodwin has long suffered from severe depression among other mental illnesses and does not live alone.

Mr. Goodwin’s medical records indicate that he has been diagnosed with major depression and severe lapses in memory (See SC Department of Mental Health dated June 22, 2011 attached as Exhibit “A”). For these issues, Mr. Goodwin was prescribed several different anti-psychotic, anti-depressant, and Alzheimer’s medications including Seroquel, Risperdal, Celexa, and Wellbutrin (See SC Department of Mental Health June 22, 2011 as Exhibit “A”). Unfortunately, these medications were ineffective to treat Mr. Goodwin’s conditions and he subsequently stopped taking them in 2011 (Exhibit “A”). Further, Mr. Goodwin suffers from anhedonia, social withdrawal, panic attacks, and both visual and audio hallucinations including a history of talking to people who are not actually there (See SC Department of Mental Health dated June 14, 2011 as Exhibit “B”). The symptoms suffered by Mr. Goodwin have been ongoing and continuous. In 2013 his physician again recognizes the hallucinations that Mr. Goodwin suffers from and further diagnoses him with MDD (Major Depressive Disorder) with psychotic features (See SC Department of Mental Health dated April 4, 2013 as Exhibit “C”).

Based upon the extensiveness and variety of the symptoms suffered by Mr. Goodwin in relation with his mental illnesses he is not able to engage in rational thought and deliberate decision making sufficient for him to pursue his claim alone. Thus, this court should equitably toll the filing deadline and allow his notice of appeal to be filed out of time.

September 2, 2014



T. Jeff Goodwyn, Jr.
Goodwyn Law Firm, LLC
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Columbia, South Carolina 29205
(803) 251-4517
Attorney for Appellant

Justin T. Williams, Esquire
Willson, Jones, Carter & Baxley, P.A.
4500 Fort Jackson Blvd.
Columbia, SC 29209
(803) 782-2520
Attorney for Respondents

CLINICAL SERVICE NOTE

STAFF LIST

TIME: 45 For Staff: 0541 JAMIE KOENIG

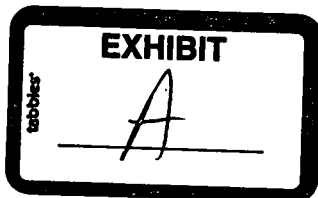
Facility:	3D COLUMBIA AREA MHC	Cost Center:	3DTAA CTU-10 MEDICAL PK-THE ASSESSMENT CENTER
Location:	140 EMERGENCY INTAKE	Office:	025 EMERGENCY & INTAKE SERVICES
Place Of Service:	53 COMMUNITY MHC	Svc Code:	H012 PSYCHIATRIC/MEDICAL ASSESSMENT
	Batchno: 173118888	Group number: Sched CIS:	Group ID:
Medicare Authorized Provider:	NONE	Date:	06/22/2011
Staff ID:	0541	Time Service Provided:	11:15 AM

Name:	RUSSELL GOODWIN	Cid:	9760806	Bill Time:	45
Cancel/NS:		Ticket:	38100813	Audit:	2249445
GAF:	63	Incarc:	N	Pmttp:	04
Problem:	0 PSYCHIATRIC				
Emerg:	2 NORMAL HOURS, EMERGENCY				
Treatment Goal / Focus:					

Note

See Corresponding PMA FORM

THIS IS PRIVILEGE INFORMATION TAKEN FROM THE PATIENT'S MEDICAL RECORD. IT SHALL BE KEPT CONFIDENTIAL AND SHALL NOT BE DISCLOSED BY ANY PERSON EXCEPT UNDER THE CONDITIONS OUTLINED UNDER SECTION 44-22-100, AS AMENDED.



Jaime W. Koenig
 Signed by: Jaime W. Koenig
 Reason:
 Date & Time: 22 Jun 2011

Svc Code: H012 PSYCHIATRIC/MEDICAL ASSESSMENT	Cancel/NS:	Bill Time: 45 NO CHARGE WAS NOT CHECKED
Ticket: 38100813	Audit: 2249445	Cid: 9760806
		Name: RUSSELL GOODWIN

INITIAL/EXTENDED PHYSICIAN'S MEDICATION ASSESSMENT ORDERS AND SERVICE NOTES (PMA)

Name: **RUSSELL GOODWIN**

ID: **9760806**

Ticket No: **38100813**

Date: **06/22/2011**

Chief Complaint/Perception of Problem (use client's own words)

' I ran out of my meds'

History of Present Illness

This is a really pleasant man whom has been a client with a diagnosis of major depression inspecified but also has multiple medical issues tht are compundiong his mood. Not sleeping, drinks 4 20 ounce coffees, 1-2 big liters mountain des, many cans of soda during the day, takes caffiene pills most days, and drinks 5 hour energy drinks. Wants mental health meds to sleep but on C-PAP which he doesn't use because he doesn't like the noise. When had sleep study, quit breathing 10 times. Also on meds for diabetes but doenst know last blood glc. Patient of Dr. Lillie Randolph but hasn't told her about caffiene use . Also momerory issues and recently started on Aricept. Occasional marijuana use to help irritability and insomnia

Pregnant:

Substance/Alcohol Use

None Tobacco Caffeine Alcohol Street Drugs Other (if checked, describe)
 Use to use marijuana, Drink 4 cups of 20 oz of coffee, caffinated sodas- 2liters about 6 cans 2liter, lots of mountain dew 5 hour energy drinks, takes caffiene pills

Psychiatric History/Hospitalizations

prior patient at CAMHC no hospitalizations

Social History

None

Family History (medical, psychiatric, substance use)

None

Medical History

N/R	Epilepsy	HIV/AIDS	Neurologic	<input checked="" type="checkbox"/> Other lots of caffiene
Cardiac	Gastrointestinal	<input checked="" type="checkbox"/> Hyperlipidemia	Strokes	
Cancer	Genitourinary	Kidney disease	<input checked="" type="checkbox"/> Surgery	
<input checked="" type="checkbox"/> Diabetes	Heart disease	<input checked="" type="checkbox"/> Migraine headaches	Thyroid disease	
Endocrine	<input checked="" type="checkbox"/> High blood pressure	Musculoskeletal		

Elaborate: Apnea, surgery on finger, ankle

Allergies

NKDA

Most Recent Vital Signs

Height: Weight: Blood Pressure : BMI:

Current Psychiatric Medication

Mental Health Medication	Dosage	Frequency		
SEROQUEL	100	1qhs	30	2
RISPERDAL	2	1qhs	30	2
CELEXA	20	qam	30	2
WELLBUTRIN	150	qam	30	2

Mental Status Examination

Sensorium	Alert: <input checked="" type="checkbox"/>	Oriented:	Other: (describe)
Appearance	Normal For Patient: <input checked="" type="checkbox"/>	Cooperative: <input checked="" type="checkbox"/>	(if not, describe)
Behavior	Normal For Patient: <input checked="" type="checkbox"/>	Concentration: Intact:	(describe)
Speech	Normal For Patient: <input checked="" type="checkbox"/>	Memory: Intact:	(if not, describe) a bit distracted
Cognition	Alert: <input checked="" type="checkbox"/>	Mood: Euthymic:	(if not, describe) poor
Emotion	Alert: <input checked="" type="checkbox"/>	Affect: Appropriate: <input checked="" type="checkbox"/>	(if not, describe) a bit depressed
Thought Content	Alert: <input checked="" type="checkbox"/>	Hallucinations: No: <input checked="" type="checkbox"/>	(if not, describe)
Thought Process	Alert: <input checked="" type="checkbox"/>	Delusions: No: <input checked="" type="checkbox"/>	Yes: (describe)
Suicidal Ideation	Alert: <input checked="" type="checkbox"/>	Logical/Goal directed: <input checked="" type="checkbox"/>	Yes: (describe)
Homicidal Ideation	Alert: <input checked="" type="checkbox"/>	No: <input checked="" type="checkbox"/>	Yes: (describe)

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Diagnosis and Impression of Progress

Prim Dx Code	Description
<input checked="" type="checkbox"/> 296.30	Major Depressive Disorder, Recurrent, Unspecified
Axis I:	305.20 Cannabis Abuse
	292.85 Caffeine-Induced Sleep Disorder (new code as of 10.01.2005)
	292.89 Caffeine-Induced Anxiety Disorder

Explanation of Axis I diagnosis:

None

Prim Dx Code Description

Axis II: No diagnosis for this axis

Explanation of Axis II diagnosis:

None

Axis III: Diabetic, on C-PAP but doesn't use it like he should, APNEA, hyperlipidemia

Axis IV: social

GAF: 63 | Additional Rating: (describe)

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Target Symptoms for Treatment

AV hallucinations	Flashbacks	Mania/hypomania	Thought disorganization
Agoraphobia	Hyperactive/inattentive	Oppositional	Trauma
Anxiety	Hypervocal	Obsessive/compulsive	Other
Delusions/paranoia	Irritability	SI/HI/Ideation/attempts	
Depression	Legal problems	Sleep/appetite disturbance	

Are You Court ordered? N/A

Recommendation for Treatment

Labs:	Therapeutic drug level:(describe)	HGA1C	Lipid panel	Liver profile
	BUN/Creatinine	FBS	BMT	
	UDS for drugs of abuse	Other diagnostic:(describe)		
	Thyroid function	Other diagnostic:(describe)		
	CBC / Diff	Other diagnostic:(describe)		
	Other labs ordered:(describe)			

MHC svc/Interventions:

Blood sugar	Drug screen	AIMS	AIMS Date:	Further education (describe)
Individual therapy	Group therapy	Family therapy		Medication monitoring
				Case management
				<input checked="" type="checkbox"/> PMA

Other:

Medication Ordered

Mental Health Medication	Dosage	Frequency	Amnt	Refills	Date D/C	Sample	SmplDsg	SmplAmt
SEROQUEL	100	1qhs	30	2	06/22/11			
<i>Reason for deleting SEROQUEL: quit taking 2 months ago</i>								
RISPERDAL	2	1qhs	30	2	06/22/11			
<i>Reason for deleting RISPERDAL: quit taking 2 months ago</i>								
CELEXA	20	qam	30	2	06/22/11			
<i>Reason for deleting CELEXA: quit taking 2 months ago</i>								
WELLBUTRIN	150	qam	30	2	06/22/11			
<i>Reason for deleting WELLBUTRIN: quit taking 2 months ago</i>								
CELEXA	20mg	in am	30	0				

Physical Healthcare Medication

Dosage	Frequency	Purpose	Date of Deletion
diabetic will bring			

Other: OTC, Herbals, Vitamins, etc.

Dosage	Frequency	Purpose	Date of Deletion
No current medication			

Medication Education Provided:	Client	Family
Medication, dose, time to take	Lab monitoring required/reason	Financial availability
Purpose/Expected benefits/Risk	Expected length of tx.	Neuroleptic Consent
Common side effects	Effects on pregnancy/nursing	Alternative to medication/Risk of no treatment
		Other (describe):

Justification for Continued Treatment

Requires monitoring of response to medication Symptoms unstable Improve level of functioning

Follow-up: Days: Weeks: 2 Months: Other:

Extra Notes

on meds for diabetes, cholesterol, HTN but doesn't know what they are. Of note on sleep study would quit breathing 10 times a night, doesn't use C-Pap like he is suppose to because the noise bothers him> Thinks he is on ' memory medication- Aricept'

Signed by: Jaime W. Koenig
Reason:
Date & Time: 22 Jun 2011

CLINICAL SERVICE NOTE

STAFF LIST

TIME: 0 For Staff: 1180 LARRY JACKSON

Facility	3D COLUMBIA AREA MHC	Cost Center	3DTAA CTU-10 MEDICAL PK-THE ASSESSMENT CENTER
Location	140 EMERGENCY INTAKE	Office	025 EMERGENCY & INTAKE SERVICES
Place Of Service:		Svc Code:	C39 GENERIC NOTE
	Batchno: 173118888	Group number: Sched CIS:	Group ID:
Medicare Authorized Provider:	0	Date:	06/22/2011
Staff ID:	1180	Time Service Provided:	11:54 AM

Name:	RUSSELL GOODWIN	Cid:	9760806	Bill Time:	0
Cancel/NS:		Ticket:		Audit:	
GAF:		Incarc:	N	Pmttp: Modifier:	
Problem:					
Emerg:					
Treatment Goal / Focus:					

Note

SEE PMA DATED 6/22/11
 RETURN FOR PMA ON 7/6/11 AT 10:45 AM. STAFF TO GIVE CLIENT ACS APPT. WITH CLYDE MORN AT 9:00 AM APPT.SLIP AT 7/6/11 PMA APPT. AT ES.

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Larry R. Jackson, RN
 Signed by: Larry R. Jackson
 Reason:
 Date & Time: 22 Jun 2011

Svc Code: C39	GENERIC NOTE	Cancel/NS:		Bill Time: 0	NO CHARGE WAS NOT CHECKED
Ticket:		Audit:		Name:	RUSSELL GOODWIN
		Cid:	9760806		

CLINICAL SERVICE NOTE

STAFF LIST

TIME: 40 For Staff: 0252 GEORGE SAUL

Facility	3D COLUMBIA AREA MHC	Cost Center	3DTAA-CTU-10 MEDICAL PK-THE ASSESSMENT CENTER
Location	140 EMERGENCY INTAKE	Office	025 EMERGENCY & INTAKE SERVICES
Place Of Service:	53 COMMUNITY MHC	Svc Code:	H002 MH ASSESSMENT NON PHYSICIAN
	Batchno: 165118888	Group number: Sched CIS:	Group ID:
Medicare Authorized Provider:		Date:	06/14/2011
Staff ID:	0252	Time Service Provided:	09:15 AM

Name:	RUSSELL GOODWIN	Cid:	9760806	Bill Time:	30
Cancel/NS:		Ticket:	38060325	Audit:	2247126
GAF:	63	Incarc:	N	Pmttp:	04
Problem:	0 PSYCHIATRIC				
Emerg:	2 NORMAL HOURS EMERGENCY				
Treatment Goal / Focus:					

Note

This former center client presented to emergency services to restart treatment. His case was closed after 10 years of treatment when he didn't follow through with a transfer from the ACS clinic to the LR clinic. He ran out of psychotropic medication 2 months ago. I can tell a difference...Worse than I was...Not feeling like myself...Tired...Aggravated.

Casually dressed.Adequately groomed.Concrete.Poor historian.Lethargic.Slow to respond to questions.Flat affect.Mood appeared depressed.Had difficulty describing symptoms.Denied history of suicide attempts or current suicidal ideation.'Sometimes I wish I was dead.' Preoccupied with inadequate sleep and fatigue. Appetite fluctuates.Endorsed sadness,tearfulness,anhedonia and social withdrawl.Past history of panic attacks and hallucinations.

NkGa.Medical problems reported diabetes and possibly hypetrtnsion and hyperlipodemia.Only physical health medication he could name was metformin.Takes tylenol 3 and otc sleep medications.Has a c-pap machine for his sleep apnea,His primary care md is Lilly Randolph with the Physicians Medical Group.

Uds was negative this date.Quit smoking marijuana 1 year ago.Drinks alcohol on the weekends-up to 3 beers and 2 shots of liquor.Smokes 2-3 Black and Mild cigars daily.He has a high caffiene intake of coffee and energy drinks daily.

Impression;Major Depression,Recurrent.

Plan:Scheduled pma appointment on 6-22-11.Reviewed afterhours emergency services.Will request pcmd records.

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George A. Saul LMSW Signed by: George A. Saul
Reason:
Date & Time: 14 Jun 2011

Svc Code: H002 MH ASSESSMENT NON PHYSICIAN	Cancel/NS:	Bill Time: 30 NO CHARGE WAS NOT CHECKED
Ticket: 38060325	Audit: 2247126	Cid: 9760806
		Name: RUSSELL GOODWIN

CLINICAL SERVICE NOTE

STAFF LIST

TIME: 15 For Staff: 1354 ALISON NORVILLE
 TIME: 15 For Staff: 0541 JAMIE KOENIG

Facility:	3D COLUMBIA AREA MHC	Cost Center:	3DTAA CTU-10 MEDICAL PK-THE ASSESSMENT CENTER
Location:	140 EMERGENCY INTAKE	Office:	025 EMERGENCY & INTAKE SERVICES
Place Of Service:	53 COMMUNITY MHC	Svc Code:	H017 03 MH SERVICES PLAN DEVELOPMENT BY NON PHYSICIAN
	Batchno: 94138888	Group number: Sched CIS:	Group ID:
Medicare Authorized Provider:	0541	Date:	04/04/2013
Staff ID:	1354	Time Service Provided:	11:15 AM

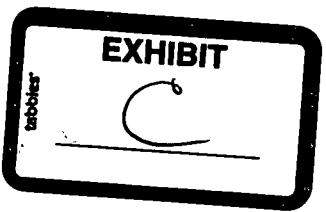
Name:	RUSSELL GOODWIN	Cid:	9760806	Bill Time:	15
Cancel/NS:		Ticket:	41164501	Audit:	2456210
GAF:	68	Incarc:	N	Pmttp:	03
Problem:	2 PSYCHIATRIC/SUBSTANCE				
Emerg:	0 NORMAL HOURS, NO EMERGENCY				
Treatment Goal / Focus:					

Note

Focus of Staffing and or Treatment Needs reviewed chart, recent medical diagnosis, sleep apnea that has been a long standing problem, THC hx and current use, caffeine dependence, reported symptoms and likelihood could be account for by medical problem. He is requesting Seroquel.

Physician Recommendations
 NO SEROQUEL! Needs medical follow up. Seroquel could stop his breathing. Seek medical treatment & flu emergency or referred.

Spoke with DR. Lillie Randolph who reports that he should have his new C-PAP machine for which he denied. She reports that he walked out of her office abruptly last month but she will call PRMH to confirm that they did in fact send him the C-PAP and she will follow up with him as well. She stated that he refuses to use the machine that she will no longer see him/



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Alison K. Norville
 Signed by Alison K. Norville
 Reason:
 Date & Time 04 Apr 2013 3:01:40 PM

Jaime W. Koenig
 Signed by Jaime W. Koenig
 Reason:
 Date & Time 04 Apr 2013 4:34:27 PM

The form has been signed 2 times. Reason:

Svc Code: H017 03 MH SERVICES PLAN DEVELOPMENT BY NON PHYSICIAN	Cancel/NS:	Bill Time: 15 NO CHARGE WAS NOT INDICATED
Ticket: 41164501	Audit: 2456210	Name: RUSSELL GOODWIN
Cid: 9760806		

CLINICAL SERVICE NOTE

STAFF LIST

TIME: 60 For Staff: 1354 ALISON NORVILLE

Facility	3D: COLUMBIA AREA MHC	Cost Center	3DTAA CTU-10 MEDICAL PK-THE ASSESSMENT CENTER
Location	140 EMERGENCY INTAKE	Office	025 EMERGENCY & INTAKE SERVICES
Place Of Service:	53: COMMUNITY MHC	Svc Code:	H002 MH ASSESSMENT NON PHYSICIAN
	Batchno: 94138888	Group number: Sched CIS:	Group ID:
Medicare Authorized Provider:	0534	Date:	04/04/2013
Staff ID:	1354	Time Service Provided:	09:45 AM

Name: RUSSELL GOODWIN	Cid: 9760806	Bill Time: 60	
Cancel/NS:	Ticket: 41164014	Audit: 2456172	Pmttp: 05
GAF: 65	Incarc: N		Modifier:
Problem: 2 PSYCHIATRIC/SUBSTANCE			
Emerg: 0 NORMAL HOURS, NO EMERGENCY			
Treatment Goal / Focus:			

Note

Ip is a 46 S B M who comes back to clinic following neck surgery and seeking disability. He reports odd sensation likely where muscle and nerves are healing but is convinced that they did the surgery wrong. After reviewing his old chart and the recent medical records indicating severe sleep apnea and an enlarged thyroid with lesions: writer with staff with Dr. Koenig and likely be referring him to his primary care physician Dr. Lillie Randolph. He reports that he has lost his old C-PAP machine, which is documented that he never used it despite a sleep study and his admission that he stopped breathing 10 times and that it is severe. He consumes a massive amounts of caffeine and the visual and audio hallucinations could be from sleep deprivation.

It was reported in the beginning of his receiving treatment that he talks to people that are not there and was dx with MDD with psychotic features. He denies being intoxicated during those times that he recalled. He makes good eye contact, mood appears fair affect is congruent. When asked he does reports hearing a conversation last night that he could not make out and that he has seen shadows before.

No hospitalizations and there is no other documentation beside that one collateral report of evidence of hallucinations.

A&D hx of Alcohol, cannabis, and caffeine abuse +UDS+THC
 He reports 20 oz cups coffee time 4 and a lot of sodas and 5-hr Energy drinks. He states that he is excessively tired.
 He is A&O, pleasant, dressed appropriately for the weather, thoughts are linear and goal directed with occasional evidence of thought blocking that could form medical and or cannabis use.

He denies SI/HI, theme of conversation is critical of medical care. Spoke with Dr. Randolph and she did reports that he stormed out of her office very out of character and stated that he was going to find another MD. She reports that she did complete the form for his new C-PAP machine and suggested that she will not continue to see him if he is not using it: however she will contact PRMH to confirm that he had received it.

- 293.9 Mental Problem related to medical problem, thyroid, sleep apnea
- 296.30 MDD recurrent unspecified by hx
- 305.20 Cannabis Abuse uses 5 times a week
- 292.85 Caffeine induced sleep do
- 292.89 Caffeine- induced Anxiety DO by hx

referred to follow up with Dr. Randolph about his medical condition. Only to return medically stable and with MD referral.

Asking for Seroquel only. After staffing with psychiatrist, DR. Koenig explained that with that severe sleep apnea that Seroquel could kill him.

Do you have thoughts of killing yourself/hurting others or do you hear voices telling you to kill yourself / to hurt others?

NO
 Signed by Alison K. Norville
 Reason:
 Date & Time: 04 Apr 2013 2:19:45 PM

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Svc Code: H002 MH ASSESSMENT NON PHYSICIAN	Cancel/NS:	Bill Time: 60 NO CHARGE WAS NOT INDICATED
Ticket: 41164014	Audit: 2456172	Name: RUSSELL GOODWIN
Cid: 9760806		

CLINICAL SERVICE NOTE

STAFF LIST

TIME: 15 For Staff: 0067 BRUCE CANNON

Facility	3D COLUMBIA AREA MHC	Cost Center	3DTAA CTU-10 MEDICAL PK-THE ASSESSMENT CENTER
Location	140 EMERGENCY INTAKE	Office	025 EMERGENCY & INTAKE SERVICES
Place Of Service:	53 COMMUNITY MHC	Svc Code:	C39 GENERIC NOTE
	Batchno: 95138888	Group number: Sched CIS:	Group ID:
Medicare Authorized Provider:	0	Date:	04/05/2013
Staff ID:	0067	Time Service Provided:	10:28 AM

Name:	RUSSELL GOODWIN	Cid:	9760806	Bill Time:	0
Cancel/NS:		Ticket:		Audit:	
GAF:	N/A	Incarc:	N	Pmttp: Modifier:	

Problem: 2 PSYCHIATRIC/SUBSTANCE

Emerg: 2 NORMAL HOURS, EMERGENCY

Treatment Goal / Focus:

Note

Received a phone call from client complaining that he 'wasn't seen properly' by Alison yesterday. Specifically alleging that she had made a decision about what medication he could have on her own. I informed him that I would review his record and talk with Alison and call him back.

After reviewing his record and talking with Alison, I called him back and informed him that our records clearly document that he indeed received a very proper evaluation....specifically that even without talking with Alison, the record from his visit yesterday clearly documents that he has several medical conditions, namely an enlarged thyroid with lesions for which he is not taking any medications; severe sleep apnea, for which he refuses to use a C-PAP; and severe caffeine dependence, that all make it dangerous for us to try to treat him. I informed him that in regard to his allegation that Alison had made a medication decision on her own, that it was clearly documented that she had in fact contacted his PCP, Dr. Randolph, and our psychiatrist, Dr. Koenig, in regard to her concerns about his medical conditions, and it was further documented that she had informed him of this, and that it was the physicians' recommendation that he should not be prescribed the medications he was seeking (Seroquel), because it could kill him.

He then tried to assert that there are other medications besides Seroquel that could be prescribed for him, but I explained to him that any medication we may prescribe that has a sedating effect could also kill him as easily as Seroquel. I stressed to him that we are taking this position, because we are trying to avoid doing anything that could kill him. I attempted to explain to him that it was further documented and explained to him that given his current medical condition, that we would not provide any treatment for him without a referral for consultation from his PCP, but he hung up on me before I could finish.

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Bruce Cannon, M.D. Signed by: Charles B. CANNON
Reason
Date & Time: 05 Apr 2013 11:07:55 AM

Svc Code: C39 GENERIC NOTE	Cancel/NS:	Bill Time: 0 NO CHARGE WAS NOT INDICATED
Ticket:	Audit:	Name: RUSSELL GOODWIN
	Cid: 9760806	

THE STATE OF SOUTH CAROLINA
In the Court of Appeals

RECEIVED

SEP 02 2014

SC Court of Appeals

APPEAL FROM THE
SOUTH CAROLINA WORKERS' COMPENSATION COMMISSION
APPELLATE PANEL

Avery B. Wilkerson, Jr., Commissioner;
Andrea C. Roche, Commissioner, and T. Scott Beck, Commissioner, concurring

S.C.W.C.C. Case No.: 1108188
Appellate Case No.: 2014-001676

Russell GoodwinAppellant,

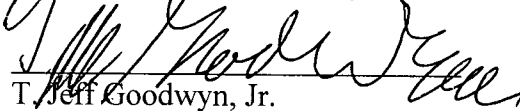
v.

Employbridge dba Prologistix, Employer, and American Casualty Company of
Reading PA, CarrierRespondents.

PROOF OF SERVICE

I certify that I have served the Appellant's Motion to File out of Time on Justin T. Williams, Esquire, Counsel for the Respondents at Willson, Jones, Carter & Baxley, P.A., 4500 Fort Jackson Blvd., Columbia, SC 29209 by depositing a copy of same in the United States Mail, postage prepaid, on September 2, 2014.

GOODWYN LAW FIRM, LLC


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Columbia, South Carolina 29205
JGoodwyn@goodwynlaw.com
Attorneys for Appellant

September 2, 2014

GOODWYN LAW FIRM, LLC

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September 2, 2014

VIA HAND DELIVERY

Jenny Abbott Kitchings, Clerk of Court
The South Carolina Court of Appeals
1015 Sumter Street
Columbia, SC 29201

RE: ***Russell Goodwin v. Employbridge dba Prologistix, Employer and American Casualty Company of Reading PA, Carrier***
SCWCC Case No.: 1108188
Case No.: 2014-001676
Our File No.: 7000-0097


Dear Ms. Kitchings:

Enclosed please find an original and one copy of Appellant's Motion to File out of Time along with a check in the amount of \$25.00 representing the filing fee for filing in regard to the above referenced matter. Please return a filed copy of same with the courier.

By copy of this letter and as evidence on the attached Proof of Service, I am serving a copy of same upon Justin T. Williams, Esquire, attorney for the Respondents.

Should you have any questions, please do not hesitate to contact me.

Sincerely,



T. Jeff Goodwyn, Jr.

TJG/msb

Enclosures

cc: Justin T. Williams, Esquire

RECEIVED

SEP 02 2014

SC Court of Appeals