

THE STATE OF SOUTH CAROLINA
In The Court of Appeals

APPEAL FROM RICHLAND COUNTY
South Carolina Workers' Compensation Commission

R. Michael Campbell, Commissioner; T. Scott Beck, Commissioner; Susan S. Barden,
Commissioner

W.C.C. File No.: 1401730
Appellate Case No.: 2018-001553

RECEIVED

JUL 10 2019

SC Court of Appeals

Carl E. Lucas, Employee, Respondent,

v.

RNDC of South Carolina, Employer, and Hartford Indemnity, Carrier, Appellants.

APPENDIX TO RECORD ON APPEAL

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Attorney for Respondent, Carl E. Lucas

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STATE OF SOUTH CAROLINA
BEFORE THE S.C. WORKERS' COMPENSATION COMMISSION
WCC FILE NO. 1401730

Carl E. Lucas,)
)
 Claimant,)
)
 v.)
)
 Republic National Distributing Company,)
)
 Employer,)
)
 and)
)
 Hartford Accident & Indemnity Co.,)
)
 Carrier,)
)
 Defendants.)
)
)

CONSENT ORDER

This matter comes before the undersigned Commissioner pursuant to an agreement reached between the parties. This is an admitted case regarding low back injury. The claimant has been seen by Dr. Femley and Dr. Armsey and they have very different opinions about his condition. He has on his own sought the care of Dr. Harris his family practice MD who has opined that his back pain has resulted in him experiencing depression, increased insomnia and impairment of his activities of daily living due to pain. Dr. Harris has referred him to Dr Krafft a pain therapy MD and the claimant desires continued care by this MD and to return to Dr. Armsey for an updated evaluation.

A hearing was scheduled for February 12, 2015 at 13:00 p.m. in Columbia, SC. with regard to the issues raised in the Claimant's WCC Form #50 Defendants' WCC Form #51.

Prior to the hearing, the Parties reached an agreement. Pursuant to the terms of the agreement, the Carrier will schedule and provide for the Claimant a return appointment with Dr. Armsey for an evaluation of the Claimant's present condition, as related to his low back. The carrier will also pay for the Pain Therapy care of Dr. Krafft which includes doctor visits and medications as related to the Claimant's back. The carrier will pay for Dr. Harris' prescriptions that address and treat the Claimant's depression and insomnia only as they are caused by his back pain. Any and all other issues raised in the WCC Form #50 and WCC Form #51 shall be held in abeyance. The case will be returned to the general files to be reset upon motion of either party.

AND, IT IS SO ORDERED.

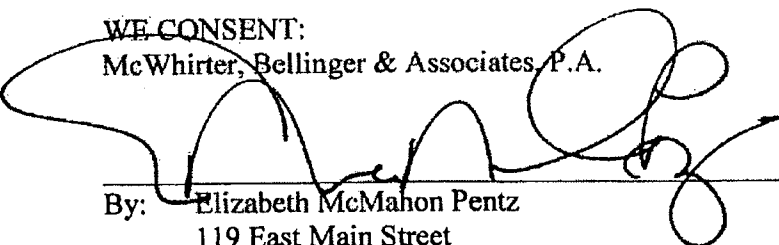
SOUTH CAROLINA WORKERS'
COMPENSATION COMMISSION

By: 

T. Scott Beck, Commissioner

Dated: May 6, 2015

WE CONSENT:
McWhirter, Bellinger & Associates, P.A.


By: Elizabeth McMahon Pentz
119 East Main Street
Lexington, SC 29072
803-359-5523
Attorney for the Claimant

CERTIFICATE OF SERVICE

This is to certify that the undersigned has on this date served a copy of this order in the above entitled action upon all parties to this case by sending an electronic copy hereof by electronic mail addressed to the attorneys for said parties; or if there is an unrepresented party(ies), by depositing a copy hereof, postage paid in the United States mail, first class, addressed to the unrepresented party(ies) and to the attorney(s) for the represented party(ies).

By Shawn Debruhl on May 6, 2015

Barnes, Alford, Stork & Johnson, LLP

Kay Gaffney Crowe

By: Kay Gaffney Crowe
Richard C. Thomas
1613 Main Street
Columbia, SC 29201
803-799-1111
Attorneys for the Defendants

STATE OF SOUTH CAROLINA
BEFORE THE S.C. WORKERS' COMPENSATION COMMISSION
WCC FILE NO. 1401730

CARL E. LUCAS,

CLAIMANT,

V.

REPUBLIC NATIONAL
DISTRIBUTING COMPANY,

EMPLOYER,

AND

HARTFORD ACCIDENT & INDEMNITY
CO.,

CARRIER,

DEFENDANTS.

DEPOSITION

OF

DR. RYAN KRAFFT

DEPOSITION OF DR. RYAN KRAFFT, TAKEN BEFORE WENDY SHANNON SULLIVAN, A NOTARY PUBLIC IN AND FOR THE STATE OF SOUTH CAROLINA, COMMENCING AT THE HOUR OF 10:05 A.M., FRIDAY, THE 18TH OF MARCH, 2016, AT THE PAIN CENTER LOCATED AT 7021 ST. ANDREWS ROAD, SUITE 1, COLUMBIA, SOUTH CAROLINA.

COPY



APPEARANCES

FOR THE CLAIMANT

ELIZABETH M. PENTZ, ESQUIRE
MCWHIRTER, BELLINGER & ASSOCIATES, P.A.
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COLUMBIA, SOUTH CAROLINA 29202

REPORTED BY

WENDY SHANNON SULLIVAN
VERBATIM, INC.
POST OFFICE BOX 7123
COLUMBIA, SOUTH CAROLINA 29202

ALSO PRESENT

CARL E. LUCAS

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EXHIBITS

THERE WERE NO EXHIBITS MARKED

*DIGITALLY RECORDED AUDIO RETAINED FOR TWELVE (12) MONTHS FROM DATE OF CERTIFICATION.



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STIPULATIONS

IT IS STIPULATED BY AND BETWEEN COUNSEL FOR THE RESPECTIVE PARTIES THAT ALL OBJECTIONS ARE RESERVED UNTIL THE TIME OF TRIAL, EXCEPT AS TO THE FORM OF THE QUESTIONS.

THIS DEPOSITION IS BEING TAKEN PURSUANT TO THE SOUTH CAROLINA RULES OF CIVIL PROCEDURE.

- - - - -

THE READING AND SIGNING OF THIS DEPOSITION IS **WAIVED** BY THE DEONENT AND COUNSEL FOR THE RESPECTIVE PARTIES.

WHEREUPON, **DR. RYAN KRAFFT**, BEING DULY SWORN AND CAUTIONED TO SPEAK THE TRUTH, THE WHOLE TRUTH, AND NOTHING BUT THE TRUTH, TESTIFIED AND DEPOSED AS FOLLOWS:

EXAMINATION

BY MS. CROWE:

Q Dr. Krafft, my name is Kay Gaffney Crowe and I represent Mr. Lucas' employer.

A Okay.

Q And he has a Workers' Compensation case and you've been treating him.

A Right.

Q And I'm here to ask you some questions about his treatment, about his care, and particularly about what



- 1 his status is after he has been in your care for a
2 substantial period of time. I have pulled up your
3 LinkedIn page, which I assume is correct, which
4 indicates you graduated from Michigan State University
5 with a Bachelor of Science and were a registered nurse.
6 A Correct.
- 7 Q And following that you went to Michigan State
8 University Doctor of Osteopathic Medicine program from
9 2004 to 2008?
- 10 A Correct.
- 11 Q And then you went to the University of Toledo and
12 received an osteopathic degree in physical medicine and
13 rehabilitation as your residency?
- 14 A Correct.
- 15 Q And following your residency in 2012, beginning July
16 2013, which would have been a year later than when you
17 finished residency, right?
- 18 A 2012 through 2013, July would have been my fellowship.
- 19 Q Okay. You did a fellowship year at Indiana University
20 Health?
- 21 A Correct. And pain medicine.
- 22 Q And pain medicine?
- 23 A Correct.
- 24 Q Okay. And then you came in July 2013 to The Pain
25 Center of Irmo?

- 1 A Correct.
- 2 Q And that is where you're still employed?
- 3 A Correct.
- 4 Q Okay. And in the course of your practice here, you
5 have been treating Mr. Lucas; is that correct?
- 6 A Yes.
- 7 Q At the time -- when did you first see him? When was
8 your very first visit with him?
- 9 A It was October 6, 2014.
- 10 Q Okay. And at that time, in your final paragraph, you
11 indicated that "I have reviewed his multiple different
12 notes from different providers and all of them seem to
13 lack any significant objective findings which would
14 account for his pain."
- 15 A Correct.
- 16 Q Is that still your opinion?
- 17 A That there is a lack of pathology which would account
18 for his pain?
- 19 Q Yes, sir.
- 20 A I would say that from imaging or other testing
21 standpoint that, yes.
- 22 Q That is correct?
- 23 A Yes.
- 24 Q Okay. When did you last see Mr. Lucas?
- 25 A Aside from today?

1 Q Well, I understand he's present for the deposition.

2 MS. PENTZ: It's in the report that they just
3 handed me.

4 MS. CROWE: Perfect.

5 THE WITNESS: It was -- I think that was March
6 9th. So ten -- nine days ago.

7 BY MS. CROWE:

8 Q Okay. At this point in time, reflecting on the visit
9 that you had with him on March 9th, 2016, has his
10 condition reached a point of what we call MMI or
11 medical stability? Not that you don't need to see him
12 again, but where you have reached a plateau in his
13 improving, and he's on sort of a maintenance treatment
14 regime?

15 A I would say yes.

16 Q Okay. When do you believe he reached that plateau?

17 A Certainly that's tough to pin down exactly, but based
18 on when we stopped changing his medication regimen, I
19 would say probably four to six months ago. It's tough
20 to pin down exactly when.

21 Q You are in the better position than we as lawyers, and
22 I think than those folks that render the decision. So
23 can you give us your most probably, to a reasonable
24 degree of medical certainty, opinion on when he reached
25 that point?



- 1 A To a specific date?
- 2 Q Yes, please.
- 3 A I would say October 16th of 2015 was really when he
4 seemed to have hit a baseline.
- 5 Q Okay. Moving forward from that baseline, what
6 treatment do you believe Mr. Lucas will need?
- 7 A I think that certainly continued medication management
8 such as what he is on currently in addition to periodic
9 therapeutic exercise, physical therapy, that type of
10 treatment may be necessary.
- 11 Q Okay. Based on your chart, when is the last time he
12 had a block of PT?
- 13 A I can't see that he has had any since he has been a
14 patient here. I know he had tried it previous to
15 coming here initially.
- 16 Q This last report that I have from you, that we've just
17 been given, indicates that his current medications as
18 of March the 9th were that he takes Gabapentin, one
19 capsule three times a day; is that correct?
- 20 A Correct.
- 21 Q And he takes Diclofenac Sodium?
- 22 A Okay.
- 23 Q What is that?
- 24 A It's an anti-inflammatory prescription.
- 25 Q Okay. It's a prescription anti-inflammatory?



- 1 A Uh-huh.
- 2 Q And he takes Zanaflex twice a day. And that's a muscle
3 relaxer?
- 4 A Correct.
- 5 Q Okay. And those are the only three medications he's on
6 at this time?
- 7 A Those are the only three medications I'm prescribing at
8 this time.
- 9 Q Okay. Do you have in your record that he is seeing
10 anyone else for his back or for his back pain?
- 11 A Is or has?
- 12 Q Is.
- 13 A I'm not aware of anyone that he is currently seeing.
- 14 Q Okay. When you access his prescription data through
15 the databank, do you find any other prescriptions by
16 any other prescriber?
- 17 A I don't have those in front of me.
- 18 Q Okay. You indicated that he doesn't show any current
19 unusual or questionable findings.
- 20 A Correct. We review those as far as the prescription
21 history, but that's not something we can scan into the
22 medical records.
- 23 Q Oh, okay. And do you have an opinion, most probably
24 and to a degree of reasonable medical certainty, using
25 the AMA guide, what degree of permanent impairment you

1 would assign to Mr. Lucas as a result of his pain
2 syndrome arising out of his low back?

3 A That's not something that I do. That's going to have
4 to be based on a large algorithm and usually it entails
5 an independent medical evaluation, none of which has
6 been completed.

7 Q Do you perform those IMEs?

8 A I do.

9 Q And what does that IME, for purposes of rating,
10 involve?

11 A Generally, an IME consists of, obviously, an
12 independent medical personnel physician evaluating the
13 patient and compiling all of the records, all of the
14 imaging, and determining a degree of impairment, such
15 as you stated before, based on his attaining MMI.

16 Q And for patients that you yourself treat, you do not
17 perform ratings?

18 A No.

19 Q Okay. All right. That's all the questions I have.

20 MS. PENTZ: Thank you.

21 EXAMINATION

22 BY MS. PENTZ:

23 Q Dr. Krafft, in addition -- and for the record, I'm
24 Elizabeth Pentz. We met right before the deposition.
25 I represent Mr. Lucas in his Workers' Compensation



1 claim. Regarding Mr. Lucas' treatment, there has been
2 various treatments off and on throughout the time
3 you've seen him. And I see where he has benefited from
4 a TENS unit. Would you recommend that he continue with
5 the TENS unit?

6 A I mean, if it's continuing to help him, I don't have
7 any problem with that. I think that's a reasonable
8 treatment and the side effects, the downside of that
9 are very, very limited.

10 Q So that would be a good course of treatment for the
11 future?

12 A Correct.

13 Q The fact that Mr. Lucas has not had any recent physical
14 therapy, would you still recommend that he have
15 physical therapy in the future to help his condition?

16 A I would. I mean, I think that currently he seems to be
17 maintaining kind of at a baseline but certainly there
18 can be activities just in our normal routine days that
19 can flare up his symptoms. And in those types of
20 situations, it may benefit to have a refresher in
21 physical therapy.

22 Q And do you have any idea the course of physical
23 therapy? And what I mean by that is, you know, doctors
24 can prescribe it two times a week for eight weeks, once
25 a week for five weeks.



1 A Generally, I would like to see two to three times a
2 week for at least six weeks. That's typically how I
3 start people.

4 Q Okay. And what about injections?

5 A You know, based on what I've seen, based on what we've
6 discussed, I don't see a role currently for injections.
7 I wouldn't rule them out as being potentially helpful
8 in the future but again, based on his current
9 pathology, I don't see a role for them.

10 Q Okay. And just to explain a little bit more. When the
11 lawyer is trying to figure out exactly what someone
12 needs for the future, there's an amount of certainty
13 required so that we can settle a case. And so, even
14 though you don't see a role for injections now, is that
15 still something that you could essentially put on a
16 list for the future?

17 MS. CROWE: Object to the form.

18 THE WITNESS: I would say that certainly anybody
19 who has lumbar issues or history of lumbar issues may
20 be a candidate for injection therapy in the future, but
21 it's difficult for me to say with any degree of medical
22 certainty outside of somebody else who has back
23 problems.

24 BY MS. PENTZ:

25 Q Okay. There had been a couple of notes regarding Mr.



1 Lucas benefiting from hot tub. And I have the
2 understanding you had also recommended massage therapy.
3 I've also heard of aquatic therapy. Along those lines,
4 would you recommend any of those three types of
5 therapy?

6 A I certainly think that aquatic therapy can be
7 beneficial for a lot of patients. I would suggest
8 revisiting that. With regard to hot tubs, I'm not sure
9 there's a lot of data to support that.

10 Q And the massage therapy?

11 A Massage therapy certainly can be beneficial.

12 Q Okay. Do you anticipate the three medications that Mr.
13 Lucas is taking now changing at some point, or that's
14 what you would recommend from here moving forward?

15 A The only one that concerns me is the anti-inflammatory,
16 the Diclofenac, because over time that can cause side
17 effects so that may need to be discontinued at some
18 point. That's not a medication that I would typically
19 encourage people to be on indefinitely.

20 Q Okay. Now, your records consistently, from the time
21 you first saw Mr. Lucas, have noted along with his back
22 pain, right leg and left leg pain, right foot and left
23 foot pain, and right hip pain. What restrictions would
24 you impose, permanent restrictions for Mr. Lucas?

25 MS. CROWE: Object to the form.



1 THE WITNESS: Again, I would probably -- well, I
2 wouldn't probably. I would defer that to the
3 independent medical evaluation and functional
4 impairment.

5 BY MS. PENTZ:

6 Q Would you anticipate any other changes in the
7 medication based upon the effect they have on Mr.
8 Lucas' kidneys?

9 A Outside of the Diclofenac, no, that's the only one that
10 concerns me.

11 Q Okay.

12 MS. PENTZ: I have no further questions.

13 MS. CROWE: Just a couple more seconds, I promise.

14 FURTHER EXAMINATION

15 BY MS. CROWE:

16 Q Looking back at his last time you examined him, did he
17 have five for five normal muscle strength, upper left,
18 lower left, upper right and lower right?

19 A Yes.

20 Q Okay. Were there any objective findings on his most
21 recent physical exam?

22 A As far as the only objective finding was what we call a
23 positive Kemp's Test which has to do with loading up
24 the facet joints of the spine.

25 Q Okay. All right.



1 MS. CROWE: That's all the questions that I have.

2 MS. PENTZ: I have nothing further.

3 MS. CROWE: Thank you.

4 (WHEREUPON, THERE BEING NO FURTHER QUESTIONS, THE
5 EXAMINATION WAS CONCLUDED AT 10:22 A.M.)

6 (DEPONENT HAS WAIVED READING AND SIGNING.)

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STATE OF SOUTH CAROLINA)
)
COUNTY OF LEXINGTON) CERTIFICATE

BE IT KNOWN THAT I TOOK THE FOREGOING DEPOSITION OF DR. RYAN KRAFFT;

THAT I WAS THEN AND THERE A NOTARY PUBLIC IN AND FOR THE STATE OF SOUTH CAROLINA-AT-LARGE;

THAT BY VIRTUE THEREOF I WAS DULY AUTHORIZED TO ADMINISTER AN OATH;

THAT THE WITNESS WAS BY ME FIRST DULY SWORN TO TESTIFY THE TRUTH, THE WHOLE TRUTH, AND NOTHING BUT THE TRUTH, CONCERNING THE MATTER IN CONTROVERSY AFORESAID;

THE FOREGOING TRANSCRIPT OF 14 TYPEWRITTEN PAGES REPRESENTS A TRUE, ACCURATE AND COMPLETE TRANSCRIPTION OF THE TESTIMONY SO GIVEN AT THE TIME AND PLACE AFORESAID TO THE BEST OF MY SKILL AND ABILITY;

THAT I AM NOT RELATED TO NOR AN EMPLOYEE OF ANY OF THE PARTIES HERETO, NOR A RELATIVE OR EMPLOYEE OF ANY ATTORNEY OR COUNSEL EMPLOYED BY THE PARTIES HERETO, NOR INTERESTED IN THE OUTCOME OF THIS ACTION.

WITNESS MY HAND AND SEAL THIS 21ST DAY OF MARCH, 2016.

WENDY SHANNON SULLIVAN

NOTARY PUBLIC FOR SOUTH CAROLINA
MY COMMISSION EXPIRES FEBRUARY 4, 2018



Established

Patient: CARL E. LUCAS
Encounter: Feb 1 2017 9:00AM

SSN: 251-49-9468
EMRN: 1336371

Reason For Visit

Patient is here for 2 week f/u

"I've had a nose bleed".

History of Present Illness

49-year-old man here for regular follow-up. He has hypertension, hyperlipidemia and chronic low back pain. He's been evaluated for syncope with no identifiable cause. Cardiac catheterization 12/15/16 showed normal coronary arteries with normal LVEF. His last seen, he is had self-limited epistaxis; he does not know what his blood pressure was during that time. He continues to have sporadic substernal chest discomfort lasting several seconds at a time. There is no clear exertional component and symptoms didn't occur at almost any time. He tells me that his chest discomfort is worse when his lower back pain flares. He has not had any shortness of breath, edema, orthopnea or PND. He has not had syncope or near syncope. He has had intermittent palpitations and the event monitor showed no further bradycardia after cessation of beta blocker therapy and no significant arrhythmia corresponded to his symptoms. During the interview, he began having a flare of his back discomfort, became sweaty and lightheaded. Blood sugar was 178. Vital signs were stable. This is likely a vagal response to pain.

Review of Systems

Constitutional: no fever, no chills, no malaise and no fatigue.

Head and Face: no facial pain and no facial pressure.

Eyes: no eye pain, eyes not red, no watery discharge from the eyes and no purulent discharge from the eyes.

ENT: no sore throat, no scratchy throat and no hoarseness.

Cardiovascular: as noted in HPI.

Respiratory: as noted in HPI.

Gastrointestinal: no bright red blood per rectum and no melena. no hematochezia no urinary urgency

Genitourinary: no dysuria and no urinary frequency.

Musculoskeletal: no diffuse joint pain, no generalized muscle aches and no back pain.

Integumentary and Breasts: no rashes, no skin lesions and no skin wound.

Neurological: headache, but no leg numbness and no leg weakness.

Psychiatric: anxiety and depression.

Endocrine: no generalized weakness.

Hematologic and Lymphatic: no tendency for easy bleeding and no tendency for easy bruising.

Active Problems

- Abnormal stress ECG with treadmill (794.39) (R94.39)
- Arthritis (716.90) (M19.90)
- Chest pain (786.50) (R07.9)
- Depression (311) (F32.9)
- Esophageal reflux (530.81) (K21.9)
- Hypercholesterolemia (272.0) (E78.00)
- Hypogonadism, testicular (257.2) (E29.1)
- Idiopathic hypertension (401.9) (I10)
- Insomnia (780.52) (G47.00)
- Low back pain (724.2) (M54.5)
- Obstructive apnea (327.23) (G47.33)
- Sleep apnea (780.57) (G47.30)
- Syncope (780.2) (R55)
- Type 2 diabetes mellitus (250.00) (E11.9)

Past Medical History

- History of Annular tear of disc (722.90) (M51.9)
- History of Chest wall muscle strain (848.8) (S29.011A)
- History of pharyngitis (V12.69) (Z87.09)
- History of upper respiratory infection (V12.09) (Z87.09)

Established

Patient: CARL E. LUCAS
Encounter: Feb 1 2017 9:00AM

SSN: 251-49-9468
EMRN: 1336371

- History of Sprain of ribs (848.3) (S23.41XA)
- History of Umbilical hernia (553.1) (K42.9)
 - status post laparoscopic repair with Gore-Tex mesh on 05/29/2013.
- History of Weight gain (783.1) (R63.5)

Surgical History

- History of Hernia Repair
- History of Laparoscopy Repair Of Epigastric Hernia Incarcerated
- History of Tonsillectomy

Family History

Mother

- Family history of Stomach cancer

Father

- Family history of Diabetes mellitus
- Family History of heart disease (V17.49) (Z82.49)

Family History

- Family history of Allergies
- Family history of Asthma (V17.5)
- Family history of Cancer
- Family history of Hypertension (V17.49)

Social History

- Never a smoker
- No alcohol use
- Non smoker (V49.89) (Z78.9)

Current Meds

Arthritis

- Gabapentin 400 MG Oral Capsule; TAKE 1 CAPSULE TWICE DAILY;
Therapy: 08Jul2015 to (Evaluate:02Jul2017) Requested for: 03Jan2017; Last
Rx:03Jan2017 Ordered

Depression

- FLUoxetine HCl - 60 MG Oral Tablet; one q. day;
Therapy: 04Jan2017 to (Last Rx:04Jan2017) Requested for: 04Jan2017 Ordered

Idiopathic hypertension

- Amlodipine Besy-Benazepril HCl - 5-20 MG Oral Capsule; TAKE 1 CAPSULE DAILY;
Therapy: 23Sep2012 to (Evaluate:02Jul2017) Requested for: 03Jan2017; Last
Rx:03Jan2017 Ordered

Insomnia

- ALPRAZolam 1 MG Oral Tablet; TAKE 1 TABLET Daily At Bedtime;
Therapy: 28Jun2016 to (Evaluate:02Jul2017); Last Rx:03Jan2017 Ordered
- Zolpidem Tartrate 10 MG Oral Tablet; TAKE 1 TABLET AT BEDTIME;
Therapy: 23May2016 to (Evaluate:02Jul2017); Last Rx:03Jan2017 Ordered

Low back pain

- FLUoxetine HCl - 40 MG Oral Capsule; TAKE 1 TABLET A DAY;
Therapy: 22Sep2016 to (Last Rx:03Jan2017) Requested for: 03Jan2017 Ordered

Low back pain, PMH: Muscle spasm

- Disabled Parking Placard/License Plate; Due to medical conditions, patient needs
handicap placard;
Therapy: 23May2016 to (Last Rx:23May2016) Ordered

PMH: Muscle spasm

- TiZANidine HCl - 4 MG Oral Tablet;

Established

Patient: CARL E. LUCAS
Encounter: Feb 1 2017 9:00AM

SSN: 251-49-9468
EMRN: 1336371

Therapy: 27May2015 to Recorded

Type 2 diabetes mellitus

- Invokamet 150-1000 MG Oral Tablet; Take one tablet twice a day;
Therapy: 08Jul2015 to (Last Rx:03Jan2017) Requested for: 03Jan2017 Ordered
- Misc Med/ Pharmacy Order; glucometer test strips
test bid;
Therapy: 19May2015 to (Evaluate:15Nov2015); Last Rx:19May2015 Ordered

Unlinked

- Oxycodone-Acetaminophen 7.5-325 MG Oral Tablet; TK 1 T PO BID PRN;
Therapy: 10Aug2016 to Recorded

Allergies

1. Penicillins

Recorded By: Amick, Joann H; 11/13/2012 3:56:22 PM

Vitals

Vital Signs [Data Includes: Current Encounter]

Heart Rate: 88
Height: 5 ft 10 in
Blood Pressure: 138 / 98
Weight: 223 lb
BMI Calculated: 32
BSA Calculated: 2.19

Physical Exam

Constitutional: alert, in no acute distress, well nourished, well developed, healthy appearing and normal voice and communication.

Eyes: the sclera and conjunctiva were normal, pupils were equal in size, round, reactive to light, with normal accommodation and extraocular movements were intact.

ENT: the teeth, gums, and palate were normal. The oropharynx was normal with no cyanosis or pallor.

Neck: the neck was supple and the appearance of the neck was normal. There was no jugular-venous distention.

Vascular: carotid pulses were normal with no bruits and the pedal pulses were full . there was no peripheral edema.

Abdomen: normal bowel sounds, soft, non-tender, no hepato-splenomegaly and no abdominal mass palpated.

Musculoskeletal: normal gait, normal movements of all extremities, muscle strength and tone were normal, no involuntary movements were seen, there was no joint instability noted, no joint swelling seen and no clubbing or cyanosis of the fingernails.

Skin: normal skin color and pigmentation, normal skin turgor, no rash and no skin lesions.

Neurological: the patient was oriented to person, place, and time. mood and affect were appropriate.

Extremities: no clubbing of the fingernails, no localized cyanosis, no petechial hemorrhages, no splinter hemorrhages of the nails, no ischemic changes and Osler's nodes were not seen on the fingers.

Respiratory rate: the respiratory rate was normal.

Respiratory Effort: normal respiratory rhythm and effort and no accessory muscle use.

Observation: no dry cough.

Auscultation: normal bilateral breath sounds the lungs were clear to auscultation bilaterally. **Percussion:** the lungs were normal to percussion. **Palpation:** palpation of the chest was normal.

Cardiac: The PMI was palpated in the anterior axillary line. The apical impulse was normal. no precordial heave was noted and no thrill palpable at the apex. The heart rate was normal. The rhythm was regular. Heart sounds: normal S1, normal S2, no S3, no S4, no click, the heart sounds were not distant. No pericardial rub.

Murmurs: no murmurs heard.

Lower Extremities: no pitting edema present, no varicose veins of the right leg and no varicose veins of the left leg.

Established

Patient: CARL E. LUCAS
Encounter: Feb 1 2017 9:00AM

SSN: 251-49-9468
EMRN: 1336371

Assessment

- Idiopathic hypertension (401.9) (I10)
- Hypercholesterolemia (272.0) (E78.00)
- Type 2 diabetes mellitus (250.00) (E11.9)

Plan

Health Maintenance

- Blood Pressure Education (Steps to a Healthier You pamphlet); Status:Complete; Done: 01Feb2017
Last Updated By:Anderson, Retha L; 2/1/2017 8:48:14 AM;Ordered; For:Health Maintenance; Ordered By:Jacocks, Mitchell W;
- Diabetes Education (Steps to a Healthier You pamphlet); Status:Complete; Done: 01Feb2017
Last Updated By:Anderson, Retha L; 2/1/2017 8:48:14 AM;Ordered; For:Health Maintenance; Ordered By:Jacocks, Mitchell W;
- Exercise Education (Steps to a Healthier You pamphlet); Status:Complete; Done: 01Feb2017
Last Updated By:Anderson, Retha L; 2/1/2017 8:48:14 AM;Ordered; For:Health Maintenance; Ordered By:Jacocks, Mitchell W;
- Healthy Diet Education (Steps to a Healthier You pamphlet); Status:Complete; Done: 01Feb2017
Last Updated By:Anderson, Retha L; 2/1/2017 8:48:14 AM;Ordered; For:Health Maintenance; Ordered By:Jacocks, Mitchell W;
- You need to stop smoking. Though it is not easy, more than half of all adult smokers have quit. We encourage you to write down all the reasons you should quit smoking and set a quit date for yourself. Ask us how we can help. You may also call 1-800-QUIT-NOW for free resources and assistance.; Status:Complete; Done: 01Feb2017
Last Updated By:Anderson, Retha L; 2/1/2017 8:48:14 AM;Ordered; For:Health Maintenance; Ordered By:Jacocks, Mitchell W;

Hypercholesterolemia

- Lipid Profile - LIPID; Status:Need Information - Required information; Requested for:01Feb2017;
Perform:LMC Lab; Due:01Mar2017;Ordered; For:Hypercholesterolemia; Ordered By:Jacocks, Mitchell W;

Idiopathic hypertension

- Changed: From Amlodipine Besy-Benazepril HCl - 5-20 MG Oral Capsule TAKE 1 CAPSULE DAILY To Amlodipine Besy-Benazepril HCl - 5-40 MG Oral Capsule Take one capsule by mouth once daily
Rx By: Jacocks, Mitchell W; Dispense: 30 Days ; #:30 Capsule; Refill: 6;For: Idiopathic hypertension; DAW = N; Sent To: WALGREENS DRUG STORE 11362
- Basic Metabolic Panel - BMET; Status:Need Information - Required information; Requested for:01Feb2017;
Perform:LMC Lab; Due:01Mar2017;Ordered; For:Idiopathic hypertension; Ordered By:Jacocks, Mitchell W;
- Follow-up visit in 6 weeks Outpatient Follow-up Status: Hold For - Scheduling Requested for: 01Feb2017
Ordered;For: Idiopathic hypertension; Ordered By: Jacocks, Mitchell W Performed: Due: 01Mar2017

Discussion/Summary

Overall, he appears to be stable from a cardiac standpoint. His chest symptoms are very atypical and given the recent negative catheterization, he is not having anginal symptoms. Blood pressure is mildly elevated today but improved and the dose of amlodipine and benazepril (increased to 5/40 milligrams daily with BNP today. He is not on therapy for hyperlipidemia at this point and a lipid panel will be obtained. He tells me that his diabetes has been

Established

Patient: CARL E. LUCAS
Encounter: Feb 1 2017 9:00AM

SSN: 251-49-9468
EMRN: 1336371

controlled. He will follow-up with pain management regarding his low back pain on 2/6/17. RTC 6 weeks for blood pressure follow-up.

Counseling

Addendum: I believe that his lower back pain is causing a vagal reaction to include sweating, dizziness and lightheadedness. I do not believe that he shouldn't operate any vehicle at this point.¹

¹ Amended By: Mitchell Jacocks; Feb 01 2017 9:42 AM EST

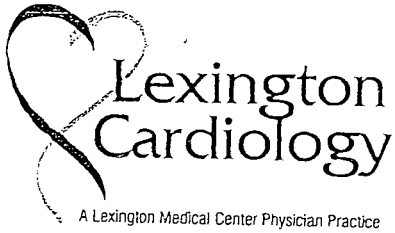
Carbon Copy Recipients

1. Harris, Michael P M.D. - Default PCP

Signatures

Electronically signed by : Mitchell Jacocks, M.D.; Feb 1 2017 9:36AM EST

Electronically signed by : Mitchell Jacocks, M.D.; Feb 1 2017 9:42AM EST



WORK/SCHOOL EXCUSE

Lexington Medical Park 1, Suite 300
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Ph: (803) 744-4940 • Fx: (803) 744-4978

90 Summit Centre Drive, Columbia, SC 29229
Ph: (803) 744-4900 • Fx: (803) 744-4935

LMCLexingtonCardiology.com

To Whom It May Concern:

Care Lucas

was seen in our office today,

2/1/17

NOT and may return to work school

indefinitely

. If you have any questions, please do not

hesitate to contact our office at (803) 744-4900.

Signature:

Scannon

8534-015-1 (08/16)



Lexington Medical Center

THE STATE OF SOUTH CAROLINA
In The Court of Appeals

APPEAL FROM RICHLAND COUNTY
South Carolina Workers' Compensation Commission

R. Michael Campbell, Commissioner; T. Scott Beck, Commissioner; Susan S. Barden,
Commissioner

W.C.C. File No.: 1401730
Appellate Case No.: 2018-001553

RECEIVED
JUL 10 2019
SC Court of Appeals

Carl E. Lucas, Employee, Respondent,

v.

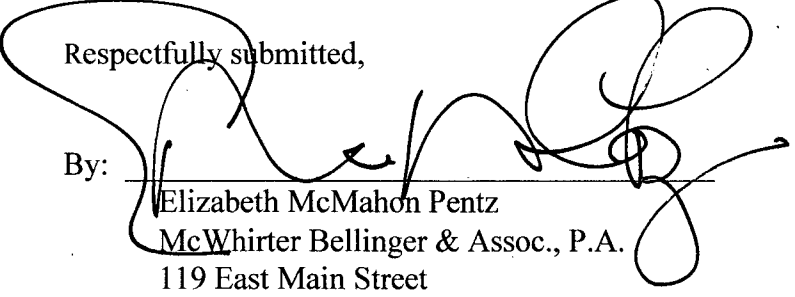
RNDC of South Carolina, Employer, and Hartford Indemnity, Carrier, Appellants.

CERTIFICATE OF COUNSEL

The undersigned Counsel for the Appellant certifies that the July 10, 2019, **Appendix to the Record on Appeal** contains all supplemental material proposed to be included by any of the parties and not any other material.

Respectfully submitted,

By:


Elizabeth McMahan Pentz
McWhirter Bellinger & Assoc., P.A.
119 East Main Street
Lexington, SC 29072
803.359.5523 tele
Attorney for Respondent, Carl E. Lucas

Lexington, South Carolina
July 10, 2019