

RECORD OF PROCEEDINGS  
PHYSICAL DISABILITY BOARD OF REVIEW

NAME: XXXXXXXXXXXXXXXXXXXX  
CASE NUMBER: PD1201128  
BOARD DATE: 20130129

BRANCH OF SERVICE: ARMY  
SEPARATION DATE: 20020228

**SUMMARY OF CASE:** Data extracted from the available evidence of record reflects that this covered individual (CI) was an active duty SPC/E-4 (91B10/Medical Specialist), medically separated for fibromyalgia with 11/18 tender points, with chronic pain, daily headache, sleep disturbance and asthma with normal spirometry. She has low back pain (LBP) that started in 1985 following a motor vehicle accident and exacerbated by a fall down the stairs in 1998. She was referred to a chronic pain specialist who diagnosed her with severe lumbar neuritis and possible early fibromyalgia. She also has exercise induced bronchospasm that started in February 1999 with shortness of breath during physical training. The CI could not be adequately rehabilitated to meet the physical requirements of her Military Occupational Specialty (MOS) or satisfy physical fitness standards. She was issued a permanent P3 profile and referred for a Medical Evaluation Board (MEB). The MEB forwarded early fibromyalgia and exercise induced bronchospasm as medically unacceptable IAW AR 40-501. Dysmenorrhea, gastroesophageal reflux disease (GERD), bladder spasms, migraine headaches, scoliosis, sickle cell trait and seasonal allergic rhinitis conditions, identified in the rating chart below, were also identified and forwarded by the MEB. The Physical Evaluation Board (PEB) adjudicated the fibromyalgia and asthma conditions as unfitting, rated 10% and 10% respectively, with application of the Veteran's Affairs Schedule for Rating Disabilities (VASRD). The remaining conditions were determined to be not unfitting and not rated. The CI made no appeals, and was medically separated with a 20% disability rating.

**CI CONTENTION:** The CI elaborated no specific contention in her application.

**SCOPE OF REVIEW:** The Board wishes to clarify that the scope of its review as defined in DoDI 6040.44, enclosure 3, paragraph 5.e. (2) is limited to those conditions which were determined by the PEB to be specifically unfitting for continued military service; or, when requested by the CI, those condition(s) "identified but not determined to be unfitting by the PEB." The ratings for unfitting conditions will be reviewed in all cases. Any conditions or contention not requested in this application, or otherwise outside the Board's defined scope of review, remain eligible for future consideration by the service Board for Correction of Military Records.

**RATING COMPARISON:**

Service IPEB – Dated 20011219			VA (7 Mos. Pre -Separation) – All Effective Date 20020301			
Condition	Code	Rating	Condition	Code	Rating	Exam
Fibromyalgia	5025	10%	Fibromyalgia	5025	20%	20010726
Asthma	6602	10%	Asthma	6602	10%	20010726
Dysmenorrhea	Not Unfitting		NO VA ENTRY			
GERD	Not Unfitting		GERD	7399-7346	10%	20010727
Bladder Spasms	Not Unfitting		Bladder Spasms	7599-7517	0%	20010726
Migraine Headaches	Not Unfitting		Migraine HA	8100	0%	20010726
Scoliosis	Not Unfitting		NO VA ENTRY			
Sickle Cell Trait	Not Unfitting		NO VA ENTRY			

Seasonal Allergic Rhinitis	Not Unfitting	NO VA ENTRY	
↓ No Additional MEB/PEB Entries ↓		0% X 2	20010726
<b>Combined: 20%</b>		<b>Combined: 40%</b>	

**ANALYSIS SUMMARY:** The Board notes that the Disability Evaluation System has neither the role nor the authority to compensate members for anticipated future severity or potential complications of conditions resulting in medical separation. This role and authority is granted by Congress to the Department of Veterans Affairs (DVA). The Board utilizes DVA evidence proximal to separation in arriving at its recommendations; and, DoDI 6040.44 defines a 12-month interval for special consideration to post-separation evidence. The Board's authority as defined in DoDI 6044.40, however, resides in evaluating the fairness of DES fitness determinations and rating decisions for disability at the time of separation. Post-separation evidence therefore is probative only to the extent that it reasonably reflects the disability and fitness implications at the time of separation.

**Fibromyalgia Condition.** Fibromyalgia is described in the VASRD as widespread musculoskeletal pain and tender points with or without fatigue, sleep disturbance, stiffness, paresthesias, headache, irritable bowel symptoms, depression, anxiety, or Raynaud's like symptoms. The rating is based upon the frequency of symptoms without regard to severity or impact on function. A 10% rating applies when the symptoms are controlled by medication; a 20% rating applies when the symptoms are episodic, with exacerbations, present more than one third of the time; a 40% rating applies when symptoms are constant, or nearly so, and refractory to treatment. At the VA Compensation and Pension (C&P) exam, 7 months prior to separation, the CI reported body pains, muscle spasms, sleep disturbance, and chronic fatigue. She reported daily symptoms with some relief with Celebrex, Tylenol #3, Skelaxin, and Vicodin. The physical examination was significant for 11 tender points. At the time of the narrative summary (NARSUM) and a rheumatology consultation, 6 months and 4 months prior to separation respectively, the CI's symptoms had been present for more than 3 years. These symptoms included upper and LBP, substernal chest pain, left lower extremity pain, fatigue, sleep disturbance, paresthesias, and headaches. The CI was on multiple pain medications (anti-inflammatory and narcotic), muscle relaxants, and an antidepressant for control of her fibromyalgia symptoms. The CI was placed on a P3 profile with no running, jumping, marching, or weight bearing greater than 25 pounds. The NARSUM examination noted multiple tender points at the knees, iliac spines, scapula, chest, and sternum. The rheumatologist indicated that headaches occurred daily, and that average daily pain severity was 7/10. Medication was noted to be helpful in reducing the pain severity. One sick slip was in evidence for fibromyalgia related pain, dated 26 December 2001.

The Board directs attention to its rating recommendation based on the above evidence. The PEB rated the fibromyalgia condition at 10% coded 5025, while the VA assigned a 20% rating under the same code. Board members agreed that the 40% criteria were not present in this case, and debated between a 10% and 20% rating. The Board considered that there were several entries in the service treatment record describing chronic daily symptoms but that combined medication therapy was helpful. However, the Board majority concluded that the paucity of sick slips and the absence of emergency or acute care visits failed to describe a clinical picture consistent with symptoms "that are episodic, with exacerbations present more than one third of the time" as required for a 20% rating. Symptoms that "require continuous medication for control" is considered the most accurate depiction of the condition. After due deliberation, considering all of the evidence and mindful of VASRD §4.3 (reasonable doubt), the Board concluded that there was insufficient cause to recommend a change in the PEB adjudication for the fibromyalgia condition.

Asthma Condition. The NARSUM notes exercise induced bronchospasms diagnosed by a board certified allergist in 1998. The CI was placed on a permanent profile and treated with as needed Albuterol. There were 3 pulmonary function tests (PFTs) in evidence, with documentation of additional ratable criteria, which the Board weighed in arriving at its rating recommendation; as summarized in the chart below.

Pulmonary Exam	VA ~7 Mo. Pre-Sep	Pulmonary 2 Mo. Pre-Sep	Pulmonary at Separation
FEV1 (% Predicted)	102%	115%	96%
FEV1/FVC	75%	72%	73%
Meds	Results pre-bronchodilation are normal; as needed Albuterol. Beclovent	As needed Albuterol	As needed Albuterol
§4.97 Rating	10%	10%	10%

At the VA Compensation and Pension (C&P) examination 8 months prior to separation, the CI reported shortness of breath and persistent cough with overexertion, exposure to paint or smoke, and respiratory illnesses. Her asthma attacks were controlled by rest and use of the Albuterol and Beclovent. The NARSUM examiner 6 months prior to separation noted that the only active medication for asthma was an inhaled bronchodilator for exercise induced bronchospasm. A review of pharmacy records for the year 2001 and an outpatient note on 26 December 2001 (2 months prior to separation) did not indicate that an inhaled steroid medication was prescribed or being used. The Board directs attention to its rating recommendation based on the above evidence. Both the PEB and the VA rated the asthma condition at 10%, for intermittent inhalational bronchodilator therapy and coded 6602, asthma, IAW VASRD §4.97. There was no evidence in the treatment record for a higher rating of 30% based on PFTs, daily inhalational or oral bronchodilators or inhalational anti-inflammatory medications. After due deliberation, considering all of the evidence and mindful of VASRD §4.3 (reasonable doubt), the Board concluded that there was insufficient cause to recommend a change in the PEB adjudication for the asthma condition.

BOARD FINDINGS: IAW DoDI 6040.44, provisions of DoD or Military Department regulations or guidelines relied upon by the PEB will not be considered by the Board to the extent they were inconsistent with the VASRD in effect at the time of the adjudication. The Board did not surmise from the record or PEB ruling in this case that any prerogatives outside the VASRD were exercised. In the matter of the fibromyalgia condition, the Board by a vote of 2:1 recommends no change in the PEB adjudication. The single voter for dissent (who recommended 20%) did not elect to submit a minority opinion. In the matter of the asthma condition and IAW VASRD §4.97, the Board unanimously recommends no change in the PEB adjudication. There were no other conditions within the Board's scope of review for consideration.

RECOMMENDATION: The Board, therefore, recommends that there be no recharacterization of the CI's disability and separation determination, as follows:

UNFITTING CONDITION	VASRD CODE	RATING
Fibromyalgia	5025	10%
Asthma	6602	10%
	<b>COMBINED</b>	<b>20%</b>

The following documentary evidence was considered:

Exhibit A. DD Form 294, dated 20120703, w/atchs

Exhibit B. Service Treatment Record

Exhibit C. Department of Veterans' Affairs Treatment Record

XXXXXXXXXXXXXXXXXXXX, DAF  
Acting Director  
Physical Disability Board of Review

SFMR-RB

MEMORANDUM FOR Commander, US Army Physical Disability Agency  
(TAPD-ZB / XXXXXXXX), 2900 Crystal Drive, Suite 300, Arlington, VA 22202-3557

SUBJECT: Department of Defense Physical Disability Board of Review Recommendation  
for XXXXXXXXXX, AR20130003777 (PD201201128)

I have reviewed the enclosed Department of Defense Physical Disability Board of Review (DoD PDBR) recommendation and record of proceedings pertaining to the subject individual. Under the authority of Title 10, United States Code, section 1554a, I accept the Board's recommendation and hereby deny the individual's application. This decision is final. The individual concerned, counsel (if any), and any Members of Congress who have shown interest in this application have been notified of this decision by mail.

BY ORDER OF THE SECRETARY OF THE ARMY:

Encl

XXXXXXXXXXXXXXXXXXXXXXXXXXXXX  
Deputy Assistant Secretary  
(Army Review Boards)