

RECORD OF PROCEEDINGS  
PHYSICAL DISABILITY BOARD OF REVIEW

NAME: XXXXXXXXXX  
BRANCH OF SERVICE: ARMY

CASE: PD-2023-00082  
SEPARATION DATE: 20080221

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**SUMMARY OF CASE:** Data extracted from the available evidence of record reflects this covered individual (CI) was an active duty E6, Medical Logistics Specialist, medically separated for “fibromyalgia syndrome” and “migraines,” rated 10% each, with a combined disability rating of 20%.

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**CI CONTENTION:** No specific contention was made. The complete submission is at Exhibit A.

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**SCOPE OF REVIEW:** The panel’s scope of review is defined in DoDI 6040.44. It is limited to review of disability ratings assigned to those conditions determined by the Physical Evaluation Board (PEB) to be unfitting for continued military service, and when specifically requested by the CI, those conditions identified by the Medical Evaluation Board (MEB) but determined by the PEB to be not unfitting or non-compensable. Any conditions outside the panel’s defined scope of review, and any contention not requested in this application, may remain eligible for future consideration by the Board for Correction of Military Records. The panel’s authority is limited to assessing the fairness and accuracy of PEB rating determinations and recommending corrections when appropriate. The panel gives consideration to VA evidence, particularly within 12 months of separation, but only to the extent that it reasonably reflects the severity of disability at the time of separation.

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**RATING COMPARISON:**

SERVICE PEB – 20071026			VARD – 20090609			
Condition	Code	Rating	Condition	Code	Rating	Exam
Fibromyalgia Syndrome	5025	10%	Fibromyalgia	5025	10%	20090327
Migraines	8100	10%	Migraine Headaches	8100	10%	20090327
<b>COMBINED RATING: 20%</b>			<b>COMBINED RATING OF ALL VA CONDITIONS: 70%</b>			

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**ANALYSIS SUMMARY:**

**Fibromyalgia Syndrome.** According to the service treatment record (STR), the CI’s fibromyalgia began around August 2006, when he reported chronic fatigue, diffuse muscular pain, burning sensation, and headache. He was treated with various medications that offered some relief.

During a rheumatology visit on 11 April 2007, 11 months prior to separation, the CI reported chronic fatigue starting in April 2005 and associated with poor sleep, frequent headaches, diffuse myalgias, and arthralgias. He complained of constant pain, rated at 6/10, with a “deep/burning quality” related to 1 hour of morning stiffness. His symptoms improved with massage, rest, and Tramadol (analgesic opioid agonist), and worsened with work and possibly stress. Physical examination revealed normal muscle tone, strength, gait, and stance. Trigger points were positive in 14 of 18 zones. Laboratory studies were normal, ruling out any underlying endocrine, infectious or autoimmune disorder, and there was no evidence of joint inflammation. The examiner concurred with the fibromyalgia diagnosis and referred the CI for

pain rehabilitation and continued treatment with medication. The MEB history and physical examination as well as the MEB narrative summary examination were not available for review.

At the 27 March 2009 VA Compensation and Pension (C&P) examination, 13 months after separation, the CI reported fatigue and difficulty with sleeping and stiffness in the mornings, and his symptoms progressed to all-over muscular pain, which he rated at 6/10. The CI was self-employed as a car service center owner and reported no incapacitating episodes over the previous 12 months. He stated that he was unable to stand for long periods of time due to pain and fatigue, and while his medications did not completely relieve all symptoms, they were "helpful." Physical findings were unremarkable except for multiple tender points about the neck, shoulder, elbow, hip, knee and second rib. There was no limited or painful motion.

The panel directed attention to its rating recommendation based on the above evidence. The PEB rated the fibromyalgia 10%, coded 5025 (fibromyalgia), citing symptoms that required continuous medication for control. The VA also rated the fibromyalgia 10%, coded 5025, based on the C&P examination, citing "widespread musculoskeletal pain and tender points, with or without associated fatigue, sleep disturbance, stiffness, paresthesias, headache, irritable bowel symptoms, depression, anxiety, or Raynaud's-like symptoms that require continuous medication for control." Panel members agreed that a 10% rating, but no higher was justified for widespread musculoskeletal pain and tender points with associated fatigue, sleep disturbance, headache, and morning stiffness, as reported by the CI during the rheumatology and C&P examinations. A higher rating of 20% was not warranted since there was no evidence of episodic symptoms with exacerbations present more than one-third of the time. The CI's condition benefitted from prescribed medication, and according to the formal PEB, his sworn testimony indicated that he was mildly symptomatic and able to put in a full duty day with no lost time due to symptoms. After due deliberation, considering all the evidence and mindful of VASRD §4.3 (reasonable doubt), the panel concluded there was insufficient cause to recommend a change in the PEB adjudication for the fibromyalgia.

Migraine Headaches. According to the STR, the CI began experiencing migraines in 2005 or 2006. A CT head scan on 3 January 2007 showed mild sinus disease but was otherwise normal. He was prescribed medication, which provided some relief.

At a primary care visit on note on 8 January 2008, 1 month before separation, the provider noted the CI had sought emergency room treatment a week earlier for a left-sided headache and was prescribed medication. The CI noted reported less frequent headaches overall but that sometimes his medications did not work.

At the 27 March 2009 VA C&P examination, the CI rated his migraine pain at 8/10 and could not determine a specific trigger. His migraines were accompanied by nausea, photophobia and phonophobia and usually located on the right side. They occurred about once a month and were responsive to Verapamil (prophylactic). Physical examination showed intact extraocular movements and intact cranial nerves, and neurological findings were normal.

The panel directed attention to its rating recommendation based on the above evidence. The PEB rated the migraines 10%, coded 8100 (migraine headaches), citing one headache in 2 months over the last several months. The VA also rated the migraines 10%, coded 8100, based on the C&P examination, citing characteristic prostrating attacks averaging one in 2 months over the last several months. Rating guidance under diagnostic code 8100 is based on the frequency of "prostrating attacks" over the "last several months." The VASRD does not further define prostrating attacks, however commonly accepted definitions include "utter physical exhaustion or helplessness" (Webster's New World Dictionary of American English), "complete physical or mental exhaustion" or "extreme exhaustion or powerlessness" (Dorland's Illustrated Medical Dictionary). The panel considered the results STR and VA findings to assess the CI's

overall disability picture (§4.2) at the time of separation. Panel members agreed that the evidence did not show prostrating headaches occurring on average once per month, or more frequently, over the previous several months before separation to support a rating higher than the 10% adjudicated by the PEB. After due deliberation, considering all the evidence and mindful of VASRD §4.3 (reasonable doubt), the panel concluded there was insufficient cause to recommend a change in the PEB adjudication for the migraines.

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BOARD FINDINGS: In the matter of the fibromyalgia and IAW VASRD §4.71a, the panel recommends no change in the PEB adjudication. In the matter of the migraines and IAW VASRD §4.124a, the panel recommends no change in the PEB adjudication. There are no other conditions within the panel's scope of review for consideration. Therefore, the panel recommends no modification or re-characterization of the CI's disability and separation determination.

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The following documentary evidence was considered:

- Exhibit A. DD Form 294, dated 20231014, w/atchs
- Exhibit B. Service Treatment Record
- Exhibit C. Department of Veterans Affairs Record



**DEPARTMENT OF THE ARMY**  
ARMY REVIEW BOARDS  
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SOUTH, SUITE 385  
ARLINGTON, VA 22202-  
3531

AR20240002915, XXXXXXXXXXXX

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Dear XXXXXXXXXXXXXXXX:

The Department of Defense Physical Disability Board of Review (DoD PDBR) reviewed your application and found your separation disability rating and your separation from the Army for disability with severance pay to be accurate. I have reviewed the Board's recommendation and record of proceedings (copy enclosed), and I accept its recommendation. I regret to inform you that your application to the DoD PDBR is denied.

This decision is final. Recourse within the Department of Defense or the Department of the Army is exhausted; however, you have the option to seek relief by filing suit in a court of appropriate jurisdiction.