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Expert Analysis: **Forensic Review**
Case: **State of Washington v. Jamie Kerley**
Date of Evaluation: **November 2018 through July 2019**

As a licensed medical doctor, boarded in Anatomic Pathology and Forensic Pathology, I have been engaged by attorney Angus Lee to provide my professional opinion regarding B[redacted] C[redacted].

I base my professional opinion upon (1) my education, training and experience, set forth in the Curriculum Vitae attached hereto; and (2) a review of the records provided to me. The medical records and information supplied include the following:

1. Received 11/19/18:
    a. REDACTED Discovery BS 1-68 Jamie Kerley jun0518-1 copy 2.pdf
    b. State v. Jamie Kerley - B[redacted] C[redacted] Parts 1 and 2 copy 2.pdf

2. Received 12/4/18:
    a. 69-2840 C[redacted] VA Med Records_Redacted copy.pdf
    b. Discovery Jamie Kerley BS 2841-2487 copy.pdf
    c. State v. Jamie Kerley - B[redacted] C[redacted] Parts 1 and 2 copy 2.pdf _WSP0034.JPG

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Opinions:

1. **Road rage and anger management issues: PRESENT (longstanding)**
    a. Road rage has been an ongoing issue for at least 15 years prior to the motor vehicle accident on 5/4/2017. Mr. C[redacted] first disclosed his road rage to clinicians on 7/16/2001.
    b. On 2/21/2018, nine months after the motor vehicle accident, he confides during a neuropsychology consult of his "new onset of PTSD liked symptoms that are particularly activated when he drives by the accident site," but paradoxically, despite his "new onset of PTSD liked symptoms" he continues to have "difficulty managing his irritability especially while driving."

2. **Ingestion of opioids while driving: PRESENT (longstanding)**
    a. Mr. C[redacted] has been cautioned about driving under the influence by clinicians since 1/18/2011. On that date, he told clinicians that "he intended to drive home because he was chronically taking morphine and that he was capable of driving safely." Despite Mr. C[redacted]'s confidence in his ability to drive while under the influence of opioids, the clinician "strongly advised him to think of the safety of other drivers."

3. **Post-concussive syndrome: NOT PRESENT**
    a. Neuropsychology consultation on 2/21/2018 confirms that "cognitive complaints are related to a number of medical and psychological risk factors," rather than post concussive syndrome.

4. **Left elbow tenderness (2005) and left elbow atypical epicondylitis (6/2017): PRESENT (longstanding)**
    a. Mr. C[redacted] has had issues with his left elbow since 9/7/2005. This is not a new medical issue. On 6/6/2017, a month after his motor vehicle accident, he again has complaints of left elbow pain. However, the clinician is perplexed by his presentation since it is an "atypical lateral epicondylitis (left)" that "should not cause the hand and forearm to weaken to the extent he talks about," and "certainly should not cause tingling in the neck." An independent medical examination may assist in clarifying the "atypical" presentation of Mr. C[redacted]'s left elbow complaint.

5. **Epicondylitis, right elbow: PRESENT (1/2013)**
    a. On 1/22/2013, Mr. C[redacted] was diagnosed with epicondylitis of the right elbow. He stated that it was so debilitating that it "affects his ability to play pool." The clinician documented that it was due to the "repetitive motion playing pool." It was not the result of a motor vehicle accident. His treatment was an "elbow strap and wrist splint."

6. **Dizziness: PRESENT (longstanding)**
    a. Mr. C[redacted] has been treated for dizziness and vertigo since 8/12/2010. On 11/1/2010, he had an "episode when he was playing pool whereby, he 'leaned over' the table and 'passed out,'" causing concern. This is a longstanding medical issue and not necessarily a new symptom arising from the motor vehicle accident.

7. **Loss of consciousness: ABSENT**
    a. Mr. C[redacted]'s initial presentation for "lightheadedness" was on 1/29/2011. Since then he has been evaluated for "lightheadedness" numerous times. On the day of the motor vehicle accident on 5/4/2017, Mr. C[redacted] reported "No … loss of consciousness." Likewise, he reported "No loss of consciousness" on 5/26/2017, and 9/21/2017 ("negative for loss of consciousness"). On 8/27/2018, more than a year after his motor vehicle accident, Mr. C[redacted] states that, "Yes, I did, I lost consciousness, for an undetermined amount of time I blacked out. Five seconds, 30 seconds, I don't know. Okay? But that was all after the accident. It happened then after the gentleman hit me the second time." His recollection of his state of consciousness at the time of the motor vehicle accident has apparently been altered by the passage of time.

8. **Headaches: PRESENT (longstanding)**
    a. Mr. C[redacted] has had issues with headaches since 11/6/2000 when he complained of "daily episodes of headache." On 6/8/2016, a year prior to the accident, he again complains of "frequent new headaches left sided." This is a longstanding medical issue and not necessarily a new symptom arising from the motor vehicle accident.

9. **Ringing/tinnitus: PRESENT (longstanding)**
    a. Mr. C[redacted] has had multiple issues with tinnitus since 8/12/2010. On 8/27/2018, over a year after the motor vehicle accident, he states that "I've never had ringing in my ears." This is a longstanding medical issue and not necessarily a new symptom arising from the motor vehicle accident.

10. **Photophobia/light sensitivity: PRESENT (longstanding)**
    a. Mr. C[redacted] has had issues with photophobia since 8/30/2010. This is a longstanding medical issue and not necessarily a new symptom arising from the motor vehicle accident.

11. **Sexual function: PRESENT (longstanding)**
    a. On 8/24/2006, Mr. C[redacted] is made aware that "opiate medicines can decrease sex drive and sexual arousal." Despite this warning he continues unabated testosterone injections since 2005. His sexual function is a longstanding medical issue and not necessarily a new symptom arising from the motor vehicle accident.

12. **Cervical neck strain and left shoulder pain: PRESENT (longstanding)**
    a. Mr. C[redacted] has had issues with "chronic cervical pain" since 4/19/2000. This is a longstanding medical issue and not necessarily a new symptom arising from the motor vehicle accident.

13. **Secondary gain: POSSIBLY PRESENT**
    a. Psychiatric consultation documents that a "contributing factor is his history of abuse as a child requiring hospitalization and transfer to another home; this may suggest some secondary gain via the sick role is at work here. Therefore, this is a complex biopsychosocial situation for this gentleman." Independent psychiatric consultation can assist in confirming this clinician's suspicion that secondary gain is associated with his medical issues.

14. **Hyperalgesia: PRESENT (longstanding)**
    a. Mr. C[redacted] suffers from hyperalgesia likely related to chronic opioid use. This can cause an increased sensitivity to stimuli that would not normally cause pain and can heighten the pain response and perception of pain. This makes the interpretation of pain as it relates to injury problematic for clinicians. For example, hyperalgesia may be the cause of the "atypical lateral epicondylitis (left)" that "should not cause the hand and forearm to weaken to the extent he talks about," and "certainly should not cause tingling in the neck." Any pain attributed by Mr. C[redacted] to the motor vehicle accident should be interpreted in the context of his underlying opioid associated hyperalgesia.

Road rage and anger management issues: PRESENT (longstanding)

7/16/2001: "does admit to periods of 'road rage'"

Psychiatry outpatient note documents that Mr. C[redacted] acknowledgment "that there is a large amount of marital strife. He states that he is very irritable and **gets very angry with his wife**. They often get into verbal arguments. He tells me that his **wife has suggested to him that he go see somebody in Anger Management in order to control his anger**. He assures that he has never hurt his wife or thought about physically assaulting her. Apparently, **he is prone to getting very angry** and **does admit to periods of 'road rage'** although he says that as his age has progressed, this has gotten better."

1/5/2005: "concerned with increasing irritation for 3-4 months"

Physical medicine rehabilitation documents that his wife is "**concerned with increasing irritation for 3-4 months** spouse wonders if it's medications. **Will enter into anger management**."

1/06/2005: "long term anger management issues worse over last 3-4 months"

He is given a provisional diagnosis of "anger outbursts." Clinician orders anger management classes for Mr. C[redacted] documenting that "Reason for request: has **long term anger management issues worse over last 3-4 months**," with request to "please enter into class."

7/28/2005: "no showed anger management classes"

Clinician documented that Mr. C[redacted] was "**no showed anger management classes**."

6/30/2009: "**some road rage while driving" "does admit to periods of 'road rage'"**

Psychiatry outpatient note documents Mr. C[redacted]'s chief complaint of "**I have problems with anger**." Documented that "Patient was referred by Dr. Kaul, his rehabilitation doctor, for evaluation of anger management and irritability." Noted that Mr. C[redacted] relates that "he has had other **episodes of anger**, both with family, mostly his children, and **some road rage while driving**. Patient was seen on a MAC intake on 7/16/2001 for depression and irritability. He feels that, if anything, his anger and irritability may have improved some since 2001 but continues to be a problem for him." Mr. C[redacted] states that "he has had a **history of irritability and anger problems from a young age**. He feels that there has been improvement in this but he **continues to have outbursts of road rage** and difficulty with his teenage children," yet, despite his ongoing anger issues, "he **prefers not to attend Anger Management Classes** again." Mr. C[redacted] remarked that "he did attend Anger Management Classes around 2002 and it was no help." Noted that "he feels that there has been improvement in this but he **continues to have outbursts of road rage**." Psychiatrist documents that "his **wife has suggested to him that he go see somebody in Anger Management** in order to control his anger." Documented that "he is prone to getting very angry and **does admit to periods of 'road rage' although he says that as his age has progressed, this has gotten better**." Documented that "We have also discussed Anger Management Classes which

he wanted to think about prior to being referred, as well as some brief supportive psychotherapy within the context of the General Medicine Psychiatry Clinic."

9/21/2009: "follow up for treatment of depression and irritability"

Psychiatry outpatient note documents that Mr. C[redacted] was "seen today for **follow up for treatment of depression and irritability** as well as to establish care with myself as a new provider." Documented that "he reports improvement in irritability on citalopram and says he has not had any episodes of anger since starting this medication. He describes himself as 'more laid back and relaxed.'"

10/7/2010: "I have pretty over the top anger issues"

Mental health outpatient note documents Mr. C[redacted]'s subjective complaint as "**I have pretty over the top anger issues**." Documented that he "reports experiencing increased stress resulting from discord with his son," and that his "son started yelling at me.... he is disrespectful.... I let him walk all over me... **we almost got into a fist fight**." He states that "he completed Anger Management class at the VA and states, 'I learned useful tools, but **I still have issues**.'"

4/27/2017: "seems to get more moody and angry"

Nursing telephone encounter note documents Mr. C[redacted]'s concern that "since he has went down on his pain meds **seems to get more moody and angry**."

5/4/2017: "more problems with anger"

Primary care outpatient note documents Mr. C[redacted] is "Decreasing pain medications with morphine immediate release. Patient feels he is having severe withdrawal at 120mg daily of morphine. Having **more problems with anger**, depression and anxiety. Having significant problems with tremors, anxiety and hyperadrenergic response."

2/21/2018: "difficulty managing his irritability especially while driving"

Neuropsychology consult documents that Mr. C[redacted]'s wife "reported psychological changes since the motor vehicle accident including increased anxiety, **low frustration tolerance, irritability, impatience, and a short fuse all which are new to him**. He seems to over-react to even the smallest frustration. Mrs. C[redacted] indicated that the patient has **difficulty managing his irritability especially while driving**."

"Psychiatric history is significant for Major Depressive Disorder and **difficulty with anger management**"

Ingestion of opioids while driving: PRESENT (longstanding)

8/28/2008: "Do not drive while taking pain medication"

Driving: Not for the first 24 hours. **Do not drive while taking pain medication**

1/18/2011: "intended to drive home" even though provider "strongly advised him to think of the safety of other drivers"

Nursing emergency department triage note documents that "Patient told me that he **intended to drive home** because he was chronically taking morphine and that he was capable of driving safely. I **strongly advised him to think of the safety of other drivers and abide by his previous agreement** 1/18/2011."

2/26/2016: "risks of opioid therapy," include "Impaired driving"

Consent for long-term opioids for pain documents "Other **risks of opioid therapy**," include admonition that morphine causes "**Impaired driving** or impaired ability to safely operate machinery."

Post-concussive syndrome: NOT PRESENT

2/21/2018: "cognitive complaints are related to a number of medical and psychological risk factors"

Neuropsychology consultation documents the reason for Mr. C[redacted]'s "mental health referral: neuropsychological testing post-concussive syndrome." Clinician documents that the patient "expressed concern his cognitive complaints might be associated with his May 4, 2017 motor vehicle accident." However, following Dr. Theresa Demadura's assessment, she determined that "the injury Mr. C[redacted] described was relatively mild and according to the concussion literature such injuries typically fully resolve in 6-12 months." Rather, clinician determined that Mr. C[redacted]'s **cognitive complaints are related to a number of medical and psychological risk factors** that could account for his attentional, tracking, and inhibition weaknesses including Major Depression, PTSD, Anxiety, chronic pain, cerebrovascular risk factors (hypertension, sleep apnea, and hypertriglyceridemia), and cerebellar tonsil hyperintensities. These **factors may act individually or in combination to negatively affect the patient's cognitive functioning** or his perception of the severity of his deficits. Finally, Mr. C[redacted] described longstanding academic difficulty in subjects related to English, as well as similar difficulties in his children, therefore his relative weakness in verbal processing deficits are likely reflective of an undiagnosed verbal learning disorder."

Left elbow tenderness (2005) and left elbow atypical epicondylitis (6/2017): PRESENT (longstanding)

9/7/2005: "tender medial left elbow" and "elbow pain left"

"on exam, **tender medial left elbow** joint."

"**elbow pain left** appears joint med, consider injection"

6/6/2017: "atypical lateral epicondylitis (left)" that "should not cause the hand and forearm to weaken to the extent he talks about," and "certainly should not cause tingling in the neck"

Clinician notes that following motor vehicle accident, Mr. C[redacted] states "he gets pain in his left lateral elbow along with a weakness of his forearm and hand when he tries to pick things up." Clinician notes that "I would think that this is an **atypical lateral epicondylitis** given location of reproducible tenderness, although that **should not cause the hand and forearm to weaken to the extent he talks about** and **certainly should not cause tingling in the neck**."

9/21/2017: "left arm has improved" and "should not cause the hand and forearm to weaken to the extent that he talks about"

Neurology assessment documents "Patient notes that his **left arm has improved**. He states that he had bumped his outer elbow and had lateral epicondylitis. He noted pain with weakness with grasping an item. He states that he gets intermittent tingling to his thumb and index finger. He states he get a shocking sensation when reaching and grabbing."

"Left arm paresthesia and weakness. Noted without association of neck tingling I think that this is an atypical lateral epicondylitis given the location of reproducible tenderness, although it **should not cause the hand and forearm to weaken to the extent that he talks about**."

"He states that he had bumped his left elbow on the door."

4/9/2018:

"Physical exam and history consistent with left lateral epicondylitis. Issued elbow offloading brace and wrist splint to wear during activity. Also provided patient education regarding condition and HEP. If symptoms do not improve, consider referral to hand OT or hand surgery clinic."

Epicondylitis, right elbow: PRESENT

1/22/2013: "epicondylitis on right," due to "repetitive motion playing pool"

Rheumatology consult documents "history of present illness: bilateral shoulder pain 5-6 years but getting worse and numbness after lying on it for the last 6 months. **Affects his ability to play pool**. Right elbow medial lateral tenderness."

Physician determines that Mr. C[redacted] has "medial and lateral **epicondylitis on right**," due to "**repetitive motion playing pool**." Clinician provides "elbow strap and wrist splint also formal patient evaluation in Vancouver."

Dizziness: PRESENT (longstanding)

8/12/2010: "Patient has true vertigo"

"Does patient have true vertigo: Yes. **Patient has true vertigo**"

8/13/2010: "dizziness"

"One of his recent concern was the **dizziness** for which I sought the help of ENT since he also had tinnitus"

9/7/2010: "Vertigo"

"Chief complaint: **Vertigo**"

9/10/2010: "dizziness"

"Chief Complaint: follow up **dizziness**"

9/10/2010: "dizziness"

"he feels the **dizziness** was brought about by the gemfibrozil and citalopram"

9/10/2010: "dizziness"

"**dizziness** - explained likely from citalopram which can be transient but him feeling better without it, we can hold/stop it"

9/23/2010: "long history of dizziness"

"Veteran reports he has a **long history of dizziness** when bending down or getting up quickly from a laying or sitting position. Vet reports new prescription of Hydroxyzine for dizziness is helping and is satisfied with this medication and his dizziness is now at baseline"

10/5/2010: "dizziness and vertigo"

"had some **dizziness and vertigo** but that has responded nicely and is much better"

11/1/2010: "chronic dizziness"

"Bupropion was stopped in July by his PCP because of concern this might have been contributing to his complaints of **chronic dizziness**"

11/1/2010: "dizziness"

"He reports '**dizziness**' since January; he had an episode when he was playing pool whereby, he 'leaned over' the table and 'passed out,' at which point he decided to 'stop every medication but morphine.' He slowly reintroduced each medication and has made a link between this dizziness and Bupropion and Citalopram. Though he still has these 'dizzy spells,' he would not like to restart either medication."

1/27/2011: "dizzy for a long time"

"been feeling light-headed and **dizzy for a long time**"

1/27/2011: "dizziness"

"He does note some occasional lightheadedness/**dizziness**."

9/9/2011: "lightheadedness"

"presenting to the emergency department with diaphoresis, blurry vision, **lightheadedness**, bilateral arm numbness, right arm shaking, and syncope."

"After standing, he had 4-5 seconds of blurred vision and lightheadedness, but no sweating. He did not pass out but felt close to it. He has a long history of lightheadedness (3-4 years)."

9/21/2011: "dizziness"

"patient presented to PVAMC emergency department on 9/9/2011 with syncopal episode and **dizziness**."

"**Dizziness** Orthostatic vital negative. However, patient experiencing significant symptoms for past several weeks, may benefit from readjustment of anti-hypertensive or Holter monitoring."

4/3/2012: "dizziness"

"**Dizziness**"

7/23/2013: "dizziness"

"morning headaches: yes, and **dizziness** on waking up."

10/8/2013: "dizziness" and "severe vertigo" and "extreme vertigo"

"Benign Positional Vertigo (**dizziness** caused by an inner ear imbalance)"

"The patient is alert in mild acute distress; pale and diaphoretic with **severe vertigo**"

"Complaints of **extreme vertigo** started on Saturday but has worsened since. Patient states he cannot close eyes because he will get disoriented, has had a few near fall incidents today due to 'my equilibrium being off.' Patient states he feels confused and 'can't think straight.'"

10/8/2013: "dizziness"

"Diazepam 2Mg Tab Take Two Tablets By Mouth Twice A Day As Needed For **Dizziness** Filled: 10/8/13."

10/8/2013: "dizziness"

"45-year-old male patient with **dizziness**. States he woke up 4 days ago moderately dizzy. Denies external motion, but felt like he was spinning around, like he was unsteady and could fall over. Has been dizzy before, but states this is far more severe than usual. Complaints of worsening **dizziness**-states it is constant and each time he looks down, up or to either side his dizziness worsens."

"feeling **dizzy** and disoriented for past 5 days. Patient states that he has feel **dizzy**/disoriented when he turns his head from side to side. On Saturday and Sunday was unable to sleep averaged about 2 hours sleep both nights. Last night he went to sleep around 9 p.m. and woke up at 4:00 a.m.to go back to sleep around 7:00 a.m. and slept until 3 p.m."

"Meclizine Hcl 25Mg Chew Tab Chew Two Tablets By Mouth Three Times A Day For **Dizziness**"

1/14/2014: "dizziness"

"Dizziness"

2/27/2014: "dizziness"

"previous medical history: hypertension, obesity, **dizziness**, depression."

5/4/2017: "dizzy"

"Return precautions if new lightheadedness/**dizzy**, chest pain, shortness of breath, nausea/vomiting, abdominal pain, black/bloody stools, gross hematuria, neurologic symptoms."

5/26/2017: "dizziness from the car accident"

"still having ringing and **dizziness from the car accident**"

2/21/2018: "dizziness"

"He returned to the local ER on 5/26/18 secondary to persistent symptoms of 'left arm wakens/tingling, **dizziness**/ringing in the ear'"

8/3/2018: "Dizzy spells" are "getting worse."

"**Dizzy spells** and fatigue are **getting worse**."

Loss of consciousness: ABSENT

1/29/2011: "lightheadedness"

"He endorsed fatigue, palpitations (not associated with the pain) and dizziness/**lightheadedness**"

9/7/2010: "lightheadedness"

"complaints of vertigo but a constant **lightheadedness**"

9/9/2011: "lightheadedness"

"He has a long history of **lightheadedness** (3-4 years)"

1/27/2011: "lightheadedness"

"He also has **lightheadedness** on standing"

"He does note some occasional **lightheadedness**/dizziness"

3/29/2004: "lightheadedness"

"**lightheadedness** and **near syncope** when standing up"

5/4/2017: "No … loss of consciousness"

"**No head trauma/loss of consciousness**"

5/4/2017: "Does not think he … loss of consciousness"

"**Does not think he hit his head or loss of consciousness**"

5/26/2017: "No loss of consciousness"

"motor vehicle accident three weeks ago. **No loss of consciousness**. Sustained bruise over left shoulder"

9/21/2017: "negative for loss of consciousness"

"Patient states he was **negative for loss of consciousness**."

2/21/2018: "blacked out for less than one minute"

"Mr. C[redacted] reported he hit the left side of his head against the driver side window and **blacked out for less than one minute**"

8/27/2018: "I lost consciousness"

"Yes, I did, **I lost consciousness**, for an undetermined amount of time **I blacked out**. Five seconds, 30 seconds, I don't know. Okay? But that was all after the accident. It happened then after the gentleman hit me the second time"

Headaches: PRESENT (longstanding)

11/6/2000: "daily episodes of headache"

"patient reports **daily episodes of headache** isolated to frontal area bilaterally, precipitated by stress"

10/17/2002: "morning headaches"

"This patient also has **morning headaches**"

10/25/2006: "Frequent headaches"

"**Frequent headaches**/dull/heavy feeling for 2 months"

7/22/2008: "history of headaches"

"patient also states a **history of headaches**, dizziness"

11/10/2011: "headaches"

"significant for night sweats, **headaches**"

6/8/2016: "frequent new headaches left sided"

"**frequent new headaches left sided** more than right"

5/4/2017: "mild headache, bilateral at back of the head"

"**mild headache, bilateral at back of the head**- attributes to the backboard and neck brace"

5/8/2017: "since he was in his car accident, he has had a bad headache" and prior to accident "very rarely has any headache"

"**since he was in his car accident, he has had a bad headache** and ringing in both ears. Vet states **very rarely has any headache** at all, but this will not go away. Vet states would like to know if there is something stronger that Excedrin headache med that can be ordered for him"

5/26/2017: "developed headache"

"**developed headache** with ringing in ears still persisting"

6/6/2017: "started having some occipital headaches"

"Subsequently, however, he **started having some occipital headaches**"

"With respect to his **occipital headaches**, he notes that he and his wife had intercourse and at the **point of orgasm** both his tinnitus as well as his **occipital headache markedly increased**"

6/30/2017: "severe headache" and "He doesn't usually get headaches"

"B[redacted] presents with **severe headache**. He calls it a migraine, although it seems to originate in his right cervical neck and radiates up to the top of his head. He notes that it is worse when he is in the bright sun or when he is watching T.V. He is also not sure if it is related, but he just had a test for his tinnitus and the audiologist noted that he may have worse tinnitus for a day or two after the testing. He feels like it is a 'brick sitting on the back of my head'. He notes that it is 7-8/10 in severity"

"He notes the **headache started last night**"

"He notes that after his recent motor vehicle accident, he had felt there was a pressure on the back of his head like 'palming a basketball' but nowhere near like this. **He doesn't usually get headaches"**

"**Tension headache" and** "**He doesn't usually get headache"**

7/20/2017: "Post-concussive headache"

"**Post-concussive headache**"

9/21/2017: "reclusive because of his headaches" and "new since his accident"

"states that he's basically a near **reclusive because of his headaches** and he needs to be in dark rooms because of light sensitivity, he can't watch TV, he is trying a yellow lens glasses to see if this will help"

"Patient states he has migraines. He states these are **new since his accident**. He Is a pain score 3/10 up to 8/10. Today he states that the pain starts from the back of his neck or skull going to the temples or side of his head. He states it feels like his head is in a vice grip or squeezing. He notes that he is sensitive to light, or even the glare of light such as the sun peeking through the clouds, also hot temperatures and or warm weather outdoors can increase his symptoms. Laying down will help"

"**Occipital headaches, occur during intimacy**"

"**migraine headache, likely post concussive syndrome"**

"Photophobia and **migraine headache likely post concussive syndrome**. Status post high-speed motor vehicle accident on 5/4/17"

"Discussed with the patient that I feel his **headaches are most likely tension related with occipital neuritis**

"**Tension headache**"

2/21/2018: "headaches" and "bilateral headache at the back of his head"

"reported physical complaints including chronic pain, **headaches**, tinnitus, and left arm weakness"

"Police and fire came to the scene after 911 was called and the patient was taken to the emergency department at Portland VAMC via ambulance. At the time, Mr. C[redacted] experienced **bilateral headache at the back of his head**"

10/16/2018: "headache-new onset after motor vehicle accident"

"**headache-new onset after motor vehicle accident**. Nl CTA head and neck 8/17. Rx amitriptyline, gabapentin 600mg bid, Excedrin as needed"

Ringing/tinnitus: PRESENT (longstanding)

8/12/2010: "ear ringing" and "tinnitus"

"Chief complaint/Reason for Visit: patient here for follow-up on dizziness, light sensitivity, **ear ringing**"

"He has **tinnitus** on both ears"

8/13/2010: "tinnitus"

"One of his recent concern was the dizziness for which I sought the help of ENT since he also had **tinnitus**. I tried to eliminate many drugs that could cause his dizziness, would the thyroid problem contribute to his dizziness?"

5/8/2017: "ringing in both ears"

"Vet called and left a message on my phone stating that since he was in his car accident, he has had a bad headache and **ringing in both ears**."

5/16/2017: "ringing in the ears that is constant" and "started since the car accident"

"Vet reports still having the **ringing in the ears that is constant**. Vet reports that is a high-pitched humming sound. When is in a loud setting not as noticeable, but when lays down at night or talking to one person, can hear it. States it **started since the car accident** and has not gone away."

5/26/2017: "ringing in ears persisting" and "Tinnitus: unknown etiology"

"developed headache with **ringing in ears persisting** despite trying dexamethasone prescribed by his PCP"

"**Tinnitus: unknown etiology**"

"Vet states is going to local emergency room because he is still **having ringing and dizziness from the car accident"**

6/6/2017: "new-onset tinnitus"

"He also notes that he has **new-onset tinnitus** that seems to be in both ears but much worse in the left."

9/21/2017: "Ringing in ears: Patient states he's never had this before"

"**Ringing in ears: Patient states he's never had this before**. That is now been nonstop since his motor vehicle accident and he gets ringing in both ears left greater than right."

12/14/2017: "TV on with 90-minute timer, which 'cancels out the ringing'"

"Goes to sleep with **TV on with 90-minute timer, which 'cancels out the ringing'**. He got a sound machine, and he likes the crickets, but his wife doesn't. She liked the ocean, but it did less for him in regard to distracting him from the tinnitus."

8/27/2018: "I've never had ringing in my ears"

"If I could add another thing about the **tinnitus**, um, **I've never had ringing in my ears"**

Photophobia/light sensitivity: PRESENT (longstanding)

8/30/2010: "photophobia"

"Has also been feeling more dizzy when stands up from seated position and light sensitive (**photophobia**)"

9/10/2010: "light sensitivity"

"his **light sensitivity** has improved"

9/21/2017: "photophobia"

"**Photophobia** and migraine headache, likely post concussive syndrome"

"he needs to be in dark rooms because of **light sensitivity**, he can't watch TV, he is trying a yellow lens glasses to see if this will help"

2/21/2018: "photophobia"

"Mr. C[redacted] described frontal and occipital migraines with **photophobia**"

Sexual function: PRESENT (longstanding)

8/24/2006: "Opiate medicines can decrease sex drive and sexual arousal"

"SEXUAL ACTIVITY: **Opiate medicines can decrease sex drive and sexual arousal"**

9/21/2011: "noticed decline in his sexual drive"

"By stopping testosterone, he **noticed decline in his sexual drive**"

11/1/2010: "not gotten any better"

"Regarding the past question of sexual side effects on Citalopram, despite having been off this medication for several months, this has **not gotten any better**"

10/27/2015: "uses testosterone"

"He **uses testosterone** and has improved sexual function for several days but then it declines"

Cervical neck strain and left shoulder pain: PRESENT (longstanding)

4/19/2000: "disabling conditions of left shoulder" and "chronic cervical pain"

"In addition to the above **disabling conditions** (**left shoulder**, right knee, left ankle) the VA has also service connected him for lumbar and thoracic strain...he has **chronic cervical**, thoracic, and lumbar pain"

7/29/2003: "hypermobility, left shoulder"

"Gluten sensitive enteropathy with tendonitis 10% and **hypermobility, left shoulder**"

7/20/2008: "left side of neck tingling"

"**left side of neck tingling**, dizziness, and patient felt his heart race"

5/26/2017: "Degenerative changes of the cervical spine"

"**Degenerative changes of the cervical spine**"

6/6/2017: "Probable cervical neck strain"

"**Probable cervical neck strain**"

2/21/2018: "diagnosed with cervical strain and shoulder pain"

"Mr. C[redacted] was discharged that same day after being diagnosed with **cervical strain and shoulder pain**"

Secondary gain: POSSIBLY PRESENT

7/11/2001: "brought me descriptions (per my request) of typical lathes used in making and refurbishing pool cues" and "$3200 price tag and potential cost of a second piece of equipment"

Mental health clinician documents "Met with outpatient in my office. He **brought me descriptions (per my request) of typical lathes used in making and refurbishing pool cues**," and "equipment's **$3200 price tag and potential cost of a second piece of equipment** (pantograph) which does fine point inlays"

7/16/2001: "secondary gain via the sick role"

Psychiatric consultation documents "contributing factor is his history of abuse as a child requiring hospitalization and transfer to another home; this may suggest some **secondary gain via the sick role** is at work here. Therefore, this is a complex biopsychosocial situation for this gentleman."

5/21/2007: "does not plan to return to employment" and "already supplied thousands for his current equipment"

Vocational rehabilitation consultation documents Mr. C[redacted] "continues to make pool cues with the lathe equipment provided him by Chapter 31 section of the VA Regional Office." Documents that "he reports that the lathe is not accurate enough to provide quality-level cues that the market requests," and that "this 100% service connected vet does not plan to return to employment, but reports belief that his advanced equipment would greatly increase his ability to sell cues and stay independent." Also noted that "Mr. C[redacted] told me that he has mostly traded cues for other services/supplies rather than income." The author "forewarned him of likely challenge to his new request - since they had already supplied thousands for his current equipment and were more interested in 'employment' objectives over improving 'quality of life' objectives."

Hyperalgesia: PRESENT

8/30/2010: "hyperalgesia"

"Diffuse pain - some features of fibromyalgia (diffuse non-descript pain with **hyperalgesia**"

11/15/2010: "hyperalgesia"

"Diffuse pain - some features of fibromyalgia (diffuse non-descript pain with **hyperalgesia**)"

3/14/2011: "hyperalgesia"

"Diffuse pain - some features of fibromyalgia (diffuse non-descript pain with **hyperalgesia**)"

1/12/2014: "decrease narcotic intake-may have some effect on hyperalgesia"

"patient can consider **decrease narcotic intake-may have some effect on hyperalgesia** experienced by patient"

2/20/2014: "decrease narcotic intake-may have some effect on hyperalgesia"

"patient can consider **decrease narcotic intake-may have some effect on hyperalgesia** experienced by patient"

9/21/2016: "may have hyperalgesic syndrome"

"He **may have hyperalgesic syndrome**"

8/1/2017: "hyperalgesic syndrome"

"**hyperalgesic syndrome**"

The opinions rendered in this case are the opinions of this consultant. The evaluation has been conducted based on the documentation as provided. If more information becomes available later, an additional service, report, or reconsideration may be requested.

Dated this 3rd day of July 2019, in Bergen, Norway.

Carl Wigren

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