

[REDACTED]

Harvey Friedman, Esq.

Re: Disability Retirement for [REDACTED]

Dear Mr. Friedman,

I have been asked by you and my patient, [REDACTED], to provide an assessment of her ability to work at this time and whether she can work in her current occupation in the foreseeable future.

[REDACTED] is a [REDACTED]-year-old white female who first came under my care in July [REDACTED] when I saw her for consultation in my capacity as a rheumatologist. She had developed low back pain and referred pain down the right hip following a lifting injury in June [REDACTED]. However she also complained of diffuse aches and pains and unrefreshed sleep. Physical examination showed that she had 18/18 of the defined tender points in the 1990 American College of Rheumatology Criteria for fibromyalgia. Laboratory studies were entirely normal or negative as consistent with the diagnosis of fibromyalgia except for periodically elevated ESR (erythrocyte sedimentation rate) suggestive of an underlying inflammatory condition. Physical examination however had never shown evidence for an inflammatory arthritis.

Over the ensuing years she was treated with NSAIDs, Ambien for sleep and numerous medications for fibromyalgia including Lyrica, gabapentin and Cymbalta. Her symptoms were most prominent in the right sacroiliac joint and paresthesias in the right foot. In her work as an auditor she had to lift heavy files that continually aggravate her low back pain. She complained of unrefreshed sleep despite Ambien and severe fatigue and generalized stiffness throughout the day. Physical therapy provided temporary relief. Because of recent reports of benefit with Tai-Chi exercises I added these recently and she is doing them diligently. She had to stop Lyrica because of a rash that caused blisters. None of her medications has provided consistent relief.

She went diligently for physical therapy and orthopedic, neurosurgical and interventional radiological evaluation. She had direct fluoroscopic guided injection of the right sacroiliac joint without benefit. It was concluded by her evaluating doctors that the axial and peripheral musculoskeletal symptoms were all caused by fibromyalgia. She went for physical therapy repeatedly without sustained relief.

On her latest 2 visits, July 5, [REDACTED] and August 9, [REDACTED] the history and physical examination showed active fibromyalgia. She stays on Arthrotec as an anti-inflammatory medication and Vicodin for pain. She has tried pool therapy with minimal success. Cymbalta was given off-and-on with variable help in reducing her joint pains; she took Lexapro in the past for depression.

Her work as an auditor involves carrying files, printers and a heavy suitcase in her car and to and from different companies where she performs her audits. Her official work schedule was 40 hours a week but she extended these hours because of additional time spent in reviewing files.

Based on her persistent widespread pain and chronic low back pain and sacroiliac region pain, all aggravated by bending and lifting and her chronic fatigue that is not refreshed by sleep, as well as cognitive difficulty with a constant "foggy" feeling, I determine that she is disabled from her regular occupation as an auditor or for other similar gainful employment. She cannot tolerate many of the medications used to treat fibromyalgia. Lyrica caused a rash, gabapentin exacerbated her cognitive problems and caused somnolence. Anti-depressants provided no relief.

It is unlikely that her symptoms will improve in the next year since she has not improved in the past year when she has been off work and she has shown no significant improvement in her symptoms despite multimodal intensive treatment. She has been fully compliant with her treatment plans and has diligently tried each treatment offered to her. No modification of her work environment will help since her symptoms are not localized to one region of her body and her chronic and severe fatigue and unrefreshed sleep will not be helped by such an approach.

Yours sincerely,

[REDACTED]

[REDACTED], MD
Clinical Professor of Medicine
Division of Rheumatology.
[REDACTED] School of Medicine at [REDACTED]