

# Progress Notes

Printed On Nov 25, 2013

LOCAL TITLE: COMPENSATION & PENSION  
STANDARD TITLE: C & P EXAMINATION NOTE  
DATE OF NOTE: MAR 27, 2013@11:00      ENTRY DATE: MAR 28, 2013@13:12:49  
AUTHOR: OWEN, ROBERT L      EXP COSIGNER:  
URGENCY:      STATUS: COMPLETED

## Hepatitis, Cirrhosis and other Liver Conditions Disability Benefits Questionnaire

Patient Name: [REDACTED]

Indicate method used to obtain medical information to complete this document:

- ☐ Review of available records (without in-person or video telehealth examination) using the Acceptable Clinical Evidence (ACE) process because the existing medical evidence provided sufficient information on which to prepare the DBQ and such an examination will likely provide no additional relevant evidence.
- ☐ Review of available records in conjunction with a telephone interview with the Veteran (without in-person or telehealth examination) using the ACE process because the existing medical evidence supplemented with a telephone interview provided sufficient information on which to prepare the DBQ and such an examination would likely provide no additional relevant evidence.
- ☐ Examination via approved video telehealth
- ☒ In-person examination

### Evidence review

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Was the Veteran's VA claims file reviewed?

☒ Yes    ☐ No

If yes, list any records that were reviewed but were not included in the Veteran's VA claims file:

CPRS electronic medical records from the San Francisco VA

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were also  
reviewed.

If no, check all records reviewed:

- ☐ Military service treatment records
- ☐ Military service personnel records
- ☐ Military enlistment examination
- ☐ Military separation examination
- ☐ Military post-deployment questionnaire
- ☐ Department of Defense Form 214 Separation Documents
- ☐ Veterans Health Administration medical records (VA treatment records)
- ☐ Civilian medical records
- ☐ Interviews with collateral witnesses (family and others who have known the Veteran before and after military service)
- ☐ No records were reviewed
- ☐ Other:

Your patient is applying to the U. S. Department of Veterans Affairs (VA) for disability benefits. VA will consider the information you provide on this questionnaire as part of their evaluation in processing the Veteran's claim.

## 1. Diagnosis

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Does the Veteran now have or has he/she ever been diagnosed with a liver condition?

☒ Yes    ☐ No

If yes, select the Veteran's condition (check all that apply):

- ☐ Hepatitis A  
ICD code:                      Date of diagnosis:  
(complete Section I)
- ☐ Hepatitis B  
ICD code:                      Date of diagnosis:  
(complete Section I)
- ☒ Hepatitis C  
ICD code: 070.54              Date of diagnosis: 1985  
(complete Section I)

[ ] Autoimmune hepatitis  
ICD code:                      Date of diagnosis:  
(complete Section I)

[ ] Drug-induced hepatitis  
ICD code:                      Date of diagnosis:  
(complete Section I)

[ ] Hemochromatosis  
ICD code:                      Date of diagnosis:  
(complete Section I)

[ ] Cirrhosis of the liver  
ICD code:                      Date of diagnosis:  
(complete Section II)

[ ] Primary biliary cirrhosis  
ICD code:                      Date of diagnosis:  
(complete Section II)

[ ] Sclerosing cholangitis  
ICD code:                      Date of diagnosis:  
(complete Section II)

[ ] Liver transplant candidate  
ICD code:                      Date of diagnosis:  
(complete Section III)

[ ] Liver transplant  
ICD code:                      Date of diagnosis:  
(complete Section III)

[ ] Other liver conditions:

Other diagnosis #1:  
ICD code:  
Date of diagnosis:

Other diagnosis #2:  
ICD code:  
Date of diagnosis:

If there are additional diagnoses that pertain to liver conditions,  
list using above format:

NOTE: Determination of these conditions requires



documentation by appropriate serologic testing, abnormal liver function tests, and/or abnormal liver biopsy or imaging tests. If test results are documented in the medical record, additional testing is not required.

## 2. Medical History

-----  
a. Describe the history (including cause, onset and course) of the Veteran's liver conditions (brief summary): Mr. [REDACTED] was in the Army from 2/10/78 - 2/7/81, serving primarily in Germany. He says that he was sick for about a week in boot camp after receiving his initial enlistment immunization series. He had tattoos placed on his arms shortly after enlistment and does not recall any illness associated with being tattooed. According to his initial San Francisco VA Liver Clinic note on 10/29/98, he was diagnosed with chronic hepatitis in 1985 at Stanford Medical Center, where a liver biopsy showed changes consistent with chronic Hepatitis C and mild cirrhosis. I was unable to find a copy of his original liver biopsy report in his two volume Claims folder, which I reviewed. He has multiple medical problems including fibromyalgia and degenerative joint disease of the spine including motor vehicle accidents and surgery on the cervical spine. Liver biopsy at the San Francisco VA on 11/16/98 showed chronic hepatitis C, grade 2/4 (focal lobular necrosis), stage 1/4 (enlarged fibrotic portal tracts). In 1998 and 1999 he was treated for approximately 6 weeks with pegylated interferon plus ribavirin but tolerated this regimen poorly. He was not offered other treatment at that time, since the only medication available

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was interferon  
lone, which is not effective with genotype 1a. He has not  
been seen in  
the San Francisco VA Liver Clinic since 4/22/99. He was  
followed  
intermittently since then by Dr. Gershon, a private  
gastroenterologist  
closer to his home. At present all of his medical care is  
through the VA,  
either at the VA Medical Center or in VA outpatient clinics  
in Clearlake  
and Santa Rosa. He has been disabled for several years due  
to multiple  
medical problems, which include chronic pain syndrome related  
to spine  
degeneration, fibromyalgia, diabetes, hypertension and  
chronic hepatitis  
C.

b. Is continuous medication required for control of the  
Veteran's liver  
conditions?

☒ Yes    ☐ No

If yes, list only those medications required for the  
liver conditions:

No medications are directed against hepatitis C  
infection, but he  
considers many of his medications indirectly attributable  
to his  
chronic hepatitis because they are for conditions that  
began during  
treatment of hepatitis C or worsened during treatment for  
Hepatitis C  
and have never subsided. These including medications for  
depression,  
chronic pain, insomnia, nausea and constipation from  
narcotic pain  
medication. His medications include:

- 1) CLONAZEPAM 0.5MG TAB TAKE ONE TABLET ORALLY TWICE A  
DAY AS NEEDED  
FOR ANXIETY
- 2) TRAMADOL HCL 50MG TAB TAKE TWO TABLETS ORALLY AT  
BEDTIME FOR PAIN
- 3) TRAZODONE HCL 50MG TAB TAKE ONE TABLET ORALLY AT  
BEDTIME AS NEEDED  
FOR SEVERE INSOMNIA
- 4) ZOLPIDEM TARTRATE 5MG TAB TAKE ONE TABLET ORALLY AT

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BEDTIME AS

NEEDED FOR SLEEP

5) OXYCODONE 5 MG TAB TAKE ONE TABLET ORALLY THREE TIMES  
A DAY FOR

PAIN

At his last general medical clinic visit on 3/13/13, he  
was referred

to the San Francisco VA Liver Clinic to evaluate him for  
any of the

newly available therapeutic options for hepatitis C. He  
has not yet

been scheduled for that clinic.

SECTION I: Hepatitis (including hepatitis A, B and C, autoimmune  
or

drug-induced hepatitis, any other infectious liver  
disease and  
chronic liver disease without cirrhosis)

-----  
a. Does the Veteran currently have signs or symptoms  
attributable to chronic  
or infectious liver diseases?  
☒ Yes    ☐ No

If yes, indicate signs and symptoms attributable to chronic  
or infectious  
liver diseases (check all that apply):

☒ Fatigue

If checked, indicate frequency and severity:

☐ Intermittent    ☐ Daily    ☒ Near-constant and  
debilitating

☒ Malaise

If checked, indicate frequency and severity:

☐ Intermittent    ☐ Daily    ☒ Near-constant and  
debilitating

☒ Anorexia

If checked, indicate frequency and severity:

☐ Intermittent    ☐ Daily    ☒ Near-constant and  
debilitating

☒ Nausea

If checked, indicate frequency and severity:

☐ Intermittent    ☒ Daily    ☐ Near-constant and  
debilitating



☒ Vomiting

If checked, indicate frequency and severity:

☐ Intermittent    ☒ Daily    ☐ Near-constant and debilitating

☒ Arthralgia

If checked, indicate frequency and severity:

☐ Intermittent    ☐ Daily    ☒ Near-constant and debilitating

☒ Weight loss

If checked, provide baseline weight: 165  
and current weight: 139

(For VA purposes, baseline weight is the average weight for 2-year period preceding onset of disease)

Also, indicate if this weight loss has been sustained for three months or longer:

☒ Yes    ☐ No

☒ Right upper quadrant pain

If checked, indicate frequency and severity:

☐ Intermittent    ☐ Daily    ☒ Near-constant and debilitating

☐ Hepatomegaly

☐ Condition requires dietary restriction

If checked, describe dietary restrictions:

☐ Condition results in other indications of malnutrition

If checked, describe other indications of malnutrition:

☐ Other, describe:

b. Has the Veteran been diagnosed with hepatitis C?

☒ Yes    ☐ No

If yes, indicate risk factors (check all that apply):

☐ Unknown

☐ No known risk factors

☐ Organ transplant before 1992

☐ Transfusions of blood or blood products before 1992

☐ Hemodialysis

☐ Accidental exposure to blood by health care workers (to

include combat  
    medic or corpsman)  
☐ Intravenous drug use or intranasal cocaine use  
☐ High risk sexual activity  
☒ Other direct percutaneous exposure to blood (such as by  
tattooing,  
    body piercing, acupuncture with non-sterile needles,  
    shared  
    toothbrushes and/or shaving razors)  
    If checked, describe: Tattoos during basic training  
☐ Other, describe:

c. Has the Veteran had any incapacitating episodes (with  
symptoms such as  
    fatigue, malaise, nausea, vomiting, anorexia, arthralgia, and  
    right upper  
    quadrant pain) due to the liver conditions during the past 12  
months?  
☒ Yes    ☐ No

If yes, provide the total duration of the incapacitating  
episodes over the  
past 12 months:  
☐ Less than 1 week  
☐ At least 1 week but less than 2 weeks  
☐ At least 2 weeks but less than 4 weeks  
☐ At least 4 weeks but less than 6 weeks  
☒ 6 weeks or more

NOTE: For VA purposes, an incapacitating episode means a  
period of acute  
symptoms severe enough to require bed rest and treatment by a  
physician.

## SECTION II: Cirrhosis of the liver, biliary cirrhosis and cirrhotic phase of     sclerosing cholangitis

-----  
Does the Veteran currently have signs or symptoms attributable  
to cirrhosis  
of the liver, biliary cirrhosis or cirrhotic phase of sclerosing  
cholangitis?  
☐ Yes    ☒ No

If yes, indicate signs and symptoms attributable to cirrhosis  
of the  
liver, biliary cirrhosis or cirrhotic phase of sclerosing



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cholangitis

(check all that apply):

☐ Weakness

If checked, indicate frequency and severity:

☐ Intermittent    ☐ Daily    ☐ Near-constant and debilitating

☐ Anorexia

If checked, indicate frequency and severity:

☐ Intermittent    ☐ Daily    ☐ Near-constant and debilitating

☐ Abdominal pain

If checked, indicate frequency and severity:

☐ Intermittent    ☐ Daily    ☐ Near-constant and debilitating

☐ Malaise

If checked, indicate frequency and severity:

☐ Intermittent    ☐ Daily    ☐ Near-constant and debilitating

☐ Weight loss

If checked, provide baseline weight:  
and current weight:

(For VA purposes, baseline weight is the average weight for 2-year

period preceding onset of disease)

Also, indicate if this weight loss has been sustained for three months

or longer: ☐ Yes    ☐ No

☐ Ascites

If checked, indicate frequency and severity: (check all that apply)

☐ 1 episode

☐ 2 or more episodes

☐ Periods of remission between attacks

☐ Refractory to treatment

Date of last episode of ascites:

☐ Hepatic encephalopathy

If checked, indicate frequency and severity: (check all that apply)

☐ 1 episode

☐ 2 or more episodes

☐ Periods of remission between attacks

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☐ Refractory to treatment

Date of last episode of hepatic encephalopathy:

☐ Hemorrhage from varices or portal gastropathy (erosive gastritis)

If checked, indicate frequency and severity: (check all that apply)

☐ 1 episode

☐ 2 or more episodes

☐ Periods of remission between attacks

☐ Refractory to treatment

Date of last episode of hemorrhage from varices or portal gastropathy:

☐ Portal hypertension

☐ Splenomegaly

☐ Persistent jaundice

## SECTION III: Liver transplant and/or liver injury

a. Is the Veteran a liver transplant candidate?

☐ Yes ☒ No

b. Is the Veteran currently hospitalized awaiting transplant?

☐ Yes ☒ No

Date of hospital admission for this condition:

c. Has the Veteran undergone a liver transplant?

☐ Yes ☒ No

Date(s) of surgery:

Date of hospital discharge:

Current signs and symptoms:

d. Has the Veteran had an injury to the liver?

☐ Yes ☒ No

If yes, does the Veteran have peritoneal adhesions resulting from an injury to the liver?

☐ Yes ☐ No

If yes, ALSO complete the Peritoneal Adhesions Questionnaire.

3. Other pertinent physical findings, complications, conditions,

function is intact, although he has sex less often than his wife desires.

He says he has occasional blood in his stool after a hard bowel movement,

but there are no evident hemorrhoids or fissures from external

examination. No digital rectal examination was done. No inguinal hernias

are present. He has tenderness over the lower lumbar spine and flanks.

There is no edema of the legs.

#### 4. Diagnostic testing

NOTE: Diagnosis of hepatitis C must be confirmed by recombinant immunoblot assay (RIBA). If this information is of record, repeat RIBA test is not required.

If testing has been performed and reflects Veteran's current condition, no further testing is required for this examination report.

a. Have imaging studies been performed and are the results available?

☒ Yes    ☐ No

If yes, check all that apply:

☐ EUS (Endoscopic ultrasound)

Date:                      Results:

☐ ERCP (Endoscopic retrograde cholangiopancreatography)

Date:                      Results:

☐ Transhepatic cholangiogram

Date:                      Results:

☐ MRI or MRCP (magnetic resonance cholangiopancreatography)

Date:                      Results:

☒ CT

Date: 12/27/11              Results: The liver and spleen are  
of normal  
size and contour

☐ Other, describe:

Date:                      Results:

b. Have laboratory studies been performed?

☒ Yes    ☐ No



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If yes, check all that apply:

- [X] Recombinant immunoblot assay (RIBA)  
Date: 10/28/97 Results: Positive
- [X] Hepatitis C genotype  
Date: 11/15/11 Results: 1a
- [X] Hepatitis C viral titers  
Date: 11/15/11 Results: 613,166 IU/mL
- [X] AST  
Date: 3/27/13 Results: 114 U/L
- [X] ALT  
Date: 3/27/13 Results: 135 U/L
- [X] Alkaline phosphatase  
Date: 3/27/13 Results: 86 U/L
- [X] Bilirubin  
Date: 3/27/13 Results: 0.8 mg/dL
- [X] INR (PT)  
Date: 3/27/13 Results: 1.0
- [ ] Creatinine  
Date: Results:
- [ ] MELD score  
Date: Results:
- [X] Other, describe:  
Alpha fetoprotein

Date: 3/27/13 Results: 18.1 ng/mL

c. Has a liver biopsy been performed?

[X] Yes [ ] No

Date of test: 11/16/98 Results: CHRONIC HEPATITIS C,  
GRADE 2/4

(FOCAL LOBULAR NECROSIS), STAGE 1/4

d. Are there any other significant diagnostic test findings  
and/or results?

[ ] Yes [X] No

If yes, provide type of test or procedure, date and results  
(brief  
summary):

## 5. Functional impact

Does the Veteran's liver condition impact his or her ability to  
work?

[X] Yes [ ] No

If yes, describe the impact of each of the Veteran's liver

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conditions,  
providing one or more examples: Because of fatigue, poor  
appetite,  
depression and weakness, he is totally unable to work.

6. Remarks, if any:

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All of these symptoms are recognized as accompanying late  
stage chronic  
hepatitis C and are known to worsen during treatment of  
hepatitis C.  
Giving the veteran the benefit of the doubt, these symptoms  
and his  
inability to work are as likely as not secondary to chronic  
hepatitis C.

NOTE: VA may request additional medical information,  
including additional  
examinations if necessary to complete VA's review of the  
Veteran's  
application.

/es/ Robert L. Owen, M.D.  
Staff Physician, Medicine/GI NPI 1639111628  
Signed: 03/28/2013 13:12