

Progress Notes

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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

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

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):

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[] 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

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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

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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

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include combat
medic or corpsman)
[] Intravenous drug use or intranasal cocaine use
[] High risk sexual activity
[X] 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?
[X] 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
[X] 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 [X] 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,

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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

[] MRI or MRCP (magnetic resonance cholangiopancreatography)

[X] 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?

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 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?

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:

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.
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Signed: 03/28/2013 13:12