

ATTACHMENT A

RESPONDENT'S PETITION FOR RECONSIDERATION

Attachment A

Fax

Recipient number

916-795-3972

Recipient name

Board Services Unit Coordinator (CAIPERS)

Your name

Claudia Orozco Ref No. 2023-0891

Subject

Petition for Reconsideration

- Urgent
- Please Reply
- For Review
- Please Comment

Ref. No.2023-0891

Petition for Reconsideration

I disagree with the order and determination made on November 20, 2024. I would like to appeal this decision since I feel that my case and/or documents have been ignored at all hearings. I request that the Court requires CalPERS to include my mental health history and symptoms, which resulted due to my work-related injury at Child Protective Services (CPS) and all hearings have decided not to include my PTSD along with other mental health illness, which were reported to Worker Compensation (WC). The attachments included prove that I reported my mental health to WC and that they offered mental health services. On or about April 1, 2021, I reported to Workers Compensation (WC) that I was experiencing mental health symptoms related to my job and disclosed my injury. On or about May 11, 2021, I submitted a claim of Disability Insurance Benefits due to depressive disorder. My mental health symptoms were reported to WC and were also part of the WC case as noted on April 14, 2021, by C. Ochoa PsyD from Kaiser for depression, noting work stress, s/p filing for workman's comp due to wrist/arm injury. I was referred to mental health services through WC. On November 24, 2021, I was seen by Christine Chang Lim (Psychiatry) depression/mood disorder, anxiety, and occupational/work related stressors. It also noted that I reported to have depression and anxiety are the direct result of arm injury, which has resulted in job loss (see attachment 1 and attachment 2). On December 27, 2021, I was seen by Rachel Grande from Kaiser (Psychiatry Department), it was noted that I was diagnosed with mood disorder unspecified type, anxiety, and occupational problems. It was noted that depression and anxiety are the direct result of arm injury and not being able to work (see attachment 3). WC was also notified, and I was getting SDI for mental health related to my work exposure and arm injury since April 2021 through May 2022.

The Administrative Law Judge did not consider my mental health diagnosis and symptoms that were directly related to me as SWIII for Solano County. The WC was advised that in addition to my injury to my right elbow, I was suffering from Depression, Anxiety and Post Traumatic Stress Disorder (PTSD) symptoms related to being exposed to frequent information that was traumatizing to me. The Court failed to consider my mental health symptoms and diagnosis that were previously reported to WC and that are not considered in this decision. I am requesting that the Courts consider that my injuries to my right elbow and also to my mind resulted in PTSD symptoms and diagnosis, which prohibits me from working as SWIII since I am unable to work in a place where my PTSD symptoms will be triggered. I am requesting that this Court specifically address my mental health symptoms that resulted from working at CPS as SWIII and that were reported to WC.

CalPERS has the burden to prove that I was no longer disabled or incapacitated to perform my usual duties as a SWIII, not only that they did not consider my mental health symptoms previously reported to WC, which WC did not schedule a psychological evaluation from a competent psychiatrist practicing within their scope to give opinions about other health conditions. I am requesting that CalPERS provide me with a discovery list of documents to verify that they were aware of my reported Depression, Anxiety and PTSD and purposely failed to include this decision in consideration of it.

I have participated in Mental health treatment to WC since April 2021 regarding PTSD, depression and anxiety. An initial psychiatric assessment in April 2021 showed that I was in a depressed mood. I was in an intensive outpatient program for my mental health conditions from July 9, 2021, to July

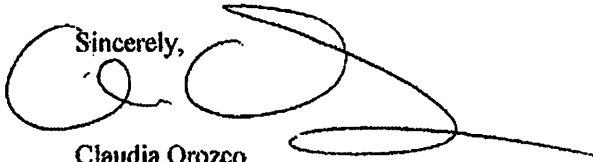
23, 20221 including therapy and medications. My initial symptoms included high anxiety, hypervigilance, dysphoria, insomnia, appetite change, hopelessness and morbid thinking. I was diagnosed with a mood disorder and PTSD. (see attachment 4)

On July 26, 2024, and November 20, 2024, the Court and CalPERS did not consider my mental health diagnosis and symptoms that were directly related to me as SWIII for Solano County. The WC was advised that in addition to my injury to my right elbow I was suffering from Depression, Anxiety and Post Traumatic Stress Disorder (PTSD) symptoms related to being exposed to frequent information that was traumatizing to me. The Court and CalPERS failed to consider my mental health symptoms and diagnosis that were previously reported to WC and that are not considered in this decision. I am requesting that the Courts and CalPERS consider that my injuries to my right elbow, affected my mental health and that working CPS caused me PTSD, which prohibits me from working as SWIII.

Attachments

1. Attachment 1-Kaiser- Psychiatry on 11/24/2021; History of Present Illness and Past Psychiatric History Section
2. Attachment 2-Kaiser-Psychiatry on 11/24/2021; Diagnosis, Assessment Section and Plan
3. Attachment 3-Kaiser-Psychiatry on 12/27/2021; Assessment Section
4. Attachment 4-Social Security Administration-Findings of Fact and Conclusions of Law; Page 4

Sincerely,

A handwritten signature in black ink, appearing to read 'Claudia Orozco', with a long horizontal flourish extending to the right.

Claudia Orozco
December 7, 2024

Attachment 1

KAISER PERMANENTE.

Orozco, Claudia E
MRN: [REDACTED] DOB: [REDACTED]
Legal Sex: F
SSN: xxx-xx-xxxx
Visit date: 11/24/2021

11/24/2021 - Video Visit - MH/BH in PSYCHIATRY (continued)

Clinical Notes (continued)

Version 1 of 1

Author: Lim, Christine Chang (M.D.)
Filed: 11/24/2021 4:42 PM
Status: Signed

Service: ---
Encounter Date: 11/24/2021
Editor: Lim, Christine Chang (M.D.) (Physician)

Author Type: Physician
Creation Time: 11/24/2021 3:21 PM

ADULT PSYCHIATRY VIDEO FOLLOW UP APPOINTMENT

Patient's Full Name: Claudia E Orozco
Present Location (for use in the event of a safety check): 5254 Ralph Moore Lane
Fairfield CA 94533
Time of Session: 3:30PM

CC:
Chief Complaint
Patient presents with
• MEDICATION MANAGEMENT

HISTORY OF PRESENT ILLNESS:

Claudia E Orozco is a 47 Y female with a past psychiatric history of childhood abuse, depression/mood disorder, anxiety, occupational/work related stressors, some OC personality traits, h/o pulling hair when anxious.

Last appt 10/28/2021 with R. Grande, PharmD -please see note for details

Today pt reports:

- Increase of effoxor/venlafaxine seems to help. Not getting as aggressive/irritable. Hasn't been screaming as much. Taking things day by day. Less ups and downs.
- since starting venlafaxine, poor appetite. This was why she didn't want to increase to 150mg. Not losing weight. C/o being overweight after gaining weight d/t pandemic. Just started walking.
- Hair loss. A couple of times she started choking and mom told her that that's the start of thyroid issues but labs were ok.
- Can't sleep at night. Right now c/o being tired. Teas, melatonin. Nothing is helping.
- c/o pain and her meds make her sleepy so she can't take them during the day. Flexeril, I'm screwed.
- has ups and downs. Still depressed because of the whole work situation. Getting help from union, she applied for Calpers but this isn't sealed and it's been going on since August. At least getting SDI but it's going to expire 12/17th. Really worried about what to do after that? She will have no funds. No one can tell her what to do. Will apply for SS but it takes forever. Really stressing out a lot, afraid her time is going to be up in re: to finances. Cost of gas. Prices are so high. Husband doesn't get paid for holidays or if it rains.
- Keeps forgetting things. Poor memory worries her. Couldn't remember she met with this MD last time when she was filling out Tridium. Can't concentrate on stuff, like questions. Gets frustrated, it's upsetting. Too much is going on in her brain.
- applied for job for Napa County and was told she didn't qualify. No luck. Feels like it's because some of the supervisors moved to Napa County & they have something to do with this. Retaliation. Friend told her there are 19 positions open. Lawyer said they Want to compensate her \$30,000 but she's still physically limited and she's feeling useless. That wouldn't be helpful.

PAST PSYCHIATRIC HISTORY

Reason for initial visit: 4/28/2021 - SLNPSY for depression, seen 4/14/2021 C. Ochoa PsyD for depression, noting work stress, s/p filing for workman's comp d/t wrist/arm injury, was on venlafaxine -> IOP 6/16/2021 d/t worsening sx, HA, nightmares, nausea, poor appetite.
Abuse/trauma: 6/16/2021 - inappropriate touching by uncle, father used to physical discipline on pt

Attachment 2

KAISER PERMANENTE.

Orozco, Claudia E
MRN: [REDACTED] DOB: [REDACTED]
Legal Sex: F
SSN: xxx-xx-xxxx
Visit date: 11/24/2021

11/24/2021 - Video Visit - MH/BH in PSYCHIATRY (continued)

Clinical Notes (continued)

Lab Results Component	Value	Date
TSH	1.4	09/30/2021
Lab Results Component	Value	Date
Free T4	1.2	09/30/2021

DIAGNOSIS:

- | | |
|--|------------------------|
| 1. ANXIETY | ICD-10-
CM
F41.9 |
| 2. OCCUPATIONAL PROBLEMS OR WORK CIRCUMSTANCES | Z58.9 |
| 3. MOOD DISORDER, UNSPECIFIED TYPE | F39 |
| 4. HX OF ABUSE IN CHILDHOOD | Z82.819 |

I have confirmed the presence of the above clinical diagnoses, which were considered in the current and ongoing care of the patient. At the time of this visit, the medical record indicates, and/or the patient states, that there are no changes in these conditions unless otherwise noted. As treatment warrants, the patient has been advised to follow up with her PCP or appropriate specialist.

ASSESSMENT: This is a 47 Y F with h/o childhood abuse, depression/mood disorder, anxiety, occupational/work related stressors, some OC personality traits, h/o pulling hair when anxious. Worsening stressors r/t finances, inability to find new job, uncertainty of funds after 12/17. Feels like effexor/venlafaxine helps with her mood/irritability but her anxiety remains high given stressors, insomnia persists. Labs were WNL for thyroid/iron. D/w pt negative effects of insomnia, likely contributing to physical effects (hair loss, sometimes feels like she's choking) and cognitive sx (poor memory, can't focus, feels overwhelmed). Risks/benefits/adverse effects of trial of gabapentin/neurontin or trazodone/desyrel discussed. Pt amenable to trying.

PLAN:

- 1) Medication instructions:
 - CONTINUE buspar/buspirone 15mg 1 tab twice daily for anxiety
 - CONTINUE venlafaxine/effexor XR 37.5mg 3 caps every morning for depression/anxiety
 - NEW gabapentin/neurontin 300mg 1-2 caps at bedtime for anxiety/insomnia.
- 2) Laboratory orders: no new orders
- 3) Lifestyle modifications: Finding time for self-care, following a healthy diet, exercising regularly (aim for 30 minutes of exercise five days a week), and practicing good sleep hygiene are important practices for improving well-being. It is strongly recommended that you do not drink alcohol or use marijuana or other drugs. Please visit kp.org's Health and Wellness page for helpful tips in supporting your wellness goals.
- 4) Psychoeducation and supportive therapy provided.
- 5) Individual/group therapy: A. Hurtado, LCSW
- 6) Referrals: no new ref
- 7) Return Visit: Follow up as scheduled or sooner if needed. Please call 707- 645-2700 to schedule/reschedule mental health appointments or if you have any medication concerns prior to our next appointment.

Attachment 3

KAISER PERMANENTE.

Orozco, Claudia E

MRN: [REDACTED] DOB: [REDACTED]

Legal Sex: F

SSN: xxx-xx-xxxx

Visit date: 12/27/2021

12/27/2021 - Video Visit - MH/BH in PSYCHIATRY (continued)

Clinical Notes (continued)

- XL) 25 mg Oral 24hr SR Tab Service, call (888) 218-6245
- Venlafaxine (EFFEXOR XR) 37.5 mg Oral 24hr SR Cap Take 3 capsules orally daily. Take with food.
- Amitriptyline 500 mg Oral Cap Take 4 capsules by mouth 1 hour before procedure.
- Cyclobenzaprine (FLEXERIL) 10 mg Oral Tab Take 1 tablet by mouth daily as needed for muscle spasms
- Nabumetone (RELAFEN) 500 mg Oral Tab Take 1 tablet by mouth 2 times a day as needed for pain. Take with food
- Naproxen (NAPROSYN) 500 mg Oral Tab Take 1 tablet by mouth 2 times a day
- Naproxen (NAPROSYN) 500 mg Oral Tab Take 1 tablet by mouth 2 times a day as needed
- Aspirin (ADULT LOW DOSE ASPIRIN) 81 mg Oral Tab None Entered

No current facility-administered medications for this visit.

Psychotropic medication trials per 9/28/21 psychiatrist note

Past psychiatric medications:

Antidepressants: venlafaxine

Anxiolytics/sedatives/other: diazepam, Atarax/hydroxyzine/mistaril, Buspar/buspirone.

Mood stabilizers/anticonvulsants:

Antipsychotics:

Stimulants/edhd/other:

Other:

Assessment

47 Y female diagnosed with mood disorder unspecified type, anxiety, occupational problems, h/o abuse in childhood followed by Dr. Lim who was referred to this writer for medication follow up. Venlafaxine has been helpful for depressed mood/anxiety, remains on a relatively low dose, agreed to increase to 150 mg daily today. Patient instructed to stop duloxetine, had been taking 30 mg daily for a couple of days, no need to taper. Will continue current gabapentin dose, improvement in ability to fall asleep. Patient stated that depression and anxiety are the direct result of arm injury and not being able to work. Much of the appointment was spent talking about issues related to occupational problems.

Plan

Medication	Sig
Increase from 112.5 mg daily Venlafaxine (EFFEXOR XR) 150 mg Oral 24hr SR Cap	Take 1 capsule by mouth daily with a meal. Note change in capsule strength and directions.
Continue busPIRone (BUSPAR) 15 mg Oral Tab	Take 1 tablet by mouth 2 times a day
Continue Gabapentin (NEURONTIN) 300 mg Oral Cap	Take 1 to 2 capsules by mouth at bedtime for anxiety/insomnia

Attachment 4
Page 4 of 10

Claudia E. Orozco (BNC#: [REDACTED])

2024/10/16 05:25:12 52 518
NOV 11 2024 10:19 AM

or reaching back, or combing her hair. She noted that her right shoulder was painful to move, it cracked with most activities, and it was weak. She stated she had grip loss, her right hand felt numb, she could not open things, and she had pain and a burning sensation at the mid-wrist. Examination of the right shoulder revealed decreased range of motion and tenderness to palpation over the posterior aspect of the shoulder. She had positive Hawkins test and positive crossed arm adduction test. Examination of the right elbow showed tenderness to palpation over the lateral and medial epicondyle. She was noted to have electrodiagnostic evidence for a compressive neuropathy of the median nerve at the wrist. She was prescribed Lidocaine and Lansoprazole. Plasma injections for the right elbow and Hylogan injections in the right shoulder were recommended but denied by worker's compensation.

Treating source, Gary Martinovsky, M.D., opined in September 2022 that the claimant had significant pain and greatly increased pain with physical activity that would cause distraction from or total abandonment of task; she can stand and walk a full eight hours; could lift and carry rarely 20 pounds, never 50 pounds; had limited reaching, grasping, torquing, keyboarding, use of a mouse with the right upper extremity, can use her right upper extremity 50 percent of an eight-hour workday; needed to take a 15-minute break after 30 minutes of typing; and would be absent three days per month (Ex. 16F). He also opined the claimant was in significant pain, had loss of function in the right shoulder and elbow; would be off task 25 percent or more; and absent three days per month (Ex. 19F). These limitations, as set forth below, are reasonable in light of the findings in Dr. Bellomo's Independent Medical Examination report (Ex. 7F/3).

As for the claimant's mental conditions, she has a depressive disorder, an anxiety disorder, and a post-traumatic stress disorder (Exs. 3F, 4F, 5F, 6F, 10F, 12F, 13F, 14F, 17F). An initial psychiatric assessment in April 2021 showed she had a depressed mood and congruent affect; and she was tearful (Ex. 3F/52-58).

The claimant was in an intensive outpatient program for her mental health conditions from July 9, 2021 to July 23, 2021 including therapy and medications (Ex. 3F/18). Her initial symptoms included high anxiety, hypervigilance, dysphoria, insomnia, appetite change, hopelessness, and morbid thinking (Ex. 3F/22). Upon discharge, she was less anxious and less depressed (Ex. 3F/18). She was diagnosed with a mood disorder and post-traumatic stress disorder.

Examinations during the period showed mostly intact mental status examination findings, except for depressed, anxious, and frustrated moods and some rambling and rapid speech at times, especially in reaction to situational stress, and she reported some memory loss (Exs. 3F, 4F, 5F, 6F, 10F, 12F, 13F, 14F, 17F, 20F). Therefore, she is limited to perform simple and detailed tasks; can have occasional contact with the general public; and can adapt to occasional changes in a routine work environment.

These conditions have resulted in persistent symptoms of pain, tingling, numbness, and moderate difficulties within understanding, remembering, or applying information; interacting with others; concentrating, persisting, or maintaining pace; and adapting or managing oneself, which continued during the period at issue despite medical treatment. The description of the symptoms and limitations, which the claimant has provided throughout the record, have generally been consistent and persuasive.

See Next Page