

**ATTACHMENT C**  
**RESPONDENT'S ARGUMENT**

"Respondent's Argument"

Name: Carlotta Luna



My application for Social Security Disability was granted on October 22, 2015.

My condition has not improved since I filed an application for CALPERS Retirement Pending my Disability.

Illnesses: Uncontrolled type 2 diabetes, fatigue, peripheral neuropathy, confusion, Weakness, persistent leg pains, coronary artery disease, side affects from Medications.

On October 1, 2015, I fell on an escalator, due to a fainting spell, October 5, 2015, I saw my doctor Carmen Velasquez, who prescribed me to use a cane to prevent From falling. She also, referred me to a nuerologist to follow up on my fainting fall I am also, still experiencing lots of side affects from my medications. Doctor has Prescribed me Hydrocodon-acetaminop (do not drive) for my severe pains. In walking and carrying files (with a cane) listed in my last job duties, would be impossible to perform. I ha been a patient of Doctor Carmen Velasquez, since July 6, 2015 (attached is a letter from my doctor).

Dr. Carmen Velasquez has referred me to a Ophthalmology, neurology, and Cardiology.

I was evaluated by three doctors by calpers;

Dr. Robert Weber on July 29, 2013

Dr. Stephen Wilson on January 14, 2014

Dr. Sean Leoni on August 7, 2013

I disagree, these doctors evaluated me 1 time in 2 to 3 years ago, and can stated that job can perform my job duties, while my condition has worsen.

*Sincerely,*

Carlotta Luna



October 19, 2015

To Whom It May Concern:

Re: Luna, Carlotta  
DOB:

From: Dr. Carmen Velazquez

This letter is written at the request of Mrs. Luna. To give you report of her medical problems, medications, and how these affect Mrs. Luna's ability to work.

1. Anxiety disorder, treated with psychotherapy.
2. Coronary artery disease, treated with coronary artery bypass graft times 4.
3. Type 2 diabetes mellitus, patient on ADA 1800 calorie diet and exercise program. Medication: Metformin 1000 mg bid and Glimepiride 4 mg daily.
4. Hypertension, treated with Metoprolol extended release 25 mg orally daily. Enalapril 20 mg daily.
5. Diabetic Polyneuropathy, causing her pain in upper and lower extremities in a daily basis for which she takes Norco 5/325 mg at bedtime, or twice a day as needed.
6. Depression, for which she is on Citalopram 20 mg 2 tablets daily.
7. Mixed hyperlipidemia, on low carbohydrate and low cholesterol diet and Atorvastatin 80 mg daily.
8. Osteoarthritis, with chronic generalized joint pain and low back pain, on Tylenol or Norco 5/325 mg bid as needed.
9. Recent syncopal episode, with sudden dizziness and fainting for few seconds. She was advised to drink lots of fluids with electrolytes, walk with cane and hold Metoprolol and Enalapril when blood pressure lower than 130/90, with daily monitoring of blood pressure before taking Metoprolol and Enalapril. Referral given to Cardiologist and

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**Internal Medicine**

340 Fourth Avenue, Suite #10, Chula Vista, CA 91910  
Phone: 619.397.5400 Fax: 619.397.5445



ARTURO VALDERRAMA, M.D.

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Neurologist to rule out serious central nervous system disease or cardiac arrhythmia to ascertain reason for syncope.

10. Chronic fatigue syndrome, as result of patient's age, postmenopausal status co-morbidities and medications.

Briefly in my opinion: Mrs. Carlotta Luna will experience extreme difficulties to work in a daily 8-hour schedule given her medical conditions, and the side effects of her medications such as drowsiness and sleepiness.

However, if you still need more information to determine this patient's ability to perform specific tasks I recommend a "functional capacity evaluation" performed by a physical therapist for which I'll be happy to give patient a referral.

Sincerely yours,

A handwritten signature in cursive script, appearing to read "Velazquez M.D.", written over a horizontal line.

Carmen Velazquez, M.D.

Internal Medicine

Covering Physician for Arturo Valderrama, M.D.

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# Physician Covering Note for Arturo Valderrama, M.D.

Name: <u>Long Carlos</u>	Date: <u>10/5/15</u>	Age: <u>60</u>	DOB: _____
Immunizations Current? <input type="checkbox"/> Yes <input type="checkbox"/> No <u>Declines</u>	Allergies: <u>COPRESSOR intolerance</u>		

**Medical History:** 60 y/o female ju had an episode of sudden dizziness of fainting for 10 seconds nauseated & tingling she fell to the ground on an escalator. She regained consciousness immediately. She did not go to ER but was helped by paramedics. Episode took place approx 5 days ago. She was fine. ADZ Htn + episode took place approx 5 days ago. She was fine.  
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**OB/GYN History:** LMP 50 yrs Number of Pregnancies: 5  
 Live Births 3 Abortions 1 Miscarriages 1 Stillborn

**Family History:** ADZ Sister & brother + ESRD ADZ  
brother prostate cancer ADZ  
Mother ESRD age 70 type 2 DM. ADZ

**Social History:** married

**Smoking:** ADZ 5 yrs **Alcohol:** occasionally **Substance Abuse:** neg.  
in Hx 30's occasionally patient in a retired office PERSON WORKER

**If Pregnant, Breastfeeding or Postpartum female: WIC Referral?** Yes ☐ No ☐

**Wt:** 194 **Ht:** 5' 2" **B/P:** 104/58 **Pulse:** 66 **Resp:** 12 **Temp:** \_\_\_\_\_  
306 mg/dL non Fasting 98°F

CRITERIA	NL	ABNL	DEFER	COMMENTS
GENERAL APPEARANCE/NUTRITION	<input checked="" type="checkbox"/>			
HEAD/SCALP HAIR, ETC.	<input checked="" type="checkbox"/>			
EYES	<input checked="" type="checkbox"/>			Decreased visual acuity.
EARS	<input checked="" type="checkbox"/>			OPHTHALMOLOGY REFERRAL: <input type="checkbox"/> YES <input type="checkbox"/> NO
NOSE/SINUSES	<input checked="" type="checkbox"/>			
MOUTH/THROAT/TEETH/TONSILS	<input checked="" type="checkbox"/>			DENTAL REFERRAL: <input type="checkbox"/> YES <input type="checkbox"/> NO
NECK/THYROID	<input checked="" type="checkbox"/>			Supple goitroid upstrokes are palpable.
BACK/SPINE	<input checked="" type="checkbox"/>			NO changes.

CRITERIA	NL	ABNL	DEFER	COMMENTS
BREASTS	✓			
HEART				MAMMOGRAM REFERRAL: <input type="checkbox"/> YES <input type="checkbox"/> NO
LUNGS	RRR S1 S2 33			+ ↓ Enalapril 10mg 1 po q d
ABDOMEN/GROIN	HR 68 bpm			cont Metoprolol since ER
FEMALE GENITALIA	Obese soft NT			25 mg 1 po q day
MALE GENITALIA		✓		WAS PAP SMEAR DONE? <input type="checkbox"/> YES <input type="checkbox"/> NO
RECTAL EXAM/PROSTATE		NA		She is to HOLD
EXTREMITIES				Enalapril and
SKIN	Discharges no edema			metoprolol when
NEUROLOGICAL	dry			BP is LOWER THAN
MUSCULOSKELETAL	Grossly nonfocal exam			130/90
		✓		Rest of needs unchanged

Hold  
when  
BP  
< 130/90

IMPRESSION/DIAGNOSIS/COMMENTS:

S/P SYNCOPE EPISODE → Her BP was normal as by  
paramedics at the  
time of syncope  
@ ADZ S/P BIPASS x4  
type 2 S. MALLINUS  
HPL HTN  
Her BS was normal as  
by paramedics  
at the moment  
of syncope.

PLAN: No CVD Disease  
No Cardiac arrhythmia as cause  
of syncope.

- CARDIOLOGY } TO ASCERTAIN REASON
- NEUROLOGY } FOR SYNCOPE.

EB if syncope  
occurs again

✓ B.P before  
taking meds  
daily @ home  
digital BP  
machine

PATIENT EDUCATION DISCUSSED: ☒ YES ☐ NO

- ☒ Advance Directives
- ☐ Asthma
- ☐ Breast Self Exam
- ☐ Cholesterol Management
- ☐ Dental Care
- ☒ Diabetes
- ☐ Diet/Nutrition
- ☐ Exercise
- ☐ Family Planning
- ☒ Fall Precautions
- ☐ Injury Prevention
- ☐ Medications
- ☒ Obesity
- ☐ Other
- ☐ Prenatal Care
- ☐ STD'S
- ☐ Substance Abuse
- ☐ Testicular Self Exam
- ☐ Tobacco Cessation
- ☐ Tuberculosis

PTC as needed & in 3 weeks

She is to  
walk &  
care to  
prevent  
falls

MD Signature: Carmen Velazquez MD  
Carmen Velazquez, M.D.

Date: 10-05-15