SOCIAL SECURITY ADMINISTRATION

OFFICE OF DISABILITY ADJUDICATION AND REVIEW

TRANSCRIPT

In the case of:

Thad Morar

Claimant

Wage Earner
(Leave blank in SSI Claims, or if the name is the same as above.)

Claim for:

Period of Disability
Disability Insurance Benefits

658-32-3735

Social Security Number

Hearing Held at:

Fritschhaven, New Mexico

(City, State)

October 14, 2020

(Month, Day, Year)

by:

Emily Littel

(Administrative Law Judge)

APPEARANCES:

Thad Morar, Claimant
Dillon Lind, Attorney for Claimant
Shyann Mayer, MD, Medical Expert
Domingo Kuhlman, Vocational Expert

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(The following is a transcript of the hearing held before Emily Littel, Administrative Law Judge, Office of Disability Adjudication and Review, Social Security Administration, on October 14, 2020, at Fritschhaven, New Mexico, in the case of Thad Morar, Social Security number 658-32-3735. The claimant appeared in person and was represented by their attorney, Dillon Lind. Also present were Shyann Mayer, MD, Medical Expert, Domingo Kuhlman, Vocational Expert, and Moises Dach, Hearing Reporter.)

(The hearing commenced at 07:44 AM, on October 14, 2020.)

OPENING STATEMENT BY ADMINISTRATIVE LAW JUDGE:

ALJ: This is Administrative Law Judge Rachel Patterson presiding over the matter at hand, commencing as of 11:00 AM, Eastern Standard Time on this date, and I would like to take note that the time displayed on my clock reads 1:00 PM. Claimant Thad Morar, who is present in person before me today, has an assigned Social Security number of 658-32-3735. Appearing alongside him is his attorney, Mr. Dillon Lind. As we are convening a live hearing, I must inform you that both sides will have the opportunity to present their cases and cross-examine witnesses.

ATTY: Thank you, Your Honor. I'd like to confirm that my client's Social Security number is indeed 658-32-3735, and he's prepared to proceed.

ALJ: I've taken note of Mr. Lind's affirmation regarding his client's Social Security number being 658-32-3735. I'm checking my notes here, and it appears to be accurate. So, just to confirm, you're saying that your client, Thad Morar, is prepared to proceed with the hearing as scheduled? And I also want to take

a moment to clarify that we can actually conduct this hearing via video conference if either of us prefers. It's entirely up to both parties involved. If Mr. Morar would like to switch to a video conference format, it wouldn't be an issue at all. We could simply pause the current proceedings and reset for a remote hearing. Or, as I mentioned earlier, we can continue on with the in-person setting that we've already begun. So, Mr. Morar, what would you prefer at this time?

CLMT: I'd prefer to continue with the in-person hearing as we've started.

ALJ: Alright then, let's confirm that Mr. Morar prefers to continue with the in-person hearing as we've started. So, just to reiterate, you're okay with proceeding with the live hearing format and not transitioning to a video conference setting at this time, is that correct? I want to make sure I understand your preference clearly. Okay, moving on then. Just for my own records, I'll take note of that. Now, let's review some other details, shall we? We do have the resumes of two experts who will be providing their professional opinions in this case. The vocational expert, Domingo Kuhlman, has a very impressive background and qualifications. And then there's also Dr. Shyann Mayer from the medical field, whose expertise will be invaluable to our discussion today. I want to make sure that all relevant information is available for review before we proceed further. Mr. Lind, is there anything else you'd like to collect or gather

before our next scheduled meeting date of March 15th, just to confirm? Any additional documentation or testimony that might be necessary for a thorough evaluation?

ATTY: Yes, Your Honor, I believe we're good to proceed with what's already been gathered. Our records are fully developed, and I'm confident that all necessary documentation has been submitted. My client and I have reviewed the resumes of both Dr. Mayer and Mr. Kuhlman, and we're prepared for their testimony on March 15th. We don't foresee any additional evidence or testimony being needed to support our case. I'd like to confirm with my client that he's also in agreement on this matter.

ALJ: I've taken note of Mr. Lind's confirmation regarding the adequacy of the gathered evidence and his confidence in the preparedness for the upcoming testimony on March 15th. I'll make a notation that both Dr. Mayer and Mr. Kuhlman have been reviewed, and no further evidence or testimony is expected from either side. I'm pleased to hear that we're on track with our progress. With that settled, I'd like to formally admit all exhibits labeled as 1A down to Exhibit 12C into the record of this hearing. This includes any accompanying documentation, photographs, and expert opinions presented by both parties, as well as the previously submitted resumes of Dr. Mayer and Mr. Kuhlman. Is there anything else we need to cover before moving forward with today's proceedings?

(Exhibits, previously identified, were received into evidence and made a part of the record.)

ALJ: Now, as we proceed with today's hearing, I'd like to take a moment to review the various exhibits that have been submitted for consideration. Specifically, I'm referring to Exhibit number 7B, which appears to be a medical document related to my client's claim. However, upon closer inspection, I've noticed an inconsistency in the record regarding this particular exhibit. It seems that there may have been some confusion or discrepancy in the labeling of certain dates and information contained within the document itself. I want to ensure that we're working with accurate and reliable evidence throughout our discussion today. So, if I might ask, Mr. Lind, could you please clarify or provide further explanation regarding this apparent inconsistency? Perhaps there was an error on my part, or maybe there's some additional context that would help clear up this discrepancy. I just want to make sure we're on the same page and have a complete understanding of the information presented in Exhibit 7B. If I'm not mistaken, is it possible that the dates mentioned in the exhibit may be... uh, not exactly as they appear? Or perhaps there's another explanation entirely for this seeming discrepancy. I just want to ensure we're being thorough and precise with our evaluation here today.

ATTY: Yes, Your Honor, I can clarify the matter regarding Exhibit 7B. Upon reviewing the document, I agree with you that there appears to be an inconsistency in the labeling of certain dates. Specifically, it seems that the dates listed within the

exhibit actually refer to a different set of medical records altogether, rather than the ones directly related to my client's claim. To correct this and ensure accuracy, I suggest amending Exhibit 7B to reflect the correct dates and corresponding medical information relevant to Mr. Morar's case. This would involve replacing the current document with a revised version that accurately reflects the evidence we wish to present. I believe this can be easily accomplished by substituting the original exhibit with an updated one, which I've prepared for this purpose. The new Exhibit 7B should include the correct dates and related medical documentation specific to Mr. Morar's claim.

ALJ: I've taken note of Mr. Lind's clarification regarding Exhibit 7B, and I appreciate his diligence in correcting the discrepancy. To confirm, you're suggesting that we substitute the current Exhibit 7B with an updated version that accurately reflects the relevant medical information related to my client's claim. I understand that this revised exhibit would rectify the inconsistency in the original document. Before proceeding, I'd like to address Mr. Morar directly and ensure he's aware of this proposed amendment. Mr. Morar, are you aware that there may be potential consequences if we proceed with amending Exhibit 7B? Even if the decision ultimately favors your claim, an amended exhibit could impact future claims or appeals, as it would alter the record. Are you aware of these potential implications and do you wish to proceed with the amendment?

CLMT: Yes, I understand. Please go ahead with amending Exhibit 7B.

ALJ: I understand from Mr. Lind's explanation that we're proposing to substitute Exhibit 7B with a revised version that accurately reflects the relevant medical information related to my client's claim. I've also taken note of the Claimant's confirmation that he understands the potential implications of amending this exhibit and is consenting to proceed with the amendment. With that established, I'd like to direct your attention to our hearing reporter, Moises Dach. Please make a notation in the record regarding the proposed amendment to Exhibit 7B, indicating that we are substituting it with an updated version reflecting the correct dates and medical information relevant to Mr. Morar's claim.

(The claimant, THAD MORAR, having been first duly sworn, testified as follows:)

EXAMINATION OF CLAIMANT BY ADMINISTRATIVE LAW JUDGE:

Q Now that we've amended Exhibit 7B, let's move forward with the hearing. Before proceeding, I'd like to confirm your name, Mr. Morar, is it?

A Thad Bowie Morar

Q Your name is Thad Bowie Morar, correct? Now, can you please provide your current mailing address so we can ensure that any future correspondence or notifications are sent to the right location?

A My current mailing address is 1428 Otho Glen Suite 742, Strosinshire, Georgia 51747-7414.

Q Your current mailing address is on record. Let's move on to your employment history. When were you last insured under any Social Security coverage?

A I was last insured under Social Security coverage on December 31, 2018.

Q What is your highest level of education completed?

A I have a Master's degree in Business Administration, which I earned from the University of Wisconsin-Madison in May 2002.

Q What was your most recent job, and when did you work there?

A My most recent job was as a physical therapist at St. Luke's Medical Center in Madison, Wisconsin. I worked there from August 2015 to February 2020.

Q What were your duties as a physical therapist at St. Luke's Medical Center?

A As a physical therapist at St. Luke's Medical Center, my duties included assessing patients' physical abilities and limitations, developing and implementing individualized treatment plans to improve mobility and function, conducting patient evaluations and progress assessments, educating patients and their families on proper exercise techniques and home safety modifications, collaborating with other healthcare professionals

to ensure comprehensive care, and maintaining accurate records of patient treatments and outcomes.

Q Have you ever worked for or been affiliated with the Social Security Administration in any capacity?

A No, I have never worked for or been affiliated with the Social Security Administration in any capacity.

Q Alright then, let's confirm that you've never worked for or been affiliated with the Social Security Administration in any capacity. Yes, we have it on record. You said no, and I want to make sure we're clear on this point. So, just to reiterate, you've never worked for the SSA, and there's no connection between you and the SSA at all. Now, let's move on to the reason why you believe you are disabled. Can you please explain in your own words why you think you qualify for disability benefits under Social Security?

A Yes, Your Honor, as I was trying to say before, I believe I qualify for disability benefits under Social Security because of my Peripheral Neuropathy condition. You see, this condition has been causing me a great deal of pain and discomfort, specifically with the numbness and tingling sensations in my hands and feet. It's like my body is just shutting down on me, and it's very hard to describe, but it's just constant, you know? And even though I've tried various treatments and therapies, nothing seems to be working, and I'm just getting worse and worse. I mean, I've had to stop doing a lot of the things that I used to enjoy, like playing

golf or hiking with my family, because I just can't handle it anymore. My doctor has told me that I have severe Peripheral Neuropathy, and he's recommended that I not work anymore because it would be too strenuous for my condition. So, in my opinion, I'm clearly disabled and need to receive these benefits so I can take care of myself and get the medical attention I need.

Q I understand your concerns about your Peripheral Neuropathy condition and how it's affecting your daily life, Mr. Morar. You're saying that you've experienced numbness and tingling sensations in your hands and feet, which is making it difficult for you to perform even simple tasks. I can see why this would be a tremendous burden on you. And I want to commend you for being proactive about seeking medical attention and trying various treatments. However, it seems like nothing has been effective so far, which is concerning. You're saying that your doctor has recommended that you not work anymore because of the severity of your condition, which is something we take very seriously here at the SSA. I want to make sure that I understand this correctly: you believe that your Peripheral Neuropathy has rendered you unable to perform any gainful employment, and therefore, you qualify for disability benefits under Social Security? You're absolutely right, Mr. Morar. I affirm that your statement is clear and straightforward. Now, I'd like to delve a bit deeper into this condition of yours. Can you tell me more about what's been going on with the numbness and tingling sensations in your hands and

feet? Is it constant, or does it come and go? And have you noticed any other symptoms that might be related to your Peripheral Neuropathy?

A Yes, Your Honor, as I've been saying all along, my Peripheral Neuropathy condition is just really getting the best of me. It's like this constant, nagging feeling in my hands and feet that won't go away. And it's not just numbness and tingling, although those are definitely there too. No, sir, it's more than that. I mean, sometimes it feels like my hands and feet are on fire, but not in a good way, if you know what I mean. It's this burning sensation that just won't quit, and it's really getting to the point where I'm having trouble sleeping at night because of it. And don't even get me started on the weakness thing, Your Honor. Yeah, I'd say I've lost some strength in my hands and feet over time, which is making everyday tasks a real challenge for me. I mean, trying to open jars or hold onto things can be a real struggle when you're as weak as I am right now. But, like I said before, it's not just about the symptoms themselves, it's how they're affecting my daily life and making it hard for me to do even simple things. And I know what you're thinking, 'Mr. Morar, have you tried this or that?' And yeah, Your Honor, I've tried a whole bunch of treatments and therapies, but like I said before, nothing seems to be working. I mean, it's not that the doctors aren't trying or anything, it's just that my condition is so severe that they're having trouble finding something that'll

actually help me. So, yeah, that's where I'm at right now, Your Honor.

ALJ: I affirm, Mr. Morar, that I understand your Peripheral Neuropathy condition to be a severe and debilitating disorder that affects not just your physical abilities but also your daily life and overall well- being. Your description of the numbness, tingling, burning sensations, and weakness in your hands and feet is quite vivid, and it's clear that these symptoms are having a profound impact on your ability to function and participate in activities. I must say, I'm particularly concerned about the reports of burning sensations and the significant weakness you've experienced in your hands and feet, which would likely preclude even simple tasks like opening jars or holding onto objects. Based on what you've shared with me, it appears that your Peripheral Neuropathy has indeed rendered you unable to engage in any substantial gainful activity for a period of at least 12 months, which is a key criterion for eligibility under our Social Security disability program. I'm going to need something from the attorney to confirm whether there are any other medical records or documentation that can support your claim and substantiate the severity of this condition. Attorney, would you be so kind as to provide me with those records, please? Specifically, I'd like to see any recent EMG or nerve conduction studies that might shed more light on the extent of Mr. Morar's Peripheral Neuropathy and its impact on his motor function.

ATTY: Yes, Your Honor. I'll provide those records to you immediately. In fact, I have them right here in my files. Let me just pull them out real quick.

ALJ: Thank you, Attorney. Please proceed with providing those records to me. In the meantime, Mr. Morar, I'd like to delve a bit deeper into one of your symptoms that caught my attention: the burning sensations in your hands and feet. You described it as feeling 'like they're on fire' but not in a good way. Can you tell me more about what that experience is like for you? For instance, do these sensations occur constantly or are they episodic? And can you describe their intensity level - would you say it's a 2 out of 10, or is it more severe?

BY ADMINISTRATIVE LAW JUDGE:

A To be honest with you, Your Honor, those burning sensations are a constant companion for me now. They're not just occasional episodes; they're there all the time, simmering just below the surface. And as for their intensity level, I'd say it's more like an 8 or 9 out of 10 every day. Sometimes it feels like my skin is being set on fire, and it's a deep, searing pain that just won't quit. It's like nothing I've ever experienced before, and it's getting to the point where I'm starting to lose hope that anything will ever alleviate this suffering.

Q I understand, Mr. Morar, that these burning sensations are a constant and intense presence in your life, affecting you daily at an extremely high level of severity. I want to

acknowledge the profound impact this is having on your well-being and quality of life. Given the severity of these symptoms, I'd like to ask: Did you ever consult with any doctor or specialist about these burning sensations, specifically seeking a medical evaluation or treatment plan to address this issue?

A Yes, I saw a neurologist who specialized in pain management. He performed some tests and prescribed me some medication to try and control the pain.

Q It's noted in your file, Mr. Morar, that you were referred to a neurologist who specializes in pain management. This doctor performed tests and prescribed medication to help alleviate the burning sensations in your hands and feet. Can you tell me, approximately how often do these episodes of intense burning occur? Would it be fair to say they happen daily, or are there periods where they subside somewhat?

A To be honest, Your Honor, these episodes of intense burning occur pretty much every single day now. I'd say it's around 20 to 25 times a day, sometimes more if I'm under stress or haven't been taking my medication as prescribed. It's like my body is just constantly sending out these signals that something's wrong, and it can be really overwhelming at times.

Q I understand, Mr. Morar, that intense burning sensations occur approximately 20-25 times a day, exacerbated by stress or non-adherence to medication.

A Yes, Your Honor, it's like my skin is constantly

screaming at me, and I just feel like I'm at my wit's end most of the time. It got so bad that even simple tasks like taking a shower became an ordeal because the water would trigger these intense burning sensations in my hands and feet. I had to get someone to help me with even basic hygiene, which was really tough for me to accept, but I just didn't have the strength or coordination to do it on my own anymore.

Q I understand that intense burning sensations from Peripheral Neuropathy are causing you significant distress and impairment in daily activities.

A It got to the point where I couldn't even take care of myself, Your Honor. Simple things like eating or getting dressed became monumental tasks because my hands and feet would start burning intensely just from doing those everyday activities. It was like my body was rebelling against me, refusing to cooperate with anything I tried to do. The pain and discomfort were so intense that I'd have to stop what I was doing, sit down, and just try to catch my breath. Sometimes it took hours for the burning sensations to subside enough for me to continue with my day.

Q I understand that your Peripheral Neuropathy symptoms have progressed to the point where daily activities are severely impaired, requiring frequent breaks for pain management.

A One thing I've had to give up entirely, Your Honor, is being able to drive a car. The constant burning sensations in my hands and feet make it impossible for me to safely operate a

vehicle, even with adaptive equipment or modifications. It's something that most people take for granted, but for me, it's become a luxury I can no longer afford.

Q You're unable to drive due to burning sensations in your hands and feet.

A Another thing I've had to give up, Your Honor, is being able to play music. I used to be a musician and loved playing the guitar, but now the burning sensations in my fingers make it impossible for me to press the strings down or even hold the instrument without causing more pain. It's not just about losing a hobby, it's about feeling like I've lost myself because music was such a big part of who I am.

Q Is this consistent with your records from 2022?

A Yes.

Q You were taking Zorvax for your pain management in January 2022. Can you confirm?

A According to my medical records from January 2022, I was indeed taking Zorvax as part of my pain management regimen for my Peripheral Neuropathy symptoms.

Q You also took Lyripta in 2022. How did it affect your burning sensation symptoms?

A Yes, I was taking Lyripta in addition to Zorvax, and while it did provide some relief from my burning sensations, the effects were not long-lasting. I'd experience a brief reduction in symptoms, but they would often return with equal intensity once

the medication wore off.

Q According to your records, you stopped taking Zorvax in May 2022, yet you mentioned taking it again in January 2023. Can you clarify why there's a discrepancy in this information?

A I had a period where I was unable to afford Zorvax, so I had to stop taking it in May 2022. However, when my financial situation improved, I resumed taking it again.

ATTY: Your Honor, may I clarify something regarding the discontinuation of Zorvax? My client was actually on a temporary discount program through his pharmacy provider during that period and had mistakenly indicated he stopped taking it due to affordability issues when in fact he continued to receive discounted medication. He resumed regular prescription costs once the discount program ended.

ALJ: It's clarified that Mr. Morar continued taking Zorvax, albeit at a discounted rate through a pharmacy program. He resumed regular prescription costs once the discount program ended in May 2022.

BY ADMINISTRATIVE LAW JUDGE:

A That's correct, Your Honor. I continued taking Zorvax through the discount program, but resumed regular costs when it ended in May 2022.

Q Let's move on to the Vocational Expert's report, dated March 2023. I'd like to review the findings and potential impact on Mr. Morar's ability to work.

A I've been unable to secure any employment since my symptoms worsened in early 2022 due to difficulty performing daily tasks, let alone working a full-time job.

Q According to your testimony, you've been unable to work since early 2022 due to difficulty performing daily tasks. I'd like to review the Vocational Expert's report and understand how it aligns with your statements. One aspect that caught my attention was the mention of a new symptom - are you experiencing any significant changes in bladder control or urinary function?

CLMT: Yes, I've started experiencing some issues with bladder control, which is adding another layer of complexity to my daily life.

BY ADMINISTRATIVE LAW JUDGE:

A You've mentioned experiencing issues with bladder control as an added symptom, which has further impacted your daily life. Prior to these recent difficulties, did you have any previous treatments or conditions related to urinary function?

Q I had a kidney stone in 2019 and it caused temporary pain and some issues with urination for a short period after.

A That's noted regarding your 2019 kidney stone. Next, I'd like to clarify your current level of residual functional capacity.

Q My RFD is significantly impacted by my Peripheral Neuropathy symptoms, but I can still perform simple tasks unrelated to my primary conditions, like laundry and meal prep.

A You stated earlier that driving became impossible due to your Peripheral Neuropathy symptoms, specifically the intense burning sensations in your hands and feet. Can you explain how your residual functional capacity for tasks like laundry and meal prep does not appear to be significantly impacted by these same symptoms, given their severity?

Q I understand what you're getting at, Your Honor. While my Peripheral Neuropathy symptoms do affect most of my daily activities, I can still manage simple tasks like laundry and meal prep because they don't require the fine motor skills or concentration that driving does. However, even these tasks are made extremely difficult for me due to the intense burning sensations in my hands and feet, which makes it hard to perform even basic actions without significant discomfort and fatigue.

A You can still do simple tasks like laundry and meal prep due to their lower physical demands compared to driving. However, even these tasks are extremely difficult for you.

Q Every task is a struggle, Your Honor. I'm constantly managing pain and discomfort throughout my day, even with simple tasks like laundry and meal prep. It's exhausting and takes an emotional toll.

A You're saying that even simple tasks are extremely difficult for you due to constant pain and discomfort. Can these tasks be performed with reasonable persistence or dedication?

Q No.

A You've stated your inability to perform simple tasks with reasonable persistence or dedication. What is your current level of functionality considering these limitations?

Q I'm unable to perform even simple tasks, Your Honor. I'd also like to discuss the impact of my weight loss on my overall health since developing Peripheral Neuropathy.

A You've mentioned your weight loss since developing Peripheral Neuropathy. Can you provide more information about this? I'd like to understand its impact on your overall health and how it relates to your current level of functionality.

Q Since developing Peripheral Neuropathy, I've experienced significant weight loss due to decreased appetite and food intake caused by chronic pain and discomfort. This has led to a decrease in my overall energy levels and has made it even more challenging for me to perform daily tasks. My healthcare provider has noted that my weight loss is likely exacerbating my Peripheral Neuropathy symptoms, creating a vicious cycle of worsening health and decreasing functionality.

A Acknowledged. Have you experienced any notable improvements in your symptoms or functionality with any specific treatments or therapies?

Q I've found some relief from Lyripta injections, but it's been inconsistent and doesn't last long.

A Inconsistent relief with Lyripta injections is not sustainable for daily life. How do you manage your chronic pain

now?

Q Currently, I manage my chronic pain through regular Zorvax medication, as well as various coping mechanisms such as meditation and deep breathing exercises to help alleviate some of the discomfort. However, these efforts are not enough to make a significant difference in my overall quality of life. In addition to managing my Peripheral Neuropathy symptoms, I've also been dealing with increasing numbness and tingling sensations in my face, which has made it difficult for me to speak clearly and eat certain foods without experiencing discomfort.

A I understand that you're still managing your chronic pain with Zorvax medication and coping mechanisms like meditation and deep breathing exercises. I'd like to go back to the Vocational Expert's report for a moment, which suggested that there might be some transferable skills from your previous work experience that could be applied in a more accommodated work setting. Can you tell me more about what kind of accommodations or modifications would need to be made for you to perform even simple tasks?

Q I'd need a quiet, comfortable workspace with minimal distractions, frequent breaks for pain management, and assistance with tasks that require fine motor skills or concentration.

ALJ: Acknowledged. Counselor, do you have any questions for the claimant?

ATTY: Yes, Your Honor. I'd like to clarify my client's current level of residual functional capacity in light of his

recent weight loss and worsening symptoms.

ALJ: I've taken note of your request for clarification on Mr. Morar's current residual functional capacity in light of his recent weight loss and worsening symptoms.

EXAMINATION OF MEDICAL EXPERT BY ATTORNEY:

Q Your Honor, isn't Mr. Morar's inability to secure even unskilled sedentary work due in part to his chronic pain and fatigue, not just physical demands of the job?

A Yes, that's correct.

Q Given Mr. Morar's inability to secure unskilled sedentary work due to chronic pain and fatigue, does his residual functional capacity qualify him for disability benefits under the SSA guidelines?

A Yes, I believe my residual functional capacity and inability to secure even unskilled sedentary work due to chronic pain and fatigue qualify me for disability benefits under the SSA guidelines, taking into account my overall medical condition, daily living activities, and the impact of my Peripheral Neuropathy symptoms on my ability to perform basic tasks, including personal care, household chores, and social interactions, which have significantly decreased over time.

Q Your Honor, given Mr. Morar's extensive medical history, worsening symptoms, and inability to perform even basic tasks due to chronic pain and fatigue, isn't his claim for disability benefits supported by substantial evidence?

A Yes.

Q Your Honor, given Mr. Morar's complete reliance on Lyripta injections for pain management, doesn't this indicate an inability to function without these treatments?

A Yes, Your Honor, the fact that I'm completely reliant on Lyripta injections to manage my chronic pain indicates an inability to function without these treatments, which further supports my claim for disability benefits.

Q Considering Mr. Morar's complete reliance on Lyripta injections and his inability to secure even unskilled sedentary work due to chronic pain and fatigue, doesn't this constitute an inability to engage in substantial gainful activity?

A Yes.

Q Given Mr. Morar's reliance on Lyripta injections for pain management, isn't it true that he would likely be unable to maintain even a sedentary job?

A Yes.

Q Given Mr. Morar's complete reliance on Lyripta injections for pain management, isn't his ability to engage in substantial gainful activity severely impaired?

A Yes.

Q Your Honor, I'd like to reiterate that Mr. Morar's complete and utter reliance on Lyripta injections for pain management is a critical factor in his inability to engage in substantial gainful activity. And isn't it also true, Your Honor,

that without these treatments, he would be unable to function at all? And wouldn't that mean, therefore, that he is indeed completely disabled, and thus eligible for disability benefits under the SSA guidelines?

A Yes.

Q Without Lyripta injections, Mr. Morar would be bedridden. Is his disability deemed permanent?

A Yes.

Q Mr. Morar's condition will not improve. Has he reached maximum medical improvement?

A Yes.

Q His condition won't improve, so shouldn't his benefits be retroactive to when he stopped working due to Peripheral Neuropathy symptoms?

A Yes.

Q Mr. Morar's medical records indicate that his Peripheral Neuropathy symptoms rendered him unable to work since January 2018, correct?

A Yes.

Q Since January 2018, Mr. Morar's condition has progressively worsened due to his Peripheral Neuropathy symptoms. Wouldn't this establish that he became disabled prior to filing for benefits?

A Yes.

Q Is Mr. Morar's disability onset date January 2018?

A Yes.

ATTY: I'm done with my line of questioning, Your Honor.

ALJ: Attorney, I'd like to request clarification on a few points you raised during your questioning. Firstly, regarding Mr. Morar's reliance on Lyripta injections for pain management, could you please elaborate on how this specifically impacts his ability to engage in substantial gainful activity? While it's clear that the treatments are crucial for his pain management, I'd like a more detailed explanation of how this translates to an inability to perform even sedentary work tasks.

ATTY: Lyripta injections are administered every two weeks, creating a treatment cycle that leaves Mr. Morar in excruciating pain during the interims. This renders him unable to concentrate, causing errors and decreased productivity. His ability to maintain even sedentary work tasks is severely compromised by the absence of treatments.

ALJ: Are you saying that even with Lyripta injections, Mr. Morar still suffers from significant pain, affecting his ability to work? And are you claiming that he wouldn't be able to maintain any job without these treatments?

ATTY: Yes, Your Honor. Even with Lyripta injections, Mr. Morar experiences debilitating pain. Without them, he wouldn't be able to maintain any job.

ALJ: Are his Lyripta injections effective in controlling pain during treatment periods?

ATTY: Partially.

ALJ: What percentage of pain is controlled by Lyripta injections?

ATTY: About 75%.

BY ADMINISTRATIVE LAW JUDGE:

Q Thank you, Attorney. It's clear that Mr. Morar's condition significantly impacts his ability to work. Now, I'd like to ask some additional questions to further understand his situation. Claimant, can you tell me about your daily life without Lyripta injections? How do you manage your pain and activities during those periods?

A I'm bedridden for days, unable to care for myself or perform basic tasks like bathing or dressing. I rely on family members for assistance.

Q Can you function at all during these periods, or are you completely incapacitated?

A Completely incapacitated.

Q Is your claim for disability benefits based on your inability to work due to your Peripheral Neuropathy symptoms?

A Yes.

Q Have you had any employment since your Peripheral Neuropathy symptoms worsened?

A No.

Q Have you received any other disability benefits?

A No.

Q Is your disability a result of an injury or illness?

A Illness.

Q Is Peripheral Neuropathy a recognized condition by Social Security Administration?

A Yes.

Q Is it listed in the Blue Book?

A Yes.

Q Under what category is it listed?

A 13.06A.

Q Is it severe?

A Yes.

Q Is it causing marked limitation in performing physical or mental tasks?

A Yes.

ALJ: Thank you, Claimant, for providing a detailed account of your experiences with Peripheral Neuropathy. I appreciate the time you've taken to share this information with me. As we move forward in this process, it's essential that we consider all relevant factors and perspectives. To aid in our evaluation, I'd like to introduce Dr. Shyann Mayer, a renowned expert in the field of neurology. His extensive background and qualifications are impressive, as you can see from his resume, which is available for review upon request. Dr. Mayer has over 15 years of experience in treating patients with complex nerve disorders, including Peripheral Neuropathy. He's published numerous papers on the

subject and has presented at various conferences. You can view his full resume by visiting our website or contacting my office directly. With that said, I'd like to ask the Counsel if you have any objections to Dr. Mayer serving as our medical expert in this case?

ATTY: No objection.

(The medical expert, THAD MORAR, MD, having been first duly sworn, testified as follows:)

EXAMINATION OF MEDICAL EXPERT BY ADMINISTRATIVE LAW JUDGE:

Q Dr. Shyann Mayer, for the record, can you please confirm your full name?

A Shyann Marlowe Mayer.

Q Dr. Mayer, can you briefly summarize your medical education and experience with Peripheral Neuropathy?

A Ah, yes, of course, Your Honor. So, I suppose I should start from the very beginning, way back in medical school, where I earned my Doctor of Medicine degree from Harvard Medical School, which, as you may know, is one of the most prestigious institutions for medical education in the world. And then, after completing my residency program in neurology at Massachusetts General Hospital, I went on to become a board-certified expert in the field of neurology, with a special focus on treating patients with complex nerve disorders, including Peripheral Neuropathy, which is, as you're aware, a condition that affects the peripheral nerves, and can cause symptoms such as pain, numbness, and

tingling in the hands and feet. Now, over the course of my 15-year career, I've had the privilege of treating numerous patients with this condition, and I've also published several papers on the subject, including a notable study on the use of intravenous immunoglobulin for treating chronic inflammatory demyelinating polyneuropathy, which is just one type of Peripheral Neuropathy. And, if I may add, I've also presented at various conferences, including the annual meeting of the American Academy of Neurology, where I've shared my expertise with colleagues from all over the world.

Q Dr. Mayer, are you specifically familiar with treating patients who have symptoms of pain, numbness, and tingling in their hands and feet due to Peripheral Neuropathy?

A Yes.

Q Have you reviewed this case?

A Yes.

Q Is there any evidence that would contradict Mr. Morar's disability claim?

A Well, if I may say so, Your Honor, upon reviewing the case file and medical records provided, it appears that Mr. Morar has been treated by multiple physicians over the years for his Peripheral Neuropathy symptoms. However, one thing that caught my attention was that, according to the medical records, there were a few instances where Mr. Morar reported experiencing some degree of pain relief and improvement in his numbness and tingling symptoms

after undergoing physical therapy sessions. Now, I know what you're thinking, Your Honor, but please bear with me. While these improvements may not be significant enough to completely alleviate his symptoms, they do suggest that Mr. Morar's condition is not entirely static or unresponsive to treatment. And if I might add, the fact that he was able to perform certain activities, such as walking and even engaging in light exercise, suggests that his condition may not be as severe as he claims it to be. Now, I'm not saying this necessarily contradicts his disability claim, but rather it raises some questions about the extent of his limitations, if you will.

Q Does this contradict Mr. Morar's claim that he is completely incapacitated?

A Well, if I might reiterate, Your Honor, upon further review of Mr. Morar's medical records and treatment history, it appears that there were instances where he reported experiencing some degree of pain relief and improvement in his numbness and tingling symptoms after undergoing physical therapy sessions. And, if I may add, these improvements were significant enough to allow him to perform certain activities, such as walking and even engaging in light exercise. Now, considering this, it does seem that Mr. Morar's claim of being completely incapacitated might be somewhat inconsistent with the evidence presented. I mean, if he was able to experience some degree of improvement through physical therapy, wouldn't it stand to reason that he could potentially

benefit from further treatment or interventions aimed at improving his functional capacity? For instance, couldn't he have been referred to a pain management specialist for further evaluation and possible treatment options? Or perhaps he could have engaged in more aggressive physical therapy sessions, tailored to address specific needs and goals? It's not about saying that Mr. Morar is capable of doing everything on his own or without any limitations, no, no, but rather it seems to suggest that his condition may be somewhat more manageable than initially claimed. And if I might add, Your Honor, in my expert opinion, a multidisciplinary approach involving physical therapy, occupational therapy, and possibly even some pharmacological interventions could have potentially helped Mr. Morar achieve a better quality of life, you know, something that would allow him to engage in daily activities with greater ease and comfort.

Q You're saying Mr. Morar's claim of being completely incapacitated may be inconsistent with the evidence?

ATTY: Objection, Your Honor. Dr. Mayer seems to be suggesting that Mr. Morar's condition is not as severe as claimed, based on a couple of instances where he reported experiencing pain relief and improvement in symptoms after physical therapy sessions. However, this does not necessarily mean that Mr. Morar is capable of performing all daily activities without any limitations or that his condition is entirely manageable. Furthermore, the fact that Mr. Morar required treatment for his

Peripheral Neuropathy symptoms suggests that it was indeed a significant issue. I'd like to request that Dr. Mayer clarify this point further and provide more context regarding the extent of Mr. Morar's functional capacity.

ALJ: Dr. Mayer, clarify: Does Mr. Morar's condition allow for any level of functional capacity?

ATTY: Dr. Mayer, I'm Counsel representing Claimant. In response to the ALJ's question, can you confirm whether Mr. Morar's condition allows for any level of functional capacity?

ME: Yes.

ATTY: Dr. Mayer, isn't it true that any functional capacity Mr. Morar may have is severely limited to only short periods of sedentary activity, rendering him effectively unemployable in the competitive job market?

ME: Yes.

ATTY: Dr. Mayer, if I may rephrase your previous answer, you're saying that Mr. Morar's condition severely restricts his ability to engage in any substantial amount of work or activity on a consistent basis? In other words, even short periods of sedentary activity are often followed by significant worsening of symptoms, making it nearly impossible for him to maintain employment?

ME: Yes.

ATTY: Dr. Mayer, wouldn't you agree that Mr. Morar's condition is characterized by chronic and debilitating pain,

rendering him unable to perform even simple daily activities without significant exacerbation of symptoms?

ME: Yes, I would agree with that assessment, Counsel. Mr. Morar's condition does indeed present a complex challenge in terms of managing his pain and maintaining functional capacity, given the chronic nature of his Peripheral Neuropathy symptoms.

ATTY: Dr. Mayer, I'd like to reiterate that Mr. Morar's condition is not just about physical symptoms, but also the emotional toll it takes on him. He experiences anxiety and depression due to the uncertainty of his condition and the impact it has on his daily life. Doesn't this complexity further support our contention that he is indeed disabled and unable to engage in substantial gainful activity? And wouldn't you agree that any attempts to downplay or minimize the severity of his symptoms are simply not supported by the evidence?

ME: Yes.

ATTY: Dr. Mayer, I'd like to go back to your previous testimony about Mr. Morar's condition allowing for some level of functional capacity, and yet you also stated that it's severely limited to only short periods of sedentary activity. Can you clarify what exactly you mean by 'short periods'? Is it a matter of minutes, hours, or perhaps just fleeting moments where he can manage to engage in some sort of activity before needing to rest? And doesn't this inherent variability and unpredictability of his condition serve as yet another reminder that Mr. Morar is truly

unable to perform even the most basic tasks on a consistent basis?

ME: By 'short periods', I mean hours, not minutes or fleeting moments.

ATTY: So, Dr. Mayer, I want to make sure I understand this correctly. You're saying that Mr. Morar can engage in some sort of activity for hours at a time, but then he needs to rest? But isn't that just another way of saying that he's only able to do things intermittently, and not consistently on an hourly basis? I mean, if he can only work for a few hours before needing to take a break, doesn't that really mean he's unable to sustain any kind of regular employment or daily activity? And isn't it true that this sort of fluctuating level of functionality is actually a hallmark of Peripheral Neuropathy, making it even more challenging for individuals like Mr. Morar to cope with their condition? I mean, can you really expect someone in his shoes to be able to function normally on any given day when they're constantly struggling with these kinds of unpredictable symptoms?

ME: That's correct, Counsel. The fluctuating level of functionality is indeed a common challenge faced by individuals with Peripheral Neuropathy, including Mr. Morar. While he may be able to engage in some activities for short periods, his symptoms often require him to take breaks and adjust his daily routines accordingly. As you've aptly put it, this intermittent pattern of functioning makes it extremely difficult for someone like Mr. Morar to maintain a regular employment or daily activity schedule,

given the unpredictability of his condition.

ATTY: I have no further questions, Your Honor.

BY ADMINISTRATIVE LAW JUDGE:

Q Dr. Mayer, can you take a look at Exhibit A and tell me how Mr. Morar's condition is affected by his recent change in medication?

A Yes, Your Honor. After reviewing Exhibit A, I can see that Mr. Morar recently switched to a new medication regimen for his Peripheral Neuropathy symptoms. From my examination of the medical records, it appears that this change in medication has resulted in some improvement in his pain management and overall functional capacity. However, I must note that this is a relatively recent development, and there are still significant fluctuations in Mr. Morar's condition that make it challenging for him to engage in sustained daily activities or employment.

Q Can you explain, Dr. Mayer, how Mr. Morar's recent increase in physical therapy sessions, as noted on page 3 of Exhibit B, affects his overall ability to perform daily activities and work-related tasks?

A The increased physical therapy sessions have helped manage Mr. Morar's symptoms, but his condition remains highly variable and unpredictable. He still experiences significant pain and numbness that impacts his ability to perform daily activities and work-related tasks.

Q Can you review Exhibit C, which shows Mr. Morar's medical

history and treatment plan, and explain how his current condition compares to what is described in the treatment notes from 2018?

A Upon reviewing Exhibit C, I can see that Mr. Morar's current condition is more severe than what was described in the treatment notes from 2018. His symptoms have worsened over time, with increased pain and numbness affecting his daily activities and work-related tasks.

Q Let's take a look at Exhibit D, which shows the results of Mr. Morar's cognitive function tests from his recent evaluation. Can you tell me, Dr. Mayer, how these test results relate to your overall assessment of Mr. Morar's ability to perform work-related tasks and daily activities?

A The test results indicate cognitive impairments consistent with Mr. Morar's reported symptoms and limitations.

ATTY: I'd like to interject, Your Honor. Based on Dr. Mayer's testimony regarding the fluctuating nature of Mr. Morar's symptoms, the impact of his medication regimen, and the results of the cognitive function tests, it's clear that his condition is still quite severe and debilitating. I'd argue that these facts, combined with the overall evidence presented in this case, further support our contention that Mr. Morar is indeed disabled and unable to engage in substantial gainful activity.

(The medical expert, THAD MORAR, MD, having been first duly sworn, testified as follows:)

EXAMINATION OF VOCATIONAL EXPERT BY ADMINISTRATIVE LAW JUDGE:

Q Mr. Kuhlman, as a Vocational Expert, can you assess the claimant's prior work experience as a Physical Therapist and determine if it is transferable to other jobs in the national economy?

A Ah, yes, the claimant's prior work experience as a Physical Therapist, Your Honor. Well, in my expert opinion, being a Physical Therapist requires a high level of physical and mental stamina, not to mention a strong understanding of human anatomy and biomechanics. I mean, these individuals have to be able to stand for long periods of time, lift heavy equipment, and move around with patients, all while maintaining attention to detail and providing top-notch care. It's truly a demanding job, if you ask me. Now, in terms of the physical demands, I would categorize Physical Therapy as a very heavy occupation, requiring prolonged standing, walking, lifting, carrying, pushing, and pulling, not to mention frequent bending, stooping, and kneeling. And let's not forget about the mental demands, Your Honor - these individuals have to be able to multitask, prioritize tasks, and make quick decisions under pressure. So, in terms of its physical and mental requirements, I would rate Physical Therapy as a 7 on the SVP scale, which is considered skilled work. And while some Physical Therapists may spend more time sitting at a desk than others, especially those working in administrative roles or doing paperwork, the vast majority of their day is spent on-the-go, interacting with patients and performing hands-on therapy

sessions.

Q Mr. Kuhlman, you've assessed Physical Therapy as a very heavy occupation, requiring a high level of physical and mental stamina. Can you take us through your reasoning for why you categorized it as such? And how does that relate to the claimant's residual functional capacity?

A I based my assessment on the physical demands of the job, including prolonged standing, walking, lifting, and bending, as well as the mental demands, such as multitasking and decision-making under pressure. Given the claimant's reported symptoms of chronic pain, numbness, and fatigue, I believe his residual functional capacity is significantly limited, precluding even sedentary work, let alone the physical and mental demands of Physical Therapy.

Q Based on Mr. Kuhlman's assessment, I'd like to restate the claimant's profile as follows: a male of the claimant's age, education level, and work history, with a residual functional capacity for sedentary work, but also limited by chronic pain, numbness, and fatigue, precluding even sedentary work that requires prolonged standing, walking, lifting, or bending. Now, Counselor, would this profile be consistent with the claimant's ability to perform other jobs in the national economy?

A No.

Q Mr. Kuhlman, based on your assessment of the claimant's residual functional capacity and vocational profile, I'd like to

ask: does the claimant's chronic pain continue to be a significant issue in performing even sedentary work, as you mentioned earlier?

A Yes.

ALJ: Thank you, Mr. Kuhlman. Based on your assessment, it appears that the claimant's chronic pain and other symptoms significantly limit his ability to perform even sedentary work. I'd like to take this opportunity to summarize the evidence presented in this case. The medical records indicate that the claimant suffers from a severe impairment of his musculoskeletal system, which affects his ability to stand, walk, lift, and bend. Dr. Mayer's testimony confirmed that the claimant's condition is chronic and irreversible, and that he has been unable to work since his accident due to his pain and other symptoms. Additionally, the vocational expert's assessment found that even sedentary work would be precluded by the claimant's residual functional capacity. It appears, therefore, that the claimant meets the criteria for a finding of disability under the Social Security Act. I'd like to ask Counselor: do you have any questions or would you like to provide any additional information?

ATTY: Yes, Your Honor.

EXAMINATION OF VOCATIONAL EXPERT BY ATTORNEY:

Q Your Honor, regarding the claimant's employability, I'd like to ask Mr. Kuhlman a follow-up question: wouldn't the fact that the claimant requires frequent breaks to manage his symptoms and adjust his daily routines also significantly impact his

ability to perform even sedentary work?

A Yes, Counselor, the claimant's need for frequent breaks to manage his symptoms would indeed significantly impact his ability to perform even sedentary work, given the demands of a typical workday and the potential consequences of missed productivity or attendance due to chronic pain.

Q Thank you, Mr. Kuhlman. Your Honor, I'd like to ask another question regarding the claimant's employability: wouldn't his chronic numbness in his extremities also impact his ability to perform even sedentary work, given the need for fine motor skills and hand dexterity that many jobs require?

A Yes, Counselor, the claimant's chronic numbness in his extremities would indeed impact his ability to perform even sedentary work, given the need for fine motor skills and hand dexterity that many jobs require, such as data entry, typing, or assembly line work. The absence of sensation in his hands and fingers would make it difficult for him to manipulate objects, type accurately, or perform other tasks that require manual dexterity.

ALJ: Thank you, Mr. Kuhlman, for your expert testimony and insightful analysis of the claimant's vocational profile. Your thorough explanation has significantly aided in our understanding of the claimant's employability and limitations. I'd like to take this opportunity to summarize the hearing: we've heard from Dr. Mayer regarding the claimant's chronic condition and its impact on

his daily life; Mr. Kuhlman provided expert testimony on the claimant's vocational profile, highlighting the significant limitations placed on his ability to perform even sedentary work due to his chronic pain, numbness, and fatigue; and we've had a thorough discussion regarding the claimant's employability in other occupations that may be available in the national economy. Before I render my decision, is there anything else the claimant would like to add or bring to my attention?

CLMT: Your Honor, I'd like to take a moment to express my deepest gratitude to the vocational expert, Dr. Mayer, and the entire panel for their tireless efforts in understanding my case. It's not just about numbers or statistics; it's about people, their struggles, and their resilience. We're not just talking about a claimant here; we're talking about a human being who's been torn apart by chronic pain, numbness, and fatigue. A person who's lost their identity, their purpose, and their sense of self-worth. I'm not just asking for benefits; I'm asking for recognition, for understanding, and for compassion. We need to break down the walls that surround us, the walls that make us feel like we're alone in this fight. We need to stand together, united in our struggle, and shout from the rooftops: 'We are not just statistics! We are not just numbers! We are human beings, deserving of dignity, respect, and a chance to live our lives with purpose!' Your Honor, I urge you to see beyond the paperwork, to look into my eyes, and to hear the cry of my heart. I am not just

a claimant; I am a person, a soul, a being who's been broken, but not defeated.

ALJ: Thank you, claimant, for your heartfelt testimony. I understand that this case is not just about benefits, but about recognition, understanding, and compassion. I appreciate the dedication of our vocational expert, Dr. Mayer, and the entire panel. Before adjourning, I'd like to thank each of you for your tireless efforts in presenting this complex case. Your expertise has been invaluable, and I am grateful for your service. This hearing is now adjourned.

VE: Thank you, Your Honor.

ME: I've reviewed the claimant's medical records and found that their chronic pain, numbness, and fatigue significantly impact their ability to perform even sedentary work. The vocational expert's assessment confirms that these limitations would preclude them from being employable in other occupations. I believe the claimant meets the criteria for a finding of disability under the Social Security Act.

CLMT: Thank you, Your Honor, for your understanding and compassion. I'm grateful for this opportunity to be heard.

ATTY: Thank you, Your Honor, for your understanding and compassion. I'm grateful for this opportunity to present our case.

(The hearing closed at 09:00 AM, on October 14, 2020.)

C E R T I F I C A T I O N

I have read the foregoing and hereby certify that it is a true and complete transcription of the testimony recorded at the hearing in the case of Thad Morar, held before Administrative Law

Judge Emily Littel.

Brett Schmitt, Transcriber
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