NONPRECEDENTIAL DISPOSITION
To be cited only in accordance with FED. R. APP. P. 32.1

United States Court of Appeals

For the Seventh Circuit
Chicago, Illinois 60604

Submitted June 23, 2023*
Decided June 27, 2023

Before

DIANE P. WOOD, *Circuit Judge*

DAVID F. HAMILTON, *Circuit Judge*

MICHAEL B. BRENNAN, *Circuit Judge*

No. 22-1018

PAUL SCHNEIDER,
Plaintiff-Appellant,

v.

GEORGIA KOSTOHRYZ, et al.,
Defendants-Appellees.

Appeal from the United States District Court for the Western District of Wisconsin.

No. 19-cv-756-jdp

James D. Peterson,
Chief Judge.

O R D E R

Paul Schneider sued medical staff at his prison, alleging that they violated his Eighth Amendment rights by deliberately ignoring his chronic pain. The district court narrowed the claims at screening and ruled against Schneider at summary judgment. Because the evidence undisputedly shows that Schneider received treatment showing

* We have agreed to decide the case without oral argument because the briefs and record adequately present the facts and legal arguments, and oral argument would not significantly aid the court. FED. R. APP. P. 34(a)(2)(C).

that the defendants were not deliberately indifferent to his pain, and the court's procedural rulings were proper, we affirm.

Years before Schneider was incarcerated at Jackson Correctional Institution (located in Jackson County, Wisconsin), he was in a car accident that led to chronic pain. He entered Jackson in October 2016 and first met with the chronic-pain team (an advanced care provider, a physical therapist, and a nurse) about six months later. Debra Tidquist, a nurse, diagnosed Schneider with left shoulder snapping syndrome (muscle popping with arm movement) and chronic musculoskeletal lower-back pain. The team adjusted his medicine and referred him to physical therapy, in which he participated for two months and after which he was offered a personal exercise program.

Over the next year and a half, Tidquist and the pain team met with Schneider at least seven times to adjust his treatment and manage his pain. At these visits, Tidquist offered or prescribed different pain relievers, including amitriptyline, naproxen, ibuprofen, meloxicam, nortriptyline, duloxetine, and baclofen. Tidquist explained to Schneider that a different drug he wanted—for neuropathic pain—might not be appropriate because his pain was muscular. But to assess whether nerve damage contributed to his pain, she authorized imaging and an electromyography for his shoulder and nearby areas; the tests confirmed that he did not have nerve damage there. The pain team also offered Schneider other pain-relieving options, including muscle rubs and transcutaneous electrical nerve stimulation, and referred him to an offsite orthopedic specialist, who recommended the same course of treatment.

When these treatments did not eliminate his pain, Tidquist offered Schneider injections. Beginning in 2018, she twice injected his shoulder with triamcinolone cream (a corticosteroid), using different injection methods on the two occasions. Schneider complained that his shoulder hurt the days after these injections. He later received injections of Toradol, a non-steroidal anti-inflammatory drug. Because Schneider said that this treatment gave him some relief, Tidquist used that drug again, and Schneider later reported less tightness after receiving the Toradol injections.

Occasionally, Schneider's appointments with the pain team were rescheduled, leading him to complain about delayed or inadequate care. He first wrote to the deputy warden, who contacted the health services manager to investigate. The manager, in turn, contacted Tidquist, confirmed Schneider's next appointment with her, and met with Schneider to discuss his remaining concerns. Schneider later wrote to that manager to complain about other delayed appointments and not receiving refills of over-the-counter pain relievers. Because nursing staff are urged to triage health service requests within 24 hours of receipt, a nurse clinician responded to Schneider's letters on the

manager's behalf. He reassured Schneider of his upcoming appointments and referred his refill requests to a provider.

Still dissatisfied, Schneider sued prison staff, including Tidquist, for deliberate indifference to his medical needs in violation of his Eighth Amendment rights. He alleged that they prescribed treatments (like triamcinolone injections) that did not relieve pain, canceled appointments, and did not forward his requests for care to his intended recipients. The court narrowed the claims at screening under 28 U.S.C. § 1915A and did not allow Schneider to proceed on a claim about improper delays.

The defendants later successfully moved for summary judgment. Schneider initially responded that he had not received all the exhibits cited in their motion, sought copies of the legal authority they cited, and asked for more time to respond to the motion. After the defendants resubmitted the exhibits, but before the court ruled on his request for an extension, Schneider timely filed his brief in opposition. The court then denied Schneider's motion for more time and his motion for legal authorities, reasoning that legal authorities are not discoverable and were available to Schneider through the prison's library. It also granted the defendants' motion for summary judgment. It reasoned that, considering the totality of care that Schneider received, his concerns about the nature and timing of his treatment and the handling of his complaints were insufficient to demonstrate deliberate indifference to his medical needs.

On appeal, Schneider primarily challenges the entry of summary judgment on his Eighth Amendment claims. We review that decision de novo and construe the evidence in the light most favorable to Schneider. *See Stockton v. Milwaukee County*, 44 F.4th 605, 614 (7th Cir. 2022). Schneider needed to provide evidence that the defendants knew of but deliberately disregarded his serious medical needs. *See Farmer v. Brennan*, 511 U.S. 825, 847 (1994); *Pyles v. Fahim*, 771 F.3d 403, 409 (7th Cir. 2014). He argues that although he often saw medical staff—Tidquist, in particular—the pain treatments that he received did not resolve his pain. But "[t]o say the Eighth Amendment requires prison doctors to keep an inmate pain-free in the aftermath of proper medical treatment would be absurd." *Snipes v. DeTella*, 95 F.3d 586, 592 (7th Cir. 1996). Rather, "we defer to a medical professional's treatment decision 'unless no minimally competent professional would have so responded under those circumstances.'" *Lockett v. Bonson*, 937 F.3d 1016, 1023 (7th Cir. 2019) (quoting *Pyles*, 771 F.3d at 409).

No evidence suggests that the treatment Schneider received was unprofessional. To the contrary, the undisputed evidence shows that the defendants competently diagnosed and treated his pain: First, they used imaging and an electromyography to

diagnose it. Next, they offered many treatments, like physical therapy, a personal exercise program, and pain relievers (amitriptyline, naproxen, ibuprofen, meloxicam, nortriptyline, duloxetine, and baclofen), to try to resolve the pain. When these did not work well enough, they provided other options, such as muscle rubs, transcutaneous electrical nerve stimulation, an orthopedist, and steroidal and non-steroidal injections. When Schneider complained to the deputy warden or the health services manager about the nature or timing of treatment, he received prompt replies from healthcare workers, his appointments were confirmed, and his prescriptions refilled. This overall treatment complies with the Eighth Amendment. We recognize that Schneider may have preferred more treatment, but that preference alone is insufficient to establish an Eighth Amendment violation. *See Pyles*, 771 F.3d at 409.

Schneider next challenges other adverse rulings, including the screening decision, which we review de novo. *Schillinger v. Kiley*, 954 F.3d 990, 994 (7th Cir. 2020). First, Schneider complains that the district court refused to consider allegations that the healthcare unit delayed some appointments with the pain team. But Schneider did not plausibly allege that the unit set appointments for him based on reasons other than the availability of staff or that it sought to prolong his pain needlessly. *See Petties v. Carter*, 836 F.3d 722, 731 (7th Cir. 2016) (en banc). Second, Schneider contends that the court improperly did not allow him to proceed on a claim that he did not consent to his injections. He argued, for the first time at summary judgment, that he had not signed a consent form for injections, as required by a policy of the Department of Corrections. But the district court correctly explained, citing *Langston v. Peters*, 100 F.3d 1235, 1238 (7th Cir. 1996), that Schneider could not bring a federal claim based solely on a violation of prison policy, and nothing indicated a due process violation.

Finally, Schneider contests two other procedural rulings. First, he argues that the court should have ruled sooner on his request for an extension of time to respond to the defendants' motion for summary judgment. He contends that, by the time he received the missing exhibits, his response was due two weeks later; as a result, he rushed out an incomplete response rather than risk missing the deadline. But Schneider has not articulated, as he must, what he would have argued differently with more time to review the missing exhibits (a portion of his medical records). *See Blue v. Hartford Life & Accident Ins. Co.*, 698 F.3d 587, 593 (7th Cir. 2012). Second, Schneider contends that the court erred in denying his motion to compel production of the defendants' legal authorities. But the defendants were not required to provide advance notice of the cases they intended to rely on. *See* FED. R. CIV. P. 26(b)(3)(B). Nor did they have to print out for Schneider the cases that they cited in their motion for summary judgment. As the district court noted, he had sufficient access the prison's library (at least five hours

monthly, based on COVID protocols)—enough time to research and cite in his own brief dozens of cases, many of which overlapped with the defendants' citations.

We have considered Schneider's other arguments, but none is relevant to the outcome of this appeal.

AFFIRMED