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UNITED STATES DISTRICT COURT  
CENTRAL DISTRICT OF CALIFORNIA  
EASTERN DIVISION

SYLVIA TARVER,	)	Case No. EDCV 08-01416-MLG
	)	
Plaintiff,	)	MEMORANDUM OPINION AND ORDER
	)	
v.	)	
	)	
MICHAEL J. ASTRUE,	)	
Commissioner of the Social	)	
Security Administration,	)	
	)	
Defendant.	)	
_____	)	

Plaintiff Sylvia Tarver seeks judicial review of the Commissioner's final decision denying her application for Social Security Disability Insurance ("SSDI") benefits and Supplemental Security Income ("SSI") benefits. For the reasons set forth below, the decision of the Administrative Law Judge ("ALJ") is affirmed.

**I. Background**

Plaintiff filed her application for SSDI and SSI benefits on December 22, 2005, alleging disability as of December 13, 2005 due to bipolar disorder. (Administrative Record ("AR") at 51, 108-110, 112.) Plaintiff was born on June 18, 1956. (AR at 82.) She completed high

1 school and two years of college. (AR at 28.) Plaintiff was employed for  
2 many years as a licensed vocational nurse. (AR at 15, 113.) She last  
3 worked in December 2005.

4 Plaintiff's applications were denied initially on March 6, 2006 and  
5 upon reconsideration on October 25, 2006. (AR at 55-62, 66-76.) An  
6 administrative hearing was started on November 19, 2007 and concluded on  
7 January 28, 2008, before ALJ Joseph D. Schloss. (AR at 26-43, 46-50.)  
8 Plaintiff, represented by counsel, testified at the November 19, 2007  
9 hearing (AR at 27-42) and a medical expert, William H. Soltz, Ph.D.,  
10 testified at the January 28, 2008 hearing. (AR at 46-50.)

11 On February 25, 2008, ALJ Schloss denied Plaintiff's application  
12 for benefits. (AR at 12-23.) The ALJ determined that Plaintiff had not  
13 engaged in substantial gainful activity since December 13, 2005, the  
14 alleged onset date. (Id.) The ALJ further found that, pursuant to 20  
15 C.F.R. 416.920(c), the medical evidence established that Plaintiff's  
16 impairment did not significantly limit her ability to perform basic work  
17 related activities for a period of 12 consecutive months and therefore,  
18 it was not a severe impairment within the meaning of 20 C.F.R. §§  
19 404.1521, 416.921. (AR at 14.) The ALJ therefore concluded that  
20 Plaintiff was not disabled within the meaning of the Social Security  
21 Act. See 20 C.F.R. § 416.920(f). (AR at 22.)

22 On August 19, 2008, the Appeals Council denied review (AR at 4-6),  
23 and Plaintiff timely commenced this action for judicial review. On  
24 August 14, 2009, the parties filed a Joint Stipulation ("Joint Stp.") of  
25 disputed facts and issues. Plaintiff contends that the ALJ erred by  
26 failing to properly consider: (1) Plaintiff's treating physician's  
27 opinion regarding her mental impairments; (2) the type, dosage and side  
28 effects of Plaintiff's medication; (3) all of the evidence in the

1 record; and (4) the severity of Plaintiff's mental impairment. (Joint  
2 Stp. at 2-3). Plaintiff seeks reversal of the Commissioner's denial of  
3 her application and payment of benefits or, in the alternative, remand  
4 for a new administrative hearing. (Joint Stp. at 20-21.) The  
5 Commissioner requests that the ALJ's decision be affirmed. (Joint Stp.  
6 at 21.)

7  
8 **II. Standard of Review**

9 Under 42 U.S.C. § 405(g), a district court may review the  
10 Commissioner's decision to deny benefits. The Commissioner's or ALJ's  
11 decision must be upheld unless "the ALJ's findings are based on legal  
12 error or are not supported by substantial evidence in the record as a  
13 whole." *Tackett v. Apfel*, 180 F.3d 1094, 1097 (9th Cir. 1990); *Parra v.*  
14 *Astrue*, 481 F.3d 742, 746 (9th Cir. 2007). Substantial evidence means  
15 such evidence as a reasonable person might accept as adequate to support  
16 a conclusion. *Richardson v. Perales*, 402 U.S. 389, 401 (1971); *Widmark*  
17 *v. Barnhart*, 454 F.3d 1063, 1066 (9th Cir. 2006). It is more than a  
18 scintilla, but less than a preponderance. *Robbins v. Soc. Sec. Admin.*,  
19 466 F.3d 880, 882 (9th Cir. 2006). To determine whether substantial  
20 evidence supports a finding, the reviewing court "must review the  
21 administrative record as a whole, weighing both the evidence that  
22 supports and the evidence that detracts from the Commissioner's  
23 conclusion." *Reddick v. Chater*, 157 F.3d 715, 720 (9th Cir. 1996). "If  
24 the evidence can support either affirming or reversing the ALJ's  
25 conclusion," the reviewing court "may not substitute its judgment for  
26 that of the ALJ." *Robbins*, 466 F.3d at 882.

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1 **III. Discussion**

2 **A. The ALJ Accorded Appropriate Weight to the Opinion of**  
3 **Plaintiff's Treating Physician**

4 Plaintiff contends that the ALJ failed to provide legally  
5 sufficient reasons for rejecting two reports prepared by Plaintiff's  
6 treating psychiatrist, Dr. Maurice W. Black. (Joint Stp. at 3.) In a  
7 Riverside County Department of Mental Health form, dated November 16,  
8 2007, Dr. Black reported that Plaintiff's thoughts were disorganized,  
9 she had auditory hallucinations and paranoid thoughts, her judgment was  
10 moderately impaired, and that she showed signs of anxiety, isolation and  
11 manic syndrome. (AR at 302.) Dr. Black also reported that Plaintiff did  
12 not show an ability to maintain a sustained level of concentration,  
13 sustain repetitive tasks for an extended period or adapt to new or  
14 stressful situations. (Id.) In addition, in an interdisciplinary  
15 progress note dated February 28, 2007, Dr. Black reported that Plaintiff  
16 had major mood swings. (AR at 301.)

17 Plaintiff argues that the ALJ improperly rejected Dr. Black's  
18 medical opinions. (Joint Stp. at 3.) In rejecting the November 16, 2007  
19 report, the ALJ stated that "it appears [Dr. Black] was motivated by  
20 sympathy and the claimant's upcoming disability hearing, because he  
21 indicated the claimant had much greater limitations than before, even  
22 though her condition had been stable for over two years." (AR at 19.)<sup>1</sup>  
23 Plaintiff contends that it was improper for the ALJ to reject Dr.  
24 Black's medical opinions on the basis of the ALJ's unfounded assumption  
25 that Dr. Black was "motivated by sympathy." (Joint Stp. at 4.)

26 The ALJ should generally accord greater probative weight to a

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27 <sup>1</sup> As noted, the hearing was started on November 19, 2007, three  
28 days after the report was written.

1 treating physician's opinion than to opinions from non-treating sources.  
2 See 20 C.F.R. § 404.1527(d)(2). The ALJ must give specific and  
3 legitimate reasons for rejecting a treating physician's opinion in favor  
4 of a non-treating physician's contradictory opinion. *Orn v. Astrue*, 495  
5 F.3d 625 (9th Cir. 2007); *Lester v. Chater*, 81 F.3d 821, 830 (9th Cir.  
6 1996). However, the ALJ need not accept the opinion of any medical  
7 source, including a treating medical source, "if that opinion is brief,  
8 conclusory, and inadequately supported by clinical findings." *Thomas v.*  
9 *Barnhart*, 278 F.3d 947, 957 (9th Cir. 2002); accord *Tonapetyan v.*  
10 *Halter*, 242 F.3d 1144, 1149 (9th Cir. 2001). The factors to be  
11 considered by the adjudicator in determining the weight to give a  
12 medical opinion include: "[l]ength of the treatment relationship and the  
13 frequency of examination" by the treating physician; and the "nature and  
14 extent of the treatment relationship" between the patient and the  
15 treating physician. 20 C.F.R. §§ 404.1527(d)(2)(i)-(ii),  
16 416.927(d)(2)(i)-(ii); *Orn*, 495 F.3d at 631-33.

17 The ALJ's statement that Dr. Black's November 16, 2007 report  
18 appears to have been motivated by Plaintiff's imminent disability  
19 hearing is not an unreasonable inference, given that Dr. Black found  
20 Plaintiff to have significantly greater limitations and symptoms in that  
21 report than had been generally described over the previous two years.  
22 Even assuming that it was improper for the ALJ to reject Dr. Black's  
23 November 16, 2007 medical report on the basis that Dr. Black was  
24 "motivated by sympathy" for Plaintiff, the ALJ also provided several  
25 legitimate, well-supported reasons for rejecting the report. First, the  
26 ALJ rejected the November 16, 2007 report based on the fact that it was  
27 consistently contradicted by Dr. Black's treatment notes. (AR at 19.)  
28 For example, the ALJ noted that, according to the treatment records,

1 Plaintiff's "condition is controlled as long as she takes her  
2 medications, and she is generally only seen for medication refills." (AR  
3 at 18.) The ALJ also thoroughly and in detail discussed the records of  
4 Plaintiff's monthly visits with Dr. Black from February through November  
5 2007. (AR at 18-19.) See *Orn*, 495 F.3d at 632 (holding that the ALJ may  
6 reject the treating physician's opinion "by setting out a detailed and  
7 thorough summary of the facts and conflicting clinical evidence, stating  
8 his interpretation thereof, and making findings"). The ALJ correctly  
9 noted that Dr. Black's treatment notes from these monthly visits  
10 generally state that Plaintiff is doing well on her medication, has few  
11 side effects from her medication, denies delusions or hallucinations,  
12 has no suicidal ideation, and that her mental status examinations are  
13 usually within normal limits. (Id.) It was reasonable for the ALJ to  
14 give less weight to Dr. Black's November 16, 2007 report because it was  
15 contradicted by his previous treatment notes and other evidence in the  
16 record. See *Johnson v. Shalala*, 60 F.3d 1428, 1433 (9th Cir. 1995)  
17 (holding that contradiction between doctor's treatment notes and finding  
18 of disability was valid reason to reject treating physician's opinion);  
19 see also *Andrews v. Shalala*, 53 F.3d 1035, 1039 (9th Cir. 1989) (holding  
20 that it is the responsibility of the ALJ to resolve conflicts and  
21 ambiguities in the medical record and determine the credibility of  
22 medical sources).

23 The ALJ also rejected Dr. Black's November 16, 2007 opinion because  
24 it was a "check-the-box" form without any supporting clinical or  
25 laboratory findings. (AR at 18-19.) The November 16, 2007 opinion is a  
26 one-page report, in which Dr. Black circled preprinted choices and did  
27 not provide any elaboration or explanation for his opinions. (AR at 19,  
28 302.) Thus, it was reasonable for the ALJ to fail to give significant

1 weight to Dr. Black's November 16, 2007 report. See *Johnson*, 60 F.3d at  
2 1432 (holding that ALJ properly rejected physician's determination where  
3 it was "conclusory and unsubstantiated by relevant medical  
4 documentation"); *Crane v. Shalala*, 76 F.3d 251, 253 (9th Cir. 1996) (ALJ  
5 permissibly rejected "check-off reports that did not contain any  
6 explanation of the bases of their conclusions").

7 The ALJ also rejected Dr. Black's November 16, 2007 report because  
8 it was contradicted by the opinion of the testifying medical expert, Dr.  
9 Soltz. (AR at 19.) Dr. Soltz considered the medical record as a whole  
10 and found that, although Petitioner has bipolar disorder, it was not  
11 severe because she only has moderate difficulties in social functioning,  
12 mild limitations in concentration, persistence, or pace, and no episodes  
13 of decompensation of extended duration. (AR at 19, 47-48.) Dr. Soltz  
14 disagreed with Dr. Black's November 16, 2007 opinion that Plaintiff was  
15 delusional, noting that there was no objective evidence in the file to  
16 validate Dr. Black's findings. (Id.) Dr. Soltz also noted that, when  
17 Plaintiff is on her medications, her impairment is not severe and she is  
18 "alert, casual, and coherent." (Id.) The ALJ credited Dr. Soltz's  
19 opinion, finding that it was consistent with the evidence as a whole,  
20 unlike Dr. Black's November 16, 2007 opinion, which was contradicted by  
21 medical and other evidence in the record. (AR at 19.) See *Tonapetyan*,  
22 242 F.3d at 1149 (holding that the contrary opinion of a non-examining  
23 medical expert "may constitute substantial evidence when it is  
24 consistent with other independent evidence in the record"). The ALJ also  
25 properly relied on the opinions of the State Agency physicians in  
26 rejecting Dr. Black's November 16, 2007 report. (AR at 19.) The  
27 consulting psychiatrists, Drs. Hennings and Skopec, both determined that  
28 Plaintiff's mental impairment was not severe. (AR at 19, 219-232, 242-

1 252.)

2 In addition, the ALJ properly considered Dr. Black's February 28,  
3 2007 progress note. (AR at 18.) On that date, Plaintiff saw Dr. Black,  
4 complaining of an increase in mood swings following a car accident. (AR  
5 at 18, 301.) The ALJ noted that, despite the increased mood swings,  
6 Plaintiff reported to Dr. Black that her energy was sufficient; she  
7 denied suicidal and homicidal ideation; her sleep was "okay;" and she  
8 was alert, oriented and coherent. (Id.) The ALJ properly considered and  
9 discussed Dr. Black's February 28, 2007 progress note.

10 The ALJ provided specific and legitimate reasons for rejecting Dr.  
11 Black's November 16, 2007 assessment, each of which is supported by  
12 substantial evidence in the record. Further, the ALJ properly considered  
13 Dr. Black's February 28, 2007 progress note. Accordingly, no relief is  
14 warranted on this claim of error.

15 **B. The ALJ Properly Considered the Type, Dosage and Side Effects**  
16 **of Plaintiff's Medication**

17 Plaintiff contends that the ALJ failed to properly consider the  
18 type, dosage, and side effects of her medication. (Joint Stp. at 10.) In  
19 addition, Plaintiff argues that the ALJ failed to properly consider an  
20 increase in Plaintiff's prescribed dosage of the drug Trileptal as  
21 demonstrating an episode of decompensation. (Joint Stp. at 11.)

22 "The ALJ must consider *all factors* that might have a 'significant  
23 impact on an individual's ability to work.'" *Erickson v. Shalala*, 9 F.3d  
24 813, 817 (9th Cir. 1993) (emphasis in original) (quoting *Varney v.*  
25 *Secretary of Health & Human Serv.*, 846 F.2d 581, 585 (9th Cir. 1987)),  
26 *relief modified*, 859 F.2d 1396 (1988)). Such factors "may include side  
27 effects of medications as well as subjective evidence of pain."  
28 *Erickson*, 9 F.3d at 818; *Varney*, 846 F.3d at 585 ("[S]ide effects can be



1 a 'highly idiosyncratic phenomenon' and a claimant's testimony as to  
2 their limiting effects should not be trivialized.") (citation omitted).  
3 However, Plaintiff bears the burden of producing medical evidence to  
4 show that any claimed side effects from medication are severe enough to  
5 interfere with her ability to work. See *Osenbrock v. Apfel*, 240 F.3d  
6 1157, 1164 (9th Cir. 2001) (finding that "passing mentions of the side  
7 effects of ... medication in some of the medical records" was  
8 insufficient evidence).

9 As support for her claim, Plaintiff notes a myriad of possible side  
10 effects caused by the medications Risperdal and Lexapro. (Joint Stp. at  
11 10). The Court notes that the Social Security regulations do not require  
12 an ALJ to consider a claimant's medications as part of every disability  
13 determination. The mere fact that a claimant takes a certain medication,  
14 in and of itself, is not evidence that the claimant also experiences any  
15 one of the possible side effects from that medication. Further, a simple  
16 recitation of potential side effects from a particular medication does  
17 not establish that *this* claimant experiences *these* side effects, which  
18 prevents him or her from working for *these* reasons.

19 This specific information must be presented to the ALJ as part of  
20 the claimant's burden to demonstrate disability. If Plaintiff's  
21 medications prevent her from working, she has to say so. Only at that  
22 point does the type, dosage, effectiveness, and side effects of  
23 medication become relevant, so the ALJ can evaluate Plaintiff's  
24 credibility. As the regulations make clear, the ALJ must consider these  
25 factors only "[w]hen additional information is needed to assess the  
26 credibility of the individual's statements about symptoms and their  
27 effects," because "the adjudicator must make every reasonable effort to  
28 obtain available information that could shed light on the credibility of

1 the individual's statements." SSR 96-7p, 1996 WL 374186, at \*3 (S.S.A.  
2 1996). Absent an individual's statements of impairment at the outset,  
3 the ALJ has no duty to inquire as to the claimant's medications.

4 Plaintiff has failed to demonstrate that side effects from her  
5 medications precluded her from engaging in any substantial gainful  
6 activity. During the administrative hearing, Plaintiff stated that she  
7 felt tired, but it is unclear from the record whether this fatigue was  
8 a side effect of any of her medications. (AR at 37-38, 40.) Plaintiff  
9 did not claim that she was unable to work due to side effects from her  
10 medication. Further, the ALJ did note that, on a single occasion,  
11 Plaintiff had "some drowsiness as a side effect, but Dr. Black noted  
12 [Plaintiff] had a more even mood." (AR at 18, 297.) Plaintiff also cites  
13 to a single entry in her medical records, dated May 18, 2005, which  
14 states that she has the adverse reactions of "equilibrium/dizzy." (AR at  
15 218.) However, it is unclear from the medical record which of three  
16 different drugs that Plaintiff was taking caused these alleged adverse  
17 reactions. (Id.) Aside from these two isolated entries in a medical  
18 record spanning a period of more than two years, there was no other  
19 evidence in the record regarding any serious side effects from  
20 Plaintiff's medication or any evidence indicating that the side effects  
21 of Plaintiff's medications would have impaired her ability to work. See  
22 *Osenbrock*, 240 F.3d at 1164. In fact, the longitudinal treatment notes  
23 show that Plaintiff had a good response to her medication and generally  
24 reported no side effects. (AR at 202, 206, 218, 292, 297, 299, 301,  
25 304.)

26 Plaintiff also claims that an increase in her prescribed dosage of  
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1 Trileptal<sup>2</sup> to 600 milligrams twice daily on June 20, 2007 should have  
2 been considered as an episode of decompensation<sup>3</sup> by the ALJ. (Joint Stp.  
3 at 11; AR at 297.) The ALJ determined that Plaintiff "has experienced no  
4 episodes of decompensation. [Plaintiff] was hospitalized on one occasion  
5 overnight, before the alleged onset date. Since that time, her condition  
6 has been stable with medication." (AR at 22.)

7 There is no evidence in the record to show that Plaintiff  
8 experienced any episodes of decompensation. In fact, on the date that  
9 Plaintiff's dosage of Trileptal was increased, June 20, 2007, the  
10 treatment notes indicate that Plaintiff was medically compliant and had  
11 a good response to her medication with no side effects. (AR at 297.) It  
12 was also reported that Plaintiff had no hallucinations, paranoia,  
13 delusions, or suicidal or homicidal ideation; that her sleep and  
14 appetite were "ok;" and that she was alert and coherent. (Id.) On  
15 Plaintiff's next visit, on August 27, 2007, her mood, appearance,  
16 affect, attention, concentration, and speech were all within normal  
17 limits. (AR at 292.) It was also reported on that date that Plaintiff's  
18 medication adherence was "good" and her medication response was "very  
19 good." (Id.) Further, the State Agency physicians who reviewed the

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21 <sup>2</sup> Trileptal is an anticonvulsant and mood stabilizing drug, used  
22 primarily in the treatment of epilepsy. It is also used to treat anxiety  
and mood disorders. <http://www.ncbi.nlm.nih.gov/pubmed/17300991>.

23 <sup>3</sup> "Episodes of decompensation are exacerbations or temporary  
24 increases in symptoms or signs accompanied by a loss of adaptive  
25 functioning, as manifested by difficulties in performing activities of  
26 daily living, maintaining social relationships, or maintaining  
27 concentration, persistence, or pace .... Episodes of decompensation may  
28 be inferred from medical records showing significant alteration in  
medication; ... or other relevant information in the record about th  
existence, severity, and duration of the episode." "Episodes of extended  
duration" means "three episodes within 1 year, or an average of once  
every four months, each lasting for at least 2 weeks." 20 C.F.R. § 404,  
Subpart. P, App. 1, § 12.00.C.4.

1 evidence found no episodes of decompensation. (AR at 19, 219-232, 242-  
2 252.) Accordingly, substantial evidence supported the ALJ's finding that  
3 there were no episodes of decompensation.

4 Therefore, the ALJ properly considered the type, dosage and side  
5 effects of Plaintiff's medication and no relief is warranted on this  
6 claim.

7 **C. The ALJ Properly Considered All of the Relevant Evidence in**  
8 **the Record**

9 Plaintiff next contends that the ALJ improperly determined that she  
10 experienced no episodes of decompensation because he failed to address  
11 the fact that her dosage of Trileptal was increased. (Joint Stp. at 15.)  
12 Plaintiff argues that the ALJ "selectively misrepresented the record  
13 regarding Plaintiff's episode of decompensation in order to support his  
14 own conclusion." (AR at 16.)

15 For the reasons discussed above, the ALJ's determination that there  
16 were no episodes of decompensation was supported by substantial  
17 evidence. An increase in Plaintiff's dosage of Trileptal on a single  
18 occasion does not, without more, show that she experienced an episode of  
19 decompensation, especially given that there was no other evidence of  
20 decompensation in the medical record. The ALJ was not required to  
21 address the one-time increase in Plaintiff's dosage of Trileptal. See  
22 *Howard v. Barnhart*, 341 F.3d 1006, 1012 (9th Cir. 2003) ("[I]n  
23 interpreting the evidence and developing the record, the ALJ does not  
24 need to discuss every piece of evidence."). Therefore, no relief is  
25 warranted on this issue.

26 **D. The ALJ's Determination that Plaintiff's Mental Impairment Was**  
27 **Not Severe is Supported by Substantial Evidence**

28 Plaintiff claims that the ALJ improperly found that her mental

1 impairment is not severe. (Joint Stp. at 17.) Plaintiff contends that  
2 the treatment records completed by her treating psychiatrist, Dr. Black,  
3 on November 16, 2007 (AR at 302) and February 28, 2007 (AR at 299, 301)  
4 demonstrate that her mental impairment is severe. (Joint Stp. at 17.)  
5 Plaintiff also argues that the increase in her dosage of Trileptal on  
6 June 20, 2007 also demonstrates that she has a severe mental impairment.  
7 (Joint Stp. at 17-18.)

8 A claimant for disability benefits has the burden of producing  
9 evidence to demonstrate that he or she was disabled within the relevant  
10 time period. *Johnson*, 60 F.3d at 1432. The existence of a severe  
11 impairment is demonstrated when the evidence establishes that an  
12 impairment has more than a minimal effect on an individual's ability to  
13 perform basic work activities. *Smolen v. Chater*, 80 F.3d 1273, 1290 (9th  
14 Cir. 1996); 20 C.F.R. §§ 404.1521(a), 416.921(a). The regulations define  
15 "basic work activities" as "the abilities and aptitudes necessary to do  
16 most jobs," which include physical functions such as walking, standing,  
17 sitting, pushing, carrying; capacities for seeing, hearing and speaking;  
18 understanding and remembering simple instructions; responding  
19 appropriately in a work setting; and dealing with changes in a work  
20 setting. 20 C.F.R. § 404.1521(b). The inquiry at this stage is "a de  
21 minimis screening device to dispose of groundless claims." *Smolen*, 80  
22 F.3d at 1290 (citing *Bowen v. Yuckert*, 482 U.S. 137, 153-54 (1987)). An  
23 impairment is not severe only if it is a slight abnormality with "no  
24 more than a minimal effect on an individual's ability to work." See SSR  
25 85-28; *Yuckert v. Bowen*, 841 F.2d 303, 306 (9th Cir. 1988).

26 Here, the finding that Plaintiff's mental impairment did not have  
27 more than a minimal effect on her ability to perform work-related  
28 functions for twelve consecutive months is substantially supported by

1 the record. As previously discussed, the ALJ properly relied upon  
2 Plaintiff's medical records and the opinions of the medical expert, Dr.  
3 Soltz, as well as the State Agency reviewing physicians, Drs. Hennings  
4 and Skopec, in concluding that Plaintiff does not have a severe mental  
5 impairment. (AR at 19, 47-48, 219-232, 242-252.) In addition, as  
6 discussed in detail above, the ALJ provided specific and legitimate  
7 reasons for rejecting Dr. Black's November 16, 2007 medical report and  
8 February 28, 2007 progress report, specifically because these two  
9 reports were without any supporting clinical or laboratory findings and  
10 were contradicted by the medical record, as well as by the opinions of  
11 the testifying medical expert and the reviewing psychiatrists. (AR at  
12 16-19.) Also, the increase in Plaintiff's dosage of Trileptal on one  
13 occasion does not, without more, show that Plaintiff has a severe mental  
14 impairment.

15 The ALJ's conclusion that the impairment was not severe within the  
16 meaning of the regulations is supported by substantial evidence.  
17 Accordingly, Plaintiff is not entitled to relief on this claim.

18  
19 **IV. Conclusion**

20 For the reasons stated above, the decision of the Social Security  
21 Commissioner is **AFFIRMED**.

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23 DATED: August 25, 2009

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28 Marc L. Goldman  
United States Magistrate Judge