

1
2
3
4
5
6
7
8
9
10
11
12
13
14
15
16
17
18
19
20
21
22
23
24
25
26
27
28

UNITED STATES DISTRICT COURT
CENTRAL DISTRICT OF CALIFORNIA
WESTERN DIVISION

NAOMI LYNN SHEAFFER,)	No. ED CV 13-00724-VBK
)	
Plaintiff,)	MEMORANDUM OPINION
)	AND ORDER
v.)	
)	(Social Security Case)
CAROLYN W. COLVIN, Acting)	
Commissioner of Social)	
Security,)	
)	
Defendant.)	
_____)	

This matter is before the Court for review of the decision by the Commissioner of Social Security denying Plaintiff's application for disability benefits. Pursuant to 28 U.S.C. §636(c), the parties have consented that the case may be handled by the Magistrate Judge. The action arises under 42 U.S.C. §405(g), which authorizes the Court to enter judgment upon the pleadings and transcript of the record before the Commissioner. The parties have filed the Joint Stipulation ("JS"), and the Commissioner has filed the certified Administrative Record ("AR").

Plaintiff raises the following issues:

1. Whether the Administrative Law Judge ("ALJ") properly

1 considered the treating physician's opinion regarding
2 Plaintiff's ability to work.

3 (JS at 2-3.)
4

5 This Memorandum Opinion will constitute the Court's findings of
6 fact and conclusions of law. After reviewing the matter, the Court
7 concludes that the decision of the Commissioner must be affirmed.
8

9 I

10 **THE ALJ PROPERLY CONSIDERED OPINION OF TREATING PHYSICIAN DR. HUDSON**

11 Following a hearing before the ALJ, an unfavorable Decision was
12 issued on March 19, 2012. (AR 18-29.) The ALJ determined that
13 Plaintiff's residual functional capacity ("RFC") restricted her from
14 contact with the public; limited her to performing simple repetitive
15 tasks; and limited her to having frequent contact with coworkers and
16 supervisors. (AR 23.)

17 In evaluating the evidence and determining Plaintiff's RFC, the
18 ALJ considered evidence in the record including the opinion of
19 Plaintiff's treating psychiatrist, Dr. Hudson. (AR 26, 359.) It is
20 Plaintiff's position that the ALJ improperly and inadequately rejected
21 Dr. Hudson's opinion, contained in a letter to the Department of
22 Social Services dated February 24, 2012. (AR 359.) That letter
23 indicated that Dr. Hudson has been Plaintiff's treating psychiatrist
24 since June 12, 2006. It contains a diagnosis and a recitation of the
25 psychotropic drugs which Plaintiff was taking as of the time of the
26 letter. In part, Dr. Hudson's letter indicates that Plaintiff has
27 been compliant with all treatment in the clinic, but has been
28 hospitalized four times since 2005 for "exacerbation of psychiatric

1 symptoms, ..." Dr. Hudson assessed that Plaintiff's dysfunction
2 includes severely limited concentration and attention and that she
3 becomes easily agitated, has a limited ability to handle even the most
4 mild everyday stressors, has poor social interactions, is socially
5 withdrawn with poor capacity to interact appropriately with family,
6 friends, and the general public. (Id.) Dr. Hudson thus concludes that
7 Plaintiff's chronic condition prevents her from performing any type of
8 work and also severely affects her ability to perform daily functions
9 due to her poor concentration, poor memory, mood swings, agitation,
10 depressed mood, racing thought, paranoia, and irritability. (Id.)

11 The ALJ considered and determined to give little weight to this
12 opinion because it was found to be "brief, conclusory, and
13 inadequately supported by clinical findings." (AR 26.) The ALJ also
14 found that Dr. Hudson had provided opinions reserved to the
15 Commissioner as to disability; and that Dr. Hudson's letter was
16 primarily based upon Plaintiff's subjective complaints "but did not
17 provide medically acceptable clinical or diagnostic findings to
18 support the functional assessment." (Id.) The ALJ found that Dr.
19 Hudson's opinion is "inconsistent with the treatment records that show
20 the claimant's mental state was stabilized with adherence to
21 medications." (Id., citing Exhibit C14F at 8-14.) The ALJ also
22 indicated that Dr. Hudson's opinion was contradicted by benign
23 findings from mental status examinations.

24 The ALJ noted that the RFC as determined comports with the
25 opinions of various psychological practitioners which found that when
26 Plaintiff is compliant with her psychotropic medications, she has
27 minimal psychiatric symptoms. (AR 26.)

28 While the opinion of a treating physician is generally accorded

1 the most weight, an ALJ is free to depreciate or even ignore it based
2 on evidence in the record. As one reason, an ALJ may reject an
3 opinion if it is brief, conclusory, and inadequately supported by
4 clinical evidence. Thomas v. Barnhart, 278 F.3d 947, 957 (9th Cir.
5 2002). Here, although Dr. Hudson indicates that she has been
6 Plaintiff's treating psychiatrist for a substantial period of time,
7 nevertheless, the opinion she rendered in her short letter is in fact
8 brief and conclusory, and cites no clinical evidence.

9 The ALJ went beyond this factor as a basis to reject Dr. Hudson's
10 opinion. In detail, she pointed out that the medical records indicate
11 that Plaintiff's psychiatric symptoms were controlled when she was
12 compliant with her medication treatment and that she did not exhibit
13 significant mental impairment while properly treating. (AR 25-27.)
14 The records cited by the ALJ in fact corroborate this conclusion. (See
15 AR at 325-332.) Plaintiff's own subjective reporting during these
16 office visits indicates that she in fact did not display symptoms of
17 mental impairment from a bipolar disorder when she was compliant with
18 her medications. These reports of improvement and stable functioning
19 span a calendar period from March 2010 through September 2011, a
20 period of approximately 18 months. Moreover, the ALJ noted that
21 Plaintiff admitted to Dr. Hudson that in October 2010 she had been
22 noncompliant with her medication. (AR 25, 273.) This fact squarely
23 detracts from the credibility of Dr. Hudson's statement in her
24 February 24, 2012 letter to the Department of Social Services that
25 Plaintiff has been compliant with all treatment in the clinic.

26 Some of the hospitalizations were correlated with Plaintiff going
27 off her medications, and upon discharge from these hospitalizations,
28 when Plaintiff was medicated, her psychiatric symptoms had dissipated.

1 (AR 277, 340, 347, 353.)

2 With regard to her activities of daily living ("ADL"), while
3 Plaintiff contends in this litigation that these are not relevant as
4 transferable to work functions, nevertheless, because of the limited
5 RFC which provided that Plaintiff would only be capable of performing
6 simple repetitive tasks and having no contact with the public, the
7 ALJ's consideration of Plaintiff's ADLs, and her conclusion that they
8 are inconsistent with an inability to perform work within Plaintiff's
9 RFC, are proper considerations.

10 The ALJ was justified in giving weight to the opinions of four
11 State Agency reviewing psychiatrists who reviewed the evidence and
12 opined that Plaintiff could perform non-public, non-detailed unskilled
13 work. (AR 26, 170-180, 181-183, 184-185, 186-187, 283-286, 287-300,
14 301-302.)

15 For the foregoing reasons, the Court concludes that the ALJ did
16 not improperly reject or depreciate Dr. Hudson's opinion, and did
17 provide specific and legitimate reasons in the Decision to support the
18 evaluation. Thus, the Court does not find merit in Plaintiff's sole
19 issue.

20 The final decision of the Commissioner will be affirmed, and this
21 matter will be dismissed with prejudice.

22 **IT IS SO ORDERED.**

23
24 DATED: January 9, 2014

_____/s/
VICTOR B. KENTON
UNITED STATES MAGISTRATE JUDGE