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UNITED STATES DISTRICT COURT  
CENTRAL DISTRICT OF CALIFORNIA  
EASTERN DIVISION

CAROLINE HYONG SIM URSO,	} Case No. EDCV 14-02289 (GJS)
Plaintiff,	
v.	
CAROLYN W. COLVIN, Acting Commissioner of Social Security,	
Defendant.	

MEMORANDUM OPINION AND ORDER

**I. PROCEEDINGS**

Plaintiff Caroline Hyong Sim Urso (“Plaintiff”) filed a complaint seeking review of the Commissioner’s denial of her application for Disability Insurance Benefits (“DIB”). The parties filed consents to proceed before the undersigned United States Magistrate Judge, and a Joint Stipulation addressing disputed issues in the case. The Court has taken the Joint Stipulation under submission without oral argument.

**II. BACKGROUND**

Plaintiff applied for DIB on July 14, 2011, alleging disability since August 1, 2010, due to a traumatic brain injury, depression, anxiety, bipolar disorder,

1 stress, anger, difficulty being around other people, short-term memory problems,  
2 difficulty focusing, inner ear damage, forgetfulness, and migraines.  
3 (Administrative Record (“AR”) 159-60, 180). Following the denial of her  
4 application initially and on reconsideration, an Administrative Law Judge (“ALJ”)  
5 held a hearing at Plaintiff’s request. (AR 35-62, 103-07, 96-101).

6 On March 15, 2013, the ALJ issued a decision applying the five-step  
7 sequential evaluation process to find Plaintiff not disabled. (AR 18-31); *see* 20  
8 C.F.R. § 404.1520(b)-(g)(1).<sup>1</sup> The ALJ determined that Plaintiff had not engaged  
9 in substantial gainful activity since the alleged onset date, and that Plaintiff suffers  
10 from the severe impairments of traumatic brain injury, migraines, vertigo, and  
11 affective disorder. (AR 20). The ALJ found that Plaintiff’s conditions did not  
12 meet or equal any of the impairments listed in Appendix 1 of the regulations. (AR  
13 20). The ALJ assessed Plaintiff with the residual functional capacity (“RFC”) to  
14 perform medium work (20 C.F.R. § 404.1567(c)), with the following limitations:  
15 nonpublic work in a habituated setting; minimal contact with coworkers and  
16 supervisors; simple, repetitive, tasks of no more than three steps; no fast paced  
17 work; occasional postural activities; no balancing or climbing of ladders, ropes or  
18 scaffolds; and no work around hazards. (AR 22). The ALJ determined that  
19 Plaintiff is unable to perform her past relevant work, but is capable of making a

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20 <sup>1</sup> To decide if a claimant is entitled to benefits, an ALJ conducts a five-step  
21 inquiry. 20 C.F.R. § 416.920. The steps are as follows: (1) Is the claimant  
22 presently engaged in substantial gainful activity? If so, the claimant is found not  
23 disabled. If not, proceed to step two; (2) Is the claimant’s impairment severe? If  
24 not, the claimant is found not disabled. If so, proceed to step three; (3) Does the  
25 claimant’s impairment meet or equal the requirements of any impairment listed at  
26 20 C.F.R. Part 404, Subpart P, Appendix 1? If so, the claimant is found disabled.  
27 If not, proceed to step four; (4) Is the claimant capable of performing her past  
28 work? If so, the claimant is found not disabled. If not, proceed to step five; (5) Is  
the claimant able to do any other work? If not, the claimant is found disabled. If  
so, the claimant is found not disabled. 20 C.F.R. § 416.920(b)-(g)(1).

1 successful adjustment to other work that exists in significant numbers in the  
2 economy. (AR 28-29). Therefore, the ALJ concluded that Plaintiff was not  
3 disabled. (AR 29).

4 On November 6, 2014, Plaintiff filed a complaint before this Court seeking  
5 review of the ALJ's decision denying benefits. Plaintiff raises the following  
6 arguments: (1) the ALJ failed to properly assess the medical evidence; (2) the ALJ  
7 erred in finding Plaintiff can perform other work; and (3) the ALJ failed to provide  
8 adequate reasons for discrediting Plaintiff's subjective complaints. (Joint  
9 Stipulation ("Joint Stip.") at 3-7, 12-14, 17-20, 23). The Commissioner asserts that  
10 the ALJ's decision should be affirmed. (Joint Stip. at 7-12, 14-17, 20-23).

### 11 III. STANDARD OF REVIEW

12 Under 42 U.S.C. § 405(g), the Court reviews the Administration's decision  
13 to determine if: (1) the Administration's findings are supported by substantial  
14 evidence; and (2) the Administration used correct legal standards. *See Carmickle*  
15 *v. Commissioner*, 533 F.3d 1155, 1159 (9th Cir. 2008); *Hoopai v. Astrue*, 499 F.3d  
16 1071, 1074 (9th Cir. 2007). Substantial evidence is "such relevant evidence as a  
17 reasonable mind might accept as adequate to support a conclusion." *Richardson v.*  
18 *Perales*, 402 U.S. 389, 401, 91 S. Ct. 1420, 28 L.Ed.2d 842 (1971) (citation and  
19 quotations omitted); *see also Hoopai*, 499 F.3d at 1074.

### 20 IV. DISCUSSION

#### 21 A. Medical Opinion Evidence

22 Plaintiff contends that the ALJ erred in the consideration of the opinions of  
23 two of Plaintiff's doctors: examining psychologist, Richard Perez, Ph.D. and  
24 treating physician, Geetha Paladugu, M.D. (Joint Stip. at 3-7, 12-13).

25 The law is well established that a treating physician's opinion is entitled to  
26 special weight because a treating physician is employed to cure and has a greater  
27 opportunity to know and observe the patient as an individual. *See McAllister v.*  
28 *Sullivan*, 888 F.2d 599, 602 (9th Cir. 1989). "The treating physician's opinion is

1 not, however, necessarily conclusive as to either a physical condition or the  
2 ultimate issue of disability.” *Magallanes v. Bowen*, 881 F.2d 747, 751 (9th Cir.  
3 1989). The weight given a treating physician’s opinion depends on whether it is  
4 supported by sufficient medical data and is consistent with other evidence in the  
5 record. *See* 20 C.F.R. § 404.1527(d)(2). If the treating physician’s opinion is  
6 uncontroverted by another doctor, it may be rejected only for “clear and  
7 convincing” reasons. *See Lester v. Chater*, 81 F.3d 821, 830 (9th Cir. 1996)).  
8 Where a treating physician’s opinion is controverted, it may be rejected only if the  
9 ALJ makes findings setting forth specific and legitimate reasons that are based on  
10 the substantial evidence of record. *See, e.g., Reddick v. Chater*, 157 F.3d 715, 725  
11 (9th Cir. 1998) (“A treating physician’s opinion on disability, even if controverted,  
12 can be rejected only with specific and legitimate reasons supported by substantial  
13 evidence in the record.”); *Magallanes*, 881 F.2d at 751.

14 Likewise, to reject the uncontradicted opinion of an examining physician, an  
15 ALJ must provide “clear and convincing” reasons. Where the examining  
16 physicians’ opinions are contradicted by those of other doctors, the ALJ must  
17 provide “specific and legitimate” reasons that are supported by substantial  
18 evidence in the record. *See Regennitter v. Commissioner of Social Sec. Admin.*,  
19 166 F.3d 1294, 1298-99 (9th Cir. 1999); *Lester*, 81 F.3d at 830-31; *Andrews v.*  
20 *Shalala*, 53 F.3d 1035, 1041 (9th Cir. 1995); *see also Bayliss v. Barnhart*, 427 F.3d  
21 1211, 1216 (9th Cir. 2005).

### 22 **1. Dr. Perez**

23 Dr. Perez completed a neuropsychological evaluation of Plaintiff in August  
24 2011. (AR 283-89). Test results revealed average general intellectual ability,  
25 average to high average rote memory and recall, average to very superior attention  
26 and executive functioning, intact language abilities, mild to moderate deficits in  
27 visual motor processing speed and fine motor speed and dexterity, good impulse  
28 control and cognitive flexibility, but weakness on a combined inhibitory-switching

1 task, average visual memory with weakness for recall of content/designs, intact  
2 verbal recall, and mildly impaired ability to recognize verbal information  
3 previously presented. (AR 286-89). Dr. Perez diagnosed Plaintiff with  
4 cyclothymic disorder, which he characterized as a chronic, fluctuating mood  
5 disturbance involving irritable and hypomanic symptoms as well as depressive  
6 symptoms. (AR 288). Dr. Perez stated that Plaintiff’s “persistent and significant  
7 mood related difficulties place her at serious risk for engaging in dangerous and  
8 harmful behaviors (e.g., impulsive and reactive behaviors when angry) as she  
9 attempts to cope in a maladaptive manner.” (AR 288). Plaintiff’s MRI brain scans  
10 were normal and the cause of Plaintiff’s mood problems was unknown, but Dr.  
11 Perez noted that Plaintiff’s MR spectroscopy results were indicative of mild  
12 neuronal loss or dysfunction and evidence of axonal injury involving the bilateral  
13 cingulate gyrus. (AR 288). Dr. Perez recommended psychological therapy and  
14 medical intervention. (AR 289). The ALJ summarized Dr. Perez’s observations of  
15 Plaintiff and the test results in the decision. (AR 20, 24-25).

16 Plaintiff asserts that the ALJ erred by failing to specifically discuss whether  
17 Plaintiff’s condition was consistent with a diagnosis of cyclothymic disorder and  
18 whether Plaintiff’s mood disorder could interfere with Plaintiff’s cognitive  
19 functioning. (Joint Stip. at 3-4, 13). Plaintiff also asserts that the ALJ erred by  
20 failing to address Dr. Perez’s finding that Plaintiff was at risk of engaging in  
21 dangerous and harmful behavior by reacting impulsively and inappropriately when  
22 feeling anger. (Joint Stip. at 4, 12). The Court disagrees.

23 In the decision, based on the medical evidence of record, the ALJ concluded  
24 that Plaintiff suffered from the severe mental impairment of affective disorder.  
25 (AR 20, 25, 27, 70, 83, 315); *see* Ausman and Snyder, Medical Library, Lawyers  
26 Edition, Psychiatry § 8:45 (“Affective disorders are a group of clinical conditions  
27 characterized by a disturbance in how a patient acts, thinks, and perceives his or  
28 her environment, resulting in great subjective stress to the patient and often

1 imparting a feeling of loss of control.”). While the ALJ did not expressly adopt  
2 Dr. Perez’s diagnosis of cyclothymic disorder or incorporate verbatim the language  
3 used by Dr. Perez in his report, the ALJ assessed significant limitations in  
4 functioning based on Plaintiff’s mental impairment and associated work-related  
5 problems. In relevant part, the ALJ found that Plaintiff is limited to simple,  
6 repetitive tasks of no more than three steps in a nonpublic, habituated setting, with  
7 no fast paced work and minimal contact with coworkers and supervisors. (AR 22).  
8 The ALJ’s RFC determination, which reasonably accounted for Dr. Perez’s  
9 findings, is entitled to deference. *Vertigan v. Halter*, 260 F.3d 1044, 1049 (9th Cir.  
10 2001) (noting that it is the ALJ’s responsibility, not the physician’s, to determine  
11 residual functional capacity).

12 Plaintiff further argues that the ALJ erred by ignoring the 2009 MR  
13 spectroscopy study. (Joint Stip. at 4; AR 284). The ALJ, however, was not  
14 required to discuss every piece of evidence in the medical record. *See Howard v.*  
15 *Barnhart*, 341 F.3d 1006, 1012 (9th Cir. 2003). Dr. Perez referenced the 2009 MR  
16 spectroscopy study while discussing a possible cause for Plaintiff’s mood disorder.  
17 (AR 284, 288). As the etiology of Plaintiff’s mental condition was unclear,  
18 reversal is not warranted based on the ALJ’s failure to mention the 2009 MR  
19 spectroscopy study. (AR 289); *see Vincent v. Heckler*, 739 F.2d 1393, 1394-95  
20 (9th Cir. 1984) (only significant probative evidence must be discussed and rejected  
21 by ALJ).

## 22 **2. Dr. Paladugu**

23 Dr. Paladugu, Plaintiff’s treating physician, conducted an initial evaluation  
24 of Plaintiff in December 2010, and diagnosed Plaintiff with rule out major  
25 depression, recurrent (296.33), versus bipolar disorder (296.53). (AR 298-300).  
26 Plaintiff reported moderate symptoms in the following areas: depressed mood;  
27 loss of interest/pleasure; agitation/irritability; change in energy; and poor  
28 concentration. (AR 298). While Plaintiff’s mental status exam was normal, Dr.

1 Paladugu opined that Plaintiff's behavioral or emotional problems resulted in  
2 "severe" functional impairments in regards to family and other primary  
3 relationships, and "moderate" functional impairments in Plaintiff's relationship  
4 with her spouse and at work/school. (AR 300). Over the next two years, Dr.  
5 Paladugu continued to treat Plaintiff. (AR 291-97, 324-34). Plaintiff reported  
6 varying, but ongoing problems with her mood, energy levels, motivation, appetite,  
7 impulsivity, and other symptoms. (AR 291-97, 324-34). Dr. Paladugu managed  
8 Plaintiff's condition with prescription medications. (AR 291-97, 300, 324-34).

9 The ALJ properly found that Dr. Paladugu's findings that Plaintiff has  
10 "moderate" functional impairments in her relationship with her spouse and  
11 "severe" functional impairments in regards to her family and other primary  
12 relationships, were inconsistent with Plaintiff's own testimony about her daily  
13 interactions. (AR 27); *see* 20 C.F.R. § 416.927(c)(4) (a medical opinion that is  
14 inconsistent with the record as a whole is accorded less weight). Plaintiff testified  
15 that she and her two children would often visit the homes of her friend, mother, or  
16 grandmother, and when she was at home with her children, her mother or brother  
17 was usually with them. (AR 53). Plaintiff also stated that her husband usually  
18 went to the grocery store with her. (AR 54-55). The apparent conflict between  
19 Plaintiff's admitted social and family activities and Dr. Paladugu's assessment of  
20 moderate to severe limitations in Plaintiff's relationships constituted a legally  
21 sufficient basis for rejecting Dr. Paladugu's opinion. *See Rollins v. Massanari*,  
22 261 F.3d 853, 856 (9th Cir. 2001) (holding that ALJ properly rejected physician's  
23 opinion that appeared to be inconsistent with the level of activity that the plaintiff  
24 engaged in by maintaining a household and raising two young children); *Morgan v.*  
25 *Comm'r of Soc. Sec. Admin.*, 169 F.3d 595, 601-02 (9th Cir. 1999) (finding that  
26 physician's opinion of marked limitations conflicted with the plaintiff's ability to  
27 adequately cope with activities of daily living).

28 Plaintiff asserts that the two remaining reasons cited by the ALJ (lack of

1 objective evidence to support the opinion and failure to meet the 12-month  
2 durational period) did not provide a legally sufficient basis for rejecting Dr.  
3 Paladugu's opinion.<sup>2</sup> However, any asserted error was harmless, as the ALJ  
4 properly relied on the inconsistency between Plaintiff's activities and Dr.  
5 Paladugu's opinion to support the decision. *See Stout v. Comm'r of Soc. Security*,  
6 454 F.3d 1050, 1054-56 (9th Cir. 2006) (harmless error is inconsequential to the  
7 nondisability determination); *Donathan v. Astrue*, 264 Fed. Appx. 556, 559 (9th  
8 Cir. 2008) (ALJ's erroneous characterization of treating physicians' opinions was  
9 harmless "because the ALJ provided proper, independent reasons for rejecting  
10 these opinions"). Moreover, Dr. Paladugu did not assess any limitations beyond  
11 those actually reflected in the RFC. *See Stout*, 454 F.3d at 1055-56. In discussing  
12 Dr. Paladugu's opinion, the ALJ stated that he considered Plaintiff's difficulties  
13 interacting with people and, therefore, included limitations of "nonpublic work and  
14 only minimal contact with coworkers and supervisors" in Plaintiff's RFC. (AR  
15 27). In addition, the ALJ reasonably accounted for Dr. Paladugu's finding of  
16 moderate functional impairments at work/school by restricting Plaintiff to simple,  
17 repetitive tasks of no more than three steps in a habituated setting, involving no  
18 fast paced work. (AR 22, 288). Thus, any error in the ALJ's consideration of Dr.  
19 Paladugu's opinion was harmless, given the ALJ's RFC assessment and other  
20 proffered reason, both of which were supported by substantial evidence in the  
21 record.

22 Accordingly, reversal is not warranted based on the ALJ's alleged failure to  
23 properly consider the opinions of Dr. Perez and Dr. Paladugu.

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25 <sup>2</sup> The Commissioner essentially concedes that the ALJ erred in finding that  
26 Plaintiff's impairments did not satisfy the 12-month durational requirement  
27 because Dr. Paladugu treated Plaintiff for two years. (Joint Stip. at 11; AR 25, 27,  
28 291-300); *see* 20 C.F.R. § 404.1520(a)(4)(ii).



1           **B. Reasoning Level**

2           Plaintiff contends the ALJ erred at step five of the sequential evaluation  
3 because her RFC limitation to performing simple, repetitive tasks of no more than  
4 three steps precludes her from performing the other work identified by the  
5 vocational expert (“VE”), including work as a hand packager, store labor person,  
6 and small parts assembler. (Joint Stip. at 13-14, 16; AR 28-29, 59-60). Plaintiff  
7 asserts that the descriptions for these jobs in the Dictionary of Occupational Titles  
8 (“DOT”) require her to perform at a higher reasoning level, (Level 2), than is  
9 permitted by her RFC.

10           The DOT separates reasoning levels into six categories. Reasoning Levels  
11 1, 2, and 3 are defined as follows:

12                   Level 1: Apply commonsense understanding to carry out simple one-  
13 or two-step instructions. Deal with standardized situations with occasional  
14 or no variables in or from these situations encountered on the job.

15                   Level 2: Apply commonsense understanding to carry out detailed but  
16 uninvolved written or oral instructions. Deal with problems involving a few  
17 concrete variables in or from standardized situations.

18                   Level 3: Apply commonsense understanding to carry out instructions  
19 furnished in written, oral, or diagrammatic form. Deal with problems  
20 involving several concrete variables in or from standardized situations.

21           *See* DOT, App. C. The DOT descriptions of the hand packager, store labor person,  
22 and small parts assembler jobs require Level 2 reasoning. *See* DOT §§ 920.587-  
23 018 (hand packager), 922.687-058 (store labor person), 706.684-022 (small parts  
24 assembler).

25           In the assessment of Plaintiff’s RFC, the ALJ found that Plaintiff could only  
26 perform simple, repetitive tasks of no more than three steps, in a habituated  
27 nonpublic work setting, with limited contact with coworkers and supervisors and  
28 no fast paced work. (AR 22). Plaintiff contends these limitations are inconsistent

1 with jobs with Level 2 reasoning, which require the ability to carry out “detailed  
2 instructions.” (Joint Stip. at 14); *see* DOT, App. C. Plaintiff’s argument lacks  
3 merit.

4         The Ninth Circuit recently explained that a limitation to simple, routine tasks  
5 was “more consistent” with Level 2 reasoning than Level 3 reasoning. *See Zavalin*  
6 *v. Colvin*, 778 F.3d 842, 846-47 (9th Cir. 2015) (quoting *Hackett v. Barnhart*, 395  
7 F.3d 1168, 1176 (10th Cir. 2005)). While the *Zavalin* court did not expressly find  
8 that a limitation to simple, routine tasks was in fact consistent with Level 2  
9 reasoning, there is a general consensus within the Ninth Circuit and elsewhere that  
10 such a limitation is consistent with the ability to perform jobs requiring Level 2  
11 reasoning. *See, e.g., Hackett*, 395 F.3d at 1176 (holding Level 2 reasoning to be  
12 consistent with a limitation to simple, routine work tasks); *Meissl v. Barnhart*, 403  
13 F.Supp.2d 981, 984-85, (C.D. Cal. 2005) (finding that a limitation to simple,  
14 repetitive tasks was consistent with Level 2 reasoning ability); *Salazar v. Astrue*,  
15 No. EDCV 07-00565-MAN, 2008 WL 4370056, at \*7 (C.D. Cal. Sept. 23, 2008);  
16 *Xiong v. Commissioner of Social Sec.*, No. 1:09-cv-00398-SMS, 2010 WL  
17 2902508 (E.D. Cal. July 22, 2010); *Isaac v. Astrue*, No. CIV S-07-0442 GGH,  
18 2008 WL 2875879, \*3-\*4 (E.D. Cal. July 24, 2008); *Gilbert v. Colvin*, 6:14-cv-  
19 00394-AA, 2015 WL 1478441, at \*7 (D. Or. Mar. 31, 2015). The Court finds the  
20 reasoning of these cases persuasive.

21         Accordingly, this Court concludes the ALJ’s assessment of Plaintiff’s RFC  
22 is consistent with the jobs identified by the VE requiring Level 2 reasoning.  
23 Plaintiff is not entitled to reversal or remand on this issue.

### 24         **C. Plaintiff’s Credibility**

25         Plaintiff asserts that the ALJ failed to state sufficient reasons for discounting  
26 her credibility. (Joint Stip. at 17-20, 23).

27         If a claimant produces objective medical evidence of an underlying  
28 impairment that could reasonably be expected to produce the symptoms alleged

1 and there is no affirmative evidence of malingering, the ALJ must offer “clear and  
2 convincing” reasons to reject the claimant’s testimony. *Smolen v. Chater*, 80 F.3d  
3 1273, 1281-82 (9th Cir. 1996); *see also Reddick*, 157 F.3d at 722 (“Unless there is  
4 affirmative evidence showing that the claimant is malingering, the Commissioner’s  
5 reasons for rejecting the claimant’s testimony must be ‘clear and convincing.’”  
6 (quoting *Lester*, 81 F.3d at 834)). Moreover, “[t]he ALJ must state specifically  
7 which symptom testimony is not credible and what facts in the record lead to that  
8 conclusion.” *Smolen*, 80 F.3d at 1284; *Holohan v. Massanari*, 246 F.3d 1195,  
9 1208 (9th Cir. 2001) (the ALJ must “specifically identify the testimony [the ALJ]  
10 finds not to be credible and must explain what evidence undermines the  
11 testimony”); *Bunnell v. Sullivan*, 947 F.2d 341, 345-46 (9th Cir. 1991). In addition  
12 to the “ordinary techniques of credibility evaluation,” *Bunnell*, 947 F.2d at 346, the  
13 following factors may be considered in assessing credibility: (1) the claimant’s  
14 reputation for truthfulness; (2) inconsistencies in the claimant’s testimony or  
15 between his testimony and his conduct; (3) claimant’s daily living activities; (4)  
16 claimant’s work record; and (5) testimony from physicians or third parties  
17 concerning the nature, severity, and effect of claimant’s condition. *See Thomas v.*  
18 *Barnhart*, 278 F.3d 947, 958-59 (9th Cir. 2002).

19 Plaintiff testified that she was involved in a motor vehicle accident in 2007,  
20 which resulted in changes in her personality and a number of other symptoms,  
21 including migraines, light sensitivity, nausea, dizziness, vertigo, sweating, and loss  
22 of balance. Plaintiff also claimed she had difficulties with her relationships, had  
23 experienced episodes of rage, and was unable to prepare meals, perform household  
24 chores, or maintain a checking account. (AR 22-23, 39, 41-49, 53-54). Plaintiff  
25 reported that her family usually helps her care for her two young children, and she  
26 does not like to go out because she is afraid that someone might have a gun and  
27 start shooting. (AR 49-50, 53).

28 The ALJ found that although Plaintiff’s medically determinable impairments

1 could reasonably be expected to cause some of Plaintiff's alleged symptoms,  
2 Plaintiff's allegations concerning the intensity, persistence, and limiting effects of  
3 her symptoms were not credible to the extent alleged. (AR 24). As discussed  
4 below, the ALJ offered legally sufficient reasons to support the adverse credibility  
5 determination.

6       Significantly, the ALJ found that medication helped to control Plaintiff's  
7 symptoms. (AR 23-24, 52); *see* 20 C.F.R. § 404.1529(c)(3)(iv); *see also* *Warre v.*  
8 *Comm'r*, 439 F.3d 1001, 1006 (9th Cir. 2006) (explaining that impairments that  
9 can be controlled effectively with medication are not disabling for purposes of  
10 determining eligibility for benefits); *Tidwell v. Apfel*, 161 F.3d 599, 601-02 (9th  
11 Cir. 1999) (in assessing claimant's credibility, ALJ did not err in considering that  
12 medication "aided" claimant's symptoms). Plaintiff does not challenge this  
13 rationale, and the Court finds that Plaintiff's testimony and the medical record  
14 support the ALJ's conclusion. At the hearing, Plaintiff testified that her current  
15 medication (Lamotrigine) was "probably the best" medication Dr. Paladugu had  
16 prescribed. (AR 23, 52). Plaintiff explained that the medication stopped the  
17 prolonged feeling of anger that she had been experiencing. (AR 23, 52). The  
18 medical record also shows that another medication (Effexor) helped with  
19 Plaintiff's moods, impulsivity, and migraine headaches. (AR 24, 284, 297, 320).  
20 Thus, the effectiveness of medications in controlling Plaintiff's mental symptoms  
21 was a valid reason for discrediting Plaintiff's testimony. (AR 52, 54); *see* *Warre*,  
22 439 F.3d at 1006.

23       The ALJ also properly observed that Plaintiff's subjective complaints and  
24 alleged limitations are inconsistent with her ability to engage in ordinary daily  
25 activities. (AR 23-24); *Bunnell*, 947 F.2d at 346 (An ALJ may consider a  
26 claimant's daily activities when weighing credibility); *Burch v. Barnhart*, 400 F.3d  
27 676, 680 (9th Cir. 2005) (upholding an ALJ's rejection of a claimant's credibility  
28 in partial reliance on the claimant's daily activities of cooking, cleaning, shopping,

1 interacting with others and managing her own finances and those of her nephew).  
2 Plaintiff reported that she interacted and cared for her two young children, changed  
3 diapers, drove her children to and from school, prepared simple meals, took her  
4 son to karate class two times a week, and occasionally shopped, drove to the bank,  
5 and performed some household chores. (AR 23-24, 223-30). Based on Plaintiff's  
6 admitted activities, the ALJ reasonably inferred that Plaintiff's testimony regarding  
7 her extreme limitations in functioning was not fully credible. (AR 23-24, 43-49,  
8 223-30). *See, e.g., Burch*, 400 F.3d at 680-81; *Thomas*, 278 F.3d at 958-59; *see*  
9 *Rollins v. Massanari*, 261 F.3d 853, 857 (9th Cir. 2001) (claimant's testimony  
10 regarding daily domestic activities undermined the credibility of her pain-related  
11 testimony). Although Plaintiff asserts that the evidence of her daily activities is  
12 susceptible to a different and more favorable interpretation, the ALJ's analysis was  
13 nonetheless reasonable, and should be upheld. *See Batson v. Comm'r of Soc. Sec.*  
14 *Admin.*, 359 F.3d 1190, 1198 (9th Cir. 2004) ("When the evidence before the ALJ  
15 is subject to more than one rational interpretation, we must defer to the ALJ's  
16 conclusion."); *Thomas*, 278 F.3d at 959 (Where "the ALJ's credibility finding is  
17 supported by substantial evidence in the record, [the Court] may not engage in  
18 second-guessing.").

19 Finally, the ALJ found that the objective medical evidence did not support  
20 greater limitations than assessed in the RFC. (AR 24). Plaintiff challenges this  
21 finding as error, noting there was significant evidence in the record to substantiate  
22 her impairments, including evidence of fluctuating mood, uncontrolled outbursts,  
23 and the need for assistance from family members. (Joint Stip. at 19, 23). Even if  
24 the ALJ erred in relying on the lack of objective evidence in support of the adverse  
25 credibility determination, such error did not affect the ALJ's decision because the  
26 ALJ's remaining reasons and ultimate credibility determination were adequately  
27 supported by substantial evidence in the record. *See Carmickle*, 533 F.3d at 1162-  
28 63 (finding an error by the ALJ with respect to one or more factors in a credibility

1 determination may be harmless if the ALJ's "remaining reasoning and ultimate  
2 credibility determination were adequately supported by substantial evidence in the  
3 record" (citing *Batson*, 359 F.3d at 1197)).

4 Accordingly, reversal is not warranted based on the ALJ's adverse  
5 credibility determination.

6 **CONCLUSION AND ORDER**

7 Based on the foregoing, IT IS THEREFORE ORDERED, that judgment be  
8 entered affirming the decision of the Commissioner of Social Security and  
9 dismissing this action with prejudice. The Clerk of the Court shall serve this  
10 Memorandum Opinion and Order and the Judgment herein on all parties or  
11 counsel.

12  
13 DATED: October 26, 2015



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15 GAIL J. STANDISH  
16 UNITED STATES MAGISTRATE JUDGE  
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