

DCA08MM004  
MEDICAL RECORDS INFORMATION

The following medical records information was extracted by Dr. Mitchell A. Garber, the Medical Officer for the National Transportation Safety Board.

The following information was extracted from the pilot's pharmacy and insurance records obtained by the Safety Board:

The pilot had records of continuous regular prescriptions of multiple psychoactive medications, including multiple narcotics since at least 1997 and multiple benzodiazepines and antidepressants since at least 1999. The vast majority of these were prescribed by his primary care physician noted in Tables 1 and 2 as "S." Table 1 includes all psychoactive medication prescriptions filled for the pilot at his local pharmacy, a local grocery store pharmacy and through mail order in the year preceding the accident.

In the 60 days preceding the accident, the pilot filled prescriptions for a total of: 90 50mg sertraline tablets, most recently 3 days prior to the accident; 180 1mg lorazepam tablets, most recently 3 weeks prior to the accident; 120 5mg diazepam tablets, most recently 7 days prior to the accident; 190 65mg propoxyphene tablets, most recently approximately 6 weeks prior to the accident; 90 200mg modafinil tablets, most recently approximately 6 weeks prior to the accident; 27 50mg sumatriptan tablets, most recently approximately 6 weeks prior to the accident; 200 10/325mg hydrocodone/acetaminophen tablets, most recently 7 days prior to the accident; 50 prochlorperazine 10mg tablets, most recently 4 weeks prior to the accident; 50 pentazocine/naloxone tablets, most recently 18 days prior to the accident; and 100 diphenoxylate/atropine 2.5/0.025mg tablets, most recently 8 days prior to the accident.

On 10/2/07, approximately one month prior to the accident, a prescription was filled at a grocery store pharmacy from a dental surgeon for 24 5/500mg hydrocodone/acetaminophen, and the following day a prescription was filled at a local pharmacy from a primary care provider for 100 10/325mg hydrocodone/acetaminophen.

The following information was extracted from the pilot's personal medical records obtained by the Safety Board from the 10 years preceding the accident.

There were a total of only 10 (handwritten) entries by the pilot's primary care physician (noted in Tables 1 and 2 as "S") in the medical records dated between September 1998 and the date of the accident.

The records note a long history of kidney stones, pancreatic disease, headaches, depression, abdominal pain, and back pain. The records document

gastrointestinal surgery (in 1977) with subsequent continuous digestive difficulties. The records note inpatient treatment for alcoholism in 1999 and subsequent abstinence from alcohol, though the pilot is noted in 2001 to be drinking 4-6 “non-alcoholic” beers per day. Records from both primary care providers and the psychiatrist note a history of alcoholism, and subsequent treatment with opiate and benzodiazepine medications. Records from the pilot’s gastroenterologist note difficulty in achieving adequate anesthesia for a procedure in June 2005 despite typically adequate doses of a benzodiazepine and an opiate medication, and records from one primary care provider note an instance of withdrawal symptoms when lorazepam was temporarily discontinued in August 2005. There is no indication in any of the records of any formal evaluation for substance dependence following inpatient treatment for alcoholism. The records note the diagnosis of obstructive sleep apnea in 2005, and successful treatment with a continuous positive airway pressure (CPAP) device. CPAP use was documented for over 6 hours on each of the two nights preceding the accident, and modafanil was prescribed to support alertness during shift work. With the exception of the oral surgeon, each of the providers from whom records were obtained had documentation of the pilot’s occupation. There is no indication in the records that the sleep medicine providers were aware of the regular use of multiple opiate and benzodiazepine medications. The pilot’s gastroenterologist and a psychiatrist had made notes in their records about restricting the pilot from working in 1999, but there were no other notes regarding work restriction in the medical records reviewed. Details of information extracted from the medical records may be found in Table 2.

The following information was extracted from the Coast Guard records of the pilot’s applications for merchant mariner’s license.

The records include, in part, physical examination forms (forms CG-719K) for merchant mariner certification dated 12/5/89, 2/10/94, 7/26/99, 1/13/04, 1/18/06, and 1/19/07. The records detail, in part, a driving under the influence (DUI) offense in 1971 and in 1998, and completion of a 30 day Alcohol and Chemical Recovery Program in March 1999. Additional details from the records appear below:

7/19/99 – A letter from the pilot’s psychiatrist documents treatment for depression and the psychiatrist indicates that the pilot is “fit for duty.” The letter does not address alcohol use.

7/26/99 – A form CG-719K (Rev. 3/95) includes the following notations:

- Under “14. Doctor’s assessment,” the examination form notes “Yes” in response to “Severe digestive disorder,” “Psychiatric disorder,” and “Depression.”
- Under “15. Medications taken,” the examination form notes “Wellbutrin [bupropion] 200mg per day for depression; no side

effects. 14. Acute pancreatitis 1998. Resolution without sequelae.” No other medications are noted on the examination form.

- Under “16. Comments on Findings,” the examination form notes “Treatment for depression and alcohol use 1998-1999. He is seen regularly for emotional counsel and attends Alcoholics Anonymous meetings 2-3 times per week. He is not drinking at this time. His depression has cleared and he is on Wellbutrin 200 mg a day under psychiatric supervision. He has been cleared by his psychiatrist for duty. (7/19/99)”
- The form notes that “Considering the findings in this examination and noting the duties to be performed by the applicant aboard a merchant vessel of the United States of America, I consider the applicant competent.”
- The pilot’s signature appears below the statement “I certify that all information provided by me is complete and true to the best of my knowledge.”

Additional records dated between 7/26/99 and 11/30/99 include documentation of completion of a court-ordered first offender DUI program, documentation of nearly 9 months of court-ordered attendance at AA meetings through 11/8/99, a letter from a gastroenterologist documenting resolution of pancreatitis, and letters of reference.

11/30/99 – An e-mail from the National Maritime Center “Medical Waivers” staff notes, in its entirety, “A waiver is granted for [the pilot’s] condition. Please include a waiver statement on his license when it is issued.” A Coast Guard memorandum “To: File” dated 30 November 1999, No. 16721, “Subject: License Renewal Package for [the pilot]” indicates that the pilot “... has taken great efforts to shorten his assessment period such as regular AA attendance, completion of a rehab program, steady employment, and letters of reference as outlined in Title 46 C.F.R. 10.201(j). ... it was agreed that the time period between November 21, 1999 and January 04, 2000 would serve as a suspension period of his license for his DUI conviction on February 05, 1999.

1/4/00 – “U.S. Coast Guard License to U.S. Merchant Marine Officer” certifies the pilot without any indication of medical conditions or waiver.

1/19/07 – A form CG-719K (Rev. 1/02) includes the following notations:

- Under “Section VI - Medications” the examination form notes “(1) Potassium citrate daily for prevention of kidney stones. (2) Imitrex [sumatriptan] 50 mg for occasional headache. (3) Aciphex [rabeprazole] 20 mg daily for esophagitis (4) Lorazepam 1mg at night as needed (5) CPAP machine used each night for sleep apnea (5) Provigil [modafinil] 200 mg one to two each morning for sleep apnea. (7) Darvon compound 65 for occasional abdominal pain (8) Alphagan [brimonidine] ophthalmic solution – one drop daily

bilaterally for glaucoma. No other medications are noted on the examination form.

- Under "Section VII – Certification of Physical Impairment or Medical Conditions" is indicated "Yes" for "Severe digestive disorder," "Psychiatric disorder," "Depression," "Alcohol abuse," "Glaucoma," and "Other illness or disability not listed."
- "Remarks" under Section VII include:
  - o Prior history of alcohol abuse with depression. None for 8 years. He attends AA two times a month
  - o Glaucoma for 4 years. Bilateral Alphagan solution - one drop daily in each eye. No visual impairment.
  - o History of kidney stones with spontaneous passage times 10. Lithotripsy times 2. Potassium citrate daily – no stone for 10 years.
  - o Esophagitis, chronic. Aciphex 20 mg each day on a regular basis.
  - o Imitrex 50 mg as needed for occasional headache.
  - o Acute pancreatitis 1998. Resolution without sequelae.
  - o Darvon [propoxyphene] compound 65 occasionally for abdominal cramps.
  - o Sleep apnea diagnosed 1 year ago. Documented with full study. CPAP machine is used every night. Provigil 200 mg one or two each morning if needed. Occasional use of lorazepam 1 mg at bedtime for sleep.
- The form notes that "Considering the findings in this examination and noting the physical demands that may be placed upon the applicant, I consider the applicant competent."
- The pilot's signature appears below the statement "I certify that all information provided by me is complete and true to the best of my knowledge."

Other than as noted, the Coast Guard records do not include any further documentation of specialist treatment or diagnostic testing.

The following information was extracted from the records of the physician who completed the pilot's most recent applications for merchant mariner's license:

The records contain the CG Forms 719K noted above dated 1/13/04, 1/18/06 and 1/19/07. In addition, the records contain a CG Form 719K dated 1/23/03. The physician is noted in the Coast Guard records as having performed the 7/26/99 examination noted above, but no copy of that examination was found in this physician's records. Accompanying each Form 719K is a "Report of Medical Evaluation to the State Board of Pilot Commissioners" signed by the physician and indicating, in part, "I have examined the above named applicant of the date indicated below. After reviewing his/her history, physical examination, laboratory results, and special studies, and in accordance with the Board's

Seafarers Health Improvement Program Guidelines, I have found this applicant physically fit for duty. ...” Accompanying the last two examinations are reports of routine clinical laboratory blood tests revealing elevated cholesterol and triglycerides in both cases and elevated glucose in 2006, but no other substantially abnormal findings. Other than a medical insurance form signed by the pilot and dated 1/28/93, there are no additional records of any kind in this physician’s records.

## TABLES

In the tables below, provider S was the pilot's primary care physician, B2 was another primary care physician, R was his urologist, R2 was his gastroenterologist, B and T were his sleep clinic providers, B3 was his psychiatrist, and A was a dental surgeon to whom he was referred. In Table 2, under "source," is noted the provider in whose records the reports were found.

**TABLE 1. Psychoactive medication prescriptions filled by the pilot in the year preceding the accident**

| <b>DATE FILLED</b> | <b>MEDICATION</b>             | <b>STRENGTH</b> | <b>AMOUNT</b> | <b>PRESCRIBED BY</b> | <b>INITIAL/ REFILL</b> | <b>PHARMACY</b> |
|--------------------|-------------------------------|-----------------|---------------|----------------------|------------------------|-----------------|
| 11/03/06           | acetaminophen/<br>codeine     | 300/60          | 24            | S                    | refill                 | local           |
| 11/9/06            | hydrocodone/<br>acetaminophen | 10/325          | 100           | S                    | refill                 | local           |
| 11/9/06            | bupropion                     | 100 mg          | 90            | S                    | refill                 | local           |
| 11/9/06            | lorazepam                     | 1 mg            | 100           | S                    | refill                 | local           |
| 11/16/06           | modafinil                     | 200 mg          | 60            | T                    | refill                 | local           |
| 12/8/06            | propoxyphene                  | 65 mg           | 100           | S                    | refill                 | local           |
| 12/9/06            | lorazepam                     | 1 mg            | 100           | S                    | initial                | local           |
| 12/12/06           | sertraline                    | 50 mg           | 30            | R                    | refill                 | local           |
| 12/12/06           | sumatriptan                   | 50 mg           | 30            | S                    | refill                 | local           |
| 12/12/06           | acetaminophen/<br>codeine     | 300/60          | 24            | S                    | initial                | local           |
| 12/16/06           | modafinil                     | 200 mg          | 60            | T                    | initial                | local           |
| 1/8/07             | propoxyphene                  | 65 mg           | 100           | S                    | refill                 | local           |
| 1/8/07             | lorazepam                     | 1 mg            | 100           | S                    | refill                 | local           |
| 1/8/07             | diphenoxylate/<br>atropine    | 2.5/0.025       | 100           | S                    | refill                 | local           |
| 1/16/07            | acetaminophen/<br>codeine     | 300/60          | 24            | S                    | refill                 | local           |
| 1/17/07            | sumatriptan                   | 50 mg           | 30            | S                    | refill                 | local           |
| 1/19/07            | modafinil                     | 200 mg          | 60            | B                    | initial                | local           |
| 1/22/07            | hydrocodone/<br>acetaminophen | 10/325          | 100           | S                    | refill                 | local           |
| 2/6/07             | propoxyphene                  | 65 mg           | 100           | S                    | refill                 | local           |
| 2/7/07             | lorazepam                     | 1 mg            | 100           | S                    | refill                 | local           |
| 2/17/07            | sertraline                    | 50 mg           | 30            | R                    | refill                 | local           |
| 2/17/07            | acetaminophen/<br>codeine     | 300/60          | 24            | S                    | refill                 | local           |
| 2/17/07            | modafinil                     | 200 mg          | 60            | B                    | refill                 | local           |
| 2/17/07            | diphenoxylate/<br>atropine    | 2.5/0.025       | 100           | S                    | refill                 | local           |
| 3/5/07             | propoxyphene                  | 65 mg           | 100           | S                    | refill                 | local           |
| 3/6/07             | lorazepam                     | 1 mg            | 100           | S                    | refill                 | local           |
| 3/15/07            | acetaminophen/                | 300/60          | 24            | S                    | refill                 | local           |

|         |                               |           |     |   |         |               |
|---------|-------------------------------|-----------|-----|---|---------|---------------|
|         | codeine                       |           |     |   |         |               |
| 3/15/07 | sumatriptan                   | 50 mg     | 30  | S | refill  | local         |
| 3/15/07 | prochlorperazine              | 10 mg     | 50  | S | initial | local         |
| 3/22/07 | modafinil                     | 200 mg    | 60  | B | refill  | local         |
| 4/5/07  | propoxyphene                  | 65 mg     | 100 | S | initial | local         |
| 4/5/07  | lorazepam                     | 1 mg      | 90  | S | initial | local         |
| 4/5/07  | hydrocodone/<br>acetaminophen | 10/325    | 100 | S | initial | local         |
| 4/17/07 | sumatriptan                   | 50 mg     | 30  | S | refill  | local         |
| 4/20/07 | sertraline                    | 50 mg     | 30  | R | refill  | local         |
| 4/20/07 | modafinil                     | 200 mg    | 60  | B | refill  | local         |
| 5/3/07  | propoxyphene                  | 65 mg     | 100 | S | refill  | local         |
| 5/3/07  | lorazepam                     | 1 mg      | 90  | S | initial | local         |
| 5/3/07  | prochlorperazine              | 10 mg     | 50  | S | initial | local         |
| 5/3/07  | hydrocodone/<br>acetaminophen | 10/325    | 100 | S | refill  | local         |
| 5/10/07 | sumatriptan                   | 50 mg     | 30  | S | refill  | local         |
| 5/11/07 | modafinil                     | 200 mg    | 60  | B | refill  | local         |
| 5/22/07 | diazepam                      | 5 mg      | 40  | S | initial | local         |
| 5/22/07 | pentazocine/<br>naloxone      |           | 50  | S | initial | local         |
| 5/26/07 | hydrocodone/<br>acetaminophen | 10/325    | 100 | S | initial | grocery store |
| 6/02/07 | propoxyphene                  | 65 mg     | 100 | S | refill  | local         |
| 6/2/07  | hydrocodone/<br>acetaminophen | 10/325    | 100 | S | refill  | local         |
| 6/2/07  | lorazepam                     | 1 mg      | 90  | S | initial | local         |
| 6/10/07 | prochlorperazine              | 10 mg     | 50  | S | initial | local         |
| 6/11/07 | diphenoxylate/<br>atropine    | 2.5/0.025 | 100 | S | initial | local         |
| 6/12/07 | modafinil                     | 200 mg    | 60  | B | initial | local         |
| 6/14/07 | diazepam                      | 5 mg      | 40  | S | refill  | local         |
| 6/26/07 | propoxyphene                  | 65 mg     | 100 | S | refill  | local         |
| 6/26/07 | hydrocodone/<br>acetaminophen | 10/325    | 100 | S | refill  | local         |
| 6/26/07 | lorazepam                     | 1 mg      | 90  | S | initial | local         |
| 6/26/07 | sertraline                    | 50 mg     | 30  | R | refill  | local         |
| 6/28/07 | sumatriptan                   | 50 mg     | 27  | S | initial | local         |
| 7/3/07  | modafinil                     | 200 mg    | 60  | T | initial | local         |
| 7/6/07  | diazepam                      | 5 mg      | 40  | S | refill  | local         |
| 7/11/07 | hydrocodone/<br>acetaminophen | 10/325    | 100 | S | refill  | grocery store |
| 7/11/07 | lorazepam                     | 1 mg      | 90  | S | initial | local         |
| 7/25/07 | propoxyphene                  | 65 mg     | 100 | S | initial | local         |
| 7/25/07 | prochlorperazine              | 10 mg     | 50  | S | refill  | local         |

|          |                               |           |     |   |         |               |
|----------|-------------------------------|-----------|-----|---|---------|---------------|
| 7/25/07  | pentazocine/<br>naloxone      |           | 50  | S | refill  | local         |
| 7/25/07  | diazepam                      | 5 mg      | 40  | S | refill  | local         |
| 8/2/07   | modafinil                     | 200 mg    | 60  | T | refill  | local         |
| 8/10/07  | hydrocodone/<br>acetaminophen | 10/325    | 100 | S | refill  | local         |
| 8/13/07  | lorazepam                     | 1 mg      | 90  | S | initial | local         |
| 8/22/07  | propoxyphene                  | 65 mg     | 100 | S | refill  | local         |
| 8/22/07  | diazepam                      | 5 mg      | 40  | S | refill  | local         |
| 8/26/07  | hydrocodone/<br>acetaminophen | 10/325    | 100 | S | refill  | grocery store |
| 9/4/07   | modafinil                     | 200 mg    | 60  | T | refill  | local         |
| 9/10/07  | sertraline                    | 50 mg     | 30  | R | initial | local         |
| 9/14/07  | lorazepam                     | 1 mg      | 90  | S | refill  | local         |
| 9/21/07  | propoxyphene                  | 65 mg     | 100 | S | refill  | local         |
| 9/21/07  | diazepam                      | 5 mg      | 40  | S | refill  | local         |
| 9/24/07  | propoxyphene                  | 65 mg     | 90  | S | Initial | mail order    |
| 9/24/07  | modafinil                     | 200 mg    | 90  | T | refill  | mail order    |
| 9/25/07  | sumatriptan                   | 50 mg     | 27  | S | initial | local         |
| 10/2/07  | hydrocodone/<br>acetaminophen | 5/500     | 24  | A | initial | local         |
| 10/3/07  | hydrocodone/<br>acetaminophen | 10/325    | 100 | S | refill  | grocery store |
| 10/5/07  | sertraline                    | 50 mg     | 30  | R | refill  | local         |
| 10/10/07 | prochlorperazine              | 10 mg     | 50  | S | refill  | local         |
| 10/15/07 | lorazepam                     | 1 mg      | 90  | S | refill  | local         |
| 10/15/07 | diazepam                      | 5 mg      | 40  | S | initial | local         |
| 10/20/07 | pentazocine/<br>naloxone      |           | 50  | S | refill  | local         |
| 10/30/07 | diphenoxylate/<br>atropine    | 2.5/0.025 | 100 | S | refill  | local         |
| 10/31/07 | hydrocodone/<br>acetaminophen | 10/325    | 100 | S | initial | local         |
| 10/31/07 | diazepam                      | 5 mg      | 40  | S | refill  | local         |
| 11/4/07  | sertraline                    | 50 mg     | 30  | R | refill  | local         |



| TABLE 2. Extracted information from the pilot's personal medical records |   |          |
|--|---|----------|
| DATE   | INFORMATION   | SOURCE   |
| 1/8/98   | Report of CT scan notes, in part, "... At least seven 1 to 3 mm diameter kidney stones are present ... Essentially stable 5.13 x 3.9 cm cyst, probably pancreatic pseudocyst ... diminution in volume of neck and central body of pancreas suggesting resolved or nearly resolved pancreatitis. ..."  | S, R, R2 |
| 1/15/99  | Psychiatrist's note indicates, in part, "Depression – 1½ years – gradually losing interest as ship's pilot ... DUI ... sense of humor – now lost ... decreased appetite (but no weight loss) ... Headaches: powerful – Vicodin [hydrocodone/acetaminophen] ... Drugs: ... Prilosec [omeprazole] ... Paxil [paroxetine] .... Vicodin – 4-5 per month ... Imitrex [sumatriptan] ... Diagnosis: major depressive disorder, severe; alcohol 'not fit for duty' – one week ... increase Paxil, change from AM to PM ... discussed reason for binge alcohol ..."  | B3       |
| 1/29/99  | Psychiatrist's note indicates, "Paxil 40 mg – 30% better, tension in jaw increased, no energy, spending time in bed"  | B3       |
| 2/2/99   | Psychiatrist's note indicates, in part, "feel better, not just lying around ... Sleep – sleeping 6-7 hours ... sore temples, little more constant ... alcohol – split bottle wine – few hours, beer – one – every other day – perspiring - ? withdrawal ... Imitrex – took 2 ... Plan ... Klonopin [clonazepam] 0.50 mg – up to 4 tabs daily ... decide in one week whether to increase Paxil from 40 – 50 mg ... Pancreatitis – DUI ... - 2 alcohol ... AA meetings – couple bottles at night ... chemical dependency unit ... 1 bed ... detox – 12 step inpatient – rehab ... 4 week ...  | B3       |
| 2/12/99  | Emergency room report notes, in part, "... vomiting incessantly for the last two days and has been having left flank pain ... had pancreatitis requiring hospitalization in September 1997, and at that time he had a pancreatic pseudocyst discovered which has been followed every six months with a CT scan and appears to be getting smaller. He has had multiple episodes of kidney stones bilaterally. He has a history of alcoholism in the past and, on questioning, states he is only drinking one bottle of wine a night. When he is questioned further, he admits that he is due to enter an alcohol treatment program tomorrow. ... working as a ship's pilot ... Demerol [meperidine] 75 milligrams and Inapsine [droperidol] 1.25 milligrams reduces his pain dramatically to the point of his being able to tolerate it. He appears comfortable by the time of discharge. Assessment: 1. Acute pancreatitis, low level. 2. Left flank pain, probably secondary to pancreatitis, without clear suggestion of urolithiasis at this time. 3. Alcoholism, about to enter rehab. ... It was discussed with him that this medical condition may preclude his alcohol rehab admission ... He doesn't appear to require hospitalization at this time. Vicodin is prescribed for his pain; Compazine [prochlorperazine] tablets and suppositories for his vomiting ..." | S        |
| 4/2/99   | Psychiatrist's note indicates, in part, "Pancreatitis → 28 days ... AA meetings, 3 weeks ... keep taking Paxil ... 'still the same ... sleeps a lot ...' ... Paxil ... taper ... Wellbutrin [bupropion] 100 mg ... long term effects – alcohol –  | B3       |

|                              |   |      |
|------------------------------|---|------|
|                              | discussed ... ‘easing back to work’ ... Plan ... stay on Wellbutrin ... then go off Wellbutrin – few days – stay on trazodone 50 ... go off trazadone ... possibly begin Prozac [fluoxetine] ...”   |      |
| 5/24/99                      | Physician’s note indicates, in part, “Welbutrin ... clonazepam ... trazadone ... Prozac ... Ativan [lorazepam] ... pancreatitis February 12, 1999 ...”  | S    |
| 5/28/99                      | Psychiatrist’s note indicates, in part, “... prefers Wellbutrin to Prozac ... but Prozac helpful ... Option ... increase Prozac ... add low dose Wellbutrin ... taper off Prozac and reinstitute Wellbutrin ... “   | B3   |
| 6/1/99                       | Report of CT scan notes, in part, “... Abdominal pain and lower extremity swelling. History of peptic ulcer disease and pancreatitis, with pancreatic pseudocyst. ... further decrease in size of a ... resolving pseudocyst ... otherwise stable ... since 9/28/98 ... small bilateral renal calculi ...”  | S, R |
| 6/24/99                      | Psychiatrist’s note indicates, in part, “Prozac ... not doing as well as a whole ... Retry Wellbutrin 100 mg twice a day ...Ambien [zolpidem] induced ‘headache’ ... Plan ... ride with other pilots – 2 weeks ...effort to get up ... increase morning Wellbutrin – 150 ... trazodone 50 – one or two at bedtime ...   | B3   |
| 11/18/99                     | Letter from gastroenterologist notes, in part, “This is to certify that [the pilot] was seen in my office on 12/7/98 for complete physical and found him to be medically cleared for pancreatitis condition. [The pilot] may resume his regular job duties as Bar Pilot. ...”   | R2   |
| 11/20/99                     | Psychiatrist’s note indicates, in part, “Wellbutrin 100 mg ... trazodone → weird dreams ... no side-effects Ambien ... estimated time to return to work – Jan 2000 ... AA meetings – 4-5 times per week – was going 7 days per month ...”   | B3   |
| 2/<br>(partial<br>date only) | Only partially dated psychiatrist’s note indicates, in part, “back to work – regular duty 1/12/2000, ‘going fine’ – trazodone – at bedtime – 50 mg, getting up earlier again ... not feeling sleep deprived ... Alcohol – doing fine ... increase trazodone ... continue Wellbutrin ... add ½ tab SR ... “  | B3   |
| 4/3/00                       | Psychiatrist’s note indicates, in part, “Increase 2 trazodone → headaches (every morning) – 7 days ... last 3 weeks ... tried 2 trazadone again (no side effects) ... increase ... Wellbutrin ... increase trazodone ...”   | B3   |
| 5/9/00                       | Psychiatrist’s note indicates, in part, “Wellbutrin IR, both same time – 6-7 hours later, SR – ‘no real enthusiasm’ ... Plan ... add ½ to one tablet IR or ½ to one SR ... take Imitrex ...”  | B3   |
| 6/23/00                      | Psychiatrist’s note indicates, in part, “ ‘little better’ ... 1½ Trazodone at bedtime – ‘doesn’t make me groggy’ ... ‘headaches’ – no better or worse ...”  | B3   |
| 7/7/00                       | Urologist’s note indicates, in part, “Complains of left flank pain. Ultrasound reveals a large stone in the left kidney. ...”   | R    |
| 7/17/00                      | Hospital admission History and Physical Exam notes, in part:<br>... admitted to the hospital with a chief complaint of severe left flank pain ... long history of urolithiasis. Previous workup reveals stones in both kidneys. Recently he developed severe left flank pain with nausea and he is presently on Norco [hydrocodone/acetaminophen] to alleviate the pain. An ultrasound revealed a stone in the left kidney. A cone down view of the left kidney ... on 7/10/00 revealed calcifications seen overlying the midpole of the left kidney; | R    |

|          |   |              |
|----------|---|--------------|
|          | at least two of these were identified -the largest measures 6 x 7 x 5 mm. Conclusion was left renal calculi. Previous workup revealed that he had stones in the right kidney. ... An intravenous urogram done in 1997 revealed stones within both kidneys. ... He is a moderately active person; he is a ship pilot ... He is being treated for urolithiasis with ... Urocit-k [potassium citrate]. ... Probably had kidney stones 15 times in the past. He has had a lithotripsy one time. He has a history of reflux esophagitis and underwent surgery for this. He had a vagotomy and at that time he developed dumping syndrome. He has a history of intermittent headaches. He takes Vicodin and sometimes Imitrex for this. ... MEDICATIONS: He takes ... Darvon [propoxyphene] and Vicodin. ... The patient is entering for extracorporeal shock wave lithotripsy ...” |              |
| 7/19/00  | Urologist’s note indicates, in part, “Extracorporeal shock wave lithotripsy ... fragmented two stones in the left kidney. Good results.”  | R            |
| 7/25/00  | Urologist’s note indicates, in part, “Came in with a collection of stones. ... X-ray showed small fragments in the lower pole of the left kidney. ...”  | R            |
| 8/23/00  | Urinary calculi report notes, in part, “...Stone composition ... Calcium Oxalate Monohydrate ... Calcium Phosphate ...”   | R            |
| 8/30/00  | Psychiatrist’s note indicates, in part, “... Effexor [venlafaxine] – ‘too speedy’ ... Plan: ... Maintain Wellbutrin/Trazodone ... add Celexa [citalopram] – 20-40 mg ... observe: sedation ...”   | B3           |
| 8/30/00  | Urologist’s note indicates, in part, “Long discussion with patient because still has some left flank pain ... last set of x-rays ... fragments in lower pole and 3mm stone in mid calyx. UA negative. Prescription for Urocit-K. ...”   | R            |
| 10/6/00  | Psychiatrist’s note indicates, in part, “Celexa ... little groggy, sleeping better – headache one in a while ... work: ‘fine’ ...”  | B3           |
| 11/7/00  | Psychiatrist’s note indicates, in part, “Celexa → 50 mg, woke up headaches ... went away, 60 mg → 10 days → speedy ... remain at Celexa 60 mg/day ...”  | B3           |
| 12/20/00 | Psychiatrist’s note indicates, in part, “... Celexa taper ... Maintain current Wellbutrin ... Serzone [nefazadone] – max 300 mg ...”  | B3           |
| 12/22/00 | Urologist’s note indicates, in part, “Passed a left renal stone this morning. It was dumbbell in shape, irregular and grey. He did not want it analyzed. Still has stones in both kidneys. Prescription for Norco ... Urinalysis: negative for blood. ...”  | R            |
| 1/26/01  | Urologist’s note indicates, in part, “Brought in a 5 mm stone that he passed. Still has pain in the left kidney ...”  | R            |
| 1/29/01  | Report of renal ultrasound notes, in part, “...Clinical History: History of renal stones. Previous gastrectomy. ... no renal calculi or hydronephrosis are identified in either side ...”   | S, R, B2, R2 |
| 2/9/01   | Report of CT scan notes, in part, “... Compare previous CT 6/1/99 and Ultrasound 1/29/01 ... urolithiasis protocol, 52 scans on a ... spiral scanner without intravenous contrast ... interval reduction in the bilateral renal calculi. ... Only one calcification is currently seen in the right kidney which is non-obstructive and measures about 1mm. There are only two remaining calculi within the left kidney, one about 2 mm and the other about 3mm in diameter. These also appear nonobstructing. The renal pelvis bilaterally, however, is   | S, R, R2     |

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|         | more prominent than on the previous examination. ... there is segmental fullness of the left ureter but maximal diameter is only 5 mm. No calculus could be identified within the left ureter or within the bladder. The patient has had some recent left-sided symptoms and fullness of the left ureter suggests that there may have been a recent left ureteral calculus but there is no evidence of significant obstruction at this time.”   |    |
| 2/9/01  | Psychiatrist’s note indicates, in part, “Kidney stone ‘acting up’ – Norco – ‘stronger Vicodin,’ Talwin [pentazocine/naloxone] – always worked ... Prescribed by primary care provider ... Update: 150 Serzone twice a day – tried 200 mg twice a day → harder to go to sleep.”  | B3 |
| 2/14/01 | Psychiatrist’s note indicates, in part, “... take Wellbutrin 100 mg IR two upon arising ... Take Wellbutrin 100 mg IR, 100 mg SR ... add ½ to one tab Wellbutrin 150 mg SR – bedtime ... Maintain Serzone 150 mg twice a day ... Letter from [family member] ... return letter ... termination, options: ... psych ... Primary care provider/psych consult ... close case.”<br>Letter from family member notes, in part, “... It is hard for me to believe that you don’t see his confusion ... perhaps you are seeing more ‘progress’ ... than reality warrants ...”   | B3 |
| 2/20/01 | Letter from psychiatrist to pilot notes, in part, “... it is in your best interest to find yourself another doctor ... Your psychiatric condition is no longer acute ... The fact that you are no longer using alcohol is a step in the right direction ... you are in what is considered the ‘maintenance phase’ of your treatment. Consequently, a primary care physician can easily continue to write your prescriptions. ...”   | B3 |
| 2/21/01 | Fax sheet notes that “Your patient requests refills of prescriptions listed below; Please have the Doctor review, sign, and indicate refills and any changes necessary ... Hydrocodone w/APAP ...” Handwritten on the fax sheet is the notation “Do Not Refill.”  | R  |
| 3/5/01  | Physician’s note indicates, in part, “Prescriptions: Norco tab 1 every 4 hours ... Compazine ... as needed ... 2 Darvocet-N [propoxyphene/acetaminophen] every 4 hours as needed ... Talwin ... Prilosec ... chief complaint: ... Left ankle squeeze/ship ... Back ache ... soak Advil [ibuprofen] ... Darvon N ... Call 48 hours. ...”   | S  |
| 4/22/01 | Patient information form notes, in response to “reason for today’s visit,” “headache and back pain.” In response to “Have you ever been treated for alcoholism” is noted “yes.” In response to “Have you ever been treated for drug abuse” is noted “no.” In response to “Do you use tranquilizers” is noted, “never.”  | B2 |
| 4/24/01 | Physician’s note indicates, in part, “... Long history of headaches several times per week – treated with Anacin okay. 5 weeks ago developed daily morning headache mid frontal area especially on arising ... no relief Anacin [aspirin] or Vicodin. Imitrex helps a little. Subsides in afternoon. ... Imitrex helps slightly but doesn’t remove ... Low back pain. Known history of kidney stones – had lithotripsy but no relief. ... significant illness: Pancreatitis x 2 (? Alcohol related. Discontinued since.) ... Medications and Supplements ... Wellbutrin for 1 year 400 per day, Serzone 100, Prilosec, Darvon occasionally, | B2 |

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|          | Palmetto, Vitamin C and Vitamin E. ...” No other medications are noted.  |          |
| 5/14/01  | Physician’s note indicates, in part, “Awoke with headache today ... 4 times per week with headache ... strong, annoying headache. Took Imitrex oral tab (50) today, slight improvement. ...”   | B2       |
| 7/2/01   | Physician’s note indicates, in part, “... Ambien (works but wants to not use it). ... Headaches <u>not</u> bad! None for 5-6 days ...”   | B2       |
| 8/29/01  | Physician’s note indicates, in part, “Taking Norco 10/325 mg – lasts 2-3 hours, takes 5-6 times per day. Feels pain is worse ... Assessment: Low back pain ... Plan ... MRI ... Oxycontin [oxycodone] ...”   | B2       |
| 8/31/01  | Report of MRI of the lumbar spine notes, in part, “... History: severe pain, chronic. Left lower back. ... Impression: 1 - Broadbased bulge of intervertebral disc at L4/5 with caudal foraminal stenosis and facet arthrosis. 2 – The remainder of the lumbosacral spine is unremarkable.”  | B2       |
| 9/4/01   | Physician’s note indicates, in part, “Oxycontin 20 mg every 12 hours – reduces pain mostly. Pain returns after 4 hours, then needs Norco – taking ~ 4/day. ... on Oxycontin feels sleepier, <u>no</u> spaciness, other problems ...Plan: decrease Oxycontin to 10 mg ...”  | B2       |
| 9/7/01   | Physician’s note indicates, in part, “Passed kidney stone last night – small 1mm stone – back pain better today now 3/10 – before was 9/10. ...”   | B2       |
| 9/19/01  | Urologist’s note indicates, in part, “Continues to complain of left sided abdominal pain ... passed a stone recently and CT of the abdomen was negative. Was seen by a chiropractor and an acupuncturist all of whom could not find the source of the pain and could not treat the pain. ... Urine negative except for 3 plus glucose ...”<br>Renal ultrasound report notes, in part, “... no echogenicity to indicate a cyst, stone or tumor in either kidney. ... No definite obstructive findings ... Normal renal ultrasound.” | R        |
| 10/2/01  | Report of CT scan notes, in part, “... Left sided pain ... Compare 2/9/01 ... 7mm thick axial images ... Apparent interval migration of a small calculus in the left kidney from the mid pole to the lower pole; otherwise, stable CT appearance of the abdomen and pelvis since 2/9/01, again demonstrating small bilateral renal calculi ... atrophic appearing pancreas without a visualized pancreatic mass. ...”  | S, R, R2 |
| 10/5/01  | Urologist’s note indicates, in part, “Elevated blood sugar. Now 144. Long discussion regarding pancreatic cyst, atrophic pancreas, and diabetes. ... diagnosis: Diabetes and apparent diabetic neuropathy, atrophy of the pancreas ...”  | R        |
| 10/12/01 | Physician’s note indicates, in part, “... Meds Wellbutrin 100 twice a day ... Ambien 1 at bedtime as needed ... Glaucoma bilaterally ... renal disease vs. stones ... pancreatic disease? ... left sided pain abdomen/back ... Prescription: Norco tab. ...”   | S        |
| 11/1/01  | “New Patient Naturopathic Evaluation” notes, in part, “...Serious gastrointestinal problems, reflux esophagitis – pyloric valve permanently open – cut vagus nerve permanently for heartburn ... serious digestive problems – fruits (peaches, plums, apricots), vegetables – causes cramping, diarrhea, gas – noticed directly after surgery ...Medications and supplements: Urocit K   | B2       |

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|          | (prevents forming of kidney stones) Wellbutrin – 350mg per day, Sonata [zaleplon] (for insomnia), Lomotil [diphenoxylate/atropine] (to decrease diarrhea), Darvon (for cramps), Imitrex (for headache), Norco (for kidney stone pain), saw palmetto ... vitamin C, vitamin E ... Pilot – ship, works 2 weeks on 2 weeks off, shifts 4 hours to 16 hours ... Only eats one meal a day because of problems with food ... Foods that are craved ... non-alcoholic beer – 4-6 per day ... headache (especially increased with anti-depressants) ... back pain (chronic) ... urinary: 24 kidney stones; last one 2 months ago ...   |         |
| 2/28/02  | Physician's note indicates, in part, "Pain 8/10 low back yesterday. Took Oxycontin, feels fine today ..."  | B2      |
| 12/6/02  | Urologist's note indicates, in part, "No recent kidney stones. Prescription of Urocit-K. ..."  | R       |
| 12/30/02 | Physician's note indicates, in part, "... had back pain last week. Took Oxycontin several times. ...back pain better. ..."   | B2      |
| 4/14/03  | Physician's note indicates, in part, "...passed another kidney stone last week ...needs sleep meds ...prescription – Ambien 5-10 mg at bedtime ..."  | B2      |
| 12/19/03 | Physician's note indicates, in part, "...passed another stone last week ..."   | B2      |
| 4/18/03  | Urologist's note indicates, in part, "...Passed a stone recently. ..."   | R       |
| 4/29/03  | Urologist's note indicates, in part, "... Pain in the left flank. ...In 1992 dilated left ureteral stricture. Now having pain in the same area again. ..."   | R       |
| 4/15/04  | Physician's note indicates, in part, "Having sporadic pain - ? renal - has had multiple stones passed ... seems better regarding 'anxiety' but still not perfect. Headaches decreased – perhaps because of Welbutrin. ... hypothyroid ... GERD [gastroesophageal reflux disease](refractory) ... COPD [chronic obstructive pulmonary disease] ... P.A.T. [paroxysmal atrial tachycardia]? ... osteopenia? Stones? Gall bladder? Renal? ... DJD [degenerative joint disease] ...IBS [irritable bowel syndrome] ... pseudocyst pancreas ... neuropathy ... anxiety secondary to sporadic hypoglycemia ... Vicodin or Norco – 10 mg ... Darvon ... (stomach cramps) 65 mg ... Oxycontin 20 mg ... Talwin ... Ativan ... Wellbutrin 1999 100 mg. ..."  | S       |
| 9/27/04  | Urologist's note indicates, in part, "Passed 4 stones that were small. Very happy with Urocit-K ..."   | R       |
| 10/21/04 | Handwritten note "To whom it may concern" signed by the pilot's physician (S) indicates, in part, "... in 1999 ... entered a period of depression. Multiple antidepressants were tried with poor success. Wellbutrin was not only successful in treating the depression but had no side effects of any kind. In my opinion, it was safe to take the medication while piloting vessels as a San Francisco Bay Pilot. The medication, Wellbutrin, has been recorded in all his Coast Guard physicals since 1999 without the agency's objection. In addition, ... the Pilot Commission doctor ... has also given him an annual physical and passed him with full knowledge that he has been taking this medicine and made no objection to his continuing to fulfill his duties as a Bar Pilot." | S       |
| 11/8/04  | "Patient Sleep Questionnaire" notes, in response to "...any surgeries ...," "...operation to repair acid reflux 1977 ..."  | B, T    |
| 11/17/04 | "New Patient Sleep Consult Note" indicates, in part, "... snoring for over 20 years ... last 7 weeks ... dramatic increase in the frequency and volume ..."  | S, B, T |

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|         | variable work schedule ... but has kept this kind of schedule for many, many years ... last several weeks ... more sleepy than usual ... concerning incidents of drowsy driving ... has had witnessed apneas ending in snorts, gasps, and chokes ... has taken OxyContin as needed for flank pain, but has had no need for narcotic medications in over six months ... does not report the use of alcohol or recreational drugs ... Height 5'8", weight 183 pounds. Neck is 17- <sup>3</sup> / <sub>4</sub> " in circumference ... soft palate is low lying, the uvula hypertrophied ... Mallampati type 4 airway ...  |         |
| 1/24/05 | Sleep Medicine "pre-study questionnaire" notes, in response to "Have you taken any medications today/tonight," "Wellbutrin 100mg 0600, 100mg 1200, 100mg 1800" and in response to "List all medications taken in the past week," "Wellbutrin, Prilosec, Ativan, Sudafed."  | B, T    |
| 2/22/05 | Sleep medicine clinic letter to physician B2 with copy to physician S notes, in part, "... test run in November of last year showed an apnea-hypopnea index of 16.2, but [the pilot] felt it was a very unrepresentative test and so returned for a repeat on January 24. This test showed an apnea-hypopnea index of 51.3 respiratory events per hour with an oxygen saturation nadir of 90%. Ironically, [the pilot] felt that this was one of the best sleeps of recent memory and was irritated at our technologists interrupting that sleep to initiate CPAP therapy. In fact, he refused CPAP therapy on that night. Since then, he has been sleeping very well. ... hardly snoring at all ... cannot imagine trying to sleep with CPAP ... education was all I was able to offer ..." | S, B, T |
| 5/13/05 | Physician's note indicates, in part, "Diagnoses: GERD, anxiety, fatigue, migraine, IBS ... prescription: Ambien ... Right frontal severe headaches ... Ativan 0.5 mg every 8 hours as needed ... "heartburn" ... Meds – Nexium – GERD, Darvocet? Darvon 65 – DJD, Lomotil – IBS, Norco – head, Wellbutrin ... Imitrex ..."   | S       |
| 6/15/05 | Report of upper gastrointestinal endoscopy notes, in part, "... history suggestive of a vagotomy and a Nissen fundoplication ... now presents with free reflux. ... Preoperative medications: Versed [midazolam] 8mg IV, 125 mg of fentanyl IV, and hurricane spray to the oral cavity ... very strong gag reflex ... significant retching ... absolutely no evidence for esophagitis, strictures, or other lesions. The stomach also appeared to be normal ... less than satisfied with a complete examination ... did not get the impression that the patient had a fundoplication ..."  | S, R2   |
| 8/31/05 | Physician's note indicates, in part, "... status post sleep study (+) sleep apnea – using CPAP - ? if helpful – difficulty with mask. Using Ativan for 2 months ... last Ativan 4 days ago – complains of tingly fingers, jaw clenched and tight, anxious ... Assessment – Ativan withdrawal ... restart Ativan 1mg for one week → .75 → .5 → .25, then discontinue. ..."  | B2      |
| 9/19/05 | Sleep medicine clinic letter to physician B2 with copy to physician S notes, in part, "[the pilot] called me in June and said the excessive daytime sleepiness was becoming untenable and he was ready to try CPAP. ... set up with an auto-titrating CPAP and a nasal mask. Downloads from that machine from June 27 until August 31, 2005 show that he has had very good compliance, with a wide variation of pressure demands. He has used every pressure   | B, T    |

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|                 | between 4 and 15 cm H <sub>2</sub> O and 90 <sup>th</sup> percentile effective pressure has been 10 cm H <sub>2</sub> O. With the machine in place, he has had an average apnea-hypopnea index below 2.5 respiratory events per hour of sleep. ... reports that using CPAP is not as onerous as he expected it would be. He has very little difficulty falling asleep with it in place, and for the first several weeks actually slept through the night. ... Recently, he has begun to awaken around 4 a.m. with difficulty getting back to sleep. I expect that this is actually the revelation of a separate sleep disorder. He has probably paid off the severe sleep deprivation that he had from the severe obstructive sleep apnea, and the 4 a.m. awakening may now be due to depression, circadian rhythm imbalance, or another subtype of insomnia. He reports that you have started him on trazodone within the last week, and this may prove effective. All in all, he is doing much better with less daytime sleepiness and more energy. He expects to continue to use the CPAP. ...” |         |
| 1/13/06         | Sleep medicine clinic letter to physician B2 with copy to physician S notes, in part, “... compliance has actually slipped from 97% to only 85% of nights and from 6 hours and 4 minutes on a nightly basis to 4 hours and 48 minutes. ... feels he is still using it as often as he can. He has had a great deal of variability in his work schedule and a lot of very short nights because of that. Of course, when he sleeps on the ship he does not have the CPAP available, so these nights do not record. ... prescription today of Provigil at 200mg to support his alertness during shift work. ...”   | B, T    |
| Unreadable date | Physician’s note indicates, in part, “Wellbutrin ... Sleep apnea test ... mask ... no snore ... good sleep ... one or two ativan ... ‘Provigil’ as needed with breakfast ... Darvon as needed ... ‘heartburn’ ... maritime pilot ... Captain (can’t swim) ...”   | S       |
| 6/30/06         | Urologist’s note indicates, in part, “Suffers from recurrent nephrolithiasis. Prescription for Urocit-K ...”   | R       |
| 7/17/06         | Sleep Medicine clinic letter to physician B2 indicates, in part, “... in for six – month follow up ... uses an auto CPAP for obstructive sleep apnea and is finding it quite effective. He still has difficulty with irregular sleep hours because of his job as a ship’s pilot. This leaves him chronically sleep deprived and excessively sleepy in spite of compliant CPAP use ... 91% nightly compliance averaging 5 hours and 4 minutes ... average pressure is 9.3 cm H <sub>2</sub> O. The effective apnea-hypopnea index is 4.9 events per hour and snore and leak values are acceptable. ... has found Provigil to be very effective at increasing his alertness and safety while at work on the bay. He has found that two 200 mg tablets is often a more effective dose. He only uses this for work days and has not abused the timing on his prescription. ...”  | S, B, T |
| 9/21/06         | Gastroenterologist’s note indicates, in part, “Has been having increased symptoms of reflux and heartburn with episode of a food bolus lodging last week. He has history of esophageal dilatations in the past as well as a Nissen fundoplication. Assessment: gastroesophageal reflux disease ... rule out esophageal stricture ... Protonix [pantoprazole] 40 mg twice a day, schedule esophagogastroduodenoscopy ...”   | R2      |
| 9/25/06         | Report of upper GI endoscopy notes, in part, “... history of GERD and  | S, B2   |



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|         | esophageal stricture ... has symptoms of GERD and dysphagia now ... no evidence of esophagitis, stricture, or other abnormalities ...”   |    |
| 2/6/07  | Physician’s note indicates, in part, “... uses Ativan at night to sleep ... drinks 6 non-alcoholic beers/day ... Plan ... discontinue non-alcoholic beer ...”  | B2 |
| 2/9/07  | Stress echocardiographic report notes, in part, “... reason for test: chest discomfort ... medications: Aciphex [rabeprazole], Ativan, aspirin ... 90% predicted maximum heart rate: 144 Maximum heart rate achieved: 153 ... Duration of Exercise: 7 minutes 33 seconds Exercise stopped because: fatigue ... no chest discomfort, no shortness of breath ... Resting tachycardia at 125 beats per minute noted ... no exercise induced chest discomfort ... No EKG evidence of ischemia ... Normal wall motion at rest with excellent improvement in all walls following exercise ... normal study.” | S  |
| 4/17/07 | Physician’s note indicates, in part, “Sleep problems. Increasing doses of ativan (2 mg at bedtime) per sleep center. Tried Ambien and Lunesta [eszopiclone] – not helpful. Took Wellbutrin for 8 years – discontinued ‘due to stroke risk’ – restarted 10 days ago ... Levothyroid 25 per day – the most beneficial effect on daytime sleepiness ... assessment ... headache ... sleep disorder – obstructive sleep apnea ... hypothyroid ...”   | B2 |
| 4/25/07 | Urologist’s note indicates, in part, “Since being on Urocit-K he passes small kidney stones but has not been incapacitated with kidney stones. ...”  | R  |
| 5/11/07 | Report of CT scan of brain notes, in part, “... Clinical history: Atypical headaches ... The air-containing structures at the skull base suggest a small amount of ethmoid sinus inflammatory disease. Impression: no significant intracranial process. Ethmoid sinus inflammatory changes. ...”   | S  |
| 5/11/07 | Report of sinus x-rays notes, in part, “... Severe frontal headaches. Question sinusitis. ... Impression: there is a small amount of mucoperiosteal thickening seen in the left ethmoid sinus, consistent with the finding on today’s computed tomography scan. The other paranasal sinuses appear clear on this examination.”   | S  |
| 5/22/07 | Physician’s note indicates, in part, “... Headaches again – 15-30 minutes, 3-8 on 1-10 scale, worse late afternoon, Darvon helps ... tender right frontal ... Old? New? Infectious? Allergic? Cervical spasm – sinusitis – referral? Local? ... Severe frontal pain, right greater than left, 14 hours, naloxone better than {Imitrex x 2, Ativan x 2, Norco x 2; Boring –ache – ‘sinus’ ...”  | S  |
| 6/25/07 | Report of X-rays of cervical spine notes, in part, “...Clinical history: Neck pain. Headaches. Findings: ... facet degenerative changes throughout the cervical spine ... spondylosis and loss of disk space height of C4-5 through C6-7 ... foraminal stenosis on the right at C4-5 and to a lesser extent at C5-6 and C6-7 on the right and C4-5 through C6-7 on the left. ...”  | S  |
| 6/29/07 | Sleep Medicine clinic note indicates, in part, “5:12 pm ... to patient – schedule erratic today, slept 11 to 9 am – goes to sea 7 pm tonight – will not sleep. Gets off 7 am tomorrow - ? How to use Provigil? → Take one now another ~ 11. ...”   | B  |
| 8/6/07  | Physician’s note indicates, in part, “... increased headaches if decreases CPAP ... Assessment ... Headache ... sleep apnea ...”   | B2 |
| 9/18/07 | Urologist’s note indicates, in part, “Feels fine and has had no stones since   | R  |

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|                     | being on Urocit-K (Kcitra). ...”   |     |
| 10/2/07             | Dental surgeon’s note indicates, in part, “Meds: eye drops, thyroid, Lomotil, Provigil, Ativan; Problems: Sleep apnea, glaucoma” and notes the surgical placement of mineralized freeze dried bone in preparation for dental implants, with the prescription of 24 Vicodin.        | A   |
| 11/1/07-<br>11/7/07 | A report of compliance information from the pilot’s CPAP device indicates, under “patterns of use,” the following time of use of the device in the 6 nights prior to the accident:<br>11/1/07 4:31<br>11/2/07 8:55<br>11/3/07 5:54<br>11/4/07 4:06<br>11/5/07 6:13<br>11/6/07 6:10 | B,T |