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OF COUNSEL
FREEBURG, JUDY
MACCHIAGODENA & NETTELS

January 23, 1992

Gallagher Bassett Services, Inc.
23382 Mill Creek Drive, Suite 205
Laguna Hills, California 92653

REDACTED

Attention: Sally Fleming

R[redacted] V. SHERWIN WILLIAMS
WCAB NO.:
CLAIM NO.: 010733-000771-WC-01

Dear Ms. Fleming:

I am in receipt of various medical reports, material data safety sheets, personnel and medical file on the above-referenced matter.

Thank you for your cooperation in forwarding that material to my attention.

Concerning the internal medical report of Dr. Joseph Chann from Kaiser Permanente, he finds that the applicant is basically normal. He particularly cites her vital signs from a June 24, 1991 emergency room visit at the Lake View location as well. He further finds that her Cortisol level, Thyroid Function Test and Hemoglobin Electrophoresis were all negative. He did note that she has a very mild iron deficient microcytic anemia and her Liver Function tests were all normal. In addition, Pulmonary Function tests also appear normal, causing him to find no evidence of restrictive or obstructive lung disease. He referred her for further pulmonary evaluation. He adds that heavy metal screen and lead level tests were done and they all came back within normal limits without evidence of any toxicity.

His impression is that the patient may have a psychiatric component contributing to her subjective complaints. He notes she has already been tried on Elavil, although her condition apparently was worse when she took it. He further suspects she may have a major depressive disorder or a phobia from the inhalation accident and he does not

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think that her illness at this point is secondary to any heavy metal or chronic lead poisoning. He ordered a psychiatric consultation to evaluate the patient for possible depression. Patient was to return in two weeks for a follow up.

The applicant returned to the West Anaheim Park Clinic on July 22, 1991, complaining of alternating chills and sweats, no appetite, but a lot of noisy rumbling in stomach, without abdominal pain. It was noted that she still felt very anxious, no syncope, just weak and no appetite. The assessment was hypotension prob. Amitriptytive; rule out depression. Medication was prescribed. When applicant's husband complained as to why there was the lack of any positive findings to substantiate any solvent intoxication and why the emergency room did not order any toxic screen, they explained to him that her chest x-ray, physical examination and ABG's were all normal and that toxic fumes usually cause bronchitis, bronchospasm, pneumonitis, etc. The examination revealed that the patient was obviously depressed, although in no acute distress and her lungs were clear. Final assessment was: depression; mild microcytic anemia; symptoms out of proportion to examination; no evidence of pulmonary damage. This was signed by Dr. Garcia.

Since you sent me your original of the applicant's personnel and medical records, I am enclosing a copy of same for your file.

Thank you for your assistance and attention. If you have any questions or comments, please do not hesitate to contact me.

Very truly yours,

LAW OFFICES OF TAPPIN & BARLING
A Professional Corporation

BY: Jon N. Yudin

JNY:pac

Enclosure

cc: Sherwin Williams Company; Tony Colangelo