No. _____

IN THE SUPREME COURT OF THE UNITED STATES

DANIEL RHINE,

vs.

SEAN DUFFY, United States Secretary of Transportation

APPLICATION FOR AN EXTENSION OF TIME TO FILE A PETITION FOR A WRIT OF CERTIORARI

To the Honorable John G. Roberts, Jr., Chief Justice of the Supreme Court of the United States, and the Honorable Scott S. Harris, Clerk of the Supreme Court of the United States:

1. Pursuant to Supreme Court Rule 13.5, petitioner Daniel Rhine, *pro se*, respectfully requests a 60-day extension of time for himself, until September 1, 2025, within which to file a petition for a writ of certiorari. The United States Court of Appeals for the Ninth Circuit denied the Petitioner's appeal on January 14, 2025. See Exhibit A enclosed. The Ninth Circuit denied panel rehearing *en banc* on April 3, 2025. See Exhibit B enclosed. This Court has jurisdiction under 28 U.S.C. § 1254(1).

2. Absent an extension, a petition for a writ of certiorari would be due on July 2, 2025. See U.S. S.Ct. R. 13.1. This application is being filed more than 10 days in advance of that date, and no prior application has been made in this case.

3. The requested extension is necessary because on April 1, 2025 the Petitioner's vehicle was struck by a Metro Bus while he was driving. Due to this accident, and immediately following the date of the accident through the present, the Petitioner subsequently has severely reduced ability to type on a computer. See Exhibits C through E enclosed, the Petitioner's medical file with Physician's notes regarding injuries from his accident. As a result, and because he is a *pro se* filer, he would not be able to meet the July 2, 2025 deadline without an extension.

4. When asked for a position on this application for extension of time, James Strong, counsel for the Defendants, responded via automated email that he was unavailable during the business week of this application for extension of time, and thus the Defendant has no stated position regarding this request.

5. Wherefore, Petitioner respectfully requests that an order be entered extending his time to file a petition for a writ of certiorari to Monday, September 1, 2025.

Sworn under penalty of perjury at Seattle, Washington, and dated June 20, 2025.

/s/

DANIEL RHINE, PE, MPA, *pro se*
2125 Westlake Ave. N., Unit 402
Seattle, WA 98109
Telephone: 520.403.9870
dttrhine@aol.com

Enclosed:

Exhibit A – 9th Circuit Opinion of Petitioner's appeal.

Exhibit B – Ninth Circuit Order denying rehearing *en banc*.

Exhibit C – Progress notes from Petitioner's Physician on April 15, 2025.

Exhibit D – Progress notes from Petitioner's Physician on May 20, 2025.

Exhibit E – Progress notes from Petitioner's Physician on June 10, 2025.

CERTIFICATE OF SERVICE

I certify I am above the age of 18, of sound mind, and representing myself in this suit *pro se*. This APPLICATION FOR AN EXTENSION OF TIME TO FILE A PETITION FOR A WRIT OF CERTIORARI, and its Exhibits A through E, is served with three (3) copies to each:

The Honorable John G. Roberts, Jr. and The Honorable Scott S. Harris
The Supreme Court of the United States
1 First Street, NE
Washington, DC 20543

The Solicitor General of the United States
Room 5616, Department of Justice
950 Pennsylvania Ave. NW
Washington, DC 20530-0001

James C. Strong, WSBA No. 59151
Assistant United States Attorney
United States Attorney's Office
700 Stewart Street, Suite 5220
Seattle, WA 98101
(206) 553-4578 | Email: james.strong@usdoj.gov

Sworn true under penalty of perjury in Seattle, Washington on June 20, 2025.

By: /s/
Daniel Rhine, PE, MPA, *pro se*
2125 Westlake Ave. N. #402
Seattle, WA 98109
Phone: (520) 403-9870

Exhibit A

NOT FOR PUBLICATION

FILED

JAN 14 2025

MOLLY C. DWYER, CLERK
U.S. COURT OF APPEALS

UNITED STATES COURT OF APPEALS

FOR THE NINTH CIRCUIT

DANIEL RHINE, Plaintiff-Appellant, v. PETE BUTTIGIEG, United States Secretary of Transportation, Defendant-Appellee.	No. 23-35252 D.C. No. 2:20-cv-01761-RAJ MEMORANDUM*

Appeal from the United States District Court
for the Western District of Washington
Richard A. Jones, District Judge, Presiding

Submitted January 14, 2025**

Before: O'SCANNLAIN, KLEINFELD, and SILVERMAN, Circuit Judges

Daniel Rhine appeals pro se from the district court's summary judgment in his action against the Federal Aviation Administration ("FAA") under Title VII of the Civil Rights Act of 1964. Rhine alleges claims for disparate treatment, retaliation, and hostile work environment arising from the FAA's decision to terminate his

* This disposition is not appropriate for publication and is not precedent except as provided by Ninth Circuit Rule 36-3.

** The panel unanimously concludes this case is suitable for decision without oral argument. *See* Fed. R. App. P. 34(a)(2).

employment following an investigation into his conduct. We have jurisdiction under 28 U.S.C. § 1291. We review de novo. *Fried v. Wynn Las Vegas, LLC*, 18 F.4th 643, 646 (9th Cir. 2021). We affirm.

The district court properly granted summary judgment on Rhine's disparate-treatment claim because he failed to raise a triable dispute as to whether individuals outside his protected class were treated more favorably, or whether the FAA's legitimate, non-discriminatory reasons for terminating his employment were pretextual. *See Campbell v. Haw. Dep't of Educ.*, 892 F.3d 1005, 1012 (9th Cir. 2018) (explaining that to a claim for disparate treatment requires a plaintiff to show that "(1) she belongs to a protected class, (2) she was qualified for the position in question, (3) she was subject to an adverse employment action, and (4) similarly situated individuals outside her protected class were treated more favorably"; if the plaintiff does so, then the burden shifts to the employer to articulate a legitimate, nondiscriminatory reason for the challenged conduct, and then to the plaintiff to show that the reason is pretextual (citation omitted)).

The district court properly granted summary judgment on Rhine's retaliation claim because Rhine failed to raise a triable dispute as to whether the FAA acted in retaliation for any protected activity. *See Bergene v. Salt River Project Agric. Improvement & Power Dist.*, 272 F.3d 1136, 1140-41 (9th Cir. 2001) ("In order to make out a prima facie case of retaliation, a plaintiff must show that (1) she was

engaging in protected activity, (2) the employer subjected her to an adverse employment decision, and (3) there was a causal link between the protected activity and the employer's action." (citation omitted)).

The district court properly granted summary judgment on Rhine's claims for hostile work environment and retaliatory hostile work environment because Rhine failed to raise a triable dispute as whether he was subjected to severe or pervasive verbal or physical conduct sufficient to create an abusive working environment. *See Fried*, 18 F.4th at 647 (explaining that a claim for hostile work environment requires a plaintiff to show that "(1) he was subjected to verbal or physical conduct of a sexual nature; (2) the conduct was unwelcome; and (3) the conduct was sufficiently severe or pervasive to alter the conditions of employment and create an abusive working environment"); *Ray v. Henderson*, 217 F.3d 1234, 1244-45 (9th Cir. 2000) (recognizing a separate cause of action for a retaliatory hostile work environment).

Rhine has waived appellate review of the magistrate judge's decision to exclude testimony by Rhine's expert witness Brian Sawyer by failing to object to the order. *See Simpson v. Lear Astronics Corp.*, 77 F.3d 1170, 1174 (9th Cir. 1996) ("[A] party who fails to object to a magistrate judge's nondispositive order is barred from pursuing appellate review of that order.").

Rhine has waived appellate review of the clerk's award of costs by failing to object as permitted by Rule 54(d)(1). *See* Fed. R. Civ. P. 54(d)(1); *Walker v. California*, 200 F.3d 624, 626 (9th Cir. 1999) ("[W]e hold that a party may demand judicial review of a cost award only if such party has filed a proper motion within the . . . period specified in Rule 54(d)(1).").

The record does not support Rhine's contention that the district court failed to conduct a de novo review of the record.

AFFIRMED.

Exhibit B

FILED

APR 3 2025

MOLLY C. DWYER, CLERK
U.S. COURT OF APPEALS

UNITED STATES COURT OF APPEALS

FOR THE NINTH CIRCUIT

DANIEL RHINE, Plaintiff-Appellant, v. PETE BUTTIGIEG, United States Secretary of Transportation, Defendant-Appellee.	No. 23-35252 D.C. No. 2:20-cv-01761-RAJ Western District of Washington, Seattle ORDER

Before: O'SCANNLAIN, KLEINFELD, and SILVERMAN, Circuit Judges.

The panel votes to deny the petition for panel rehearing. The panel recommends denial of the petition for rehearing en banc. The full court has been advised of the petition for rehearing en banc and no judge has requested a vote on whether to rehear the matter en banc. Fed. R. App. P. 40. Appellant's petition for rehearing and petition for rehearing en banc are denied.

Exhibit C

Office Visit - Apr 15, 2025

with Von Chang, MD at Kent Family Practice

Notes from Care Team

Progress Notes

Von Chang, MD at 04/15/25 0800

CC: Nursing note reviewed above and I re-confirmed it with patient.

Prior to recording, I discussed recording the conversation using Dax Copilot virtual scribe with the patient and all other people in the room so I can use it help me write my note, and all gave verbal consent.

History of Present Illness

The patient is a 38-year-old male here for follow-up on an urgent care visit/MVA visit. He saw urgent care on 04/02/2025 due to neck and back strain from an MVA that he sustained on 04/01/2025.

He was the driver of a Tesla Model 3, which was rear-ended by a bus while stationary at a traffic light. He was wearing his seatbelt at the time of the collision, and there was no secondary impact with another vehicle or object. The airbag did not deploy, and he was able to exit the vehicle independently. He immediately experienced discomfort, which escalated into pain the following day, prompting him to seek urgent care. He describes the pain as occasionally sharp, achy, and throbbing, localized to the upper half of his back including pain between both scapulae, and posterior neck but not lower back per pt. He also reports pain radiating from his right elbow down to his forearm, wrist, and fingers. He does not experience any low back pain or radiating pain from his low back to his legs. He continues to experience pain in the same areas, rating it as 7+ out of 10 today. The pain is exacerbated by prolonged sitting, driving, and certain neck movements. He is right-handed and finds desktop activities, such as using a mouse, can be painful. He occasionally adjusts his neck position to alleviate the pain temporarily. He reports no improvement with any interventions. He reports no abdominal pain, urinary issues, or bloody stools. Patient report no hx of nsaid intolerance noted including no hx of melena, hemetemesis, or pud. He has previously undergone physical therapy at the Seattle Sounders facility. At the urgent care, he was diagnosed with neck strain and mid/low back strain and prescribed meloxicam 15 mg once daily and a muscle relaxer 10 mg as needed. He has been adhering to the prescribed medication regimen but ran out of both medications approximately a week ago, noting it provided suboptimal relief. . Since then, he has been managing his pain with over-the-counter ibuprofen 600 mg three times daily and alternating with acetaminophen 500 mg three times daily. Despite this, he reports again no significant improvement in his symptoms. He reports no gastrointestinal side effects from the ibuprofen, which he takes with food. He also reports no head injury or loss of consciousness at the time of the accident. He has a history of neck pain dating back to 2023, for which he underwent C6-C7 cervical disk replacement surgery due to cervical stenosis. He reports recovery from the surgery and has only experienced pain in the past 2 weeks after the mva. He has used oral prednisone in May 2023 with out med se. He reports no adverse effects from prednisone. He reports no current fever or bacterial infection.

MEDICATIONS
Current: Ibuprofen, acetaminophen.
Discontinued: Meloxicam.

Patient Active Problem List
Diagnosis
- Other specified disease of hair and hair follicles
- Mixed hyperlipidemia
- Other acne
- Psychosexual dysfunction with inhibited sexual excitement
- Vitamin D deficiency
- History of rotator cuff surgery
- Becker's nevus - right shoulder blade pigmentation. consulted by dermatologist.
- Unspecified mental disorder
- Major depressive disorder, recurrent episode with anxious distress (CMS-HCC)
- Adjustment disorder with mixed anxiety and depressed mood
- Cervical disc disorder
- Major depressive disorder, recurrent episode, moderate with anxious distress (CMS-HCC)

O)BP 125/75 | Pulse 80 | Temp (Src) 97.7 (Temporal) | Resp 20 | Ht 5' 9" (1.753 m) | Wt 249 lb 3.2 oz (113.036 kg) | SaO2 98%
Body mass index is 36.8 kg/m².
Pleasant in mild-moderate discomfort, aao x3, nontoxic looking.
Non labored breathing
Non pressured speech
HEENT: ncat, perrla bil, nares patent.
Neck; supple. Spurling test deferred given his degree of hyper-algesic responses to light touch of his posterior neck, upper back. Pt rom overall within normal limits.
Posterior neck: diffuse hyper-algesic responses to light touch exam to bil paracervical region
Upper back: bil trapezius:; diffuse trigger point hyper algesia responses to light touch exam bil trapezius, more on left.
Neg scapular winging.
No upper back blisters or herpetiform rash.
Lower back; nontender.
SLRT: negative bil.
Gait; within normal limits
Bil arm; strengths within normal limits.

Assessment & Plan
1. Post-motor vehicle accident follow-up/cervicalgia/upper back pain;
He continues to experience diffuse pain in the upper back, posterior neck despite taking meloxicam and muscle relaxers prescribed by urgent care. Since then he switched off meloxicam, and He has been using over-the-counter ibuprofen 600 mg three times daily and acetaminophen 500 mg three times daily without significant relief. An x-ray of the cervical spine will be ordered to rule out any underlying issues given his history of cervical disk surgery. A prescription for prednisone 40 mg once daily for 5 days will be provided to manage inflammation and burst dose to help with is symptoms given his lack of optimal responses to advil, mobic, and tylenol so far. . He is advised to discontinue ibuprofen, Aleve, or meloxicam while on prednisone. A muscle relaxer 10 mg at night will be refilled to help with muscle spasms. A 5% lidocaine patch will be provided for topical application to numb the area, ensuring it does not irritate the skin. An open referral for physical therapy will be given. He is advised to rest his neck but avoid prolonged bed rest and activities that exacerbate the pain. A prescription for omeprazole will be provided to buffer the stomach while on prednisone for the next 2 weeks. It was noted pt demonstrated significant hyperalgesia responses out of proportion to light touch exam to his uppper back, posterior neck today.

==========

(M54.2) Cervicalgia (primary encounter diagnosis)
Plan: XR Cervical Spine 2-3 Views - AP Lateral,
predniSONE 20 MG Tab, cyclobenzaprine
(FLEXERIL) 10 MG Tab, lidocaine (LIDODERM) 5 %
Patch, omeprazole (PRILOSEC OTC) 20 MG Tab EC,
REFERRAL TO NON MHS PHYSICAL THERAPY

(S46.811A) Strain of right trapezius muscle, initial encounter
Plan: XR Cervical Spine 2-3 Views - AP Lateral,
predniSONE 20 MG Tab, cyclobenzaprine
(FLEXERIL) 10 MG Tab, lidocaine (LIDODERM) 5 %
Patch, omeprazole (PRILOSEC OTC) 20 MG Tab EC,
REFERRAL TO NON MHS PHYSICAL THERAPY

(S46.812A) Trapezius strain, left, initial encounter
Plan: XR Cervical Spine 2-3 Views - AP Lateral,
predniSONE 20 MG Tab, cyclobenzaprine
(FLEXERIL) 10 MG Tab, lidocaine (LIDODERM) 5 %
Patch, omeprazole (PRILOSEC OTC) 20 MG Tab EC,
REFERRAL TO NON MHS PHYSICAL THERAPY

(V89.2XXA) Motor vehicle accident injuring restrained driver, initial encounter
Plan: XR Cervical Spine 2-3 Views - AP Lateral,
predniSONE 20 MG Tab, cyclobenzaprine
(FLEXERIL) 10 MG Tab, lidocaine (LIDODERM) 5 %
Patch, omeprazole (PRILOSEC OTC) 20 MG Tab EC,
REFERRAL TO NON MHS PHYSICAL THERAPY

(M54.9) Acute mid back pain
Plan: predniSONE 20 MG Tab, cyclobenzaprine
(FLEXERIL) 10 MG Tab, lidocaine (LIDODERM) 5 %
Patch, omeprazole (PRILOSEC OTC) 20 MG Tab EC,
REFERRAL TO NON MHS PHYSICAL THERAPY

(R20.8) Hyperalgesia

PROCEDURE
The patient underwent C6-C7 cervical disk replacement surgery in 2023 due to cervical stenosis.

Follow-up
The patient will follow up in 3 to 4 weeks, sooner if symptoms worsen or do not improve.
Pt acknowledge understanding and agreement with careplan, and has no further questions.
Call or return to clinic sooner prn if these symtoms worsen, fail to improve as anticipated, or if new symptoms develop.

Von Chang, MD

Nursing Note

La B, MA at 04/15/25 0800

Chief Complaint

Patient presents with

- Motor Vehicle Accident

  Subsequent visit/mva 4-1-2025/feeling pain right elbow/scapula

Patient accompanied by: alone
Additional Details:
Medication list changes/discrepancies: None
Allergy list changes/discrepancies : same
Health Maintenance:
Medications and allergies reviewed with:pt

Exhibit D

Office Visit - May 20, 2025

with Von Chang, MD at Kent Family Practice

Notes from Care Team

Progress Notes

Von Chang, MD at 05/20/25 1515

CC: Nursing note reviewed above and I re-confirmed it with patient.
Pt is here for multiple issues:

Prior to recording, I discussed recording the conversation using Dax Copilot virtual scribe with the patient and all other people in the room so I can use it help me write my note, and all gave verbal consent.

History of Present Illness

The patient is a 38-year-old male who is here to follow up on an MVA-related visit causing some cervicalgia, upper back pain, and posterior neck pain. He was last seen on 04/15/2025 for this issue. He has been initially treated by urgent care with meloxicam and a muscle relaxer, later transitioning to ibuprofen and Tylenol. However, there was no improvement, so on the last visit, a prednisone burst dose of 40 mg daily for 5 days was recommended, along with a muscle relaxer and a PPI daily for GI prophylaxis. An x-ray of his C-spine was also ordered.

He continues to experience bilateral pain in the posterior aspect of his neck and upper back, which is more pronounced on the left side. Prolonged sitting exacerbates his pain. He also reports headaches. Despite completing a 5-day course of prednisone, he did not perceive any improvement. He has been managing his pain with daily doses of ibuprofen 600 mg in the morning and Tylenol 500 mg at night, but these have not provided significant relief. He reports no gastrointestinal issues related to ibuprofen use or any history of stomach bleeding or ulcers. He rates his current pain level as 7 out of 10. He has been attending physical therapy sessions once a week since his last visit and plans to increase this to twice a week. He reports feeling sore for 24 to 48 hours after each session, but the pain returns to its usual level thereafter. He reports no new injuries.

He also reports sharp pain in his right elbow, which was not present prior to the accident. He describes the pain as sharp in certain areas, accompanied by a burning sensation throughout the forearm. He recalls experiencing numbness following his neck surgery in May 2023 but does not report any similar symptoms currently. He is right-handed and reports that his right forearm is more tender than the left. He also reports pain in his thumb, which he first noticed the day after the accident during his visit to urgent care.

Additionally, he reports pain in his lower back, hip, and pelvis, which is more severe on the left side.

Supplemental Information
He is currently on Wellbutrin and BuSpar for behavioral health.

MEDICATIONS

Current: Ibuprofen 600 mg once a day, acetaminophen 500 mg once a day, Wellbutrin, BuSpar.
Discontinued: Meloxicam, prednisone.

C spine xray recently:
"FINDINGS:
The cervical spine is visualized to level of C7-T1 on the lateral view.

Unremarkable alignment. Vertebral body heights are maintained. No acute fracture seen. No prevertebral soft tissue swelling. Status post C6-7 disc prosthesis. No obvious dens fracture within limitations of slightly suboptimal odontoid view. The right lateral C1-dens interval is asymmetric compared to the left. This is similar to that seen on prior exams 3/31/2023. Likely chronic and/or degenerative.

Intervertebral disc space heights are relatively preserved other than the C6-7 level. C7-T1 level not well evaluated, obscured by shoulder girdle structures.

IMPRESSION:
No evidence of acute cervical spine fracture or traumatic malalignment.'.

O)BP 147/70 | Pulse 94 | Temp (Src) 98 (Temporal) | Resp 18 | Ht 5' 9.016"[historical[(1.753 m) | Wt 251 lb 9.6 oz (114.125 kg) | SaO2 97%
Pleasant in mild-moderate discomfort, aao x3, nontoxic looking.
Nonlabored breathing
Neck;supple
Posterior neck, upper back, mid/lower back: diffuse palpable pain on light touch through out
Pain responses from pt appear out of proportion to level of exam
Spurling neg.
All four limbs strength and sensory to light touch intact.
R elbow; no induration or swelling. Rom within normal limits. Some ache on lateral/medial epicondye.
Gait; within normal limits

Assessment & Plan

1. Cervicalgia.
He reports persistent pain in the cervical region, upper back, and posterior neck, rated at 7 out of 10. The pain is exacerbated by prolonged sitting. He has been attending physical therapy once a week and will increase to twice a week. He is advised to continue physical therapy. He is advised to take ibuprofen 600 mg every 6-8 hours with food, avoiding alcohol, and to discontinue if gastrointestinal discomfort occurs. A daily dose of Prilosec is recommended for stomach protection. The muscle relaxer can be taken up to three times daily, with potential side effects including drowsiness and sleepiness. If beneficial, the lidocaine patch can be continued.

2. Right elbow pain.
He reports sharp pain in the right elbow, which worsens with typing and mouse clicking. An x-ray of the right elbow will be ordered to rule out any fractures. Awaiting confirmatory reading by radiologist.

3. Low back pain.
He reports persistent low back pain, exacerbated by prolonged sitting. He is advised to continue physical therapy and consider increasing the frequency to twice a week.

4. Medication management.
He is currently taking Wellbutrin and BuSpar for behavioral health issues. Gabapentin

300-600 mg at night as needed is suggested for neuropathic pain, with the caveat that it may cause sleepiness. Refills for cyclobenzaprine, Prilosec, and ibuprofen 600 mg will be provided. He can alternate with Tylenol 500 mg every 3 hours for additional pain control.

PROCEDURE
The patient underwent a C6-C7 fusion with spacer placement in May 2023.

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1. Cervicalgia
- cyclobenzaprine (FLEXERIL) 10 MG Tab; Take 1 Tablet by mouth three times a day as needed for muscle spasm or back pain (may cause some drowsiness). Dispense: 42 Tablet; Refill: 1
- omeprazole (PRILOSEC OTC) 20 MG Tab EC; Take 1 Tablet by mouth once daily. Dispense: 30 Tablet; Refill: 1
- gabapentin (NEURONTIN) 300 MG Caps; Take 1-2 Capsules by mouth at bedtime as needed (neuropathy pain.). Dispense: 60 Capsule; Refill: 1

2. Strain of right trapezius muscle, initial encounter
- cyclobenzaprine (FLEXERIL) 10 MG Tab; Take 1 Tablet by mouth three times a day as needed for muscle spasm or back pain (may cause some drowsiness). Dispense: 42 Tablet; Refill: 1
- omeprazole (PRILOSEC OTC) 20 MG Tab EC; Take 1 Tablet by mouth once daily. Dispense: 30 Tablet; Refill: 1
- gabapentin (NEURONTIN) 300 MG Caps; Take 1-2 Capsules by mouth at bedtime as needed (neuropathy pain.). Dispense: 60 Capsule; Refill: 1

3. Trapezius strain, left, initial encounter
- cyclobenzaprine (FLEXERIL) 10 MG Tab; Take 1 Tablet by mouth three times a day as needed for muscle spasm or back pain (may cause some drowsiness). Dispense: 42 Tablet; Refill: 1
- omeprazole (PRILOSEC OTC) 20 MG Tab EC; Take 1 Tablet by mouth once daily. Dispense: 30 Tablet; Refill: 1
- gabapentin (NEURONTIN) 300 MG Caps; Take 1-2 Capsules by mouth at bedtime as needed (neuropathy pain.). Dispense: 60 Capsule; Refill: 1

4. Motor vehicle accident injuring restrained driver, initial encounter
- cyclobenzaprine (FLEXERIL) 10 MG Tab; Take 1 Tablet by mouth three times a day as needed for muscle spasm or back pain (may cause some drowsiness). Dispense: 42 Tablet; Refill: 1
- omeprazole (PRILOSEC OTC) 20 MG Tab EC; Take 1 Tablet by mouth once daily. Dispense: 30 Tablet; Refill: 1
- gabapentin (NEURONTIN) 300 MG Caps; Take 1-2 Capsules by mouth at bedtime as needed (neuropathy pain.). Dispense: 60 Capsule; Refill: 1

5. Acute mid back pain
- cyclobenzaprine (FLEXERIL) 10 MG Tab; Take 1 Tablet by mouth three times a day as needed for muscle spasm or back pain (may cause some drowsiness). Dispense: 42 Tablet; Refill: 1
- omeprazole (PRILOSEC OTC) 20 MG Tab EC; Take 1 Tablet by mouth once daily. Dispense: 30 Tablet; Refill: 1
- gabapentin (NEURONTIN) 300 MG Caps; Take 1-2 Capsules by mouth at bedtime as needed (neuropathy pain.). Dispense: 60 Capsule; Refill: 1

6. Acute bilateral low back pain without sciatica (Primary)
- cyclobenzaprine (FLEXERIL) 10 MG Tab; Take 1 Tablet by mouth three times a day as needed for muscle spasm or back pain (may cause some drowsiness). Dispense: 42 Tablet; Refill: 1
- omeprazole (PRILOSEC OTC) 20 MG Tab EC; Take 1 Tablet by mouth once daily. Dispense: 30 Tablet; Refill: 1
- ibuprofen (MOTRIN) 600 MG Tab; Take 1 Tablet by mouth every 6 hours as needed for pain (take with food). Dispense: 30 Tablet; Refill: 1

- gabapentin (NEURONTIN) 300 MG Caps; Take 1-2 Capsules by mouth at bedtime as needed (neuropathy pain.). Dispense: 60 Capsule; Refill: 1

7. Right elbow pain
- omeprazole (PRILOSEC OTC) 20 MG Tab EC; Take 1 Tablet by mouth once daily. Dispense: 30 Tablet; Refill: 1
- ibuprofen (MOTRIN) 600 MG Tab; Take 1 Tablet by mouth every 6 hours as needed for pain (take with food). Dispense: 30 Tablet; Refill: 1
- XR Elbow 3+ Views Complete Right

8. Hyperalgesia
- gabapentin (NEURONTIN) 300 MG Caps; Take 1-2 Capsules by mouth at bedtime as needed (neuropathy pain.). Dispense: 60 Capsule; Refill: 1

Follow-up
The patient will follow up in approximately 4 to 5 weeks or sooner if any new changes occur.

Pt acknowledge understanding and agreement with careplan, and has no further questions.
Call or return to clinic sooner prn if these symtoms worsen, fail to improve as anticipated, or if new symptoms develop.

Von Chang, MD

Nursing Note

Katrina P, MA at 05/20/25 1515

Chief Complaint

Patient presents with
- Neck Pain
  MVA follow up pain is 7/10

Additional Details: patient is requesting for refills for 90 day supply

Medication list changes/discrepancies: Medication list reviewed with patient.

Provider please review and update patient medication list accordingly

Katrina T Papa, MA

Allergy list changes/discrepancies : Patients documented allergies
No Known Allergies
Health Maintenance: no orders are pended

Medications and allergies reviewed with: Patient
Patient accompanied by: Self only

Exhibit E

Office Visit - Jun 10, 2025

with Von Chang, MD at Kent Family Practice

Notes from Care Team

Progress Notes

Von Chang, MD at 06/10/25 1315

CC: Nursing note reviewed above and I re-confirmed it with patient.
Pt is here for multiple issues:

Prior to recording, I discussed recording the conversation using Dax Copilot virtual scribe with the patient and all other people in the room so I can use it help me write my note, and all gave verbal consent.

History of Present Illness

The patient is a 38-year-old male who presents for follow-up after a motor vehicle accident (MVA) that occurred on 04/01/2025. He was last seen for this issue on 05/20/2025.

At that time, he continued to experience neck pain, more on the left side than the right, and discomfort in his right elbow. He had completed a 5-day course of prednisone burst dose and was taking Flexeril and a proton pump inhibitor (PPI) for gastrointestinal prophylaxis. After finishing the prednisone, he continued with ibuprofen 600 mg alternating with Tylenol 500 mg each bid prn. He has also been attending physical therapy twice a week. During his last visit, he reported right elbow pain, and an x-ray of the right elbow was performed, which came back negative. He also takes gabapentin 600 mg at bedtime.

Since his last visit on 05/20/2025, he reports persistent pain in various areas, including the mid-back, upper back, posterior neck, right elbow, hand, thumb, fingers, wrist, and forearm. He experienced some pain in his right wrist over the weekend due to increased use while driving. His physical therapist has recommended a repeat x-ray of his mid-back due to ongoing pain of his mid back. He has not had any new injuries or bruising. He reports no gastrointestinal bleeding, ulcers, or pain, and no oral nsaid intolerances. He also reports no urinary or bowel incontinence. He has noticed a decrease in grip strength , more so on the right side than the left, mostly due to pain apprehension. He reports no hematuria. He notes that his pain intensifies during activities such as prolonged driving and decreases slightly when he is less active.

PAST SURGICAL HISTORY:
Neck cervical spine fusion in 05/2023.

Xray; r elbow; 5/20/25:
"IMPRESSION:
Normal radiographic examination of the right elbow."

O)BP 135/69 | Pulse 91 | Temp (Src) 98.1 (Temporal) | Resp 20 | Ht 5' 9"[hstry[(1.753 m) | Wt 252 lb (114.306 kg) | SaO2 98%
Pleasant in mild-moderate discomfort, aao x3, nontoxic looking.
Nonlabored breathing

Neck; rom without meningismus sign although some stiffness. Spurling negative.
Posterior neck; less painful and less hyperalgesia responses to light touch compared on previous exam.
Mid back> diffuse ache on palpation mid thoracic and parathoracic region. Neg scapular winging.
Some diffuse trigger point ache bil lower back
R elbow; rom within normal limits.
R wrist; rom within normal limits.
Sensory light touch bil arm/hands within normal limits
Gait; within normal limits

Assessment & Plan

1. Mid back pain (Primary)
- XR Thoracic Spine 3 Views Complete

2. Trapezius strain, left, initial encounter
3. Strain of right trapezius muscle, initial encounter

4. Motor vehicle accident injuring restrained driver, initial encounter

5. Acute bilateral low back pain without sciatica

6. Right elbow pain

7. Hyperalgesia. Improved but not all resolved. Cannot rule out some somatic responses.

Post-motor vehicle accident follow-up.
- Persistent pain in the mid-back, posterior neck, upper back, right elbow, forearm, hand, thumb, fingers, and wrist.
- residual myofascial pain diffusely, including cervical paraspine; mild stiffness noted without apparent fractures or dislocations on x-ray.
- Thoracic spine x-ray ordered to investigate mid-back pain; gabapentin dosage discussed with potential increase to 300 mg in the morning and 600 mg in the evening if tolerated. Medications side effect profile reviewed and accepted by patient.
- Continue alternating ibuprofen 600 mg every 3 hours with Tylenol 500 mg, muscle relaxer at night, physical therapy twice a week, omeprazole for stomach protection, and consider using a 5% lidocaine patch for localized pain.

Pt acknowledge understanding and agreement with careplan, and has no further questions.
Call or return to clinic sooner prn if these symtoms worsen, fail to improve as anticipated, or if new symptoms develop.

Von Chang, MD

Nursing Note

La B, MA at 06/10/25 1315

Chief Complaint

Patient presents with

- Motor Vehicle Accident

  Subsequent visit/pt still feeling pain back neck and lower arms

Patient accompanied by: alone

Additional Details:
Medication list changes/discrepancies: None
Allergy list changes/discrepancies : same
Health Maintenance:
Medications and allergies reviewed with:pt