Kathryn Raphael, M.D.
Internal Medicine

March 23, 2016

Patient:	XXX
Employer:	XXX
D/I:	XXX
DOB:	XXX
Claim No:	XXX
WCAB:	XXX

Dear XXX, Esq., XXX, Esq., & XXX

AGREED MEDICAL EVALUATION

On XXX, I had the opportunity to interview and evaluate XXX regarding her upper and lower gastrointestinal complaints and hypertension.

The applicant arrived to my XXX office on time, and was interviewed and examined in the presence of Spanish interpreter XXX of MultiLingua. The applicant was advised that a doctor-patient relationship was not established today, and that copies of my AME report would be sent to the requesting parties: XXX, Esq., XXX, Esq., & XXX.

The applicant was advised regarding the unique nature of this industrial medical legal evaluation. This history and physical is not intended to be construed as a general or complete medical evaluation for the purpose of any medical diagnosis or treatment. The applicant is informed that my completed written report is not subject to the same doctor patient confidentiality that applies to medical reports generated by usual medical/surgical/psychiatric care. In contrast, my evaluation report is intended solely for medical-legal purposes.

I received and reviewed referral correspondence from XXX. Esq. dated XXX.

This report is submitted pursuant to 8 Cal. Code Regs. Section 9795(b)&(c) as an ML104-94, Comprehensive Medical-Legal Evaluation Involving Extraordinary Circumstances and meets the requirement of ***four complexity factors***.

(1) Two or more hours of face to face time with the patient, which shall count as **one complexity factor**;
(2) Two or more hours of records review, which shall count as **one complexity factor**;
(3) addressing the issue of medical causation at the request of the parties, which shall count as **one complexity factor**;
(4) addressing the issue of apportionment at the request of the parties, which shall count as **one complexity factor**;

Time spent in face-to-face contact with the patient was 2 hours and 15 minutes. Time spent reviewing records was 6 hours and 30 minutes. Time spent preparing the report was 3 hours and 0 minutes. Total time spent on this case was 11 hours and 45 minutes.

GENERAL BACKGROUND

Ms. XXX is a XXX year old female who emigrated from XXX to the United States in XXX at the age of 29. She worked at the XXX as a Janitor from XXX until December of XXX when she could no longer fulfill the physical requirements of her job.

JOB HISTORY

Date:	Company:	Location:	Type of work:
XXX		CA	Janitor/Custodian
XXX			Supervisor for car part manufacturing.

JOB DESCRIPTION

Average Day: 8 hour/day, 40 hours/week

Job Title: Janitor

Protective Equipment: Gloves, and occasional use of mask.

Job Duties: Collecting garbage, cleaning bathrooms, sweeping, vacuuming and mopping the Stadium and surrounds.

CONFLICTS OR HARASSMENT AT WORK

None described by the applicant. No personnel files were provided for my review.

HISTORY OF INJURY AS TOLD BY APPLICANT

Date of injury: XXX

Mechanism of injury: Ms. XXX was mopping and pushing her yellow mop bucket on wheels when one of the wheels caught on an uneven surface causing the bucket and mop to tip. There were many children around and she was conscious that she did not want to let the bucket spill creating a slip hazard to the children. When she grabbed the bucket she twisted her left ankle and fell onto her knees on the ground.

CURRENT WORK STATUS

Not working since XXX.

PREVIOUS WORKERS' COMPENSATION INJURIES

None.

CURRENT COMPLAINTS

She has daily constipation with hard stools. She also has occasional heartburn.

Her regular doctor noted that her blood pressure is elevated approximately one year ago and she has been treated with medication for this for the past year. She thinks this is due to the weight she has gained since her injury which has decreased her mobility.

Ms. XXX complains of 0-7/10 pain in her right foot and ankle which comes on with weight bearing and driving more than 10 minutes at a time. The pain is better with medication and rest. She also has 3-5/10 pain in her left ankle which is worse with weight bearing and better with medication but does not resolve. Due to her bilateral ankle pain she states that her gait is altered, she walks on the outside of her foot which is less painful than walking with balanced weight on the center of her feet.

PRE-EXISTING PERMANENT DISABILITY

None.

RECREATIONAL TOXIC EXPOSURES

The applicant denies hobbies involved with stained glass, paints, painting, woodworking, metal working, welding, photography or any recreational tasks that involve handling toxic chemicals. The applicant denies significant exposure to herbicides and/or pesticides. The applicant is

unaware of any recreational exposures that would be contributing to her present symptom complex.

CURRENT MEDICATIONS

Drug Allergies: None.

Medications:
Morphine Sulfate ER 15 mg one QHS
Morphine Sulfate 15 mg one BID
Fluoxetine 20 mg one QD
Nabumetone 500 mg one BID
Amlodipine Besylate 2.5 mg QD
OTC Advil 2 prn headache
Albuterol MDI 2 puffs prn asthma
OTC cough medicine prn
Prune juice
Metamucil

PAST MEDICAL HISTORY

Dominant Hand: Right

Surgery: **XXX** Left ankle lateral ligament reconstruction performed by Dr. Jeffrey Mann
XXX Cesarean section

Medical: Hypertension
Obesity

Psych: Depression

Emotional stress:

Work: None.
Home: None.

FAMILY HISTORY

Mother - XXX years old. Had MI 2 years ago and has AODM on oral hypoglycemics.
Father - Deceased age XXX of unknown causes,
Siblings - 2 brothers and 3 sisters. The oldest sister has HTN, another sister has a pacemaker.
Children - XXX year old daughter and XXX year old fraternal twins- boy & girl all alive and

well. Has 3 grandchildren ages 11, 6 & 2 all of whom live nearby her.

SOCIAL ACTIVITIES

Walks on treadmill for 10 minutes several times per week. Cares for her youngest daughters children sometimes and picks up the 6 year old from school 3X/week.

SOCIAL HISTORY

School: Completed 10th grade in Mexico.

Marital: Divorced.

Smoking: Does not smoke.

Alcohol: Occasionally will drink one beer at a social gathering.

Caffeine: Does not drink coffee.

Stress: No bankruptcy, felony convictions. No history of alcoholism or drug abuse.

Home environment: Lives with her XXX year old daughter, 11 year old granddaughter and with her XXX year old mother in her daughter's house. They have a 16 year old small poodle.

ACTIVITIES OF DAILY LIVING (ADLs)

Self-Care/Personal Hygiene (toilet, dress, eat, groom): Normal.

Communication (write, see, hear, speak): Normal.

Physical Activity (stand, walk, sit, lie, stairs): Difficulty with prolonged standing, walking greater than 10 minutes, with driving more than 20-30 minutes and with any stairclimbing due to bilateral foot and ankle pain.

Sensory Function (hear, see, feel, taste, smell): Normal.

Hand, non-specialized activities (grasping, lifting, tactile discrimination): Normal.

Travel (car, airplane, public transportation): Driving worsens right ankle pain.

Sexual (erectile and other forms of male/female dysfunction): Normal.

Sleep (restful, nocturnal pattern, naps during day): Awakens frequently during the night due to drinking lots of water for dry mouth which she thinks is secondary to her pain medication. She also complains that worrying about her finances keeps her awake at night. No excessive daytime sleepiness but now takes a nap for one hour each afternoon. Sleeps about 8 hours a night but with interruptions for trips to the bathroom. Her mother with whom she shares a room complains occasionally that she snores, but has not mentioned that she stops breathing.

Epworth Sleepiness Scale (Johns MW, *A new method for measuring daytime sleepiness*, the Epworth Sleepiness Scale, Sleep, 14(6):540-545).

0 = would never doze or sleep.
1 = slight chance of dozing or sleeping.
2 = moderate chance of dozing or sleeping.
3 = high chance of dozing or sleeping.

Situation	Chance of Dozing or Sleeping
Sitting and reading	1
Watching TV	3
Sitting inactive in a public place	0
Being a passenger in a motor vehicle for an hour or more	1
Lying down in the afternoon	3
Sitting and talking to someone	0
Sitting quietly after lunch (no alcohol)	1
Stopped for a few minutes in traffic while driving	0
Total	9

Total score - 9. This is the Epworth Score. A score of 10 or more is considered sleepy. A score of 18 or more is considered very sleepy.

REVIEW OF SYSTEMS

HEENT: No eyes, ears, nose complaints. Has frequent dry mouth. Occasional seasonal allergies.

LUNGS: Occasional wheezing, cough or shortness of breath mostly in cold weather, better with Albuterol MDI.

HEART: No cardiovascular chest pain or palpitations.
GI: Daily hard stools with rare small amount of blood. Has occasional heartburn.

GU: No kidney, bladder problems.

SEXUAL FUNCTION: Normal.

Menstrual: Post-menopausal X4 years.

PSYCH: Feels depressed secondary to her financial status, loss of job and mobility.

Musculo-
Skeletal: Ms. XXX complains of 0-7/10 pain in her right foot and ankle which comes on with weight bearing and driving more than 10 minutes at a time. The pain is better with medication and rest. She also has 3-5/10 pain in her left ankle which is worse with weight bearing and better with medication but does not resolve. Due to her bilateral ankle pain she states that her gait is altered, she walks on the outside of her foot which is less painful than walking with balanced weight on the center of her feet.

Neurologic: Headaches 2X week which last 1-2 hours and resolve with Advil. She thinks this is due to her hypertension or perhaps anxiety. No fainting or seizures.

Skin: No complaints.

MEDICAL RECORD REVIEW

A 57 page deposition of 6/24/11 was reviewed.
568 pages of medical records were reviewed.

XXX DOI

XXX **XXX M.D.**, NorCal Imaging. MRI of left ankle and left foot. Impression: 1. Findings of plantar fasciitis with prominent edema in the plantar aspect of the os calcis where there is a large focal osteophyte., 2. Tendinosis of the peroneus brevis and the posterior tibial tendons., 3. Attenuation of the ATFL.

XXX **XXX M.D.**, XXX Medical Group. (some notes largely illegible) Applicant twisted left ankle inwards XXX and has heel and ankle pain with slight swelling and small bruise. Vitals: Ht. 62 in., Wt. 185 lbs., BP: 118/78, HR 56. PE: tenderness and ecchymosis and swelling of left ankle and foot. Restricted ROM. Dx.: 1. Left ankle sprain/strain., 2. fasciitis. POC: Rx. Naproxen Sodium 550 mg. b.i.d., P.T., mod. duty, ankle support.

XXX **XXX M.D.**, XXX Medical Group. (note largely illegible)

XXX **XXX M.D.**, XXX Medical Group. BP 170/100. PE: slight edema, tenderness of left lateral malleolus. (note largely illegible)

XXX XXX Medical Group. BP 130/82. (note largely illegible)

XXX **XXX D.P.M**, Family Foot and Ankle, Surgery, Sports Medicine, Trauma. PR-2.

Applicant concerned with the plantar aspect of her left foot, which is painful with walking and standing. Meds: Relafen, Tylenol. Vitals: Ht. 6'2'' (error?), Wt. 185 lbs. PE: Appears deconditioned. Dx.: 1. Left ankle sprain grade 1; resolved, 2. Left plantar fasciitis. Causation: likely work-related. POC: steroid injection. Avoid walking barefoot or in sandals. Discontinue brace. Ice.

XXX **XXX D.P.**M, Family Foot and Ankle, Surgery, Sports Medicine, Trauma. PR-2. Applicant with good response to steroid injection. Meds: Relafen 750 mg. and Tylenol. PE: wnl. POC: Applicant to rtw. No disability anticipated and no impairment. Supportive footwear.

XXX **Deposition**

The applicant has not been told by a doctor to avoid operating heavy machinery, nor is she taking any medication where driving/operating machinery is a contraindication.

The applicant was born XXX in XXX. Her highest level of education is the "third year of secondary school". The applicant came to the United States, specifically to San Diego, in XXX. She has lived in the Bay Area approximately ten years. She currently resides in XXX, where she has spent the past 4 years. She lives with her XXX year old boy/girl twins, her daughter's boyfriend, and her granddaughter. The applicant is currently separated. The applicant has worked for four years as a janitor for the XXX for two separate companies. The applicant makes $17.50/hour at Able, and $17.89/hour at SMG.

The applicant's DOI is XXX. She missed several months of work after she incurred the injury. Since she has returned to work , ~XXX, and she is able to complete her regular duties. Initially her manager gave her one week of recycling duties to minimize the amount of walking she would have to do. Since that first week back she works in both the XXX. She had various supervisors. One of her supervisors is named Bob, another is XXX who is there in the mornings and there is XXX who only worked events.. The arena is owned by XXX and the XXX is owned by XXX. She can work at night to cover events at either location and she can also sometimes work mornings when there were no events occurring.

When the applicant works at the XXX, she arrives two hours prior to the XXX to make sure the restrooms are in order. During the XXX the applicant checks the restrooms for cleanliness, mops, empties the trash, and stocks them periodically. She helps to assist XXX with directions to ATMs and other inquiries.

The day of the applicant's injury there was a XXX event. She wears closed-toe tennis shoes to work. She arrived at 3:30 and left at 12:00. The event began at 6 or 7 PM. She prepared the restroom before the event, cleaned an assigned section of the XXX during the event, and also cleaned and restocked after the event. The section to which the applicant was assigned that day was the XXX. Which she says "are out of the lease". The applicant was mopping up some spilled water with a mop and a small, wheeled bucket in which she could dispose of the wastewater. When she finished mopping, the applicant was holding the handle of the mop, which was in the bucket, and using that to roll the bucket. She was headed towards the bathroom when she moved to avoid some children running by her, she then tripped over the bucket and twisted her left ankle

as it hit the floor. Then she fell to her bilateral knees. The applicant's supervisor XXX, deceased, who was nearby at the time came over to help the applicant to her feet. After getting up the applicant put her mop away in the restroom just across the hall. Then she went to the office to file the injury report, she did not have any trouble walking to the office though her ankle was hurting her. She made her report to a supervisor named XXX using XXX as her interpreter. The applicant took a short break as she, and another employee in a separate incident, completed their reports, then as there was only about half an hour of the shift left the supervisor allowed her to rest and then clock out at the end of those thirty minutes.

She returned the following day to work but went home, with permission from her supervisor XXX as she was unable to tolerate the pain in her ankle. The next day she went to the doctor who placed her off work for some time. The doctor's office is located at the corner of XXX and is called XXX. The doctor took X-rays of her ankle and gave her an open-toed compression stocking for the ankle. The applicant was prescribed Tylenol and another medication. The applicant was also prescribed a course of P.T. The applicant still takes the medications as her foot is still painful and becomes swollen after eight hours of standing. The applicant was also referred to a specialist whom she visited twice and from whom she received one cortisone injection for a "twisted nerve". One of the physicians the applicant was treated by is Dr. XXX, she also sees a doctor in XXX. The applicant last saw a doctor regarding her ankle in April of XXX. She was given enough of her two medications to last three months.

The applicant says her foot is better but still gets aggravated, becoming painful on the inside of her heel and swelling, after long periods of standing/ambulating. She says these symptoms happen most often when she is working. She gets two quarter hour breaks and a half hour lunch. She uses some exercises (rolling her foot on a plastic bottle and using an elastic band) given to her by her doctor to help relax her ankle. She completes these exercises at home but here she uses a bottle full of ice. The applicant was given a device that fits over her left foot and has a half-moon shape on the bottom that enables her to rock the foot back and forth but she finds this painful and unhelpful so she doesn't use it. Her doctor had her purchase ($33) inserts to wear in her shoes and she uses them primarily at work. Since her DOI the applicant has changed the types of shoes she wears opting for comfort, choosing models with a cushioned sole vs. shoes that had a "harder sole". The applicant was compensating with her right foot and did experience an increased sense of fatigue in that foot. The applicant wears her compression stocking at work only.

The next work XXX she is scheduled for is XXX. The applicant reports that her pain has improved since the injury.

XXX **XXX M.D.**, Pain and Rehabilitative XXX. New Patient Consultation. Pain in left foot and ankle worse with walking, and standing. Medications: Tylenol. Vitals: Ht. 67 in. Wt. 180 lbs. Dx.: 1. Plantar fasciitis., 2. Stain of the left ankle joint. POC: continue work without restrictions. Tx. for plantar fasciitis of the left foot. Special orthotics should be authorized. Psychological testing administered: anxiety and depression slightly elevated but below the mean for a chronic pain patient and applicant does not need any further psychological evaluation or tx. at this point. Possible candidate for functional restoration program if she does not improve with

direct medical tx.

XXX **XXX M.D.**, Pain and Rehabilitative XXX Left ankle and foot pain.. Medications: 1. Capsaicin, 2. Topiramate-topamax, 3. Pantoprazole, 4. Nabumetone-Relafen, 5.. Tylenol Jr., 5. Tylenol #3. PE: antalgic gait. Tender left heel and arch of foot. Dx.: 1. Pain in joint ankle foot, 2. Pain in joint lower leg. POC: change Tylenol #3 to Tylenol 250 mg.

XXX **XXX M.D.**, Pain and Rehabilitative XXX. Left ankle and foot pain— worsening. Medications: 1. Capsaicin, 2. Topiramate-topamax, 3. Pantoprazole, 4. Nabumetone-Relafen, 5.. Tylenol Jr. PE: antalgic gait. Tender left heel and arch of foot. Dx.: 1. Pain in joint ankle foot, 2. Pain in joint lower leg. POC: request for P.T.

XXX **XXX M.D.**, Pain and Rehabilitative XXX. Applicant called to request refill of meds.

XXX Unknown provider, XXX Dx.: Left ankle Pain. POC: mod. duty.

XXX Unknown provider, XXX Worker's Compensation Daily Note. Left ankle "so-so".

XXX Unknown provider, XXX Worker's Compensation Daily Note. Left ankle better.

XXX Unknown provider, XXX. Worker's Compensation Daily Note. Left ankle "so-so"

2/13/12 Unknown provider, Vibrant Care. Worker's Compensation Daily Note. Left ankle better.

XXX **XXX M.D.**, Pain and Rehabilitative XXX. Left ankle and foot pain— worsening. Medications: 1. Capsaicin, 2. Topiramate-topamax, 3. Pantoprazole, 4. Nabumetone-Relafen, 5.. Tylenol Jr. 6. Hydrocodone/apap 5/325mg#90. PE: antalgic gait. Tender left heel and arch of foot. Dx.: 1. Pain in joint ankle foot, 2. Pain in joint lower leg. POC: request for podiatry consult, CAM walking book, plantar fasciitis night splint. Cortisone injection administered to left foot; only 1.5 mL injected as applicant requested to stop injection due to pain.

XXX **XXX M.D.**, Pain and Rehabilitative XXX. Left ankle and foot pain that is worsening, P.T. that she recently finished, was helpful. Finds work difficult and painful. Recent cortisone injection helped for two days. Medications: 1. Capsaicin, 2. Topiramate-topamax, 3. Pantoprazole, 4. Nabumetone-Relafen, 5.. Tylenol Jr. 6. Hydrocodone /apap 5/325mg#90. PE: antalgic gait. Tender left heel and arch of foot. Dx.: 1. Pain in joint ankle foot, 2. Pain in joint lower leg, 3. Pain psychogenic NEC.

XXX **XXX D.P.M., D.C., F.A.C.F.A.S.** Initial Comprehensive Consultative Report. Left lower leg with pain worse in the morning and after work. Medications: 1. Capsaicin cream, 2. Hydrocodone, 3. Metoprolol, 4. Nabumetone, 5. Topamax, 6. Tylenol. Vitals: Ht. 62 in., Wt.

180 lbs. PE: left lower leg with edema, tenderness. Dx.: 1. Status post twisting injury, L. foot and ankle, 2. Post-traumatic arthrofibrosis/synoviits of the L. ankle with lateral impingement lesion,. Left ankle instability cannot be ruled out., 3. plantar fasciitis/fasciosis, L. foot. POC: cortisone injections, request motion control orthotics.

XXX **XXX M.D.**, Pain and Rehabilitative XXX. Left ankle and foot pain. With mild right foot pain compensatory in nature. Improvement in function and decrease in pain with recent steroid injection. GI upset secondary to NSAID use. Applicant no longer uses hydrocodone/APAP, rarely uses Topamax. Medications: 1. Capsaicin, 2. Topiramate-topamax, 3. Pantoprazole, 4. Nabumetone-Relafen, 5.. Tylenol Jr. 6. Hydrocodone/apap 5/325mg#90. PE: antalgic gait. Tender left heel and arch of foot. Dx.: 1. Pain in joint ankle foot, 2. Pain in joint lower leg, 3. Pain psychogenic NEC.

XXX **XXX D.P.M., D.C., F.A.C.F.A.S.** PR-2. Left lower leg with edema and tenderness. Dx.: 1. Status post twisting injury, L. foot and ankle, 2. Post-traumatic arthrofibrosis/synoviits of the L. ankle with lateral impingement lesion,. Left ankle instability cannot be ruled out., 3. plantar fasciitis/fasciosis, L. foot. POC: cortisone injections, request motion control orthotics.

XXX **XXX D.P.M., D.C., F.A.C.F.A.S.** PR-2. . Dx.: 1. Status post twisting injury, L. foot and ankle, 2. Post-traumatic arthrofibrosis/synovitis of the L. ankle with lateral impingement lesion, 3. plantar fasciitis/fasciosis, L. foot, confirmed on MRI of 2/11. POC: cortisone injections, motion control orthotics, appeal night splint.

XXX **XXX M.D.**, Pain and Rehabilitative XXX. Left ankle and foot pain. With mild right foot pain compensatory in nature. Improvement in function and decrease in pain with recent steroid injection. GI upset secondary to NSAID use. Applicant no longer uses hydrocodone/APAP, rarely uses Topamax. Medications: 1. Capsaicin, 2. Topiramate-topamax, 3. Pantoprazole, 4. Nabumetone-relafen, 5.. Tylenol Jr. 6. Hydrocodone/apap 5/325mg#90. Dx.: 1. Pain in joint ankle foot, 2. Pain in joint lower leg, 3. Pain psychogenic NEC. POC: refill meds.

XXX **XXX D.P.M., D.C., F.A.C.F.A.S.** PR-2. Appeal for night splint.

XXX **XXX M.D.**, Pain and Rehabilitative XXX. Left ankle and foot pain. Refill meds. Medications: 1. Capsaicin, 2. Topiramate-topamax, 3. Pantoprazole, 4. Nabumetone-relafen, 5.. Tylenol Jr. 6. Hydrocodone/apap 5/325mg#90. PE: Antalgic gait, tenderness to left anterior heel and left arch of foot. Dx.: 1. Pain in joint ankle foot, 2. Pain in joint lower leg, 3. Pain psychogenic NEC. POC: refill meds.

XXX **XXX M.D.**, Pain and Rehabilitative XXX. Left ankle and foot pain. Steroid injection helped with pain. She would like to switch from Relafen to ibuprofen, which helps sx. better. Medications: 1. Capsaicin, 2. Topiramate-topamax, 3. Pantoprazole, 4. Nabumetone-Relafen, 5.. Tylenol Jr. 6. Hydrocodone/apap 5/325mg#90. PE: Antalgic gait, tenderness to left anterior heel and left arch of foot. Dx.: 1. Pain in joint ankle foot, 2. Pain in joint lower leg, 3. Pain psychogenic NEC. POC: Discontinue nabumetone-relafen, rx ibuprofen 800 mg.

XXX **XXX M.D.**, Pain and Rehabilitative XXX. Left ankle and foot pain. Steroid injection helped 50% with pain and allowed applicant to walk longer distances. Switched from nabumetone to ibuprofen, which helps sx. better. Medications: 1. Capsaicin, 2. Topiramate-topamax, 3. Pantoprazole, 4. Ibuprofen, 5.. Tylenol Jr. 6. Hydrocodone/apap 5/325mg#90. Dx.: 1. Pain in joint ankle foot, 2. Pain in joint lower leg, 3. Pain psychogenic NEC. POC: Mod. duty or TTD. Continue with meds.

XXX **XXX D.P.M., D.C., F.A.C.F.A.S.** PR-2. Painful L. foot/ankle. Dx.: 1. Status post twisting injury, L. foot and ankle, 2. Post-traumatic arthrofibrosis/synovitis of the L. ankle, 3. L. ankle instability, plantar fasciitis/fasciosis, L. foot. POC: discussed surgery. Start night splint, continue supportive shoes, ice, and meds as per other M.D..

XXX **XXXD.P.M., D.C., F.A.C.F.A.S.** PR-2. Painful L. foot/ankle. Night splint helps. PE: Mild/moderate tenderness of left medial fascia, others illegible. Dx.: 1. Status post twisting injury, L. foot and ankle, 2. Post-traumatic arthrofibrosis/synovitis of the L. ankle, 3. L. ankle instability, plantar fasciitis/fasciosis, L. foot. POC: discussed surgery. Continue night splint, NSAID, insoles.

XXX **XXX M.D.**, Pain and Rehabilitative XXX Left ankle and foot pain. Difficulty standing and walking. Medications: 1. Capsaicin, 2. Topiramate-topamax, 3. Pantoprazole, 4. Nabumetone-relafen, 5.. Tylenol Jr. 6. Hydrocodone/apap 5/325mg#30. Dx.: 1. Pain in joint ankle foot, 2. Pain in joint lower leg, 3. Pain psychogenic NEC. POC: Mod. duty or TTD.

XXX **XXX M.D.**, Pain and Rehabilitative XXX. Left ankle and foot pain. Difficulty with pain at work but needs to continue working due to financial reasons. Medications: 1. Capsaicin, 2. Topiramate-topamax, 3. Pantoprazole, 4. Nabumetone-Relafen, 5.. Tylenol Jr. 6. Hydrocodone/apap 5/325mg#30. Dx.: 1. Pain in joint ankle foot, 2. Pain in joint lower leg, 3. Pain psychogenic NEC, 4. Long-term use meds. 5. Therapeutic drug monitor. POC: Mod. duty or TTD. f/u with Dr. XXX for injection.

XXX XXX Diagnostics. Labs. Negative urine drug screen.

XXX **XXX D.P.M., D.C., F.A.C.F.A.S.** Increasing pain in left heel, now complaining also of right heel pain. Dx.: 1. Status post twisting injury, left foot and ankle, 2. Post-traumatic arthofibrosis/synovitis, left ankle, with lateral impingement lesion, 3. Plantar fasciitis/fasciosis, left foot, confirmed on MRI XXX. Plantar fasciitis, right foot. POC: Continue night splint, change street shoes and work shoes to more motion-control and thick sole pairs. Cortisone injection to left ankle and heel administered.

XXX **XXX D.P.M., D.C., A.M.E.** Applicant filled out a ADL questionnaire and answered that she has a slight sleep disturbance, difficulty standing, walking and climbing stairs and with recreational activity. The applicant has difficulty with concentration and thinking, emotional distress and anxiety are also affected moderately. The applicant reports weight gain since her DOI. She c/o mood swings and stress. Vitals: Ht. 62 in., Wt. 211 lbs., BP 148/93, HR 66. Meds: 1. Relafen 500 mg., t.i.d., 2. Topamax 25 mg., 3. Protonix 200 mg., 4. Capsaicin cream. Dx.: “LEFT foot and ankle: 1. Lateral sprain/strain left ankle; r/o lateral instability or

ruptured anterior talo-fibular ligament, with disruption calcaneo-fibular ligament, 2. Rule out avulsion fracture, cortical crack; tip of fibular malleolus left ankle, MRI or CT needed to confirm, 3. Lighting up prior existing plantar heel spur of the left heel and sprain/strain plantar fascia and underlying intrinsic muscles; left medial plantar fascia and arch from injury of XXX. RIGHT foot and ankle: 4. Lighting up prior existing asymptomatic plantar heel spur and off-loading left foot and ankle with development of heel spur syndrome with medial proximal plantar fasciitis right plantar foot. This appears to be compensable consequence from the patient's off-loading the left foot and ankle, following the injury of XXX. The heel spur is prior existing". POC: TTD. 1. 90-degreee pneumatic night splints, 2. Topical flector patches, 3. 1% Voltaren gel, 4. New total contact full-length foot orthotic, 5. MRI of left ankle. Bilateral X-rays of the feet and ankle were taken and showed possible occult avulsion fracture of the left ankle, Prior existing relatively large plantar heel spurs from the medial plantar condyles of both heels.

XXX **XXX M.D.**, Pain and Rehabilitative XXX. Left ankle and heel pain. Not working applicant unable to withstand current restrictions. Medications: 1. Capsaicin, 2. Topiramate-topamax, 3. Pantoprazole, 4. Nabumetone-relafen, 5.. Tylenol Jr. 6. Hydrocodone/apap 5/325mg#30. Dx.: 1. Pain in joint ankle foot, 2. Pain in joint lower leg, 3. Pain psychogenic NEC, 4. Long-term use meds nec, 5. Therapeutic drug monitor. POC: Mod. duty or TTD. Change hydrocodone/apap to 10-325mg#90. t.id.

XXX **XXX D.P.M., D.C., A.M.E.** Applicant has gained weight since the DOI. Weight on XXX was 185 lbs., on XXX it was 180 lbs. and on XXX her weight was 211 lbs. Vitals: Ht. 62 in., Wt. 216 lbs. POC: TPD. Continue with pain management M.D. and her podiatrist. Dx.: 1. Arthrofibrosis with synovitis, and anterolateral impingement lesion; left ankle, 2. Lateral instability left ankle with attenuation anterior talofibular ligament, 3. Plantar fasciitis with heel spur syndrome. Surgical recommendations: 1. Arthroscopy synovectomy left ankle, with extensive debridement and resection anterolateral impingement, 2. Modified brostrom lateral stabilization left ankle, 3. Medial plantar release with partial ostectomy heel spur. Other POC: softer orthotics, P.T. post-op, TTD post-op, or if declines surgery applicant will be P&S/MMI. Night splint.

XXX **XXX M.D.**, Pain and Rehabilitative XXX. Left ankle and heel pain. Not working applicant unable to withstand current restrictions. Medications: 1. Capsaicin, 2. Topiramate-topamax, 3. Pantoprazole, 4. Nabumetone-Relafen, 5.. Tylenol Jr. 6. Hydrocodone/apap 10-325mg#90. Dx.: 1. Pain in joint ankle foot, 2. Pain in joint lower leg, 3. Pain psychogenic NEC, 4. Long-term use meds nec, 5. Therapeutic drug monitor. POC: Mod. duty or TTD. Request for MRI of left ankle.

XXX **XXX D.P.M., D.C., F.A.C.F.A.S.** Dx.: 1. Status post twisting injury, left foot and ankle, 2. Post-traumatic arthofibrosis/synovitis, left ankle, with lateral impingement lesion, 3. Plantar fasciitis/fasciosis, left foot, confirmed on MRI 2/11, 4. Plantar fasciitis, right foot. POC: Request for authorization of MRI of left ankle. Cortisone injection to left ankle and heel administered.

XXX **XXX M.D.**, diagnostic radiologist. Discovery Diagnostics Inc. MRI of Left Ankle. Impression: "1. Thickening of the proximal plantar fascia associated with a large bony

spur/enthesophyte off the calcaneus, but no evidence for active bone marrow or adjacent soft tissue edema, 2. Increased signal within the central portion of the anterior talo-fibular ligament, which is otherwise intact. Localized post-traumatic healing or degenerative changes cannot be differentiated and need historical and clinical correlation., 3. Increased signal in the tibio-talar ligament, suggesting post-traumatic healing changes, 4. A normal variant prominent peroneus tertius muscle and tendon, which can cause anterolateral ankle pain and snapping in some, 5. A bulbous appearance to the distal tibialis posterior tendon prior to its insertion onto the navicular bone- surrounding an accessory os tibiale externum fibrocartelaginous nodule.

XXX **XXX M.D.**, Pain and Rehabilitative XXX. Bilateral foot pain worse with walking and standing. Not working as no mod. duty available. Norco not helping with pain as much as it had previously and is associated with dizziness Medications: 1. Capsaicin, 2. Topiramate-topamax, 3. Pantoprazole, 4. Nabumetone-relafen, 5.. Tylenol Jr. 6. Hydrocodonebit/apap 10-325mg#90ms. Dx.: 1. Pain in joint ankle foot, 2. Pain in joint lower leg, 3. Pain psychogenic NEC, 4. Long-term use meds necessary, 5. Therapeutic drug monitor. POC: Rx. buprenorphine. Mod. duty or TTD. Refer applicant for MRI of left ankle.

XXX **XXX D.P.M., D.C., F.A.C.F.A.S.** Dx.: 1. Status post twisting injury, left foot and ankle, 2. Post-traumatic arthofibrosis/synovitis, left ankle, with lateral impingement lesion, 3. Plantar fasciitis/fasciosis, left foot, confirmed on MRI 2/11, 4. Plantar fasciitis, right foot. POC: Continue home exercise. Cortisone injection to bilateral heels.

XXX **XXX M.D.**, Pain and Rehabilitative Consultants Medical Group. Bilateral foot pain. Stopped buprenorphine due to upset stomach. Not working as no mod. duty available. Recent cortisone injections decreased her pain. Medications: 1. Capsaicin, 2. Topiramate-topamax, 3. Pantoprazole, 4. Nabumetone-Relafen, 5. Buprenorphine 0.1 mg. sublingual Troches#30pc b.i.d., 6. Tylenol Jr. 7. Hydrocodone/apap 10-325mg #90. Dx.: 1. Pain in joint ankle foot, 2. Pain in joint lower leg, 3. Pain psychogenic NEC, 4. Long-term use meds necessary, 5. Therapeutic drug monitor. PE: Antalgic gait. Tender left anterior heel and left arch of foot. POC: Discontinue buprenorphine, switch to patch. Mod. duty or TTD.

XXX **XXX D.P.M., D.C., F.A.C.F.A.S.** Dx.: 1. Status post twisting injury, left foot and ankle, 2. Post-traumatic arthofibrosis/synovitis, left ankle, with lateral impingement lesion, 3. Plantar fasciitis/fasciosis, left foot, confirmed on MRI 2/11, 4. Plantar fasciitis, right foot. POC: Applicant to decide on surgery.

XXX **XXX M.D.**, Pain and Rehabilitative XXX. Bilateral foot pain, Applicant has been authorized for surgery. No mod. duty available for applicant, but even without working applicant with pain after walking more than a few minutes. So far happy with butrans patch. Medications: 1. Capsaicin, 2. Topiramate-topamax, 3. Pantoprazole, 4. Nabumetone-Relafen, 5. Butrans 10Mcg/hr Patch, 6. Tylenol Jr. 7. Hydrocodone/apap 10-325mg#90. Dx.: 1. Pain in joint ankle foot, 2. Pain in joint lower leg, 3. Pain psychogenic NEC, 4. Long-term use meds nec, 5. Therapeutic drug monitor. PE: Antalgic gait. Tender left anterior heel and left arch of foot. POC: Request for second opinion with Dr. Mann. duty or TTD.

XXX **XXX D.P.M., D.C., F.A.C.F.A.S.** Dx.: 1. Status post twisting injury, left foot and

ankle, 2. Post-traumatic arthofibrosis/synovitis, left ankle, with lateral impingement lesion, 3. Plantar fasciitis/fasciosis, left foot, confirmed on MRI XXX. Plantar fasciitis, right foot. POC: Applicant to decide on surgery.

XXX **XXX D.P.M., D.C., F.A.C.F.A.S.** Dx.: 1. Status post twisting injury, left foot and ankle, 2. Post-traumatic arthofibrosis/synovitis, left ankle, with lateral impingement lesion, 3. Plantar fasciitis/fasciosis, left foot, confirmed on MRI 2/11, 4. Plantar fasciitis, right foot. POC: continue night splint, home exercise program, supportive shoes and orthotics.

XXX **XXX M.D.**, Pain and Rehabilitative XXX. Bilateral foot pain, Applicant has seen one surgeon and is pending a second opinion. Applicant requests increasing Butrans to 10 mcg and discontinue the short-acting Norco. Medications: 1. Capsaicin, 2. Topiramate-topamax, 3. Pantoprazole, 4. Nabumetone-Relafen, 5. Butrans 10Mcg/hr. Patch, 6. Tylenol Jr. Dx.: 1. Pain in joint ankle foot, 2. Pain in joint lower leg, 3. Pain psychogenic NEC, 4. Long-term use meds nec, 5. Therapeutic drug monitor. PE: Antalgic gait. Tender left anterior heel and left arch of foot. POC: Request for second opinion with Dr.XXX. Mod duty or TTD.

XXX **XXX M.D.**, Pain and Rehabilitative XXX. Bilateral foot pain, Applicant has seen one surgeon and is pending a second opinion. Butrans is helping. Medications: 1. Capsaicin, 2. Topiramate-topamax, 3. Pantoprazole, 4. Nabumetone-Relafen, 5. Butrans 10Mcg/hr. Patch, 6. Tylenol Jr. Dx.: 1. Pain in joint ankle foot, 2. Pain in joint lower leg, 3. Pain psychogenic NEC, 4. Long-term use meds necessary, 5. Therapeutic drug monitor. PE: Antalgic gait. Tender left anterior heel and left arch of foot. POC: Mod. duty or TTD.

XXX **XXX M.D.** Foot and ankle surgery, Sports medicine, general orthopaedic surgery. Consulting Physician's Report. Dx.: 1. Left ankle moderate instability, 2. Left plantar fascia pain. POC: Left ankle lateral ligament reconstruction. Applicant should be able to rtw within 6 months to 1 year after surgery. Plantar fascia pain should diminish or disappear during this period of rest.

XXX **XXX D.P.M., D.C., F.A.C.F.A.S.** PR-2. PE: Bilateral foot pain. POC: Request for authorization of left lateral ankle stabilization via Brostrom repair.

XXX **XXX M.D.**, Pain and Rehabilitative XXX. Bilateral foot pain, Applicant saw two surgeons and is interested in proceeding with the recommendations of Dr. XXX. Applicant would like to rtw asap. Medications: 1. Capsaicin, 2. Topiramate-topamax, 3. Pantoprazole, 4. Nabumetone-Relafen, 5. Butrans 10Mcg/hr. Patch, 6. Tylenol Jr.
Dx.: 1. Pain in joint ankle foot, 2. Pain in joint lower leg, 3. Pain psychogenic NEC, 4. Long-term use meds nec, 5. Therapeutic drug monitor. POC: Request for tx. and surgery with Dr. XXX. Mod. duty or TTD.

XXX **XXX M.D.**, Pain and Rehabilitative XXX Bilateral foot pain, scheduled for surgery with Dr. XXX on XXX Pain in right foot due to overcompensation. Medications: 1. Capsaicin, 2. Topiramate-topamax, 3. Pantoprazole, 4. Nabumetone-Relafen, 5. Butrans 10Mcg/hr. Patch, 6. Tylenol Jr. Dx.: 1. Pain in joint ankle foot, 2. Pain in joint lower leg, 3. Pain psychogenic NEC, 4. Long-term use meds nec, 5. Therapeutic drug monitor. PE: antalgic gain,

Tenderness of left anterior heel and left arch of foot. POC: Discontinue Butrans due to mild bleeding with BMs and previous GI upset with oral buprenorphine. Rx Norco. Mod. duty. or TTD.

XXX **XXX M.D.**, Pain and Rehabilitative XXX. Bilateral foot pain, scheduled for surgery with Dr. Mann on 8/6/13. Pain in right foot due to overcompensation. Medications: 1. Capsaicin, 2. Topiramate-topamax, 3. Pantoprazole, 4. Nabumetone-Relafen, 5. Hydrocodone/apap10-325mg#30, 6. Tylenol Jr. Dx.: 1. Pain in joint ankle foot, 2. Pain in joint lower leg. POC: TTD.

XXX **XXX M.D.** Foot and ankle surgery, Sports medicine, general orthopaedic surgery, XXX Surgery Center. Operative Report. Procedure: Left ankle lateral ligament reconstruction. Dx. Left ankle lateral ligament instability.

XXX **XXX M.D.**, Foot and ankle surgery, Sports medicine, general orthopaedic surgery. Post-op visit. PE: wnl for post-op. POC: applied short leg non-weight bearing cast.

XXX **XXX M.D.**, Pain and Rehabilitative XXX. Bilateral foot pain, status post left foot surgery with Dr. XXX on XXX. Pain in right foot due to overcompensation. Trial of Roxicet did not provide pain relief and caused constipation and stomach upset so applicant discontinued. Medications: 1. Capsaicin, 2. Topiramate-topamax, 3. Pantoprazole, 4. Nabumetone-Relafen, 5. Hydrocodone/apap10-325mg#30, 6. Tylenol Jr. Dx.: 1. Pain in joint ankle foot, 2. Pain in joint lower leg. POC: TTD.

XXX **XXX M.D.**, Pain and Rehabilitative XXX Bilateral foot pain, status post left foot surgery with Dr. XXX on XXX. Putting weight on right foot which feels more tired. Medications: 1. Capsaicin, 2. Topiramate-topamax, 3. Pantoprazole, 4. Nabumetone-Relafen, 5. Hydrocodone/apap10-325mg#30, 6. Tylenol Jr. Dx.: 1. Pain in joint ankle foot, 2. Pain in joint lower leg. POC: Start P.T. TTD.

XXX **XXX M.D.** PR-2 and surgery post-op note. Left ankle improving Assessment: Laxity of ligament. Dx.: 1. Status post foot/ankle reconstructive surgery, left ankle lateral ligament reconstruction, 2. Postoperative progress good. POC: PR AFO ankle gauntlet. Wean off CAM walker. P.T. Off work 3-4 months.

XXX **XXX P.T. and XXX P.T.**, XXX. P.T. note.

XXX **XXX M.D.** PR-2 and surgery post-op note. Left ankle improving Assessment: Plantar facial fibromatosis. Dx.: 1. Status post foot/ankle reconstructive surgery, left ankle lateral ligament reconstruction, 2. Postoperative progress good. POC: PR AFO ankle gauntlet. Wean off CAM walker. P.T. Off work 3-4 months.

XXX **XXX P.T. and XXX P.T.**, XXX. P.T. note.

XXX **XXX P.T. and XXX P.T.**, XXX P.T. note.

XXX **XXX P.T. and XXX P.T.**, XXX. P.T. note.

XXX **XXX M.D.**, Pain and Rehabilitative XXX. Bilateral foot pain, status post left foot surgery with Dr. Mann on 8/6/13. Medications: 1. Capsaicin, 2. Topiramate-topamax, 3. Pantoprazole, 4. Nabumetone-relafen, 5. Hydrocodone/apap10-325mg#30, 6. Tylenol Jr. Dx.: 1. Pain in joint ankle foot, 2. Pain in joint lower leg. POC: continue P.T. TTD.

XXX **XXX P.T.**, XXX. P.T. note.

XXX **XXX P.T.**, XXX P.T. note.

XXX **XXX P.T.**, XXX P.T. note.

XXX **XXX P.T.**, XXX. P.T. note.

XXX **XXX P.T.**, XXX P.T. note.

XXX **XXX M.D.**, Pain and Rehabilitative XXX. Bilateral foot pain, status post left foot surgery with Dr. Mann on 8/6/13. Medications: 1. Capsaicin, 2. Topiramate-topamax, 3. Pantoprazole, 4. Nabumetone, 5. Hydrocodone/apap10-325mg#30, 6. Tylenol Jr. Dx.: 1. Pain in joint ankle foot, 2. Pain in joint lower leg. POC: continue P.T. TTD.

XXX **XXX M.D.**, Pain and Rehabilitative XXX. Medication refill request.

XXX **XXX M.D.**, Pain and Rehabilitative XXX. Increase in foot pain. Depression, anxiety, trouble sleeping, and constipation secondary to pain. Unable to work mod. duty as she cannot be accommodated by employer. ROS: Applicant reports HAs, neck pain, abnormal heartbeat, constipation and abdominal pain, balance problems, poor concentration, memory loss, numbness and weakness, anxiety and depression. Wheezing due to asthma. Meds: 1. Capsaicin, 2. Pantoprazole 20 mg., 3. Nabumetone-Relafen, 4. Tylenol Jr. 160 mg, 2 tabs p.r.n., 5. Topiramate-topamax, 6. Hydrocodone/apap10-325mg#30. Dx.: 1. Pain in joint lower leg, 2. Pain in joint ankle foot. POC: Rx Capsaicin, Venlafaxine Hcl Er, Docusate Na. Discontinue Norco. Urine screen positive for methamphetamine and amphetamine. Applicant says she was using a diet pill she purchased from the internet which she recently stopped due to rectal bleeding. TTD. Request for P.T. recently denied.

XXX **XXX M.D.**, Foot and ankle surgery, sports medicine, general orthopaedic surgery. P&S report/ Surgery Post-Op office note. Assessment: 1. Status post foot/ankle reconstructive surgery: left ankle lateral ligament reconstruction for left ankle instability, 2. Plantar fasciitis, improved. POC: mod. duty. 0% whole person disability rating.

XXX **XXX M.D.**, Pain and Rehabilitative XXX. Was told yesterday by PCP that BP was “very high”. PCP concerned about the numerous medications applicant is taking. PCP recommends decrease number of medications. Applicant states she has gained weight due to stress and activity limitation. Often tearful. ROS: Applicant reports HAs, neck pain, abnormal heartbeat, constipation and abdominal pain, balance problems, poor concentration, memory loss,

numbness and weakness, anxiety and depression. Wheezing due to asthma. Meds: 1. Capsaicin, 2. Topiramate-topamax 3. Pantoprazole 20 mg., 4. Nabumetone-Relafen, 5. Hydrocodone/apap10-325mg#30, 1 per 6 hrs. Tylenol Jr. 160 mg, 2 tabs p.r.n., 5. Hydrochlorothiazide 25 mg., 6 Docusate Na, 7. Venlafaxine Hcl ER 37.5 mg, 8. Tylenol Jr., 9. Hydrochlorothiazide 25 mg. Dx.: 1. Pain in joint lower leg, 2. Pain in joint ankle foot. POC: Discontinue venlafaxine, switch to Prozac. Request evaluation for functional restoration evaluation. Applicant s/w PCP yesterday regarding asthma, HTN, and abnormal heartbeat. Mod. duty.

XXX **XXX P.T., O.C.S.,** XXX Functional Restoration Program. Musculoskeletal Evaluation. Dx.: Left ankle pain, chronic neck pain.

XXX **XXX Psy.D.**, Psychological Assistant. XXX Functional Restoration Program. Depressed mood, c/o of frequent feelings of unhappiness and irritability, anxiety and depression. Frustrated and worried about health, healing. Weight gain, decreased appetite, and stress. Sleep disturbances “only get a few hours of sleep per night”. . DSM Dx.: 1. Pain disorder associated with both a general medical condition and psychological factors, 2. Depressive disorder, NOS, 3. anxiety disorder, NOS, 4. Psychosocial stressors— loss of job, loss of hobbies and increased social isolation, 5. GAF=60.

XXX **XXX M.D., M.P.H., Q.M.E.,** Pain Medicine and Neurology. XXX Functional Restoration Program. Weekly Progress Report PE: appeared depressed, restricted ROM of left ankle, tender ankles, antalgic gait. Dx.: 1. Left ankle strain status post left lateral ligament reconstruction performed by Dr. Jeffrey Mann on August 6, 2013, 2. Gait disturbance, 3. Compensatory right ankle pain, 4. Reactive depression.

XXX **XXX Ph.D., Clinical Psychology, and XXX M.D., F.A.C.P.M., Q.M.E**, Pain Medicine and Neurology. XXX Functional Restoration Program. Initial Evaluation and Multidisciplinary Conference Report.. C/o insomnia secondary to chronic pain and industrial injury. Difficulty managing chronic pain. Anxiety and depression related to pain. Meds: 1. Prozac, 2. Topamax, 3. Protonix, 4. Docusate Na, 5. Nabumetone, 6. Hydrochlorothiazide. PE: appears slightly depressed, Limited ROM in the left ankle with moderate swelling. Tender right ankle. Antalgic gait.. Psych exam: ALDs are affected. Sx. of depression, weight gain, decreased appetite, social isolation, anxiety, trouble sleeping, states she only gets a few hours of sleep. DSM Dx.: 1. Pain disorder associated with both a general medical condition and psychological factors, 2. Depressive disorder, NOS, 3. anxiety disorder, NOS, 4. Psychosocial stressors— loss of job, loss of hobbies and increased social isolation, 5. GAF=60.

XXX **XXX M.D.**, Pain and Rehabilitative XXX. Increase in leg pain, unable to drive long distances. Interested in functional restoration program. Unable to work mod. duty as she cannot be accommodated by employer. ROS: Applicant reports neck pain, abnormal heartbeat, constipation and abdominal pain, balance problems, poor concentration, memory loss, numbness and weakness, anxiety and depression. Wheezing due to asthma. Meds: 1. Capsaicin, 2. Pantoprazole 20 mg., 3. Nabumetone-relafen, 4. Tylenol Jr. 160 mg, 2 tabs p.r.n., 5. Hydrochlorothiazide 25 mg., 6 Docusate Na, 7. Hydrocodone/apap10-325mg#30, 1 per 6 hrs., 8.

Fluoxetine-Prozac, 9. Topiramate-topamax. PE: Moderately obese. Bilateral LE tender to palpation. Dx.: 1. Pain in joint lower leg, 2. Pain in joint ankle foot. POC: Request for transportation to and from functional restoration program. Increased pain: request for orthotics. F/u with PCP for HTN.

XXX **XXX M.D.**, Pain and Rehabilitative XXX. Pain in ankles after standing or walking. Barely able to drive due to pain in foot. Authorized for full functional restoration program. ROS: Applicant reports headaches, neck pain, abnormal heartbeat, constipation and abdominal pain, balance problems, poor concentration, memory loss, numbness and weakness, anxiety and depression. Wheezing due to asthma. Meds: 1. Capsaicin, 2. Pantoprazole 20 mg., 3. Nabumetone-relafen, 4. Tylenol Jr. 160 mg, 2 tabs p.r.n., 5. Hydrochlorothiazide 25 mg., 6 Docusate Na, 7. Hydrocodone/apap10-325mg#30, 1 per 6 hrs., 8. Fluoxetine-Prozac, 9. Topiramate-topamax. PE: Moderately obese. antalgic gait. Dx.: 1. Pain in joint lower leg, 2. Pain in joint ankle foot. POC: Request for transportation to and from functional restoration program.

XXX **XXX P.T., C.O.M.T.,** XXX Functional Restoration Program. Weekly Progress Report.

XXX **XXX M.D., M.P.H., Q.M.E.,** Pain Medicine and Neurology. XXX Functional Restoration Program. Weekly Progress Report. Sleep difficulties. PE: restricted ROM of left ankle, antalgic gait. Dx.: 1. Left ankle strain status post left lateral ligament reconstruction performed by Dr. XXX on XXX, 2. Gait disturbance, 3. Compensatory right ankle pain, 4. Reactive depression. POC: Increase Prozac from 20 mg qd. to 40 mg. Decrease Nabumetone that is causing GI discomfort.

XXX **XXX Ph.D., Clinical Psychology, and XXX M.D., F.A.C.P.M.,** XXX Functional Restoration Program. Weekly Progress Report. Medical and psychological evaluation. C/o insomnia secondary to chronic pain and industrial injury. Difficulty managing chronic pain. Anxiety and depression related to pain. Meds: 1. Prozac, 2. Topamax, 3. Protonix, 4. Docusate Na, 5. Nabumetone, 6. Hydrochlorothiazide, 7. Topical Capzasin. Dx.: 1. Left ankle strain status post left lateral ligament reconstruction, 2. Gait disturbance, 3. Compensatory right ankle pain, 4. Reactive depression.

XXX **XXX M.P.H., Q.M.E.,** Pain Medicine and Neurology. XXX Functional Restoration Program. Weekly Progress Report. Significant depression and sleep difficulties. PE: restricted ROM of left ankle, antalgic gait. Dx.: 1. Left ankle strain status post left lateral ligament reconstruction performed by Dr. XXX on XXX, 2. Gait disturbance, 3. Compensatory right ankle pain, 4. Reactive depression. POC: Increase Prozac from 20 mg q.d. to 40 mg. Decrease Nabumetone that is causing GI discomfort.

XXX **XXX Ph.D., Clinical Psychology,** XXX Functional Restoration Program. Psychological and Behavioral Progress Note.

XXX **XXX Ph.D., Clinical Psychology, and XXX M.D., F.A.C.P.M.,** XXX Functional Restoration Program. Weekly Progress Report. Medical and psychological evaluation. C/o insomnia secondary to chronic pain and industrial injury. Difficulty managing

chronic pain, fear of exacerbating sx. Anxiety and depression related to pain. Meds: 1. Prozac, 2. Topamax, 3. Protonix, 4. Docusate Na, 5. Nabumetone, 6. Hydrochlorothiazide, 7. Topical Capzasin. Dx.: 1. Left ankle strain status post left lateral ligament reconstruction, 2. Gait disturbance, 3. Compensatory right ankle pain, 4. Reactive depression.

XXX **XXX P.T., C.O.M.T.,** XXX Functional Restoration Program. Weekly Progress Report.

XXX **XXX M.D., M.P.H., Q.M.E.,** Pain Medicine and Neurology. XXX Functional Restoration Program. Weekly Progress Report. PE: restricted ROM of left ankle, antalgic gait. Dx.: 1. Left ankle strain status post left lateral ligament reconstruction performed by Dr. XXX on XXX, 2. Gait disturbance, 3. Compensatory right ankle pain, 4. Reactive depression. POC: decrease Nabumetone.

XXX **XXX Ph.D., Clinical Psychology,** XXX Functional Restoration Program. Psychological and Behavioral Progress Note. Applicant c/o chronic pain affecting quality of life, better with tools imparted by the program. Medical progress: 20% improvement in anxiety and depression.

XXX **XXX Ph.D., Clinical Psychology, and XXX M.D., F.A.C.P.M.,** XXX Functional Restoration Program. Weekly Progress Report. Medical and psychological evaluation. Applicant c/o chronic pain affecting quality of life, better with tools imparted by the program. Medical progress: 20% improvement in anxiety and depression. Meds: 1. Prozac, 2. Topamax, 3. Protonix, 4. Docusate Na, 5. Nabumetone, 6. Hydrochlorothiazide, 7. Topical Capzasin

XXX **XXX D.P.M., D.C., A.M.E.** Applicant sleeps 6 hrs./night. Applicant states that she became depressed when she could not work and began gaining "considerable" weight. Difficulty driving due to foot pain, relies on her daughter for transportation. Difficulty walking and standing. The applicant reports "no sexual functioning because of her injury "Dx.: 1. Status post lateral sprain left ankle, with double ligament tear, 2 Status post resolved lateral instability of the left ankle following lateral stabilization surgery, modified Brostrom procedure; XXX 3. Persistent heel spur syndrome with plantar fasciosis left foot secondary to original injury of XXX, 4. Persistent symptomatic heel spur syndrome and plantar fasciosis right, from offloading left ankle and foot The right ankle and symptoms are compensable consequence of the injury of XXX, 5. Modest symptoms anterolateral right ankle, with discomfort anterolateral and sinus tarsi and dysesthesia superficial peroneal nerve; secondary to altered biomechanics and gait with lateral weight bearing right foot and ankle, off-loading the medial plantar heel and fascia of the right foot, 6. 50-lbs. weight gain, 7. Sleep disturbance with need of taking Topamax 25 mg. at night., 8. Posttraumatic anxiety and depression as documented by a clinical psychologist**.** Causation: The injury and after-effects are due to employment activities. 100% apportionment to the work related injury of XXX. Mild gait impairment with pain add-on 10% WPI, Almaraz/Guzman II/III with a 43% WPI for LE impairment. POC: Sleep medication, Topamax, or other sleep medication should be authorized on an industrial basis. Custom foot orthotics, possible need for extra depth shoes. Transportation to and from functional rehabilitation program or accommodations nearby. "Given the applicant's weight and overall medical condition, she is

not a surgical candidate." The applicant is P&S/MMI.

XXX **XXX M.D.**, Pain and Rehabilitative XXX. Pain in ankles after standing or walking. Applicant using exercise bike at home. Exercising about 1 hour/day. Recent graduate of functional restoration program. The applicant reports loosing 15 lbs. as a result of this program. The applicant has decreased the amount of medication she uses. She uses Protonix p.r.n. for stomach pain. ROS: Applicant reports headaches, balance problems, poor concentration, memory loss, numbness and weakness, anxiety and depression. Meds: 1. Capsaicin, 2. Pantoprazole 20 mg., 3. Nabumetone-relafen, 4. Tylenol Jr. 160 mg, 2 tabs p.r.n., 5. Hydrochlorothiazide 25 mg., 6 Docusate Na, 7. Hydrocodone/apap10-325mg#30, 1 per 6 hrs., 8. Cyclobenzaprine-flexeril, 9. Topiramate-topamax. PE: antalgic gait , left ankle with mild swelling over the lateral malleolus and ROM with decreased by 20% with dorsi and plantar flexion, Painful upon inversion. Dx.: 1. Pain in joint lower leg, 2. Pain in joint ankle foot. POC: Mod. duty or unavailable, TTD. Applicant has discontinued Hydrocodone/Apap.

XXX **XXX M.D.**, Pain and Rehabilitative XXX. Walking and standing leads to pain in ankles. Depressive sx. secondary to chronic pain. Reports medications are helpful. ROS: Applicant reports balance problems, poor concentration, memory loss, numbness and weakness, anxiety and depression. Meds: 1. Capsaicin, 2. Pantoprazole 20 mg., 3. Nabumetone-Relafen, 4. Tylenol Jr. 160 mg, 2 tabs p.r.n., 5. Hydrochlorothiazide 25 mg., 6 Docusate Na, 7. Fluoxetine-Prozac, 8. Topiramate-topamax. PE: antalgic gait , left ankle with mild swelling over the lateral malleolus and ROM with decreased by 20% with dorsi and plantar flexion, Painful upon inversion. Dx.: 1. Pain in joint lower leg, 2. Pain in joint ankle foot. POC: Mod. duty but none available for her at this time. P&S. Refer for orthotics.

XXX **XXX M.D.**, Pain and Rehabilitative XXX. Walks 20 minutes/day. Constipation with medication use. ROS: Applicant reports headaches, balance problems, poor concentration, memory loss, numbness and weakness, anxiety and depression. Meds: 1. Capsaicin, 2. Pantoprazole 20 mg., 3. Nabumetone-Relafen, 4. Tylenol Jr. 160 mg, 2 tabs p.r.n., 5. Hydrochlorothiazide 25 mg., 6 Docusate Na, 7. Fluoxetine-Prozac, 8. Cyclobenzaprine-Flexeril, 9. Topiramate-topamax. PE: antalgic gait , left ankle with mild swelling over the lateral malleolus and ROM with decreased by 20% with dorsi and plantar flexion, Painful upon inversion. Dx.: 1. Pain in joint lower leg, 2. Pain in joint ankle foot. POC: CBT requested but denied. P&S.

XXX **XXX M.D.**, Pain and Rehabilitative XXX. C/o URI, on abx, is limiting exercise at this time. ROS: Applicant reports headaches, coughing, balance problems, poor concentration, memory loss, numbness and weakness, anxiety and depression. Meds: 1. Capsaicin, 2. Pantoprazole 20 mg., 3. Nabumetone-Relafen, 4. Tylenol Jr. 160 mg, 2 tabs p.r.n., 5. Hydrochlorothiazide 25 mg., 6 Docusate Na, 7. Fluoxetine-Prozac, 8. Cyclobenzaprine-Flexeril, 9. Topiramate-topamax. PE: antalgic gait , left ankle with mild swelling over the lateral malleolus and ROM with decreased by 20% with dorsi and plantar flexion, Painful upon inversion. Dx.: 1. Pain in joint lower leg, 2. Pain in joint ankle foot. POC: CBT requested but denied. P&S.

XXX **XXX M.D.**, Pain and Rehabilitative XXX. Difficulty with exercise due to the pain

in her ankle. ROS: Applicant reports headaches, coughing, the ROS list was not properly copied and this list is not complete. Meds: 1. Capsaicin, 2. Pantoprazole 20 mg., 3. Nabumetone-Relafen, the medications list was not properly copied and this list is not complete. PE: antalgic gait, left ankle with mild swelling over the lateral malleolus and ROM with decreased by 20% with dorsi and plantar flexion, Painful upon inversion. Dx.: 1. Pain in joint lower leg, 2. Pain in joint ankle foot. POC: Continue medications, orthotics, acupuncture requested. P&S.

XXX **XXX M.D.**, Pain and Rehabilitative XXX. Applicant reports GI upset with medication, uses Protonix. Walks 30 minutes per day. Topamax helpful and applicant would like to continue taking it. ROS: Applicant reports headaches, coughing, balance problems, poor concentration, memory loss, numbness and weakness, anxiety and depression. Meds: 1. Capsaicin, 2. Pantoprazole 20 mg., 3. Nabumetone-Relafen, 4. Tylenol Jr. 160 mg, 2 tabs p.r.n., 5. Hydrochlorothiazide 25 mg., 6 Amlodipine Besylate 2.5 mg, 7 Fluoxetine-Prozac. PE: antalgic gait , left ankle with mild swelling over the lateral malleolus and ROM with decreased by 20% with dorsi and plantar flexion, Painful upon inversion. Dx.: 1. Pain in joint lower leg, 2. Pain in joint ankle foot. POC: Continue medications, orthotics, start acupuncture. P&S.

XXX **XXX D.P.M., D.C., A.M.E.** Supplemental report. The doctor is asked to address whether the applicant's depression, sleep disturbance, HTN, and GI distress including stomach pain, constipation and diarrhea merits specific Q.M.E.s. The applicant is taking Prozac, Topamax, pantoprazole and medication for HTN.

XXX **XXX P.T., C.H.T., L.A.c.**XXX P.T. and acupuncture. Daily note. And evaluation/POC note.

XXX **XXX** P.T. and acupuncture. Daily note.

XXX **XXX** P.T. and acupuncture. Daily note.

XXX **XXX M.D.**, Pain and Rehabilitative XXX. Applicant reports GI upset with medication, uses Protonix. ROS: Applicant reports night sweats, headaches, difficulty breathing, coughing and wheezing, balance problems, poor concentration, memory loss, numbness and weakness, anxiety and depression. Meds: 1. Capsaicin, 2. Topiramate-topamax 25 mg., 3. Pantoprazole 20 mg., 4 Nabumetone-Relafen, 5. Tylenol Jr. 160 mg, 2 tabs p.r.n., 6. Hydrochlorothiazide 25 mg., 7. Amlodipine Besylate 2.5 mg, 8. Fluoxetine-Prozac. PE: antalgic gait , left ankle with mild swelling over the lateral malleolus and ROM with decreased by 20% with dorsi and plantar flexion, Painful upon inversion. Dx.: 1. Pain in joint lower leg, 2. Pain in joint ankle foot. POC: Continue medications, acupuncture. P&S.

XXX XXX P.T. and acupuncture. Daily note.

XXX XXX P.T. and acupuncture. Daily note.

XXX XXX P.T. and acupuncture. Daily note.

XXX XXX P.T. and acupuncture. Daily note.

XXX XXX P.T. and acupuncture. Daily note.

XXX XXX P.T. and acupuncture. Daily note.

XXX **XXX M.D.**, Pain and Rehabilitative XXX. Applicant reports using less medication. ROS: Applicant reports night sweats, headaches, difficulty breathing, coughing and wheezing, balance problems, poor concentration, memory loss, numbness and weakness, anxiety and depression. Meds: 1. Capsaicin, 2. Topiramate-topamax 25 mg., 3. Pantoprazole 20 mg., 4 Nabumetone-Relafen, 5. Tylenol Jr. 160 mg, 2 tabs p.r.n., 6. Hydrochlorothiazide 25 mg., 7. Amlodipine Besylate 2.5 mg, 8. Fluoxetine-Prozac. PE: antalgic gait Dx.: 1. Pain in joint lower leg, 2. Pain in joint ankle foot. POC: Continue medications, acupuncture. P&S. Not working.

XXX XXX P.T. and acupuncture. Daily note.

XXX XXX P.T. and acupuncture. Daily note.

XXX XXX P.T. and acupuncture. Daily note.

XXX **XXX M.D.**, Pain and Rehabilitative XXX. ROS: Applicant reports night sweats, headaches, difficulty breathing, coughing and wheezing, balance problems, poor concentration, memory loss, numbness and weakness, anxiety and depression. Meds: 1. Capsaicin, 2. Topiramate-topamax 25 mg., 3. Pantoprazole 20 mg., 4 Nabumetone-Relafen, 5. Tylenol Jr. 160 mg, 2 tabs p.r.n., 6. Hydrochlorothiazide 25 mg., 7. Amlodipine Besylate 2.5 mg, 8. Fluoxetine-Prozac. PE: antalgic gait Dx.: 1. Pain in joint lower leg, 2. Pain in joint ankle foot. POC: Continue medications. P&S. working with restrictions. Start morphine sulfate ER— applicant is fearful of the side effects so starting at low dose.

XXX **XXX M.D.**, Pain and Rehabilitative XXX. . Applicant having trouble without medication. Also Prozac was abruptly withheld and she suffered Serotonin withdrawal sx. ROS: Applicant complains of anxiety and depression. Applicant complains of balance problems, poor concentration, memory loss, numbness and weakness. C/o wheezing, blurry vision, HAs. Meds: 1. Capsaicin, 2. Topiramate-topamax 25 mg., 3. Fluoxetine-prozac 20 mg., 4 Morphine Sulf ER 15 mg. once per day, increase to b.i.d. after 5X days, 5. Tylenol Jr. 160 mg, 2 tabs p.r.n., 6. Hydrochlorothiazide 25 mg., 7. Amlodipine Besylate 2.5 mg. PE: antalgic gait Dx.: 1. Pain in joint lower leg, 2. Pain in joint ankle foot. POC: Continue medications. P&S. working with restrictions.

XXX XXX P.T. and acupuncture. Daily note.

XXX **XXX M.D., A.M.E.**, Psychiatry. The applicant was seen by Dr. XXX on 06/26/16 for a psychiatric evaluation. The applicant also underwent psychological testing which was scored by XXX Ph.D. Dx.: 1. mild depressive disorder, status post left ankle surgery 8/13, 2. essential HTN by hx., 3. ongoing pain complaints. 4. GAF=67. Apportionment: WPI of 5%. 100% of residual psychiatric disability is due to the industrial injury. Notes: The applicant has

had weight gain, likely due to medications, which have contributed to psychological stress and also to increased pain in her foot. The applicant c/o trouble sleeping due to pain. POC: recommend stop pain management and psychotherapy due to the lack of sustained progress made by the applicant. "She has in my judgment, been overmedicated without evidence of real benefit, and has had significant side effects, gaining 80 lbs., which bothers her, as she complains that no one had discussed this at all". Trial of Remeron 15 mg for difficulty sleeping. Discontinue fluoxetine.

Chronological list of vital signs/medication changes:

Date	B/P	Weight	BMI
3/1/11	118/78	185 lbs.	33.8
3/11/11	170/100		
3/24/11	130/82		
4/5/11		185 lbs.	33.8
11/18/11		180 lbs.	
11/27/12	143/93	211 lbs.	38.6
12/8/12		216 lbs.	39.7
3/6/14	first noted to be taking hydrochlorothiazide for HTN		
2/27/15	first noted to be taking Amlodipine Besylate for HTN		
5/22/15	started taking morphine sulfate		
9/3/15	170/96	217 lbs.	39.7

PHYSICAL EXAM

Blood pressure	R=170/96, L=168/90 (she states she did not take her B/P meds this AM.
Pulse	66
Height	5'2"
Weight	217 pounds
BMI	39.7
General Appearance	This applicant is alert, oriented and in no acute distress. She appears to be an accurate and reliable historian.
HEENT	Pupils are equal and reactive to light and accommodation. Sclera anicteric. Funduscopic exam normal. Ear canals clear. Tympanic membranes are normal. Nose is patent. Pharynx Mallampati classification III.
Neck	Supple, no masses. Carotids equal without bruit. No jugular venous distension. Thyroid not palpable.
Heart	Regular rate. No murmur, gallop or rub. The peripheral pulses are intact in the lower extremities.

Lung Fields	Lungs are clear to auscultation and percussion. There is no wheezing on forced expiration.
Abdomen	Soft, obese, non-tender. No guarding or rebound. No masses. No organomegaly. Bowel sounds are normal.
Extremities	No cyanosis or edema.
Lymphatics	No abnormal lymph glands.
Musculoskeletal	Within normal limits. There is full range of motion of all joints. Muscle strength, muscle bulk and tone appear to be normal in the upper and lower extremities 5/5 including hand grip bilaterally. The circumference of the left ankle is 26 cm and the right ankle is 25 cm in circumference.
Gait:	Antalgic.
Neurologic	Cranial nerves II-XII intact. Deep tendon reflexes are 2+ symmetric and preserved in the upper and lower extremities. Light touch sensation is preserved. Romberg is normal. Mental status is within normal limits.
Skin	There is a well healed surgical incision over the lateral malleolus of the left ankle which is horizontal and 4 cm length.

DIAGNOSES

Hypertension
GERD
Chronic constipation secondary to chronic opioid use for pain.
Chronic bilateral ankle pain.
Depression.

DISCUSSION

Ms. XXX gained 32 pounds following her ankle injury at work. Since her accident, she has been much less active physically due to her pain with weight bearing. This weight gain is a 17% increase in her pre-injury weight of 185 pounds; an increase significant to affect her blood pressure.

In addition to her weight gain, the applicant is on long term daily NSAIDS. The long term use of these medications are associated with an increase in the systolic blood pressure adding a second industrial causation to her hypertension.

The applicant's medical records appear to be incomplete. They do not include records from her primary care provider who treated her for her hypertension. From the records which I have

received, it appears that her PCP noted her to have elevated blood pressure readings on XXX and that by her visit on 3/6/14 she had begun taking hydrochlorothiazide for her HTN. On her XXX visit another anti-hypertensive medication, Amlodipine Besylate had been added.

Ms. XXX had a recorded B/P reading of 170/100 on XXX, just 13 days following her injury. This is likely an isolated high reading due to pain, but since I have so few B/P readings for the applicant, it is possible that hypertension was developing prior to her injury. But the fact that she was not treated with medication for her hypertension until about XXX, makes is more likely than not that her PCP had not diagnosed her with hypertension prior to XXX.

I have requested additional medical records from Ms. XXX primary care physician. In order to move this case forward, I am rating the applicant's HTN now, but the apportionment may change should new pertinent information be present in those records.

The applicant complains of daily hard stools and she has adjusted her diet to include more fruits and vegetables and takes prune juice daily. Since XXX Ms. XXX has been taking opioids which have the very common side effect of constipation. She is on no medications for constipation and stated that she was given ducolax but that it did not help her. Ms. XXX did not complain of any diarrhea during our interview.

Although she continues to have occasional heartburn, the Pantoprazole which the applicant had been taking was not amongst the current medications which she brought to her QME examination with me.

DISABILITY STATUS/DATE OF MAXIMAL MEDICAL IMPROVEMENT

For her hypertension, Ms. XXX condition reached maximum medical improvement 3 months following the addition of her second medication for hypertension in February of XXX. Date of MMI is XXX.

For her upper and lower GI complaints, the applicants condition reached maximum medical improvement on XXX when Dr. XXX found her to be permanent and stationary for her ankle injury.

ACTIVITY RESTRICTIONS: None for internal medicine complaints.

IMPAIRMENT RATING

Discussion utilizing AMA Guides to the Evaluation of Permanent Impairment, 5th edition.

Cardiovascular

Subjective complaints: The applicant has no subjective complaints for her hypertension.

Objective findings: My physical examination of the applicant for this report reveals a blood pressure of 170/96 right arm and 168/90 left arm. The applicant had not taken her anti-hypertensive medications on the day of her AME with me. Although she did not take her medication on the day of her visit due to getting up very early for her appointment, she has been taking it regularly and missing one dosage should not significantly change her exam findings and rating.

Ms. XXX has Stage 2 hypertension; B/P 170 systolic and 96 diastolic.

Reference Chapter 4 "The Cardiovascular System: Systemic and Pulmonary Arteries", Section 4.1 Hypertensive Cardiovascular Disease on pages 66 to 69.

Class 1 with 0-9% Whole Person Impairment WPI described as *"Asymptomatic, stage 1 or 2 hypertension without medications or normal blood pressure on anti-hypertension medications and no evidence of end-organ damage."*

The applicant's WPI for hypertension is 6 %.

Lower Gastrointestinal

Subjective complaints: Daily hard stools with rare trace of blood. No complaints of diarrhea.

Objective findings: None.

Reference Chapter 6 "The Digestive System". The relevant section, is section 6.3 "Colon, Rectum and Anus" on pages 128 – 132. Table 6-4 Criteria for Rating Permanent Impairment Due to Colonic and Rectal Disorders on page 128 gives the impairments for these disorders.

Class 1 with 0-9% WPI is described as *"signs and symptoms of colonic or rectal disease infrequent and of brief duration and limitation of activities; special diet, or medication not required and no systemic manifestations present, and weight and nutritional state can be maintained at desirable level or no sequelae after surgical procedures"*

Ms. XXX complaints are closet to those of Example 6-18 on page 128 of the Guides: "Subject: 50 year-old woman. History: …. Several years tendency of mildly erratic bowel action with alternating constipation and diarrhea. Physical Exam: Normal …Current symptoms: Episodes of cramping bowel movements; alternating diarrhea and constipation. Impairment rating: 0% WPI. Comment: Symptoms, while occasionally annoying do not interfere with performance of daily activities. Needs only minor dietary adjustment."

The applicant has a 0% WPI for her lower gastrointestinal complaints.

Upper Gastrointestinal

SUBJECTIVE: Ms. XXX has occasional mild heartburn not requiring medication.

OBJECTIVE: There are no objective findings. The physical examination was normal; no testing was included in the medical reports received.

For her upper digestive tract rating, Ms. XXX GERD symptoms are congruent with "Class 1" on page 121 the Guides Chapter 6, "The Digestive System", table 6-3.

Class 1 with a 0-9% WPI is described as "*Symptoms and signs of upper digestive tract disease or anatomic loss or alteration, and continuous treatment not required, and maintains weight at desirable level."*

The applicant was on Pantoprazole for over one year for her GERD symptoms and it is not clear if her medication was stopped, or if she overlooked bringing the medication with her to her visit- all of her other medications she brought with her. She should be on some medication for her symptoms which are nearly daily. I have given her a 5% rating for her upper GI because she continues symptomatic and takes the NSAIDS daily to help control her pain. Likely it is the NSAIDS which are causing her current symptoms. The comment in Example 6-6 applies to her situation (page 123) although her symptoms are milder than in this example and she does not complain of sour regurgitation and coughing. "Persistent untreated gastroesophageal reflux may result in stricture formation necessitating repeated dilations, medical therapy resumption. Possible antireflux surgery. Reflux may induce premalignant changes in lower esophagus; regular surveillance and possible surgical treatment increase impairment rating." As her symptoms are not daily and it does not appear that she is currently on any medications nor is she adjusting her diet for her upper GI symptoms, her symptoms place her in Class I in the mid-range.

Ms. XXX has a 5% WPI for her upper gastrointestinal complaints.

Impact of Almaraz/Guzman III decision on rating permanent impairment for this case.

None. The permanent impairment ratings given are accurate and use appropriate sections of the AMA Guides, 5th edition as mandated by the California Labor Code.

APPORTIONMENT OF PERMANENT DISABILITY BASED ON CAUSATION

In preparation for apportionment in this report, I am aware of the direction in Section Labor Code 4663 that apportionment of permanent disability shall be based on causation. All of my medical opinions are based on a reasonable degree of medical probability and not based on

speculation.

The applicant's weight before her injury was 185 lbs. with a BMI of 33.8. Her weight increased 32 pounds following her injury and her BMI increased to 39.7. A BMI of 30 or above is defined as obese. A BMI of 40 and above is considered morbidly obese. Although she was overweight prior to her injury, her weight has increased significantly placing her almost in the morbidly obese category. I would apportion Ms. XXX hypertension 100% to her industrial injury which caused significant weight gain leading to hypertension. In the article by ME Diaz in the Journal of Human Hypertension (2002) the author states that *"Obesity and weight gain have been identified as the most important determinants of hypertension. In the Framingham Study, it was found that a 10% rise in body weight explains a 7 mm Hg rise in systolic blood pressure in the population at large."*

Obese patients are at an increased risk of developing GERD but Ms. XXX gave no history of chronic GERD prior to her injury and gave no history of chronic use of NSAIDS. I have no records of pre-existing GERD symptoms. Since XXX she has been on NSAIDS and Pantoprazole (at least through her last visit in May XXX). Her GERD symptoms are 100% due to industrial causation from taking NSAIDS for her pain.

FUTURE MEDICAL CARE

Future medical care should include anti-hypertensive medications, regular biannual visits to check blood pressure and monitor kidney function annually with a BUN & Cr. This should continue until the applicant is able to lose substantial weight and a return to normotensive blood pressure readings. For her GERD symptoms it would be preferable to discontinue her NSAIDS if they are not required for use as an anti-inflammatory as she is on opioids for her pain and may not strictly require them for pain control in addition to the opioids. If she continues symptomatic for GERD, she should take over the counter H2 blockers such as Pepsid. Should her symptoms worsen or increase in frequency, a gastroenterology consult would be advised.

REFERENCES

Lytsy, Per, Ingelsson, Erik, Lind, Lars, Arnlov, Johan, Sundstrom, Johan. "Interplay of overweight and insulin resistance on hypertension development." Journal of Hypertension 32.4 (2014): 834-839.

ME Diaz. "Hypertension and obesity." Journal of Human Hypertension (2002) 16 (Suppl 1), 518-522.

Aw, Haas, Liew, Krum. "Meta-analysis of Cyclooxygenase-2 Inhibitors and Their Effects on Blood Pressure" Archive of Internal Medicine (2005) 165(5), 490-496.

DISCLOSURE:

In compliance with Labor Code Section 4628, I personally examined XXX. I reviewed the medical records as set forth in this report. The history was taken by me by direct questions on my part and through the use of a questionnaire completed by the examinee which I reviewed with the examinee. In addition to conduction of the examination, I personally composed and drafted the conclusions of this report. All conclusions are mine alone. Pursuant to 8 Cal. Code Regs, Section 49.2-49.9, I have complied with the requirement for face to face time with the

patient in this evaluation. Electronically submitted reports are provided to all parties in accordance with DWC regulations for report submission.

> I declare under penalty of perjury that the information contained in this report and its attachments, if any, is true and correct to the best of my knowledge and belief, except as to information that I have indicated I received from others. As to that information, I declare under penalty of perjury that the information accurately describes the information provided to me and, except as noted herein, that I believe to be true.
>
> In accordance with Labor Code Section 5703 (a) (1), there has not been a violation of Labor Code Section 139.3. This statement is made under penalty of perjury.

Dated this _____ day of September, XXX in Alameda County

END OF REPORT

DECLARATION/SIGNATURE PAGE

I personally took the history from and performed a physical examination of the applicant on the date indicated in the medical-legal office located at XXX I also personally reviewed the applicant's records provided to me jointly by the parties. I prepared this medical legal report entirely by myself except when specifically stated to the contrary. The medical legal opinions expressed in this report are solely my own. If other physicians have been consulted, such information has been explicitly stated herein.

When additional medical testing and/or consultation(s) is(are) required for, but not limited to, clarifying issues of industrial causation, permanent impairment/disability ratings, apportionment, need for present or future medical care and other facets of industrial disability, the insurance carrier will be contacted advising of the need for testing and/or consultation(s) authorization(s). A copy of my medical reports concerning the applicant will generally be provided to a consultant at the time my office schedules a given consultation. I am always available in writing for clarification of any testing/consultation(s) requests which should never be subject to utilization review since they are requested solely for the medical legal purpose of, but not limited to, clarifying issues such as industrial causation, impairment rating and apportionment. Without the requested testing and/or consultation(s), I will be unable to complete medical legal conclusions for this case.

If additional records are required by me to complete the medical legal analysis of the applicant's case, a written request will be made simultaneously to the parties requesting them to provide such records for my review. If there is an urgent medical need for a particular test and/or consultation, whether industrial in nature or not, the applicant will be immediately referred back to the primary treating physician and/or a hospital emergency room. In general, medical legal conclusions are provisional until any requested medical record review, testing and consultation have been completed and then reviewed by myself resulting in a supplemental report(s) being issued. If reevaluation of the applicant is required, it is the responsibility of the parties to schedule the repeat appointment with my office. Generally, absent receipt of requested records, I will be unable to complete medical legal conclusions for this case. Reports are always issued within the 30 day period mandated by the California Labor Code using the currently available records; upon receipt of additional requested records, testing and/or consultation(s), a supplemental report will be issued.

I declare under penalty of perjury that the information obtained for the preparation of this report and its attachments, if any, is true and correct to the best of my knowledge and belief, except as to information indicated to have been received from others. As to that received information, I declare under penalty of perjury that the information accurately describes the information provided to me and, except as noted herein, that I believe it to be true to the best of my knowledge.

The evaluation of this applicant and the time spent performing the evaluation was in compliance with the guidelines established by the Administrative Director pursuant to paragraph (5) of subdivision (j) of Section 139.2 or Section 5307.6 of the California Labor Code or any other relevant sections or revisions of the Labor Code. The listing of the actual hours I spent preparing this report is correct and made under penalty of perjury.

I also declare under penalty of perjury that I have not knowingly violated the provisions of the California Labor Code Section 139.3 with regard to the evaluation of this applicant and preparation of this report. I have not offered, delivered, received, or accepted any rebate, refund, commission, preference, patronage, dividend, discount or other consideration, whether in the form of money or otherwise, as compensation or inducement for any referred exam or evaluation.

PERSONALLY DICTATED, REVIEWED, EDITED AND MEDICAL LEGAL OPINION VERIFIED AS ATTESTED HERETO BY MY ORIGINAL SIGNATURE:

Signed: ____/_____/____ , in Albany, California, County of Alameda.

_____

Kathryn Raphael, MD

Internal Medicine