



## UR/UM NEW CLAIM REFERRAL FORM

Telephone: (949) 221-1700 ext. 304  
Fax: (949) 612-9207  
Email: [SBCounty@medexhco.com](mailto:SBCounty@medexhco.com)  
[www.medexhco.com](http://www.medexhco.com)

<b>Claim Number:</b>	103577
<b>WCIS Number:</b>	2013092615314940565484

<b>Adjuster Name:</b>	Sylvia Earl
<b>Adjuster Phone:</b>	(909) 386-9019
<b>Adjuster Fax:</b>	(909) 386-8711
<b>Adjuster Email:</b>	searl@rm.sbcounty.gov
<b>Employer:</b>	San Bernardino County

<b>Jurisdiction:</b>	California
<b>Referral Date:</b>	12/11/23
<b>RFA Received Date:</b>	12/12/23
<b>Referred to URO:</b>	12/12/23
<b>Review Type:</b>	<input type="checkbox"/> Litigated <input type="checkbox"/> Adjuster Approved <input type="checkbox"/> Retrospective <input type="checkbox"/> Concurrent XX Prospective

**Employee Information** – All employee demographics are kept on file. Please use this section for any NEW referrals OR if there is a change in employee demographics.

<b>Last Name:</b>	Morris	<b>Accepted Body Parts:</b>
<b>First Name:</b>	Patricia,	B/KNEES, B/FEET, B/ANKLES
<b>Address:</b>	1055 Woodlawn Ave	
<b>City/State/Zip:</b>	Sn Bernrdno, CA 92407	
<b>Phone Number:</b>	(909) 913-2975	<b>Denied Body Parts:</b>
<b>DOI:</b>	04/30/2009	Enter body parts.
<b>DOB:</b>	05/14/1950	
<b>SSN:</b>	XXX-XX-0158	

<b>Applicant Attorney:</b>	
<b>Law Firm:</b>	Law Offices of Smith & Garfunkel
<b>Address:</b>	800 N Haven Ave #260
<b>City/State/Zip:</b>	Ontario, CA 91764
<b>Phone Number:</b>	(909) 466-9589
<b>Fax Number:</b>	(909) 945-1468
<b>Email:</b>	

<b>Defense:</b>	
<b>Law Firm:</b>	Hallett, Emerick, Wells & Sareen
<b>Address:</b>	325 W Hospitality Ln #300
<b>City/State/Zip:</b>	Sn Bernrdno, CA 92408-3211
<b>Phone Number:</b>	(909) 890-0403
<b>Fax Number:</b>	
<b>Email:</b>	

Review: Diclofenac Gel #300mg 1x, Nabumetone #60 & Tramadol #60 no refills to UR

**Special Handling Instructions:** \*Please include all medical records relevant to the request dated within the past 6 months.

Send all referrals to: [SBCounty@medexhco.com](mailto:SBCounty@medexhco.com) Pursuant to §9792.9(1) Prospective or concurrent decisions shall be made in a timely fashion that is appropriate for the nature of the injured worker's condition, not to exceed five (5) working days from the date of receipt of the written request for authorization. (2) If appropriate information which is necessary to render a decision is not provided with the original request for authorization, such information may be requested within five (5) working days from the date of receipt of the written request for authorization to make the proper determination.


In no event shall the determination be made more than 14 days from the date of receipt of the original request for authorization by the health care provider.

Sylvia Earl  
TO WR  
DEC 12 2023

State of California, Division of Workers' Compensation  
REQUEST FOR AUTHORIZATION  
DWC Form RFA

SK  
RFA

Attach the Doctor's First Report of Occupational Injury or Illness, Form DLSR 5021, a Treating Physician's Progress Report, DWC Form PR-2, or equivalent narrative report substantiating the requested treatment.

<input checked="" type="checkbox"/> New Request		<input type="checkbox"/> Resubmission – Change in Material Facts		
<input type="checkbox"/> Expedited Review: Check box if employee faces an imminent and serious threat to his or her health				
<input type="checkbox"/> Check box if request is a written confirmation of a prior oral request.				
<b>Employee Information</b>				
Name (Last, First, Middle): Morris, Patricia				
Date of Injury (MM/DD/YYYY): 04/30/2009		Date of Birth (MM/DD/YYYY): 05/14/1950		
Claim Number: 103577		Employer: County Of San Bernardino		
<b>Requesting Physician Information</b>				
Name: Gary Baker, M.D.				
Practice Name: Advanced Pain Specialists		Contact Name: Anna Hernandez		
Address: 5750 Downey Ave. Ste. 306		City: Lakewood State: CA		
Zip Code: 90712	Phone: 562-408-4636	Fax Number: 562-408-6491		
Specialty:		NPI Number: 1437167863		
Email Address:				
<b>Claims Administrator Information</b>				
Company Name: County of San Bernardino		Contact Name:		
Address:		City:		
Zip Code:	Fax#: 909 386 8711			
Email Address:				
<b>Requested Treatment (see instructions for guidance, attached additional pages if necessary)</b>				
List each specific requested medical services, goods, or items in the below space or indicate the specific page number(s) of the attached medical report on which the requested treatment can be found. Up to five (5) procedures may be entered; list additional requests on a separate sheet if the space below is insufficient.				
ICD-Code (Required)	Diagnosis (Required)	Service/Good Requested (Required) Duration,	CPT/HCPCS Code (if known) Quantity, etc.)	Other Information: (Frequency,
M25.579	Pain in unspecified ankle and joints of unspecified foot	1 Diclofenac Sodium 3% Gel	SIG: Apply 1-2 grams to affected area twice a day QTY: 300.00 grams	
M25.569	Pain in unspecified knee	2 Nabumetone 500 Mg Tablet	SIG: Take 1 by mouth every 12 hours. QTY: 60.00	
M17.10	Unilateral primary osteoarthritis, unspecified knee	3 Tramadol Hcl 50 Mg Tablet	SIG: Take 1 tablet twice daily QTY: 60.00	
Request Physician Signature: 			Date: 12/11/23	
<b>Claims Administrator/Utilization Review Organization (URO) Response</b>				
<input type="checkbox"/> Approved <input type="checkbox"/> Denied or Modified (See separate decision letter) <input type="checkbox"/> Delay (See separate notification of delay)				
<input type="checkbox"/> Requested treatment has been previously denied <input type="checkbox"/> Liability for treatment is disputed (See separate letter)				
Authorization Number (if assigned):			Date:	
Authorized Agent Name:			Signature:	
Phone:	Fax Number:	Email Address:		
Comments:				

From anna

15624082684

12/11/2023 15:42:06 PST

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DWC Form RFA (Effective 2/2014)

Page 1

D:\1 Management 2022 12 12 07.12.27

# ***Advanced Pain Specialists of Southern California***

Gary L. Baker, M.D., A Professional Corporation

5750 Downey Avenue, #306 • Lakewood, California 90712 • Fax (562) 408-6491

www.advpainspecialists.com

Gary L. Baker, M.D., *Director*  
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November 17, 2023

Gary Baker, M.D.  
5750 Downey Ave #306  
Lakewood, CA 90712

## **PAIN MEDICINE RE-EVALUATION**

<b>PATIENT NAME:</b>	Patricia Morris
<b>PATIENT NUMBER:</b>	16666
<b>DATE OF BIRTH:</b>	05/14/1950
<b>EMPLOYER:</b>	County Of San Bernardino
<b>INSURANCE COMPANY:</b>	County of San Bernardino (7532) 75
<b>CLAIM NUMBER:</b>	103577
<b>DATE OF INJURY:</b>	04/30/2009
<b>DATE OF EVALUATION:</b>	November 17, 2023

### **INTRODUCTION:**

Ms. Patricia Morris is a 73 years old Female who presents for a pain medicine follow-up visit and reexamination on November 17, 2023.

Ms. Morris was seen via telehealth video communication with provider at our Rancho Cucamonga office, 10841 White Oak Avenue, Suite 208, Rancho Cucamonga, CA 91730.

### **Telephone waiver (current):**

Telehealth and telephonic communication has been encouraged by the Centers for Disease Control, the Centers for Medicare and Medicaid Services, and the California Department of Insurance during the current public health emergency. Ms. Morris was informed of and has consented to the use of telephonic communication. Ms. Morris was unable to connect via video conferencing. This telephonic visit is necessary to ensure quality and continuity of care. Total visit time exceeded 21 minutes.

RE: Patricia Morris      DOB: 05/14/1950      DATE: November 17, 2023      Page: 1





individual patient, a reduction in pain intensity and improvement in pain-related interference with activities of two points is considered moderate but clinically significant improvement".

#### INTERVAL HISTORY:

The patient reports that the use of chiropractic therapy when available and current medication, including Norco is helpful. Ms. Morris has been prescribed opioid medication Hydrocodone for chronic pain. Time until pain relief is 20 minutes. The pain relief from each medication dose lasts for 5 hours. The least reported pain since last assessment was 2 on a scale of 1 to 10. Areas of functional improvement as a result of the above therapy include: activities of daily living, cleaning, doing laundry, shopping and washing dishes. The patient reports her quality of life has been improved as a result of the above treatment. Ms. Morris wishes to continue this therapy based on her decreased pain, her increased level of function and her improved quality of life.

Reports weather changes have worsened pain.

4-8-19: Last chiropractic treatments, 4 visits were 2 months ago. Ms. Morris believes that she was making good progress with her function. Wishes to resume another course of chiro to help with reduction of Norco.

Last office visit 07/2019, since fell off her truck

2-24-20: Increasing difficulty walking due to right knee pain.

7/13/20: Pt states she will call Dr. Wood regarding referral.  
Having difficulty picking up tramadol from Cost co pharmacy.

11-6-20: Reports a bad month with increased left knee pain/ swelling, making walking difficult.

12/4/20: Reviewed MRI L knee with pt.

1/15/21: Pt requests ortho eval for R knee due to worsening pain.

3/12/21: still awaiting provider list for ortho eval

5/7/21: pending new lumbar MRI then following up with Dr. Lui on 20th.

6/4/21: had L/S MRI and bilateral knee MRI through Dr. Lui. Needs appointment with Dr. Thomas Kent Donaldson for knees.

8/27/21: Had cortisone injections in bilateral knees Dr. Lui, very helpful. Medications continue to be helpful, tolerated without SE and used as prescribed.

10-22-21: Seen by Ortho Dr. Thomas Kent at LLUMC on 10-13-21. Bilateral injections provided with plan for RTC in 6 months with new x-rays. Possible arthroplasty in future per report. I agree with findings and recommendations.

12/17/21: Doing home exercise. Seen by Dr. Donaldson, pending left knee Sx.

2/11/22: Tolerating medications, helpful, denies SE

3/11/22: Wanted to try a different pain medication

4/8/22: Holding NSAID due to infusion from PCP for osteoporosis. Increase in pain but would like to continue tramadol in hopes of discontinuing Norco.

6/3/22: Pending left knee surgery with Dr. Donaldson

7/1/22: worsening of pain due to modification of tramadol. Pending scheduling of left knee surgery with Dr. Donaldson.

7-29-22: Pending left partial knee replacement on 8-25-22.

8/26/22: S/P left knee surgery, given Norco

11-18-22: Reports recovered well from left knee surgery. Still right knee pain- status post P.T.

12/16/22: Current medications, helpful, denies SE

1/13/23: Tramadol denied

2/10/23: Post knee X-ray thru Dr Donaldson

5/11/23: Chiropractic helpful, requests additional

7/6/23: Combination of chiropractic and medications helpful, trying to wean Tramadol

8-3-23: Reports pending left knee x-ray through Dr. Donaldson's office. Able to walk but pain and popping.

8/24/23: Chiropractic denied

9-22-23: Completed x-ray left knee through Ortho- no new injury noted.

10/20/23: Patient reports doing "ok" and medications are helpful, denies SE.

#### **MEDICATIONS:**

Today's reevaluation included a periodic review of each of the patient's prescribed medications, which have been provided to reduce pain and/or sequelae resulting from their injury. The review included a discussion of the impact on function and activities of daily living, expectations of therapy, medication compliance, and potential adverse effects. It is determined that the patient meets the criteria for continuation of medication management for the specific indications listed below and based on the current California DWC MTUS Guidelines - Chronic Pain possible synergistic effects of alcohol while taking medications. The patient understands that medications should not be abruptly discontinued or stopped without professional guidance. The patient indicates a full understanding of these concepts and accepts the risks. The patient understands that medications are only to be taken as prescribed.

11-19-21: Tylenol did not help. Cannot take NSAIDs due to history of gastric bypass. Attempted to wean Norco last month but unsuccessful. Similar attempt to wean in past not successful due to increase in pain and reduced ADLs. Norco currently well tolerated and at stable dose. Has been using opioids for over 4 years with benefit.

1 Tramadol Hcl 50 Mg Tablet SIG: Take 1 tablet twice daily

2 Nabumetone 500 Mg Tablet SIG: Take 1 by mouth every 12 hours.

3 Citalopram Hbr 40 Mg Tablet (BARNARD, REBECCA)

4 Spironolactone 50 Mg Tablet (COLE, CHAD)

5 Latanoprost 0.005% Eye Drops (PEREA, SAMANTHA)

#### **ALLERGIES:**

#### **PHYSICAL EXAM:**

Provider directed and/or as described by patient.

#### **Observation:**

The patient was noted to be alert/oriented and cooperative. The patient was observed to be in slight to moderate distress.

#### **Lumbar Examination:**

Tenderness was noted upon palpation in the spinal vertebral area L5-S1 level. Range of motion of the lumbar spine showed decreased flexion limited to 80 degrees due to pain, extension limited to 10 degrees due to pain and bending left and right limited to 10 degrees respectively due to pain. Pain was significantly

increased with flexion and extension. Sensory exam shows decreased sensitivity touch along the L5-S1 dermatome in the right lower extremity.

**Lower Extremity Examination:**

Tenderness was on palpation noted at the bilateral knees and the bilateral ankles. Moderate swelling was noted in the. The range of motion of the lower extremities left knee was decreased due to pain and right knee was decreased due to pain. Motor examination shows moderate decreased strength in the right lower extremity.

**DIAGNOSTIC STUDIES/IMAGING:****Report Summary:**

X-ray Left Knee 3 Views Date: 09-06-23

Significant findings include:

1. Similar-appearing intact left lateral femoral tibial unicompartmental arthroplasty, without evidence of hardware complication.
2. Redemonstration of partially imaged femoral internal fixation hardware with fracture of the upper distal interlocking screw.

X-ray Left Knee Limited Date: 02-08-23

Significant findings include:

1. Intact left lateral femoral-tibial unicompartmental arthroplasty, without evidence for hardware complication.
2. Redemonstration of partially imaged femoral internal fixation hardware with fracture of the upper distal screw.
3. Minimal degenerative changes of the medial femorotibial and patellofemoral compartments.

MRI Right Knee without Contrast Date: 02-13-21

Significant findings include:

1. Severe lateral joint compartment osteoarthritis with joint space narrowing, tibiofemoral osteophytes, denudation to the articular cartilage of the weightbearing surfaces of the lateral femoral condyle lateral tibial plateau with reactive marrow edema.
2. Complex degenerative tear of almost the entire substance of the lateral meniscus not quite reaching the meniscal root with no significant lateral extrusion in the area of the severe osteoarthritis.
3. Minimal degenerative changes to the medial joint compartment.



4. On series 6 image 5 there is an oblique longitudinal tear reaching the tibial undersurface of the posterior horn junction of the free edge of the medial meniscus not reaching the meniscal root with no medial extrusion

5. Normal cruciate and collateral ligaments.

6. Suprapatellar effusion with chondromalacia patella grade 2 involving the central patellar vertex. There is a small posterior superior popliteal cyst.

MRI Left Knee without Contrast Date: 11-20-20

Significant findings include:

1. Horizontal tear through the lateral meniscus posterior junction and body extending to the femoral surface with mild extrusion of the lateral meniscal body with a small meniscal flap displaced superiorly into the lateral gutter.

2. Moderate chondral thinning at the lateral compartment with full-thickness chondral loss at the posterior weightbearing surface of the lateral femoral condyle and lateral tibial plateau with mild reactive marrow edema.

3. Lateral subluxation of the patella with respect to the femoral trochlea measuring 5 mm with areas of full-thickness chondral fissuring at the superior to mid lateral patellar face and lateral femoral trochlea.

4. Moderate-sized joint effusion and small popliteal cyst.

#### PATIENT ASSESSMENTS:

##### CAGE-AID:

The CAGE-AID risk assessment tool was administered to Ms. Morris to screen for risk of alcohol and/or drug dependency which could impact treatment options through this office. The CAGE-AID is widely accepted. It is easy to administer, with good sensitivity and specificity (Leonardson et al 2005). "Psychological assessment should include risk of addictive disorders. Screening tools that can be considered for use include CAGE-AID (appendix 6); PHQ-9 (appendix 7); Opioid Risk Tool (ORT) (appendix 4); and SOAPP-R (appendix 8)." Medical Board of California Guidelines for Prescribing Controlled Substances for Pain November 2014. Scoring: Item responses on the CAGE are scored 0 for "no" and 1 for "yes" answers. A total score of 2 or greater is considered clinically significant. **Ms. Morris's results, with a total score of 0, did not indicate any risk.**

Butler SF. Evidence of Co-occurring Alcohol and Prescription Opioid Abuse in Clinical Populations: Implications for Screening. Tufts Health Care Institute, Program on Opioid Risk Management: Conference on Co-Ingestion of Alcohol with Prescription Opioids. 2008.

Brown RL, Rounds LA. Conjoint screening questionnaires for alcohol and other drug abuse: criterion validity in a primary care practice. *Wis Med J.* 1995; 94: 135-40. Available at: <http://www.ncbi.nlm.nih.gov/pubmed/7778330> Accessed on: 2013-09-12.  
Dec 17, 2018.

**Morphine Equivalent Dose (MED) notes:**

Ms. Morris's daily prescribed Morphine Equivalent Dose (MED) noted: Sep 24, 2021 MED 20; Jul 29, 2022 MED 15.

**DISCUSSION:**

Nov 18, 2022: A review of the patient's prior urine drug test (UDT) Nov 18, 2022 showed no inconsistency when compared with prescribed medications.

**WORK STATUS:**

Currently not working.  
The patient is retired.

**DIAGNOSES (ICD-10):**

Bilateral Ankle Pain (M25.579); knee derangement- left (M23.92); knee derangement- right (M23.91); Bilateral Knee Pain (M25.569); Osteoarthritis of the bilateral knees (M17.10); status post left ankle fracture January 2018.

**TREATMENT PLAN:**

Treatment recommendations at this time are as follows:

**Follow up:**

The patient will return to the clinic for follow-up in 1 month.

**Medications:**

The patient is being prescribed medications as listed below including instructions for use for the above-mentioned diagnosis. The patient was counseled as to the benefits and potential side effects of the prescribed medications. The risks include but are not limited to sleepiness or drowsiness, constipation, nausea, itching, vomiting, dizziness, allergic reaction, slowing of breathing rate, slowing of reflexes or reaction time, physical dependence, tolerance, addiction, and possibility that the medicine will not provide complete relief. The patient was instructed to alert the prescribing physician if any of these, or any other symptom or side effect occurs. The patient was advised as to the dangers of using heavy equipment or a motor vehicle, working in unprotected heights or being responsible for another individual who is unable to care for him or herself. The patient was also advised about the possible synergistic effects of alcohol while taking medications. The patient understands that medications should not be abruptly discontinued or stopped without professional guidance. The patient indicates a full understanding of these concepts and accepts the risks. The patient understands that medications are only to be taken as prescribed.

**Exempt medications MTUS:** The following prescribed medications have been specifically included in the MTUS Drug Formulary as exempt from utilization review as of 1-1-18: Diclofenac Sodium (Topical) . Utilization review non-certification of exempt medications after this date should be considered invalid.

**Renew current medications:** (as noted below).

Opioid analgesic medications have been renewed. The "5-As" method for chronic pain management assessment have been considered (see Medical Board of California Guidelines for Prescribing Controlled Substances for Pain- November 2014. See also California MTUS Chronic Pain Section). The criteria

include: Analgesia- the patient is experiencing a reduction in pain; Activity- the patient is demonstrating an improvement in level of function; Adverse- the patient is not experiencing side effects; Aberrance- the patient is complying with the pain management agreement and there are no signs of medication abuse or diversion; and Affect- the patient's behavior and mood are appropriate. Also considered were the FDA Drug Safety Communication on Opioids 2016 and CDC Guidelines for Prescribing Opioids for Chronic Pain- United States 2016. This patient is a long-term user of opioids and has diagnoses which include chronic pain. NSAIDS and alternative analgesics have either been ineffective alone or not well tolerated. The opioid analgesic effect has allowed this patient to increase/maintain activities of daily living and function. The prescribed medication has been well tolerated without significant adverse drug side effects. The patient has been compliant with medication use and a "pain contract" is on file. The patient is monitored by periodic urinary drug testing and CURES reporting (California statewide controlled substance reporting system). Periodic 6-month re-evaluation of function using a validated testing instrument is utilized. We have assessed this patient for potential sequelae of therapy including opioid induced hyperalgesia, tolerance, pseudo addiction, and addiction. Opioid treatment goals have been discussed with this patient. Goals include developing a patient who can physically and mentally function, carry on activities of daily living, achieve a quality of life, and when applicable return to work. Specific objectives: develop the desire, energy, and motivation to achieve improvements in quality of life in family, job, social activities. The patient is not receiving benzodiazepines from this or any other provider's office. A CAGE-AID risk assessment screening tool (including opioid use disorder) has previously been provided. We have considered any potential need for medication assisted treatment (MAT) should it arise. The patient has been counselled and understands the potential risks of overdose; alcohol and sedating substances must not be combined with their opioids. The currently prescribed morphine equivalent dose (MED) is noted in the patient record. As of Apr 13, 2023 we expect the duration of need for opioid medication will be 1 year. The benefits of continued opiate use outweigh the risks in this patient. The lowest effective dose has been prescribed. We have reiterated with the patient that the long-term goal is to wean off of opiate analgesics if/when tolerated.

To avoid delays in treatment and to maintain continuity of care, we are requesting that if the renewal request is sent through utilization review, authorization is provided for a 3 to 6 month period.

**Tramadol:** renew as previously prescribed.

Tramadol (Ultram) is a central acting synthetic opiate analgesic prescribed for pain. Tramadol (Ultram) is recommended by the current California DWC MTUS Guidelines - Chronic Pain for the treatment of chronic pain and neuropathic pain. The ODG-TWC Worker's Compensation Drug Formulary has indicated under the status column, (per ODG the most important column) that this drug is a preferred drug and is contained on the formulary.

**Other:** Nabumetone 500mg 1 Q12prn #60: renew as previously prescribed. Beneficial with intended effect at prescribed dose.

**The following medication(s) have been prescribed:**

**Diclofenac gel 3%:** apply 1 gm locally bid; disp 300 gms

Diclofenac 3% gel is a topical NSAID which releases the drug locally to control musculoskeletal pain. The patient has a high pill burden and there is a need to limit systemic exposure. Levels of NSAID in the meniscus and cartilaginous structures as well as in muscular tissues are 4 to 7 times greater after topical administration than oral administration. Concentrations in the tendon sheath are several hundred times greater than plasma concentration after topical administration. Unlike orally administered NSAIDS, topical NSAIDS have not been associated with increased risk for bleeding, and the risk for any gastrointestinal side

effects for topical administration is considerably lower. (Heyneman CA, Lawless-Liday C, Wall GC. Oral versus topical NSAIDs in rheumatic disease: a comparison. *Drugs*. 2000; 60(3):555-574.), (Mason L, Moore RA, Edwards JE, et al. Topical NSAIDs for chronic musculoskeletal pain: systematic review and meta-analysis. *BMC Musculoskelet Disord*. 2004;5:28), (Tegeder I, Muth-Selbach U, Lotsch J, et al. Application of microdialysis for the determination of muscle and subcutaneous tissue concentrations after oral and topical ibuprofen administration. *Clin Pharmacol Ther*. 1999; 65(4):357-368).

**Discontinue the following medication: Diclofenac 1% gel.**

CURES 2.0 PMP database checked Apr 13, 2023: There were no inconsistencies noted. CURES 2.0 PMP database checked Feb 10, 2023: There were no inconsistencies noted. CURES 2.0 PMP database checked Oct 20, 2023: There were no inconsistencies noted.

**1 Diclofenac Sodium 3% Gel SIG: Apply 1-2 grams to affected area twice a day QTY: 300.00**

**2 Nabumetone 500 Mg Tablet SIG: Take 1 by mouth every 12 hours. QTY: 60.00**

**3 Tramadol Hcl 50 Mg Tablet SIG: Take 1 tablet twice daily QTY: 60.00**

**DISCLOSURE STATEMENT:** I personally performed the evaluation of the patient and discussed and/or confirmed the pertinent aspects of the history with the patient and/or by review of the available medical records (if any). I personally interviewed the patient and reviewed the medical records set forth in this report. I personally composed and drafted the conclusions of this report.

The evaluation performed and the time spent performing such evaluation was in compliance with the guidelines established by the Industrial Medical Council or the Administrative Director pursuant to paragraph (5) of subdivision (j) of Section 139.2.

I dictated the report in draft form, which was then typed and reviewed by my transcription service to ensure completeness, proper spelling, grammar and sentence structure. Upon presentation to me of the final report, I thoroughly reviewed the document prior to affixing my signature unless I was unavailable and the report was urgently needed.

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 it to be true and conform to IMC guidelines pursuant to Labor Code Section 5407.1.

Pursuant to Labor Code Section 5701 (a) (2), I hereby declare under penalty of perjury that 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 the referral of this evaluation or consultation.

Thank you for allowing this office to participate in the care of Ms. Patricia Morris .

Sincerely,





Dean Nghiem, P.A.-C



Gary L. Baker, M.D., Director (CA Lic #G78404)  
Diplomate, American Board of Anesthesiology  
ABA Subspecialty Certified in Pain Medicine  
Qualified Medical Evaluator (Q.M.E.)

Report reviewed and electronically signed by Gary L. Baker, M.D., on Nov 17, 2023 in the county of Los Angeles, California.

Office address: (Rancho Cucamonga) APSSC Clinic, 10841 White Oak Ave. #208, Rancho Cucamonga, CA 91730  
Dean Nghiem/Gary Baker

cc: County of San Bernardino (7532) 75  
County of San Bernardino San Bernardino, CA 92415

cc: Andrew Smith  
800N. HAVEN ST #425, Ontario, CA 91764

cc: