

**Bellingham Bay Family Medicine**

722 N State St Bellingham, WA 98225
(360) 752-2865 Fax: (360) 647-8093

April 10, 2023
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Ins: KAISER of WA - CORE

02/16/2016 - Office Visit: chronic foot pain follow up
Provider: Melana Kay Schimke MD
Location of Care: Bellingham Bay Family Medicine

Patient name: a 2 **Date of Birth:** C 9

Vital Signs:

Patient profile: 27 year old female
Pulse rate: 76 per minute
Pulse rhythm: regular
BP sitting: 122 / 80 (L. arm sitting)
Cuff: regular

Vitals Entered By: Kacie L Hawthorne LPN (February 16, 2016 11:52 AM)

Visit Type: Follow-up Visit
Primary Care Provider: Melana K Schimke MD

Chief Complaint: chronic foot pain

History of Present Illness:
27 Years Old Female comes in today for: chronic foot pain

1) chronic pain management- foot pain
Increasing foot pain, patient is now intermittently wheel chair bound
Patient is currently taking hydrocodone 5-325mg 1/2 to 1 qhs. Patient gets monthly refills of hydrocodone #20 every month.
-Chronic bilateral foot pain, severe rigid planovalgus deformity, wears Arizona braces daily
-Dr. Taranow consult on 1/27/2016- referred to neurology, no surgery until known etiology of deformity (states if it is a nerve issue patient may need ,multiple surgeries)
Appointment with neurology is in April, possible surgery in May.

Vicodin is not effective anymore, patient is in severe pain, using a wheelchair for pain.

2) irregular menstrual bleeding
no further abnormal bleeding on current OCP, patient sexually active with single partner, no pelvic pain, consistent pill use.

Preventive care protocols reviewed

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due for tdap

Current Medications (verified):

- 1) Hydrocodone-Acetaminophen 5-325 Mg Oral Tabs (Hydrocodone-Acetaminophen) take 1/2 to 1 tablet in the evening as needed for foot pain
- 2) Aviane 0.1-20 Mg-Mcg Tab (Levonorgestrel-Ethinyl Estrad) Take one tablet daily for 28 days; repeat
- 3) Adderall 10 Mg Tabs (Amphetamine-Dextroamphetamine) take 1 tab in the am 1 tab at noon

Allergies (verified):**No Known Drug Allergies****Physical Exam:****General:** well developed, well nourished, in no acute distress,**Head:** normocephalic and atraumatic,**Eyes:** conjunctiva and sclera clear,**Msk:** grossly abnormal antalgic gait with severe pronation, currently using a wheelchair**Psych:** alert and cooperative; normal mood and affect; normal attention span and concentration; remote and recent memory appear to be intact,**Impression & Recommendations:****Problem # 1:** Acquired planovalgus deformity of right foot (ICD-736.79) (ICD10-M21.6x1)**Assessed as:** DeterioratedIncreased bilateral pain left greater than right, currently wheelchair bound on bad days
severe rigid planovalgus deformity, Arizona braces daily- pain increasing

-Dr. Taranow consult 3/13/14: recommend surgical correction for severe deformity

neurologic abnormality contributing to grossly abnormal and antalgic gait: neurology consult scheduled for April 2016

She has form for PH bridge assistance and WAHA, plans payment plan
surgical correction left first

-Discussed insurance options to help with coverage of foot surgery

- pain medication short term remedy for chronic increasing problem

discontinue hydrocodone

RX: oxycodone 10mg 1/2 to 1 tablet bid disp #60 given 3 one month prescriptions

patient signed and reviewed narcotic contract

Follow up 3 months

25 minute visit, > 50% in counseling and discussion of issues in assessment and plan

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Problem # 2: Acquired planovalgus deformity of left foot (ICD-736.79) (ICD10-M21.6x2)

Assessed as: Deteriorated

Increased bilateral pain left greater than right, currently wheelchair bound on bad days

severe rigid planovalgus deformity, Arizona braces daily- pain increasing

-Dr. Taranow consult 3/13/14: recommend surgical correction for severe deformity

neurologic abnormality contributing to grossly abnormal and antalgic gait: neurology consult scheduled for April 2016

She has form for PH bridge assistance and WAHA, plans payment plan surgical correction left first

-Discussed insurance options to help with coverage of foot surgery

- pain medication short term remedy for chronic increasing problem

discontinue hydrocodone

RX: oxycodone 10mg 1/2 to 1 tablet bid disp #60 given 3 one month prescriptions

patient signed and reviewed narcotic contract

Follow up 3 months

Problem # 3: FOOT PAIN, CHRONIC (ICD-729.5) (ICD10-M79.609)

severe rigid planovalgus deformity, Arizona braces daily- pain increasing

-Dr. Taranow consult 3/13/14: recommend surgical correction for severe deformity

- pain medication short term remedy for chronic increasing problem

discontinue hydrocodone

patient signed narcotic contract

RX: oxycodone 10mg 1/2 to 1 tablet bid disp #60 given 3 one month prescriptions

follow up 3 months

Problem # 4: IRREGULAR MENSES (ICD-626.4) (ICD10-N92.6)

Abnormal bleeding resolved

continue 20mcg pill

Urine HCG negative

History of irregular bleeding past several cycles, bleeding late after placebo week or not at all.

Patient would like to continue current OCP packs then change to 30mcg pill

Her updated medication list for this problem includes:

Aviane 0.1-20 Mg-mcg Tab (Levonorgestrel-ethinyl estrad) Take one tablet daily for 28 days; repeat

Medications Added to Medication List This Visit:

1) Nortriptyline Hcl 25 Mg Cap (Nortriptyline hcl) Take 1-2 capsules by mouth once a day at bedtime.

2) Oxycodone Hcl 10 Mg Oral Tabs (Oxycodone hcl) Take one tablet up to 2 times daily for foot pain

Weight was not documented today as patient unable to stand; BMI could not be calculated.

Patient Instructions:

1) Please check into disability paperwork through your work for time you spend healing from surgery.

2) The social security office will have information for someone who is self employed.

3) Your pain medication dose requires that we see you every 3 months for pain. Please hold onto your narcotic RX we will be unable to refill them if you lose the prescriptions.

4) Please make a follow up appointment in 3 months.

5) Nortriptyline 25mg 1-2 at night for pain and sleep.

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6) If you have any questions about these printed instructions, please contact our office.

Prescriptions:

NORTRIPTYLINE HCL 25 MG CAP (NORTRIPTYLINE HCL) Take 1-2 capsules by mouth once a day at bedtime. #60[Capsule] x 2

Entered and Authorized by: Melana K Schimke MD
Electronically signed by: Melana K Schimke MD on 02/16/2016
Method used: Electronically to
Fred Meyer--Bakerview* (retail)
1225 West Bakerview Road
Bellingham, WA 98226
Ph: (360) 788-2933
Fax: (360) 788-2927

RxID: 1771244556951650

OXYCODONE HCL 10 MG ORAL TABS (OXYCODONE HCL) take one tablet up to 2 times daily for foot pain #60 x 0

Entered and Authorized by: Melana K Schimke MD
Electronically signed by: Melana K Schimke MD on 02/16/2016
Method used: Print then Give to Patient
RxID: 1771243555689400

OXYCODONE HCL 10 MG ORAL TABS (OXYCODONE HCL) take one tablet up to 2 times daily for foot pain #60 x 0

Entered and Authorized by: Melana K Schimke MD
Electronically signed by: Melana K Schimke MD on 02/16/2016
Method used: Print then Give to Patient
RxID: 1771243555689360

OXYCODONE HCL 10 MG ORAL TABS (OXYCODONE HCL) take one tablet up to 2 times daily for foot pain #60 x 0

Entered and Authorized by: Melana K Schimke MD
Electronically signed by: Melana K Schimke MD on 02/16/2016
Method used: Print then Give to Patient
RxID: 1771243555689320

Electronically signed by Melana K Schimke MD on 02/17/2016 at 10:57 AM

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State of California
Division of Workers' Compensation

Additional pages attached ☒

PRIMARY TREATING PHYSICIAN'S PROGRESS REPORT (PR-2)

Check the box(es) which indicate why you are submitting a report at this time. If the patient is "Permanent and Stationary" (i.e., has reached maximum medical improvement), do not use this form. You may use DWC Form PR-3 or IMC 81556.

<input checked="" type="checkbox"/> Periodic Report (required 45 days after last report)	<input type="checkbox"/> Change in treatment plan	<input type="checkbox"/> Released from care
<input type="checkbox"/> Change-in work status	<input checked="" type="checkbox"/> Need for referral or consultation	<input type="checkbox"/> Response to request for information
<input type="checkbox"/> Change in patient's condition	<input checked="" type="checkbox"/> Need for surgery or hospitalization	<input checked="" type="checkbox"/> Request for authorization
<input type="checkbox"/> Other:		

Patient:

Last _____ First _____ M.I. _____ Sex _____ Female
Address _____ City _____
Date of Injury 7/1/16;10/6/15-9/2716M Date of Birth _____
Occupation sewing machine operator SS # _____ Phone _____

Claims Administrator:

Name Travelers Insurance Claim Number E7R597
Address PO Box 8112 City Walnut Creek State CA. Zip 94596
Phone (800) 258-3710 FAX (877) 801-9679

Employer name: Minson Corporation Employer Phone: _____

The information below must be provided. You may use this form or you may substitute or append a narrative report.

Subjective Complaints:

Please see attached page.

Objective findings: (Include significant physical examination, laboratory, imaging, or other diagnostic findings.)

Please see attached page.

Diagnosis:

1. Please see attached page.
2. _____
3. _____

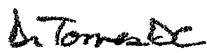
Treatment Plan: (Include treatment rendered to date. List methods, frequency and duration of planned treatment(s).)

Continue Home Exercises. Dr. Katzen, MD recommended right THEN left carpal tunnel decompression.
Follow up: Hand specialist. Pending follow up with psychologist.
Pending follow up: Orthopedic Specialist. She had started authorized Physical therapy for her right knee 2x/wk for 6 weeks.
Follow up: Internal medicine specialist, who recommends an echocardiogram, status post chemical exposure.
Follow up: Pain Management. Pending receipt of IF interferential unit for home use. Medical records are requested.
She saw a QME July 15, MRI studies done. Obtain most recent QME report and pending follow up.
Refer for FCE re-eval. Re-evaluate in 4-6 weeks.

Work Status: This patient has been instructed to:	
<input checked="" type="checkbox"/> Remain off-work until 04/27/18	If modified duties are available, please contact this office.
<input type="checkbox"/> Return to modified work on _____	with following limitations or restrictions
(List all specific restrictions re: standing, sitting, bending, use of hands, etc.):	
<input type="checkbox"/> Return to full duty on _____	with no limitations or restrictions.

Primary Treating Physician: (original signature, do not stamp) Date of exam: 3/14/18

I declare under penalty of perjury that this report is true and correct to the best of my knowledge and that I have not violated Labor Code § 139.3.

Signature: 
Executed at: Long Beach, CA.
Name: Kim Loan Torres, DC
Address: 1145 E San Antonio Dr. Suite A Long Beach, CA. 90807
Next report due no later than 04/27/18
Cal. Lic. # DC27681
Date: 3/14/18
Specialty: Chiropractic
Phone: (562) 984-5505