

**Jonathan F. Kohan M.D.**

**SECONDARY PHYSICIAN PROGRESS REPORT (PR - 2)**

**Reason of PR-2:**

**Patient:**

**Name:** Daniel DORAN  
**Street:** 1245 W Cienega Spc# 201  
**City:** San Dimas, CA 91733  
**Phone:** 760-258-7545  
**DOB:** 06/04/1966  
**SSN:** 554-73-1885  
**DOI:** 07/11/2012

**Employer:** Benedict & Benedict

**Occupation:**

**Claims Administrator:**

**Name:** SCIF - LA (CLM# ENDING IN 00-49)  
**Address:** PO BOX 65005  
**City:** Fresno, CA 93650  
**Phone:** 888-782-8338  
**Fax:** 818-291-7300  
**Claim #:** 05814232  
**Phone:**

**Subjective Complaints:** Pt reports: Pt reports to adjusting with the spinal cord stimulator and feeling sharp pain in abrupt movements, however reports that he no longer feels burning sensation in his arms. Pt reports still struggling with financial strain which is a constant stressor for him. Pt reports that he feels as if he is devalued as a person by the lack of respect he receives from his attorneys and doctors, which has impacted his self esteem., Anger, Anxiety, Depressed mood, Feeling a loss of control, Feeling hopeless, Inability to gain pleasure in life, Irritability, Isolation from others, Loss of appetite, Sleep disturbances, Struggling with activities of daily living, Withdrawing from family and friends, Worry about financial strain, Worry about pending depositions, Worry about persistent pain.

**Objective Findings:** Pt appears: Apathetic, Dysphoric, Euthymic, Fatigued Affect is: Flat Pt. was administered: BAI: 43 Severe BDI: Severe 42.

**Diagnoses:** 923.20 Hand Contusion, 726.4 Wrist Tend/Burs, 816.0 Finger Fracture, 300.00 Anxiety Disorder

**Treatment Plan:** Elavil: 50MG #30.

Neurontin 300mg: Neurontin® (gabapentin)

The patient has been prescribed gabapentin. It is recommended by the MTUS chronic pain medical treatment guidelines and has shown to be effective for the treatment of diabetic neuropathy, and neuropathic pain.

CA MTUS 2009: §9792.24.2. Chronic Pain Medical Treatment Guidelines state that gabapentin has been shown to be effective for the treatment of diabetic painful neuropathy and postherpetic neuralgia and has been considered as a first-line treatment for neuropathic pain.

ODG Guidelines state that anti-epilepsy agents are recommended for neuropathic pain (pain due to nerve damage), but not for acute nociceptive pain (including somatic pain). The choice of specific agents will depend on the balance between effectiveness and adverse reactions. In June 2007 the FDA announced the approval of pregabalin as the first approved treatment for fibromyalgia #120.

Norco 7.5/325mg: Norco® (hydrocodone/acetaminophen)

The patient has been prescribed Norco. According to the MTUS chronic pain medical treatment guidelines, it should be recommended for moderate-severe pain when alternative drugs have not been effective. Anti-inflammatories alone are insufficient to address this patient's pain component.

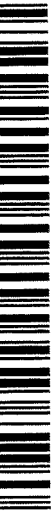
The benefits and risks associated with the narcotics has been discussed with the patient and there has been expression of understanding.

The patient notes the following:

Reduction in analgesia at least 30-40%.

DWC Form PR-2  
(Rev. 06-05)

SCIF RECD DTE 10/27/2014 FRSCAN 29 10/27/2014 09:29 AM 060628 1 2



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The patient notes improved functional capacity with activities of daily living, self grooming, and chores around the house.

There are no significant reported adverse side effects.

Upon questioning of the patient, there is no suspicion of any aberrant behaviors.

The patient is taking a morphine equivalent dose less than the maximum recommended by the American Cancer Society guidelines.

CA MTUS Chronic Pain Medical Treatment Guidelines support ongoing opioid treatment when prescriptions are from a single practitioner and are taken as directed; are prescribed at the lowest possible dose; and when there is ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects.

CA MTUS Chronic Pain Medical Treatment Guidelines state that chronic pain can have a mixed physiologic etiology of both neuropathic and nociceptive components. In most cases, analgesic treatment should begin with acetaminophen, aspirin, and NSAIDs (as suggested by the WHO step-wise algorithm). When these drugs do not satisfactorily reduce pain, opioids for moderate to moderately severe pain may be added to (not substituted for) the less efficacious drugs. ACOEM Guidelines state that opioids are recommended for select patients with chronic persistent pain, neuropathic pain, or CRPS. Select patients with chronic persistent pain that is not well-controlled (manifested by decreased function attributable to their pain) with non-opioid treatment approaches may be tried on opioids.

ODG Guidelines state that opioids are not recommended as a first-line therapy for neuropathic pain but recommended (along with tramadol) for second-line treatment (alone or in combination with first-line drugs). A recent consensus guideline stated that opioids could be considered first-line therapy for the following circumstances: (1) prompt pain relief while titrating a first-line drug; (2) treatment of episodic exacerbations of severe pain; (3) treatment of acute neuropathic pain; & (4) treatment of neuropathic cancer pain.

ODG Guidelines address maintenance of opioid therapy:

- (a) Do not attempt to lower the dose if it is working
- (b) Supplemental doses of break-through medication may be required for incidental pain, end-of dose pain, and pain that occurs with predictable situations. This can be determined by information that the patient provides from a pain diary or evaluation of additional need for supplemental medication.
- (c) The standard increase in dose is 25 to 50% for mild pain and 50 to 100% for severe pain.

ontrolled (manifested by decreased function attributable to their pain) with non-opioid treatment approaches may be tried on opioids. ODG Guidelines state that opioids are not recommended as a first-line therapy for neuropathic pain but recommended (along with tramadol) for second-line treatment (alone or in combination with first-line drugs). A recent consensus guideline stated that opioids could be considered first-line therapy for the following circumstances: (1) prompt pain relief while titrating a first-line drug; (2) treatment of episodic exacerbations of severe pain; (3) treatment of acute neuropathic pain; & (4) treatment of neuropathic cancer pain.

ODG Guidelines state that opioids are not recommended as a first-line treatment for chronic non-malignant pain, and not recommended in patients at high risk for misuse, diversion, or substance abuse. Recommended as a 2nd or 3rd line treatment option at doses 120 mg daily oral morphine equivalent dose.

ODG Guidelines address maintenance of opioid therapy:

- (a) Do not attempt to lower the dose if it is working
- (b) Supplemental doses of break-through medication may be required for incidental pain, end-of dose pain, and pain that occurs with predictable situations. This can be determined by information that the patient provides from a pain diary or evaluation of additional need for supplemental medication.
- (c) The standard increase in dose is 25 to 50% for mild pain and 50 to 100% for severe pain.#60.

**Work Status:** Work status will be directed by FTP.

**Secondary Treating Physician:**

**Date of Exam:** Oct 16, 2014

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

Cal.Lic # A66353

Name

Jonathan F. Kohan M.D.

Specialty

Pain Management

Address

724 Corporate Center Drive Pomona, CA 917682650

Phone

909-622-6222 x

DWC Form PR-2  
(Rev. 06-05)

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**Jonathan F. Kohan, M.D.**

\* 724 Corporate Center Drive Pomona, CA 917682650 \*

**Authorization Request**

**Today's Date: 10/21/2014**

**Our Chart No. 20015038**

**Patient Name: Daniel DORAN**

**DOB: 06/04/1966**

**Claim #: 05814232**

**Request from Office Visit date: 10 16, 2014**

You can contact us by phone, fax or email

**\*Phone # : (818) 788-2400 Ext: 146**

**\*Fax: (818) 827-4706**

**\*Email: nancy@synapsedoctor.com**

Thank you.

Maribel Perez

Labor Code Section 4610, section (f) states that "no person other than a licensed physician... may modify, delay or deny request for authorization of medical treatment. Labor Code Section 4610 section (g) states the time frame for UR. (1) Prospective or concurrent decisions shall be made in a timely fashion that is appropriate for the nature of the employee's condition, not to exceed five working days from the receipt of the information reasonably necessary to make the determination, but in no event more than 14 days from the date of the medical treatment recommendation by the physician. In cases where the review is retrospective, the decision shall be communicated to the individual who received services, or to the individual's designee, within 30 days of receipt of information that is reasonably necessary to make this determination. All of the denial or medication procedures contained in Labor Code section 4610 (g) (2) and (3) are mandatory, and if the statutory requirements are not met, the utilization review report is not admissible. The only other procedure for disputing the treatment is a QME, pursuant to Labor Code section 4062.

**Proof of Service State of California, County of Los Angeles**

I am a resident of the county aforesaid; I am over the age of eighteen years and not a party to the within entitled action. My business address is: 5651 Sepulveda Blvd. Suite 201 Sherman Oaks, CA 91411 or 724 Corporate Center Drive. 2nd Floor, Pomona, CA 91768

On this date 10/21/2014 I served this report to the above Insurance Co. by transmitting via US Postal Services/facsimile this document between the hours of 8:00am and 5:00pm. The facsimile was reported as completed and without error by the transmitting facsimile machine. I declare under the penalty of perjury under the laws of the State of California that the foregoing is true and correct. Executed in Los Angeles, CA

SCIF RECD DTE 10/27/2014 FRSCAN 29 10/27/2014 09:30 AM 060628 1 4



**Jonathan F. Kohan, M.D.**  
SPECIALIZING IN PAIN DISORDERS

Page 2 of 4 received on 10/29/2014 10:06:02 AM Pacific Daylight Time on server VILCRFZ from .

MULTI-DISCIPLINARY  
TREATMENT OF  
CRPS (RSD)  
CHRONIC PAIN SYNDROMES  
CANCER PAIN  
FIBROMYALGIA  
NEURALGIAS  
HEADACHE

SPINAL CORD STIMULATION  
INTRATHECAL PUMP  
PLACEMENT  
DISCOGRAPHY  
RADIOFREQUENCY ABLATION  
SPINAL INJECTIONS

DIPLOMATE, AMERICAN BOARD  
OF ANESTHESIOLOGY  
FELLOWSHIP TRAINED IN PAIN  
MEDICINE

SCIF - LA (CLM# ENDING IN 00-49)  
PO BOX 65005  
Fresno, CA 93650  
Attn: Emma Padilla

Patient Name : Daniel Doran  
Date of Service : October 16, 2014  
Claim # : 05814232  
Employer : Benedict & Benedict  
Date of Birth : June 4, 1966  
Date of Injury : 07/11/2012  
File # : 20015038

**SECONDARY TREATING PHYSICIAN PAIN MANAGEMENT  
FOLLOW-UP REPORT**

*This special narrative report is reimbursable (1994) Official Medical Fee Schedule because one of the following: There was an unexpected or significant change in the patient's condition or the treatment plan; there is a change in patient care or status; submitted records were reviewed or specific questions were answered.*

Mr. Doan is a 40-year-old gentleman who returns for evaluation after his last appointment with me on 09/09/2014. He is now recovered from his recent procedure in the form of implantation of his spinal cord stimulation, but continuous benefit from it. He has been using the unit around-the-clock and reports 50% improvement in his upper extremity symptoms and particularly reports improvement of the burning pain which was his major issue before the implantation was done.

He has had some symptoms on the left upper extremity, but not as severe, but reports that both are being covered by the stimulator and he does not report any advanced coverage or issues with the charging of the unit which has been every other week. Currently he is on gabapentin 1,800 mg a day with Norco 10 mg twice a day and Elavil 50 mg at nighttime. He denies nausea, vomiting or constipation or over sedation.





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Doran, Daniel  
October 16, 2014  
Page 2 of 3

PHYSICAL EXAMINATION:

On physical examination, well healed incisions are noted over the thoracic spine and lower back on the left with no localized tenderness. No significant allodynia or dysesthesia is noted over the left upper extremity, but color change and some modelling is noted with weak grip.

IMPRESSION:

Complex Regional Pain Syndrome right upper extremity.  
Status post spinal cord stimulation implantation.

RECOMMENDATION:

The patient reports some pain on the left hand due to overcompensation, but most upper extremity complaints are covered with this unit and he has been using it around-the-clock. We reprogrammed his unit today further and it will be able to give him additional programs which will also over his left upper extremity. Again, he will be re-evaluated on how he will do on his next visit in 4 weeks.

He reports about 50% improvement overall and, based on what was discussed with the patient, he is to reduce his Gabapentin. He will be given 120 tablets which is 1 every 6 hours, but he will decrease this dosage by 1 tablet every 4 days. Norco will be reduced to 7.5 mg twice a day, but he may continue with the Elavil 50 mg at nighttime. A formal request will be submitted for the refill of the current regimen of medication. I believe that, by the next visit, he will require less Neurontin and possibly Norco.

He was advised to rely on the use of his stimulator and attempt to take less medication, in particular his Norco. He was also advised to keep his appointments on a monthly basis.

*I declare, under penalty of perjury, that I have not violated the provisions of California Labor Code 139.3 and that the contents of this report and attached billing are true and correct to the best of my knowledge. I also affirm that I have not violated any sections of Labor Code 4628. Please see attached itemized billing with ICD-9 diagnosis code(s). The foregoing declaration is executed on the date of this report and signed by myself in the County of Los Angeles.*

Jonathan F. Kohan, M.D.  
Diplomate American Board of  
Anesthesiology  
Fellowship-Trained in Pain Medicine  
Qualified Medical Evaluator,

October 22,  
2014  
Date



Page 4 of 4 received on 10/29/2014 10:06:02 AM [Pacific Daylight Time] on server VLICRF2 from .

Doran, Daniel  
October 16, 2014  
Page 3 of 3

State of California

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JFK/rxt

cc: \*William Green Esq.  
3419 Via Lido #607  
Newport Beach, CA 92663



Page 1 of 4 received on 10/29/2014 10:06:02 AM Pacific Daylight Time on server VILCRP2 from .

<p>To: SCIF - LA (CLM# ENDING IN 00-49)          Fax #: 7076460438</p>	<p>A facsimile from</p> <p>Jonathan F. Kohan, M.D.          Synapse Medical Group          Tele: (818) 788-2400          Faxed via Emdat InFax</p>
<p>Sent: 10/29/2014 12:04 PM</p>	

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**Jonathan F. Kohan, M.D.**  
SPECIALIZING IN PAIN DISORDERS

MULTI-DISCIPLINARY  
TREATMENT OF  
CRPS (RSD)  
CHRONIC PAIN SYNDROMES  
CANCER PAIN  
FIBROMYALGIA  
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SPINAL CORD STIMULATION  
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RADIOFREQUENCY ABLATION  
SPINAL INJECTIONS

DIPLOMATE AMERICAN BOARD  
OF ANESTHESIOLOGY  
FELLOWSHIP TRAINED IN PAIN  
MEDICINE

Edwin Haronian, M.D.  
5651 Sepulveda Blvd. # 201  
Sherman Oaks,, CA 91411

Patient Name : Daniel Doran  
Date of Service : September 9, 2014  
Claim # : 05814232  
Employer : Benedict & Benedict  
Date of Birth : June 4, 1966  
Date of Injury : July 11, 2012  
File # : 20015038

**SECONDARY PHYSICIAN PAIN MANAGEMENT FOLLOW-UP  
REPORT**

*This special narrative report is reimbursable (1994) Official Medical Fee Schedule because one of the following: There was an unexpected or significant change in the patient's condition or the treatment plan; there is a change in patient care or status; submitted records were reviewed or specific questions were answered.*

Mr. Doran is a 48-year-old gentleman who returns for evaluation after last appointment a week ago. The patient underwent permanent replacement of his cervical neural modulation system on August 27, 2014, and already has been benefited from it greatly.

His burning pain has resolved with the use of the stimulator and he does not report any coverage or sensation nor any changes in charging of the unit.

He has continued with the gabapentin at 900 mg three times a day in addition to Norco 10 mg three times a day and Elavil. He denies nausea, vomiting, constipation, oversedation, or epigastric pain.

**PHYSICAL EXAMINATION:**

Incisions were examined again and there is no sign of infection. There is no swelling, induration, erythema, or discharge noted.

Doran, Daniel  
September 9, 2014  
Page 2 of 3

IMPRESSION:

History of complex regional pain syndrome.  
Status post recent neural modulation implantation.

RECOMMENDATION:

He may discontinue his antibiotic at this point and I will see him back in a month. Refill of his medication will be provided but because of the improvement gabapentin will be reduced gradually one tablet every four days. He was given instruction on how to do this.

Norco will also be decreased from three times a day to twice a day and depending on how he will do further reduction in this medication will be considered on the next visit. He may continue with Elavil at 50 mg at nighttime which has been beneficial for his both pain and insomnia.

*I declare, under penalty of perjury, that I have not violated the provisions of California Labor Code 139.3 and that the contents of this report and attached billing are true and correct to the best of my knowledge. I also affirm that I have not violated any sections of Labor Code 4628. Please see attached itemized billing with ICD-9 diagnosis code(s). The foregoing declaration is executed on the date of this report and signed by myself in the County of Los Angeles.*



Jonathan F. Kohan, M.D.  
Diplomate American Board of  
Anesthesiology  
Fellowship-Trained in Pain Medicine  
Qualified Medical Evaluator,  
State of California

October 7, 2014  
Date

IFK/rxt

cc: SCIF - LA (CLM# ENDING IN 00-49)  
PO BOX 65005  
Fresno, CA 93650  
Attn: Emma Padilla\*

\*William Green Esq.  
3419 Via Lido #607  
Newport Beach, CA 92663

Doran, Daniel  
September 9, 2014  
Page 3 of 3



MULTI-DISCIPLINARY  
TREATMENT OF  
CRPS (RSD)  
CHRONIC PAIN SYNDROMES  
CANCER PAIN  
FIBROMYALGIA  
NEURALGIAS  
HEADACHE

SPINAL CORD STIMULATION  
INTRATHECAL PUMP  
PLACEMENT  
DISCOGRAPHY  
RADIOFREQUENCY ABLATION  
SPINAL INJECTIONS

Edwin Haronian, M.D.  
5651 Sepulveda Blvd. # 201  
Sherman Oaks, CA 91411

Patient Name : Daniel Doran  
Date of Service : September 4, 2014  
Claim # : 05814232  
Employer : Benedict & Benedict  
Date of Birth : June 4, 1966  
Date of Injury : July 11, 2012  
File # : 20015038

**SECONDARY TREATING PHYSICIAN PAIN MANAGEMENT  
FOLLOW-UP REPORT**

*This special narrative report is reimbursable (1994) Official Medical Fee Schedule because one of the following: There was an unexpected or significant change in the patient's condition or the treatment plan; there is a change in patient care or status; submitted records were reviewed or specific questions were answered.*

Mr. Doran is a 48-year-old gentleman who returns for evaluation after his procedure last week. He has been using the unit already and reports significant improvement of his neuropathic pain over the right upper extremity, denying any issues with any aberrant sensation, coverage, or charging.

He has continued Levaquin without any side effects.

**PHYSICAL EXAMINATION:**

Both incisions were examined and there is no sign of infection. Both were redressed.

**IMPRESSION:**

History of Complex Regional Pain Syndrome.  
Status post recent spinal cord stimulation implantation, cervical spine.

DIPLOMATE, AMERICAN BOARD  
OF ANESTHESIOLOGY  
FELLOWSHIP TRAINED IN PAIN  
MEDICINE

5651 SEPULVEDA BLVD., STE 201  
SHERMAN OAKS, CA 91411  
PH. (818) 788-2400



Doran, Daniel  
September 4, 2014  
Page 2 of 2

RECOMMENDATION:

He is to take Levaquin for another few days and this basically due to the fact that he has a history of diabetes.

He does not report any issues with the unit itself, but I would like to re-evaluate him in a week mainly to rule out any possible infection. He should be total and temporarily disabled for at least three months after last week procedure, and he is to also continue to use soft cervical collar.

*I declare, under penalty of perjury, that I have not violated the provisions of California Labor Code 139.3 and that the contents of this report and attached billing are true and correct to the best of my knowledge. I also affirm that I have not violated any sections of Labor Code 4628. Please see attached itemized billing with ICD-9 diagnosis code(s). The foregoing declaration is executed on the date of this report and signed by myself in the County of Los Angeles.*



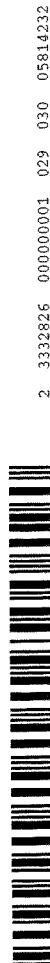
Jonathan F. Kohan, M.D.  
Diplomate American Board of  
Anesthesiology  
Fellowship-Trained in Pain Medicine  
Qualified Medical Evaluator,  
State of California

September 24,  
2014  
Date

JFK/rxt

cc: SCIF - LA (CLM# ENDING IN 00-49)  
PO BOX 65005  
Fresno, CA 93650  
Attn: Emma Padilla\*

\*William Green Esq.  
3419 Via Lido #607  
Newport Beach, CA 92663





Kinetix Surgery Center  
5651 Sepulveda Blvd. # 101  
Sherman Oaks, CA 91411  
Tel (818) 442-9696 Fax (818) 698-8312  
www.kinetixsc.com

### OPERATIVE REPORT

Daniel DORAN

**PREOPERATIVE DIAGNOSIS:**

Complex Regional Pain Syndrome.

**POSTOPERATIVE DIAGNOSIS:**

Complex Regional Pain Syndrome.

**ATTENDING SURGEON:**

Jonathan Kohan, M.D.

**ASSISTANT:**

None.

**ANESTHESIOLOGIST:**

Joel Diaz, CRNA

**TYPE OF ANESTHESIA:**

MAC.

**ESTIMATED BLOOD LOSS:**

Minimal.

**PROCEDURE:**

1. Percutaneous implantation of spinal cord stimulation leads times two, cervical spine.
2. Implantation of pulse generator.
3. Myelogram.
4. Complex programming.
5. Somatosensory evoked potential.

**INDICATION:** The potential risks involved in this procedure included not limited to infection, bleeding, nerve root irritation, damage, paralysis, headache, increased pain, or damage to internal organs were discussed with the patient, who reports no changes in his overall condition since his last visit with me.

**DESCRIPTION OF THE PROCEDURE:** After obtaining informed consent, he was taken to the operating room and placed on the operating table in the prone position with a wedge under the upper chest area to allow some flexion of the cervical spine. We utilized somatosensory evoked potential since the procedure involved upper thoracic and cervical spine spinal cord. He received 1 g of Vancomycin and 120 mg of Gentamicin IV. The entire neck and upper back was then prepped with "ChloroPrep" on two

Patient Name: Daniel DORAN  
Date of Birth: 6/4/1966  
MR#: 20015038  
Procedure Date: 8/27/2014

Next, a solution containing 0.5 cc of 0.25% Marcaine and 8 mg of Celestone was injected at each level, which showed the same distribution as the dye. Next, the needles were removed. The area was cleaned and covered with Band-Aid.

The patient tolerated the procedure well and was taken to the recovery room and discharged home in good condition with a follow up visit with me at my office.

*I declare, under penalty of perjury, that I have not violated the provisions of California Labor Code 139.3 and that the contents of this report and attached billing are true and correct to the best of my knowledge. I also affirm that I have not violated any sections of Labor Code 4628. Please see attached itemized billing with ICD-9 diagnosis code(s). The foregoing declaration is executed on the date of this report and signed by myself in the County of Los Angeles.*



Jonathan Kohan, M.D.

Dictated: 9/3/2014

Transcribed: 9/4/2014

cc: (Emdat Autofax)  
David Johnson,  
10837 Laurel Street Suite 206  
Rancho Cucamonga, CA 91730

Richard Crane  
SCIF - LA (CLM# ENDING IN 00-49)  
PO BOX 65005  
Fresno, CA 93650

(Emdat Autofax)  
William W. Green & Associates Esq.  
3419 Via Lido # 607  
Newport Beach, CA 92663

Patient Name: Silverio CHAIREZ  
Date of Birth: 10/19/1971  
MR#: 20021437  
Procedure Date: 9/3/2014



**Jonathan F. Kohan, M.D.**  
SPECIALIZING IN PAIN DISORDERS

MULTI-DISCIPLINARY  
TREATMENT OF  
CRPS (RSD)  
CHRONIC PAIN SYNDROMES  
CANCER PAIN  
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RADIOFREQUENCY ABLATION  
SPINAL INJECTIONS

DIPLOMATE, AMERICAN BOARD  
OF ANESTHESIOLOGY  
FELLOWSHIP TRAINED IN PAIN  
MEDICINE

Edwin Haronian, M.D.  
724 Corporate Center Drive, 2nd Floor  
Pomona, CA 91768

Patient Name : Daniel Doran  
Date of Service : July 17, 2014  
Claim # : 05814232  
Employer : Benedict & Benedict  
Date of Birth : June 4, 1966  
Date of Injury : July 11, 2012  
File # : 20015038

**SECONDARY TREATING PHYSICIAN PAIN MANAGEMENT**  
**FOLLOW-UP**  
**REPORT AND REQUEST FOR AUTHORIZATION**

*This special narrative report is reimbursable (1994) Official Medical Fee Schedule because one of the following: There was an unexpected or significant change in the patient's condition or the treatment plan; there is a change in patient care or status; submitted records were reviewed or specific questions were answered.*

Mr. Doran is a 48-year-old gentleman who returns for evaluation stating that there are no changes in his complaints in his upper extremities which are more severe on the right side. Currently he is relying on his medication to address his complaints, but is eager to proceed with a spinal cord stimulation implantation which is scheduled for late August 2014.

Even though bulk of his complaints remain over the right upper extremity due to his diagnosis of CRPS, he also has been experiencing left lower extremity symptoms with weakness and numbness which he has discussed with Dr. Haronian. His current regimen of medication includes gabapentin, Norco and Elavil.

On today's visit no allodynia is noted over the left upper extremity or any hyperhidrosis but I indicated to him that assuming that no



**Doran, Daniel**

**July 17, 2014**

**Page 2 of 2**

interventions are made to evaluate his left upper extremity complaints we will be able to cover his complaints with the neuromodulation system that he will be having.

I will submit a request for 10 tablets of Levaquin 500 mg that I would like him to take for prophylaxis purposes afterwards. He has to see me on September 4, 2014, a week after his procedure and should be considered total and temporary disabled at least three month after his procedure.

*I declare, under penalty of perjury, that I have not violated the provisions of California Labor Code 139.3 and that the contents of this report and attached billing are true and correct to the best of my knowledge. I also affirm that I have not violated any sections of Labor Code 4628. Please see attached itemized billing with ICD-9 diagnosis code(s). The foregoing declaration is executed on the date of this report and signed by myself in the County of Los Angeles.*



Jonathan F. Kohan, M.D.  
Diplomate American Board of  
Anesthesiology  
Fellowship-Trained in Pain Medicine  
Qualified Medical Evaluator,  
State of California

August 5, 2014  
Date

JFK/rxt

cc: \*William Green Esq.  
3419 Via Lido #607  
Newport Beach, CA 92663

SCIF - LA (CLM# ENDING IN 00-49)  
PO BOX 65005  
Fresno, CA 93650  
Attn: Emma Padilla



Jonathan F. Kohan, M.D.  
SPECIALIZING IN PAIN DISORDERS

MULTI-DISCIPLINARY  
TREATMENT OF  
CRPS (RSD)  
CHRONIC PAIN SYNDROMES  
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NEURALGIAS  
HEADACHE

SPINAL CORD STIMULATION  
INTRATHECAL PUMP  
PLACEMENT  
DISCOGRAPHY  
RADIOFREQUENCY ABLATION  
SPINAL INJECTIONS

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MEDICINE

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FX. (818) 788-2453

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SECOND FLOOR  
POMONA, CA 91768  
PH. (909) 622-6222  
FX. (909) 622-6220

3800 E CESAR CHAVEZ AVE  
LOS ANGELES, CA 90063  
PH. (323) 264-6296  
FX. (323) 545-6946

For MPN Listing visit:  
[WWW.JKohan.com](http://WWW.JKohan.com)

Edwin Haronian, M.D.  
724 Corporate Center Drive, 2nd Floor  
Pomona, CA 91768

Patient Name : Daniel Doran  
Date of Service : June 19, 2014  
Claim # : 05814232  
Employer : Benedict & Benedict  
Date of Birth : June 4, 1966  
Date of Injury : July 11, 2012  
File # : 20015038

**SECONDARY PHYSICIAN PAIN MANAGEMENT FOLLOW-UP  
REPORT AND REQUEST FOR AUTHORIZATION**

*This special narrative report is reimbursable (1994) Official Medical Fee Schedule because one of the following: There was an unexpected or significant change in the patient's condition or the treatment plan; there is a change in patient care or status; submitted records were reviewed or specific questions were answered.*

Mr. Doran is a 48-year-old gentleman who returns for evaluation.

The request for permanent placement of his neuromodulation unit has been submitted for review on June 13, 2014, something he would like to proceed with as soon as possible.

He has significant improvement after undergoing the trial on May 14, 2014, but since then he has been using his medication to address his current complaints which is providing partial improvement. Currently, he is on Neurontin 300 mg three tablets three times a day, in addition to Norco 10 mg three times a day and Elavil. He denies nausea, vomiting, constipation, over-sedation, epigastric pain or dizziness or any other issues with his regimen of medication which has been helping with his upper extremities partially.

**PHYSICAL EXAMINATION:**

There is no sign of sedation. He is alert and oriented. There are no

2 3268117 000000018 002 004 05814232

Doran, Daniel  
June 19, 2014  
Page 2 of 3

changes in his left upper extremity mottling and hyperhydrosis.

**IMPRESSION:**

Complex Regional Pain Syndrome, right upper extremity type I.  
Right wrist tendinosis.

**RECOMMENDATION:**

Authorization and request will be submitted for his regimen of medication without any changes which includes use of Elavil 50 mg a day, Neurontin 300 mg nine tablets a day as well as Norco 10 mg three times a day.

We have already submitted a request for the permanent placement of the neuromodulation unit which helped him significantly and is documented in my prior report. He may see me back on a monthly basis for refill of his medication which continues to be reasonable, considering the patient's variety of treatment and chronic state of pain. Evaluations will be on a monthly basis.

*I declare, under penalty of perjury, that I have not violated the provisions of California Labor Code 139.3 and that the contents of this report and attached billing are true and correct to the best of my knowledge. I also affirm that I have not violated any sections of Labor Code 4628. Please see attached itemized billing with ICD-9 diagnosis code (s). The foregoing declaration is executed on the date of this report and signed by myself in the County of Los Angeles.*



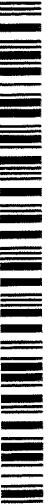
Jonathan F. Kohan, M.D.  
Diplomate American Board of Anesthesiology  
Fellowship-Trained in Pain Medicine  
Qualified Medical Evaluator,  
State of California

July 11, 2014  
Date

JFK/rxt

cc: \*William Green Esq.  
3419 Via Lido #607  
Newport Beach, CA 92663

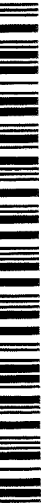
SCIF - LA (CLM# ENDING IN 00-49)  
PO BOX 65005  
Fresno, CA 93650



**Doran, Daniel**  
**June 19, 2014**  
**Page 3 of 3**

Attn: Emma Padilla

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Jonathan F. Kohan, M.D.  
SPECIALIZING IN PAIN DISORDERS

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MULTI-DISCIPLINARY  
TREATMENT OF  
CRPS (RSD)  
CHRONIC PAIN SYNDROMES  
CANCER PAIN  
FIBROMYALGIA  
NEURALGIAS  
HEADACHE

SPINAL CORD STIMULATION  
INFUSION PUMP  
PLACEMENT  
DISCOGRAPHY  
RADIOFREQUENCY ABLATION  
SPINAL INJECTIONS

DIPLOMATE, AMERICAN BOARD  
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MEDICINE

5651 SEPULVEDA BLVD., STE 201  
SHERMAN OAKS, CA 91411  
PH (818) 798-7300

Edwin Haronian, M.D.  
5651 Sepulveda Blvd. # 201  
Sherman Oaks,, CA 91411

Patient Name : Daniel Doran  
Date of Service : May 19, 2014  
Claim # : 05814232  
Employer : Benedict & Benedict  
Date of Birth : June 4, 1966  
Date of Injury : July 11, 2012  
File # : 20015038

**SECONDARY TREATING PHYSICIAN PAIN MANAGEMENT  
FOLLOW-UP REPORT**

*This special narrative report is reimbursable (1994) Official Medical Fee Schedule because one of the following: There was an unexpected or significant change in the patient's condition or the treatment plan; there is a change in patient care or status; submitted records were reviewed or specific questions were answered.*

Mr. Doran is a gentleman who returns for evaluation after last appointment with me on May 01, 2014. The patient reports more than 70% improvement of his upper extremity symptoms after undergoing neuromodulation trial last week. He reports no aberrant coverage or sensation and had benefited from the unit significantly over the trial period to the point that he was able to use it slightly more than average. He has continued Norco 10 mg three times a day and gabapentin 300 mg three tablets three times a day, but apparently was not provided with Elavil. He reports no nausea, vomiting, constipation, and oversedation with this regimen.

**PHYSICAL EXAMINATION:**

Site of the incision was examined. There is no sign of infection or discharge. Prolene sutures were cut and both leads were removed without any difficulty.



2 3253806 000000003 004 007 05814232

Doran, Daniel  
May 19, 2014  
Page 2 of 4

**IMPRESSION:**

Complex Regional Pain Syndrome.  
Success with neuromodulation trial.

**RECOMMENDATION:**

A request will be submitted for permanent placement of the SCS unit something that he would like to proceed as soon as possible. Clearly, he is a candidate because of the significant improvement he reported above. He was previously cleared from a psychological stand point.

With respect to regimen of medication, Norco 10 mg three times a day #90 will be refilled as well as Neurontin 300 mg three tablets three times a day 270 tablets. It should be noted that he has benefited from Elavil 40 mg at nighttime and this also should be authorized for him. Such medication has a common use in those with chronic pain and I do not see any reason or rationale that he should not be taking it.

I will see him back in a month. Meanwhile, disability and work status are deferred.

**ATTACHMENT:**

*Prospective, multicenter study of spinal cord stimulation for relief of chronic back and extremity pain.*

Spine. 1996; 21(23):2786-94 (ISSN: 0362-2436)

Burchiel KJ ; Anderson VC ; Brown FD ; Fessler RG ; Friedman WA ; Pelofsky S ; Weiner RL ; Oakley J ; Shatin D

Division of Neurosurgery, Oregon Health Sciences University, Portland.

**STUDY DESIGN:** This prospective, multicenter study was designed to investigate the efficacy and outcome of spinal cord stimulation using a variety of clinical and psychosocial outcome measures. Data were collected before implantation and at regular intervals after implantation. This report focuses on 70 patients who had undergone 1 year of follow-up treatment at the time of data analysis. **OBJECTIVES:** To provide a more generalizable assessment of long-term spinal cord stimulation outcome by comparing a variety of pain and functional/quality-of-life measures before and after management. This report details results after 1 year of stimulation. **SUMMARY OF BACKGROUND DATA:** The historically diverse methods, patient selection criteria, and outcome measures reported in the spinal cord stimulation literature have made interpretation and comparison of results difficult. Although short-term outcomes are generally consistent, long-term outcomes of spinal cord stimulation, as determined by prospective studies that assess multidimensional aspects of the pain complaint among a relatively homogeneous population, are not well established. **METHODS:** Two hundred nineteen patients were entered at six centers throughout the United States. All patients underwent a trial of stimulation before implant of the permanent system. Most were psychologically screened. One hundred eighty-two patients were implanted with a permanent stimulating system. At the time of this report, complete 1-year follow-up

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Doran, Daniel  
 May 19, 2014  
 Page 3 of 4

data were available on 70 patients, 88% of whom reported pain in the back or lower extremities. Patient evaluation of pain and functional levels was completed before implantation and 3, 6, 12, and 24 months after implantation. Complications, medication usage, and work status also were monitored. RESULTS: All pain and quality-of-life measures showed statistically significant improvement during the treatment year. These included the average pain visual analogue scale, the McGill Pain Questionnaire, the Oswestry Disability Questionnaire, the Sickness Impact Profile, and the Back Depression Inventory. Overall success of the therapy was defined as at least 50% pain relief and patient assessment of the procedure as fully or partially beneficial and worthwhile. Using this definition, spinal cord stimulation successfully managed pain in 55% of patients on whom 1-year follow-up is available. Complications requiring surgical intervention were reported by 17% (12 of 70) of patients. Medication usage and work status were not changed significantly. CONCLUSIONS: This prospective, multicenter study confirms that spinal cord stimulation can be an effective therapy for management of chronic low back and extremity pain. Significant improvements in many aspects of the pain condition were measured, and complications were minimal.

Spinal Cord Stimulation: Indications and Outcomes

Anthony W. Lee, M.D.<sup>1</sup>; Julie G. Pilitsis, M.D., Ph.D.<sup>2</sup>

Neurosurgical Focus

#### Summary

Spinal cord stimulation (SCS) is the most commonly used implantable neurostimulation modality for management of pain syndromes. In this paper the authors describe the current indications for SCS and its efficacy in the treatment of those diseases. Specifically, the literature on patient selection and outcomes after SCS for failed-back surgery syndrome (FBSS), refractory angina pectoris, peripheral vascular disease, and complex regional pain syndrome (CRPS) Type I was reviewed. Effective pain relief was obtained in 60 to 80% of patients with FBSS and CRPS Type I. Furthermore, these patients had significant improvements in quality of life (QOL) and a significantly greater chance of returning to work than patients who did not undergo SCS. The use of SCS in patients with inoperable angina (that is, refractory angina pectoris) resulted in significant decreases in chest pain and hospital admissions as well as increased exercise duration, with less morbidity than with open procedures that were performed for pain control only. Patients with inoperable PVD also demonstrated significant improvements in pain relief, QOL, and limb mobility. Reported complications were mostly related to hardware and were relatively minor. Review of randomized controlled studies supports the use of SCS as an effective treatment modality for pain associated with FBSS, refractory angina pectoris, peripheral vascular disease, and CRPS Type I.

#### Introduction

Spinal cord stimulation is a pain treatment modality predicated on reducing the intensity, duration, and frequency with which pain is felt. Although it was developed

Doran, Daniel  
May 19, 2014  
Page 4 of 4

on the basis of the gate control theory of pain proposed by Melzack and Wall,<sup>[37]</sup> its mechanism of action involves more than inhibition of pain pathways in the dorsal horn nucleus.<sup>[39]</sup> Experimental studies involving neurotransmitters (for example, g aminobutyric acid and adenosine<sup>[34,40]</sup>) have been used to explain other pathways by which SCS works. Further more, modulation of the autonomic nervous system may explain the efficacy of SCS for pain syndromes such as refractory angina pectoris and CRPS.<sup>[2,7,13,20]</sup> Although its exact mechanisms of action are not fully understood, SCS has been shown to be beneficial in the treatment of several pain syndromes, with fairly consistent results.<sup>[9,28,32,46]</sup> A number of randomized control led trials and numerous case series with long-term follow-up reports on SCS have been performed.<sup>[9,12,21,24,25,27,28,31,42-44,59,60]</sup> In this paper we discuss general patient selection criteria for SCS and summarize indications and outcomes that have been reported for SCS in the treatment of FBSS, refractory angina pectoris, peripheral vascular disease causing critical leg ischemia, and CRPS Type I.

*I declare, under penalty of perjury, that I have not violated the provisions of California Labor Code 139.3 and that the contents of this report and attached billing are true and correct to the best of my knowledge. I also affirm that I have not violated any sections of Labor Code 4628. Please see attached itemized billing with ICD-9 diagnosis code(s). The foregoing declaration is executed on the date of this report and signed by myself in the County of Los Angeles.*



Jonathan F. Kohan, M.D.  
Diplomate American Board of  
Anesthesiology  
Fellowship-Trained in Pain Medicine  
Qualified Medical Evaluator,  
State of California

June 13, 2014

Date

JFK/rxt

cc: SCIF - LA (CLM# ENDING IN 00-49)  
PO BOX 65005  
Fresno, CA 93650  
Attn: Emma Padilla

\*William Green Esq.  
3419 Via Lido #607  
Newport Beach, CA 92663

Page 8 of 8 received on 6/30/2014 4:42:33 PM Pacific Daylight Time on server VLICRF from 8187882453.





**OPERATIVE REPORT****PREOPERATIVE DIAGNOSIS:**

Sympathetically-mediated neuropathic pain, right upper extremity.

**POSTOPERATIVE DIAGNOSIS:**

Sympathetically-mediated neuropathic pain, right upper extremity.

**ATTENDING SURGEON:**

Jonathan Kohan, M.D.

**ANESTHESIOLOGIST:**

Joel Diaz, CRNA.

**TYPE OF ANESTHESIA:**

MAC.

**PROCEDURE:**

1. Percutaneous implantation of spinal cord stimulation leads times two, cervical spine.
2. Myelogram.
3. Complex programming.
4. Fluoroscopy.

**INDICATION:** The potential risks included not limited to infection, bleeding, nerve irritation, damage, paralysis, damage to internal neck organs, increased pain or no change in pain, as well as headache were discussed with the patient, who would like to proceed. He reports no changes in his health.

**DESCRIPTION OF THE PROCEDURE:** After obtaining informed consent, he was taken to the operating room and placed on the operating table in the prone position with a wedge under the upper chest area. He received 2 g of IV Ancef. The entire neck and upper back was then prepped with "ChlorPrep" and draped under sterile fluoroscopic condition.

At T1-T2, 10 cc of 2% lidocaine was used to infiltrate the area with a #25-gauge needle. Next, a #14-gauge Tuohy needle was inserted at this level until good loss of resistance to normal saline was obtained. After confirming proper position of the needle under lateral view and an Octade Medtronic lead was inserted and advanced under AP view and advanced to lower portion of the C4 vertebral body. The lateral view confirmed epidural placement.

The similar routine was repeated at the same level. A second needle was inserted and advanced until good loss of resistance to normal saline was obtained. After confirming proper position of the needle, a

Patient Name: Daniel DORAN  
Date of Birth: 6/4/1966  
MR#: 20015038  
Procedure Date: 5/14/2014

second needle was inserted and advanced to the right of the first one. The lateral view confirmed epidural placement.

After the patient recover from sedation, complex programing was performed and we were able to cover the patient's more symptomatic right hand, right wrist, and distal elbow, and this was confirmed with him for the last time. He was the re-sedated using a special anchors. Both leads were anchored to the skin with 0 Prolene sutures and appropriate dressing was placed.

He was provided with Levaquin for antibiotic prophylaxis considering his history of diabetes until I see him back next Monday.

*I declare, under penalty of perjury, that I have not violated the provisions of California Labor Code 139.3 and that the contents of this report and attached billing are true and correct to the best of my knowledge. I also affirm that I have not violated any sections of Labor Code 4628. Please see attached itemized billing with ICD-9 diagnosis code (s). The foregoing declaration is executed on the date of this report and signed by myself in the County of Los Angeles.*



Jonathan Kohan, M.D.

Dictated: 5/14/2014

Transcribed: 5/16/2014

cc: Emma Padilla  
SCIF - LA (CLM# ENDING IN 00-49)  
PO BOX 65005  
Fresno, CA 93650

(Emdat Autofax)  
William Green Esq.  
3419 Via Lido #607  
Newport Beach, CA 92663

Patient Name: Daniel DORAN  
Date of Birth: 6/4/1966  
MR#: 20015038  
Procedure Date: 5/14/2014

*Jonathan F. Kohan M.D.*

**SECONDARY PHYSICIAN PROGRESS REPORT (PR - 2)**

**Reason of PR-2:**

**Patient:**

**Name:** Daniel DORAN  
**Street:** 1245 W Cienega Spc# 201  
**City:** San Dimas, CA 91733  
**Phone:** 760-258-7545  
**DOB:** 06/04/1966  
**SSN:** 554-73-1885  
**DOI:** 07/11/2012

**Employer:** Benedict & Benedict

**Occupation:**

**Claims Administrator:**

**Name:** SCIF - LA (CLM# ENDING IN 00-49)  
**Address:** PO BOX 65005  
**City:** Fresno, CA 93650  
**Phone:** 888-782-8338  
**Fax:** 707-646-6017  
**Claim #:** 05814232  
**Phone:**

**Subjective Complaints:** Depression with anxiety Pt reports: Depressed mood.

**Objective Findings:** Pt appears: Agitated, Depressed Affect is: Normal Pt. was administered: BAI: 43 BDI: 47.

**Diagnoses:** 726.4 Wrist Tend/Burs

923.20 Hand Contusion

337.22 Reflex Sympathetic Dystrophy of Lower Limb

**Treatment Plan:** 40 mg, 30 tabs.

**Norco 10/325mg:** Norco® (hydrocodone/acetaminophen)

The patient has been prescribed Norco. According to the MTUS chronic pain medical treatment guidelines, it should be recommended for moderate-severe pain when alternative drugs have not been effective. Anti-inflammatories alone are insufficient to address this patient's pain component.

The benefits and risks associated with the narcotics has been discussed with the patient and there has been expression of understanding.

The patient notes the following:

Reduction in analgesia at least 30-40%.

The patient notes improved functional capacity with activities of daily living, self grooming, and chores around the house.

There are no significant reported adverse side effects.

Upon questioning of the patient, there is no suspicion of any aberrant behaviors.

The patient is taking a morphine equivalent dose less than the maximum recommended by the American Cancer Society guidelines.

CA MTUS Chronic Pain Medical Treatment Guidelines support ongoing opioid treatment when prescriptions are from a single practitioner and are taken as directed; are prescribed at the lowest possible dose; and when there is ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects.

CA MTUS Chronic Pain Medical Treatment Guidelines state that chronic pain can have a mixed physiologic etiology of both neuropathic and nociceptive components. In most cases, analgesic treatment should begin with acetaminophen, aspirin, and NSAIDs (as suggested by the WHO step-wise algorithm). When these drugs do not satisfactorily reduce pain, opioids for moderate to moderately severe pain may be added to (not substituted for) the less efficacious drugs.





ACOE Guidelines state that opioids are recommended for select patients with chronic persistent pain, neuropathic pain, or CRPS. Select patients with chronic persistent pain that is not well-controlled (manifested by decreased function attributable to their pain) with non-opioid treatment approaches may be tried on opioids.

ODG Guidelines state that opioids are not recommended as a first-line therapy for neuropathic pain but recommended (along with tramadol) for second-line treatment (alone or in combination with first-line drugs). A recent consensus guideline stated that opioids could be considered first-line therapy for the following circumstances: (1) prompt pain relief while titrating a first-line drug; (2) treatment of episodic exacerbations of severe pain; (3) treatment of acute neuropathic pain; & (4) treatment of neuropathic cancer pain.

ODG Guidelines address maintenance of opioid therapy:

- (a) Do not attempt to lower the dose if it is working
  - (b) Supplemental doses of break-through medication may be required for incidental pain, end-of dose pain, and pain that occurs with predictable situations. This can be determined by information that the patient provides from a pain diary or evaluation of additional need for supplemental medication.
  - (c) The standard increase in dose is 25 to 50% for mild pain and 50 to 100% for severe pain.
- d (manifested by decreased function attributable to their pain) with non-opioid treatment approaches may be tried on opioids.

ODG Guidelines state that opioids are not recommended as a first-line therapy for neuropathic pain but recommended (along with tramadol) for second-line treatment (alone or in combination with first-line drugs). A recent consensus guideline stated that opioids could be considered first-line therapy for the following circumstances: (1) prompt pain relief while titrating a first-line drug; (2) treatment of episodic exacerbations of severe pain; (3) treatment of acute neuropathic pain; & (4) treatment of neuropathic cancer pain.

ODG Guidelines state that opioids are not recommended as a first-line treatment for chronic non-malignant pain, and not recommended in patients at high risk for misuse, diversion, or substance abuse. Recommended as a 2nd or 3rd line treatment option at doses 120 mg daily oral morphine equivalent dose.

ODG Guidelines address maintenance of opioid therapy:

- (a) Do not attempt to lower the dose if it is working
- (b) Supplemental doses of break-through medication may be required for incidental pain, end-of dose pain, and pain that occurs with predictable situations. This can be determined by information that the patient provides from a pain diary or evaluation of additional need for supplemental medication.
- (c) The standard increase in dose is 25 to 50% for mild pain and 50 to 100% for severe pain.

90 tabs.

Neurontin 900 mg, 90 tabs.

Levaquin 500 mg, 3 tabs.

**Work Status:** Work status will be directed by PTP. My recommendation is: Patient is on Temporary Total Disability for 6 weeks or until specified date.

**Secondary Treating Physician:**

**Date of Exam:** May 01, 2014

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

Ca.Lic # A66353

Name

Jonathan F. Kohan M.D.

Specialty

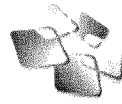
Pain Management

Address

724 Corporate Center Drive Pomona, CA 917682650

Phone

909-622-6222 x



MULTI-DISCIPLINARY  
TREATMENT OF  
CRPS (RSD)  
CHRONIC PAIN SYNDROMES  
CANCER PAIN  
FIBROMYALGIA  
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MEDICINE

5651 SEPULVEDA BLVD., STE 201  
SHERMAN OAKS, CA 91411  
PH. (818) 788-2400  
FX. (818) 788-2453

724 CORPORATE CENTER DRIVE  
SECOND FLOOR  
POMONA, CA 91768  
PH. (909) 622-6222  
FX. (909) 622-6220

3800 E CESAR CHAVEZ AVE  
LOS ANGELES, CA 90063  
PH. (323) 264-6296  
FX. (323) 545-6946

Edwin Haronian, M.D.  
724 Corporate Center Drive, 2nd Floor  
Pomona, CA 91768

Patient Name : Daniel Doran  
Date of Service : May 1, 2014  
Claim # : 05814232  
Employer : Benedict & Benedict  
Date of Birth : June 4, 1966  
Date of Injury : July 11, 2012  
File # : 20015038

**SECONDARY PHYSICIAN PAIN MANAGEMENT FOLLOW-UP  
REPORT AND REQUEST FOR AUTHORIZATION**

*This special narrative report is reimbursable (1994) Official Medical Fee Schedule because one of the following: There was an unexpected or significant change in the patient's condition or the treatment plan; there is a change in patient care or status; submitted records were reviewed or specific questions were answered.*

Mr. Daniel Doran is a very pleasant 47-year-old gentleman who presents today with a complaint of a chronic pain in his right arm with numbness, tingling and burning sensation. Pain is unremitting. It precludes him from activities of daily living. He is scheduled for the spinal cord stimulator trial on May 14, 2014. The patient was diagnosed with complex regional pain syndrome type 1 of the right upper extremity. The patient is also receiving treatment for his diabetes. His pharmacological regimen is not causing any side effects; however, there is information that patient was having difficulty obtaining Elavil.

**PHYSICAL EXAMINATION:**

On physical examination, the patient is visibly uncomfortable. Mottling and cold temperature of the right upper extremity are noted with decreased grip strength. The patient is alert and oriented x3.

**IMPRESSION:**

Doran, Daniel  
May 1, 2014  
Page 2 of 3

Complex regional pain syndrome type 1 of right upper extremity.  
Right wrist tendinitis/bursitis.

**RECOMMENDATION:**

Today, we are formally requesting authorization for refill of Norco 10 mg #90 tablets, Neurontin 900 mg #90 tablets and Elavil 40 mg #30 tablets. We are also providing the patient with Levaquin 500 mg to be taken once a day for three days after the trial. Total of three tablets are being requested. We are not in possession of denial for Elavil. However, per patient rational for denial is the fact that Elavil that it is addressing the patient's psychological condition. It is important to mention to all the parties that Elavil is FDA approved medication which is addressing neuropathic pain. Yes indeed, tricyclic antidepressants are also addressing depression. But in this particular condition it is also targeting the patient's insomnia, depression and neuropathic pain. The patient has been experiencing significant worsening of his conditioning after the Elavil was not provided. We are hoping that he will be able to obtain this particular pharmacological agent.

All conditions, risks, benefits, and alternatives were discussed with the patient who did verbalize understanding.

We will see him in three weeks to assess response to spinal cord stimulator trial. Corresponding recommendation will be made accordingly.

His work status and further course of conservative treatment shall be deferred.

I hope the above information has been helpful to you and if I can provide you with any further information, please do not hesitate to contact my office.

*I declare, under penalty of perjury, that I have not violated the provisions of California Labor Code 139.3 and that the contents of this report and attached billing are true and correct to the best of my knowledge. I also affirm that I have not violated any sections of Labor Code 4628. Please see attached itemized billing with ICD-9 diagnosis code (s). The foregoing declaration is executed on the date of this report and signed by myself in the County of Los Angeles.*



Michael Nadzhafov, P.A.-C. M.P.H.



May 6, 2014

**Doran, Daniel**

**May 1, 2014**

**Page 3 of 3**

Jonathan F. Kohan, M.D.  
Diplomate American Board of  
Anesthesiology  
Fellowship-Trained in Pain Medicine  
Qualified Medical Evaluator,  
State of California

Date

MN/rxt

cc: SCIF - LA (CLM# ENDING IN 00-49)  
PO BOX 65005  
Fresno, CA 93650  
Attn: Emma Padilla

William Green Esq.  
3419 Via Lido #607  
Newport Beach, CA 92663

**Jonathan F. Kohan, M.D.**

\* 724 Corporate Center Drive Pomona, CA 917682650 \*

**Authorization Request**

**Today's Date: 05/07/2014**

**Our Chart No. 20015038**

**Patient Name: Daniel DORAN**

**DOB: 06/04/1966**

**Claim #: 05814232**

**Request from Office Visit date: 05 01, 2014**

You can contact us by phone, fax or email

**\*Phone # : (818) 788-2400 Ext: 146**

**\*Fax: (818) 827-4706**

**\*Email: nancy@synapsedoctor.com**

Thank you.  
Maribel Perez

Labor Code Section 4610, section (f) states that "no person other than a licensed physician... may modify, delay or deny request for authorization of medical treatment. Labor Code Section 4610 section (g) states the time frame for L.R. (1) Prospective or concurrent decisions shall be made in a timely fashion that is appropriate for the nature of the employee's condition, not to exceed five working days from the receipt of the information reasonably necessary to make the determination, but in no event more than 14 days from the date of the medical treatment recommendation by the physician In cases where the review is retrospective, the decision shall be communicated to the individual who received services, or to the individual's designee, within 30 days of receipt of information that is reasonably necessary to make this determination. All of the denial or medication procedures contained in Labor Code section 4610 (g) (2) and (3) are mandatory, and if the statutory requirements are not met, the utilization review report is not admissible. The only other procedure for disputing the treatment is a QME, pursuant to Labor Code section 4062.

**Proof of Service State of California, County of Los Angeles**

I am a resident of the county aforesaid; I am over the age of eighteen years and not a party to the within entitled action. My business address is: 5651 Sepulveda Blvd. Suite 201 Sherman Oaks, CA 91411 or 724 Corporate Center Drive, 2nd Floor, Pomona, CA 91768

On this date 05/07/2014 I served this report to the above Insurance Co. by transmitting via US Postal Services/facsimile this document between the hours of 8:00am and 5:00pm. The facsimile was reported as completed and without error by the transmitting facsimile machine. I declare under the penalty of perjury under the laws of the State of California that the foregoing is true and correct. Executed in Los Angeles, CA

SCIF RECD DTE 05/13/2014 FRSCAN 24 05/13/2014 04:19 PM 055768 23 4







MULTI-DISCIPLINARY  
TREATMENT OF  
CRPS (RSD)  
CHRONIC PAIN SYNDROMES  
CANCER PAIN  
FIBROMYALGIA  
NEURALGIAS  
HEADACHE

SPINAL CORD STIMULATION  
INTRATHECAL PUMP  
PLACEMENT  
DISCOGRAPHY  
RADIOFREQUENCY ABLATION  
SPINAL INJECTIONS

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MEDICINE

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POMONA, CA 91768  
PH. (909) 622-6222  
FX. (909) 622-6220

3800 E CESAR CHAVEZ AVE  
LOS ANGELES, CA 90063  
PH. (323) 264-6296  
FX. (323) 545-6946

Edwin Haronian, M.D.  
724 Corporate Center Drive, 2nd Floor  
Pomona, CA 91768

Patient Name : Daniel Doran  
Date of Service : April 3, 2014  
Claim # : 05814232  
Employer : Benedict & Benedict  
Date of Birth : June 4, 1966  
Date of Injury : 7/11/2012  
File # : 20015038

**SECONDARY TREATING PHYSICIAN PAIN MANAGEMENT  
FOLLOW-UP REPORT AND REQUEST FOR SURGICAL SPINAL  
AND NONSURGICAL AUTHORIZATIONS**

*This special narrative report is reimbursable (1994) Official Medical Fee Schedule because one of the following: There was an unexpected or significant change in the patient's condition or the treatment plan; there is a change in patient care or status; submitted records were reviewed or specific questions were answered.*

Mr. Daniel is a very pleasant 47-year-old gentleman who presents today with a complaint of a chronic unremitting pain in his right arm with numbness, tingling and burning sensation. His pain precludes him from performing activities of daily living. He was diagnosed with complex residual pain syndrome type 1 of the right upper extremity. He is also receiving treatment for his diabetes. To remind, we requested authorization for spinal cord stimulator trial as patient had failed to improve with all conservative treatment provided before.

His pharmacological regimen is not causing any side effects.

**PHYSICAL EXAMINATION:**

On physical examination, the patient is very uncomfortable. Mottling and cold temperature of the right upper extremity are noted with decreased grip strength. The patient is alert and oriented x3.

Doran, Daniel

April 3, 2014

Page 2 of 3

**IMPRESSION:**

Complex regional pain syndrome type 1 of right upper extremity.  
Right wrist tendinitis/bursitis.

**RECOMMENDATION:**

Today, we are formally requesting authorization for refill of Norco 10 mg #90 tablets, Neurontin 900 mg #90 tablets and Elavil 40 mg #30 tablets. Medications cause no side effect and help to maintain functional capacity addressing his persistent burning and unbearable pain.

Furthermore, today once again we are formally requesting authorization for spinal cord stimulator trial on industrial basis as occupational injury precipitated onset of the patient symptoms. The patient failed with the plethora of conservative treatment including injections. He has been cleared by psychologist. He is a clear candidate for the spinal cord stimulator trial in accordance with MTUS Guidelines. We anticipate a speedy response in accordance with the Labor Code Section 4610.

We will see the patient in four weeks for further updates regarding all his medical and diagnostic records and refill of his medications.

His work status and further course of conservative treatment shall be deferred.

I hope the above information has been helpful to you and if I can provide you with any further information, please do not hesitate to contact my office.

*I declare, under penalty of perjury, that I have not violated the provisions of California Labor Code 139.3 and that the contents of this report and attached billing are true and correct to the best of my knowledge. I also affirm that I have not violated any sections of Labor Code 4628. Please see attached itemized billing with ICD-9 diagnosis code (s). The foregoing declaration is executed on the date of this report and signed by myself in the County of Los Angeles.*



Michael Nadzhafov, P.A.-C. M.P.H.



Jonathan F. Kohan, M.D.  
Diplomate American Board of  
Anesthesiology

April 15, 2014

Date

**Doran, Daniel**

**April 3, 2014**

**Page 3 of 3**

Fellowship-Trained in Pain Medicine  
Qualified Medical Evaluator,  
State of California

MN/rxt

cc: SCIF - LA (CLM# ENDING IN 00-49)  
PO BOX 65005  
Fresno, CA 93650  
Attn: Emma Padilla

William Green Esq.  
3419 Via Lido #607  
Newport Beach, CA 92663



State of California, Division of Worker's Compensation

**Jonathan F. Kohan M.D.**

**SECONDARY PHYSICIAN PROGRESS REPORT (PR - 2)**

**Reason of PR-2:**

**Patient:**

Name: Daniel DORAN  
Street: 1245 W Cienega Spc# 201  
City: San Dimas, CA 91733  
Phone: 760-258-7545  
DOB: 06/04/1966  
SSN: 554-73-1885  
DOI: 07/11/2012

**Claims Administrator:**

Name: SCIF - LA (CLM# ENDING IN 00-49)  
Address: PO BOX 65005  
City: Fresno, CA 93650  
Phone: 888-782-8338  
Fax: 707-646-8289  
Claim #: 05814232  
Phone:

**Employer:** Benedict & Benedict

**Occupation:**

**Subjective Complaints:** Pt reports: Depressed mood.

**Objective Findings:** Pt appears: Depressed Affect is: Flat Pt. was administered; BAI: 42 BDI: 50.

**Diagnoses:**

**Treatment Plan:** Neurontin 900 TID #90, NORCO 10MG tid #90, ELAVIL 40MG QD#30.

**Work Status:** Work status will be directed by PTP.

**Secondary Treating Physician:**

**Date of Exam:** Mar 06, 2014

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**

**Cal.Lic #** A66353

**Name**

Jonathan F. Kohan M.D.

**Specialty**

Pain Management

**Address**

724 Corporate Center Drive Pomona, CA 917682650

**Phone**

909-622-6222 x



**Jonathan F. Kohan, M.D.**

\* 724 Corporate Center Drive Pomona, CA 917682650 \*

**Authorization Request**

**Today's Date: 03/10/2014**

**Our Chart No. 20015038**

**Patient Name: Daniel DORAN**

**DOB: 06/04/1966**

**Claim #: 05814232**

**Request from Office Visit date: 03 06, 2014**

You can contact us by phone, fax or email

**\*Phone # : (818) 788-2400 Ext: 146**

**\*Fax: (818) 827-4706**

**\*Email: nancy@synapsedoctor.com**

Thank you.

Maribel Perez

Labor Code Section 4610, section (f) states that "no person other than a licensed physician... may modify, delay or deny request for authorization of medical treatment. Labor Code Section 4610 section (g) states the time frame for UR (1) Prospective or concurrent decisions shall be made in a timely fashion that is appropriate for the nature of the employee's condition, not to exceed five working days from the receipt of the information reasonably necessary to make the determination, but in no event more than 14 days from the date of the medical treatment recommendation by the physician. In cases where the review is retrospective, the decision shall be communicated to the individual who received services, or to the individual's designee, within 30 days of receipt of information that is reasonably necessary to make this determination. All of the denial or medication procedures contained in Labor Code section 4610 (g) (2) and (3) are mandatory, and if the statutory requirements are not met, the utilization review report is not admissible. The only other procedure for disputing the treatment is a QME, pursuant to Labor Code section 4062.

**Proof of Service State of California, County of Los Angeles**

I am a resident of the county aforesaid; I am over the age of eighteen years and not a party to the within entitled action. My business address is: 5651 Sepulveda Blvd, Suite 201 Sherman Oaks, CA 91411 or 724 Corporate Center Drive, 2nd Floor, Pomona, CA 91768

On this date 03/10/2014 I served this report to the above Insurance Co. by transmitting via US Postal Services/facsimile this document between the hours of 8:00am and 5:00pm. The facsimile was reported as completed and without error by the transmitting facsimile machine. I declare under the penalty of perjury under the laws of the State of California that the foregoing is true and correct. Executed in Los Angeles, CA



MULTI-DISCIPLINARY  
TREATMENT OF  
CRPS (RSD)  
CHRONIC PAIN SYNDROMES  
CANCER PAIN  
FIBROMYALGIA  
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SPINAL CORD STIMULATION  
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3800 E CESAR CHAVEZ AVE  
LOS ANGELES, CA 90063  
PH. (323) 264-6296  
FX. (323) 545-6946

Edwin Haronian, M.D.  
724 Corporate Center Dr. 2nd Floor  
Pomona, CA 91768

Patient Name : Daniel Doran  
Date of Service : March 6, 2014  
Claim # : 05814232  
Employer : Benedict & Benedict  
Date of Birth : June 4, 1966  
Date of Injury : July 11, 2012  
File # : 20015038

**SECONDARY TREATING PHYSICIAN PAIN MANAGEMENT  
FOLLOW-UP REPORT**

*This special narrative report is reimbursable (1994) Official Medical Fee Schedule because one of the following: There was an unexpected or significant change in the patient's condition or the treatment plan; there is a change in patient care or status; submitted records were reviewed or specific questions were answered.*

Mr. Doran is a 47-year-old gentleman who returns for evaluation after his last appointment with me on February 6, 2014. He reports no changes in his symptoms and continues to be treated for diabetes. He also remains under the care of psychologist with weekly psychotherapy sessions.

He has a longstanding right upper extremity symptoms of CRPS. These have not responded to multiple interventions and he reports some increasing level of pain after his most recent medication regimen were delayed. Currently, he is on Norco 10 mg three times a day with Elavil 40 mg at night time and also Neurontin 2700 mg a day.

**PHYSICAL EXAMINATION:**

There is no sign of sedation. He is alert and oriented. Mottling and cold temperature in the right upper extremity are noted with decreased grip.

Doran, Daniel

March 6, 2014

Page 2 of 5

**IMPRESSION:**

Complex regional Pain Syndrome type I, right upper extremity.

DiabetesR

**RECOMMENDATION:**

We will submit a formal request, so that there is no further delay in his regimen of medication. These will include on a monthly basis Norco 10 mg two times a day #90, Neurontin 900 mg two times a day #90 and Amitriptyline 40 mg once a day #30.

He would like to proceed with neurostimulation trial, which I believe is the only option available. Ultimately depending on the outcome during the trial period. He may be a candidate to undergo permanent placement. The request will be submitted formally along with psychological clearance of Dr. Hinze.

Evaluations will remain on a monthly basis. Meanwhile, disability and work status are deferred.

**ATTACHMENT:**

Prospective, multicenter study of spinal cord stimulation for relief of chronic back and extremity pain.

**Spine. 1996; 21(23):2786-94 (ISSN: 0362-2436)**

Burchiel KJ ; Anderson VC ; Brown FD ; Fessler RG ; Friedman WA ; Pelofsky S ; Weiner

Division of Neurosurgery, Oregon Health Sciences University, Portland.

**STUDY DESIGN:** This prospective, multicenter study was designed to investigate the efficacy and outcome of spinal cord stimulation using a variety of clinical and psychosocial outcome measures. Data were collected before implantation and at regular intervals after implantation. This report focuses on 70 patients who had undergone 1 year of follow-up treatment at the time of data analysis. **OBJECTIVES:** To provide a more generalizable assessment of long-term spinal cord stimulation outcome by comparing a variety of pain and functional/quality-of-life measures before and after management. This report details results after 1 year of stimulation. **SUMMARY OF BACKGROUND DATA:** The historically diverse methods, patient selection criteria, and outcome measures reported in the spinal cord stimulation literature have made interpretation and comparison of results difficult. Although short-term outcomes are generally consistent, long-term outcomes of spinal cord stimulation, as determined by prospective studies that assess multidimensional aspects of the pain complaint among a relatively homogeneous population, are not well established. **METHODS:** Two hundred nineteen patients were entered at six centers throughout the United States. All patients

underwent a trial of stimulation before implant of the permanent system. Most were psychologically screened. One hundred eighty-two patients were implanted with a permanent stimulating system. At the time of this report, complete 1-year follow-up data were available on 70 patients, 88% of whom reported pain in the back or lower extremities. Patient evaluation of pain and functional levels was completed before implantation and 3, 6, 12, and 24 months after implantation. Complications, medication usage, and work status also were monitored. **RESULTS:** All pain and quality-of-life measures showed statistically significant improvement during the treatment year. These included the average pain visual analogue scale, the McGill Pain Questionnaire, the Oswestry Disability Questionnaire, the Sickness Impact Profile, and the Back Depression Inventory. Overall success of the therapy was defined as at least 50% pain relief and patient assessment of the procedure as fully or partially beneficial and worthwhile. Using this definition, spinal cord stimulation successfully managed pain in 55% of patients on whom 1-year follow-up is available. Complications requiring surgical intervention were reported by 17% (12 of 70) of patients. Medication usage and work status were not changed significantly. **CONCLUSIONS:** This prospective, multicenter study confirms that spinal cord stimulation can be an effective therapy for management of chronic low back and extremity pain. Significant improvements in many aspects of the pain condition were measured, and complications were minimal.

Spinal Cord Stimulation: Indications and Outcomes

**Anthony W. Lee, M.D.<sup>1</sup>; Julie G. Pilitsis, M.D., Ph.D.<sup>2</sup>**

**Neurosurgical Focus**

### **Summary**

Spinal cord stimulation (SCS) is the most commonly used implantable neurostimulation modality for management of pain syndromes. In this paper the authors describe the current indications for SCS and its efficacy in the treatment of those diseases. Specifically, the literature on patient selection and outcomes after SCS for failed-back surgery syndrome (FBSS), refractory angina pectoris, peripheral vascular disease, and complex regional pain syndrome (CRPS) Type I was reviewed. Effective pain relief was obtained in 60 to 80% of patients with FBSS and CRPS Type I. Furthermore, these patients had significant improvements in quality of life (QOL) and a significantly greater chance of returning to work than patients who did not undergo SCS. The use of SCS in patients with inoperable angina (that is, refractory angina pectoris) resulted in significant decreases in chest pain and hospital admissions as well as increased exercise duration, with less morbidity than with open procedures that were performed for pain control only. Patients with inoperable PVD also demonstrated significant improvements in pain relief, QOL, and limb mobility. Reported complications were mostly related to hardware and were relatively minor. Review of randomized controlled studies supports the use of SCS as an effective treatment modality for pain associated with FBSS,



Doran, Daniel

March 6, 2014

Page 4 of 5

refractory angina pectoris, peripheral vascular disease, and CRPS Type I.

## Introduction

Spinal cord stimulation is a pain treatment modality predicated on reducing the intensity, duration, and frequency with which pain is felt. Although it was developed on the basis of the gate control theory of pain proposed by Melzack and Wall,<sup>[37]</sup> its mechanism of action involves more than inhibition of pain pathways in the dorsal horn nucleus.<sup>[39]</sup> Experimental studies involving neurotransmitters (for example, g-aminobutyric acid and adenosine<sup>[34,40]</sup>) have been used to explain other pathways by which SCS works. Further more, modulation of the autonomic nervous system may explain the efficacy of SCS for pain syndromes such as refractory angina pectoris and CRPS.<sup>[2,7,13,20]</sup> Although its exact mechanisms of action are not fully understood, SCS has been shown to be beneficial in the treatment of several pain syndromes, with fairly consistent results.<sup>[9,28,32,46]</sup> A number of randomized control led trials and numerous case series with long-term follow-up reports on SCS have been performed.<sup>[9,12,21,24,25,27,28,31,42-44,59,60]</sup> In this paper we discuss general patient selection criteria for SCS and summarize indications and outcomes that have been reported for SCS in the treatment of FBSS, refractory angina pectoris, peripheral vascular disease causing critical leg ischemia, and CRPS Type I.

*I declare, under penalty of perjury, that I have not violated the provisions of California Labor Code 139.3 and that the contents of this report and attached billing are true and correct to the best of my knowledge. I also affirm that I have not violated any sections of Labor Code 4628. Please see attached itemized billing with ICD-9 diagnosis code (s). The foregoing declaration is executed on the date of this report and signed by myself in the County of Los Angeles.*



Jonathan F. Kohan, M.D.  
Diplomate American Board of Anesthesiology  
Fellowship-Trained in Pain Medicine  
Qualified Medical Evaluator,  
State of California

March 26, 2014  
\_\_\_\_\_  
Date

JFK/rxt

cc:  
SCIF - LA (CLM# ENDING IN 00-49)  
PO BOX 65005

**Doran, Daniel**  
**March 6, 2014**  
**Page 5 of 5**

Fresno, CA 93650  
Attn: Emma Padilla

William Green Esq.  
3419 Via Lido #607  
Newport Beach, CA 92663



**Jonathan F. Kohan, M.D.**  
SPECIALIZING IN PAIN DISORDERS

MULTI-DISCIPLINARY  
TREATMENT OF  
CRPS (RSD)  
CHRONIC PAIN SYNDROMES  
CANCER PAIN  
FIBROMYALGIA  
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FX. (818) 788-2453

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POMONA, CA 91768  
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3800 E CESAR CHAVEZ AVE  
LOS ANGELES, CA 90063  
PH. (323) 264-6296  
FX. (323) 545-6946

**For MPN Listing visit:**  
**WWW.JKohan.com**

Edwin Haronian, M.D.  
16542 Ventura Blvd. Suite 402  
Encino, CA 91436

Patient Name : Daniel Doran  
Date of Service : February 6, 2014  
Claim # : 05814232  
Employer : Benedict & Benedict  
Date of Birth : June 4, 1966  
Date of Injury : July 11, 2012  
File # : 20015038

**SECONDARY PHYSICIAN PAIN MANAGEMENT FOLLOW-UP  
REPORT AND REQUEST FOR SURGICAL AUTHORIZATION**

*This special narrative report is reimbursable (1994) Official Medical Fee Schedule because one of the following: There was an unexpected or significant change in the patient's condition or the treatment plan; there is a change in patient care or status; submitted records were reviewed or specific questions were answered.*

Mr. Doran is a very pleasant 47-year-old gentleman who presents today with a complaint of a chronic unremitting pain in his right forearm, wrist and hand. Pain level is 8-9/10 on a Verbal Analog Pain Scale with medications. He complains of tingling, numbness and burning sensation in his right upper extremity. The patient tolerated increase of Neurontin to 900 mg three times a day and Norco 10 mg three times a day well without any side effects. He also tolerated decrease of Elavil to 40 mg at bedtime without any side effects. To remind, the patient has been diagnosed with complex regional pain syndrome type 1 on the right side. The patient has been cleared by psychologist for the spinal cord stimulator trial.

**PHYSICAL EXAMINATION:**

On physical examination, the patient is visibly very uncomfortable. Allodynia is noted on the right distal forearm, hand and wrist. Decreased grip strength is noted. Difference in temperature is noted compared to the opposite distal forearm, hand and wrist.



Doran, Daniel  
February 6, 2014  
Page 2 of 3

**IMPRESSION:**

Complex regional pain syndrome type 1 with right forearm wrist and hand.

**RECOMMENDATION:**

We are refilling the patient's medications today as they cause no side effect and help to maintain functional capacity. Today, we are formally requesting authorization for spinal cord stimulator trial on an industrial basis. His clinical impression, persistent symptomatology and unsuccessful attempts to improve with other pain management procedures provide substantial medical evidence to justify the requested spinal cord stimulator trial. He remains to be severely symptomatic. The patient is practically unable to perform activities of daily living which require use of right arm. Based on the reasonable medical probability we hope to achieve long term improvement with self-hygiene, dressing, undressing, and to return the patient to workforce with maximum capacity. The patient meets criteria set by the MTUS guidelines.

All conditions, risks, benefits, and alternatives were discussed with the patient who did verbalize understanding.

We will see the patient in four weeks for further updates regarding all his medical and diagnostic records and refill of his medications.

Activities which do not aggravate symptoms can be maintained.

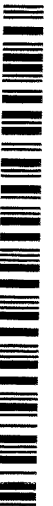
His work status and further course of conservative treatment shall be deferred.

I hope the above information has been helpful to you and if I can provide you with any further information, please do not hesitate to contact my office.

*I declare, under penalty of perjury, that I have not violated the provisions of California Labor Code 139.3 and that the contents of this report and attached billing are true and correct to the best of my knowledge. I also affirm that I have not violated any sections of Labor Code 4628. Please see attached itemized billing with ICD-9 diagnosis code (s). The foregoing declaration is executed on the date of this report and signed by myself in the County of Los Angeles.*



Michael Nadzhafov, P.A.-C. M.P.H.



Doran, Daniel  
February 6, 2014  
Page 3 of 3



February 21, 2014  
Date

Jonathan F. Kohan, M.D.  
Diplomate American Board of  
Anesthesiology  
Fellowship-Trained in Pain Medicine  
Qualified Medical Evaluator,  
State of California

MN/rxt

cc: SCIF - LA (CLM# ENDING IN 00-49)  
PO BOX 65005  
Fresno, CA 93650  
Attn: Emma Padilla

William Green Esq.  
3419 Via Lido #607  
Newport Beach, CA 92663

2 3145484 000000002 005 005 05814232





MULTI-DISCIPLINARY  
TREATMENT OF  
CRPS (RSD)  
CHRONIC PAIN SYNDROMES  
CANCER PAIN  
FIBROMYALGIA  
NEURALGIAS  
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SPINAL CORD STIMULATION  
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For MPN Listing visit:  
[WWW.JKohan.com](http://WWW.JKohan.com)

Edwin Haronian, M.D.  
724 Corporate Center Dr. 2nd Floor  
Pomona, CA 91768

Patient Name : Daniel Doran  
Date of Service : January 9, 2014  
Claim # : 05814232  
Employer : Benedict & Benedict  
Date of Birth : June 4, 1966  
Date of Injury : July 11, 2012  
File # : 20015038

**SECONDARY PHYSICIAN PAIN MANAGEMENT FOLLOW-UP  
REPORT**

*This special narrative report is reimbursable (1994) Official Medical Fee Schedule because one of the following: There was an unexpected or significant change in the patient's condition or the treatment plan; there is a change in patient care or status; submitted records were reviewed or specific questions were answered.*

Mr. Doran is a pleasant 47-year-old gentleman who presents today with a complaint of a chronic unremitting pain in his right forearm, wrist and hand. Pain is 9/10 on a Verbal Analog Pain Scale with medications.

He is maintained on Neurontin 800 mg three times a day and Elavil 50 mg at bedtime, Norco 7.5 mg three times a day. He reports absence of side effects. However, his pain is notably controlled. The patient has been diagnosed with complex regional pain syndrome type 1 on the right side. At this point, he is awaiting authorization for psychological consultation to be cleared for the spinal cord stimulator trial as he failed to improve with other means.

**PHYSICAL EXAMINATION:**

The patient is visibly very uncomfortable. Allodynia is noted on the right distal forearm, hand and wrist. Decreased grip strength is noted.

Doran, Daniel  
January 9, 2014  
Page 2 of 3

**IMPRESSION:**

Complex regional pain syndrome type 1 with right forearm wrist and hand.

**RECOMMENDATION:**

We are changing the patient's medications today. Norco will be increased to 10 mg three times a day, Neurontin will be increased 900 mg three times a day. Elavil will be tapered down to 40 mg as the patient is not tolerating it well. All conditions, risks, benefits, and alternatives were discussed with the patient who did verbalize understanding.

We will continue to observe unfolding events in reference to the patient's psychological clearance. In our opinion, the patient is a good candidate for the spinal cord stimulation trial.

In summary, we will see him in four weeks for further updates regarding all his medical and diagnostic records and assess response to the provided medications.

His work status and further course of conservative treatment shall be deferred.

I hope the above information has been helpful to you and if I can provide you with any further information, please do not hesitate to contact my office.

*I declare, under penalty of perjury, that I have not violated the provisions of California Labor Code 139.3 and that the contents of this report and attached billing are true and correct to the best of my knowledge. I also affirm that I have not violated any sections of Labor Code 4628. Please see attached itemized billing with ICD-9 diagnosis code (s). The foregoing declaration is executed on the date of this report and signed by myself in the County of Los Angeles.*



Michael Nadzhafov, P.A.-C. M.P.H.



Jonathan F. Kohan, M.D.  
Diplomate American Board of  
Anesthesiology  
Fellowship-Trained in Pain Medicine  
Qualified Medical Evaluator,  
State of California

January 14, 2014  
Date

Doran, Daniel  
January 9, 2014  
Page 3 of 3

MN/rxt

cc: SCIF - LA (CLM# ENDING IN 00-49)  
PO BOX 65005  
Fresno, CA 93650  
Attn: Emma Padilla

William Green Esq.  
3419 Via Lido #607  
Newport Beach, CA 92663





MULTI-DISCIPLINARY  
TREATMENT OF  
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CHRONIC PAIN SYNDROMES  
CANCER PAIN  
FIBROMYALGIA  
NEURALGIAS  
HEADACHE

SPINAL CORD STIMULATION  
INTRATHECAL PUMP  
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DISCOGRAPHY  
RADIOFREQUENCY ABLATION  
SPINAL INJECTIONS

DIPLOMATE, AMERICAN BOARD  
OF ANESTHESIOLOGY  
FELLOWSHIP TRAINED IN PAIN  
MEDICINE

Edwin Haronian, M.D.  
5651 Sepulveda Blvd Suite 201  
Sherman Oaks, CA 91411

Patient Name : Daniel Doran  
Date of Service : December 12, 2013  
Claim # : 05814232  
Employer : Benedict & Benedict  
Date of Birth : June 4, 1966  
Date of Injury : July 11, 2012  
File # : 20015038

**SECONDARY PHYSICIAN PAIN MANAGEMENT FOLLOW-UP  
REPORT AND REQUEST FOR AUTHORIZATION**

*This special narrative report is reimbursable (1994) Official Medical Fee Schedule because one of the following: There was an unexpected or significant change in the patient's condition or the treatment plan; there is a change in patient care or status; submitted records were reviewed or specific questions were answered.*

Mr. Daniel is a very pleasant 47-year-old gentleman who presents today with a complaint of a chronic pain in his left arm, wrist and hands on the right side. Pain level is 6-7/10 on a Verbal Analog Pain Scale with medications. In spite of the fact that patient failed to improve with other means, he is being considered for spinal cord stimulator to address his complex regional pain syndrome type 1 on the right side. We at this point continue to await authorization for psychological consultation for clearance.

He is presently maintained on combination of Norco 7.5 mg three times a day (he tolerated the increase well), Neurontin 800 mg three times a day and Elavil 50 mg at bedtime. The patient reports absence of side effects.

**PHYSICAL EXAMINATION:**

On physical examination, the patient is visibly very uncomfortable. Allodynia is noted on the right distal forearm, hand and wrist.

5651 SEPULVEDA BLVD., STE 201  
SHERMAN OAKS, CA 91411  
PH. (818) 788-2400  
FX. (818) 788-2453

724 CORPORATE CENTER DRIVE  
SECOND FLOOR  
POMONA, CA 91768  
PH. (909) 622-6222  
FX. (909) 622-6220

3800 E CESAR CHAVEZ AVE  
LOS ANGELES, CA 90063  
PH. (323) 264-6296  
FX. (323) 545-6946

Decreased grip strength is noted.

**IMPRESSION:**

Complex regional pain syndrome type 1 with the right forearm wrist and hand.

**RECOMMENDATIONS:**

We are refilling the patient's medications today as they cause no side effect and help to maintain functional capacity. We continue to await authorization for the psychological clearance. In our opinion, the patient is a very strong candidate for the above mentioned pain management treatment. He failed to improve with plethora of conservative treatment and remains to be very symptomatic. We anticipate a speedy response to our request in accordance with the Labor Code Section 4610.

**Furthermore, today we are once again formally requesting authorization for purchase of right wrist brace.** The patient obtains several during his clinical course. Unfortunately, the patient's perspiration leads to quick disintegration of this particular device, therefore he is in need of the replacement quickly. This particular device increased his range of motion and functional capacity status.

In summary we will see the patient in four weeks for further updates regarding all his medical and diagnostic records.

Activities which do not aggravate symptoms can be maintained. His work status and further course of conservative treatment are deferred.

I hope the above information has been helpful to you and if I can provide you with any further information, please do not hesitate to contact my office.

*I declare, under penalty of perjury, that I have not violated the provisions of California Labor Code 139.3 and that the contents of this report and attached billing are true and correct to the best of my knowledge. I also affirm that I have not violated any sections of Labor Code 4628. Please see attached itemized billing with ICD-9 diagnosis code (s). The foregoing declaration is executed on the date of this report and signed by myself in the County of Los Angeles.*



Michael Nadzhafov, P.A.-C. M.P.H.



December 18, 2013

**Doran, Daniel**  
**December 12, 2013**  
**Page 3 of 3**

Jonathan F. Kohan, M.D.  
Diplomate American Board of  
Anesthesiology  
Fellowship-Trained in Pain Medicine  
Qualified Medical Evaluator,  
State of California

Date

MN/rxt

cc: SCIF - LA (CLM# ENDING IN 00-49)  
PO BOX 65005  
Fresno, CA 93650  
Attn: Emma Padilla

William Green Esq.  
3419 Via Lido #607  
Newport Beach, CA 92663

Jonathan F. Kohan, M.D.

2 3107368 000000001 023 075 05814232



MULTI-DISCIPLINARY  
TREATMENT OF  
CRPS (RSD)  
CHRONIC PAIN SYNDROMES  
CANCER PAIN  
FIBROMYALGIA  
NEURALGIAS  
HEADACHE

SPINAL CORD STIMULATION  
INTRATHECAL PUMP  
PLACEMENT  
DISCOGRAPHY  
RADIOFREQUENCY ABLATION  
SPINAL INJECTIONS

DIPLOMATE, AMERICAN BOARD  
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MEDICINE

5651 SEPULVEDA BLVD., STE 201  
SHERMAN OAKS CA 91411  
PH. (818) 788-2400  
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LOS ANGELES, CA 90063  
PH. (323) 264-6296  
FX. (323) 545-6946

For MPN Listing visit:  
[WWW.JKohan.com](http://WWW.JKohan.com)

Edwin Haronian, M.D.  
16542 Ventura Blvd. Suite 402  
Encino, CA 91436

Patient Name : Daniel Doran  
Date of Service : November 14, 2013  
Claim # : 05814232  
Employer : Benedict & Benedict  
Date of Birth : June 4, 1966  
Date of Injury : July 11, 2012  
File # : 20015038

**SECONDARY PHYSICIAN PAIN MANAGEMENT FOLLOW-UP  
REPORT AND REQUEST FOR AUTHORIZATION**

*This special narrative report is reimbursable (1994) Official Medical Fee Schedule because one of the following: There was an unexpected or significant change in the patient's condition or the treatment plan; there is a change in patient care or status; submitted records were reviewed or specific questions were answered.*

Mr. Daniel is a 47-year-old gentleman who presents today with a complaint of a chronic unremitting pain in his right hand, wrist and distal forearm. Pain level is rated as 9/10 on a Verbal Analog Pain Scale. The patient is presently maintained on Lyrica 100 mg twice a day, Elavil 50 mg, Norco 7.5 mg three times a day. While the patient tolerated Lyrica well, the control of neuropathic pain is suboptimal.

Unfortunately, the patient was unable to obtain the clearance from psychologist to series of vicissitudes.

To remind, he was deemed to be a candidate for spinal cord stimulator trial.

**PHYSICAL EXAMINATION:**

On physical examination, the patient is visibly uncomfortable. He is wearing a wrist support. Allodynia is noted. Decreased grip strength is noted.

Doran, Daniel  
November 14, 2013  
Page 2 of 3

**IMPRESSION:**

Rule out complex regional pain syndrome type 1.  
Chronic wrist and hand pain on the right side.

**RECOMMENDATIONS:**

We are refilling the patient's medications today; however, Lyrica will be stopped. Neurontin will be tapered up to 800 mg three times a day. Maximum dose of this particular medication is 3600 mg a day. The patient felt much more comfortable with this particular medication before intake of Lyrica.

*Furthermore, today we are formally requesting authorization for psychological consultation to provide the patient with clearance in order to establish realistic expectations after the implantation of a spinal cord stimulator. We anticipate a speedy response in accordance with the Labor Code Section 4610. The patient has remained to be symptomatic for prolonged period of time failing to improve with the plethora of conservative treatment including injections.*

In summary, we will see the patient in four weeks for further updates regarding all his medical and diagnostic records and assess response to increased dose of Neurontin.

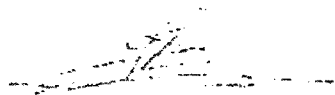
Activities which do not aggravate symptoms can be maintained. His work status and further course of conservative treatment shall be deferred.

It is important to mention that we do recommend the patient to taper down Lyrica before starting Neurontin. He is instructed to take one tablet 100 mg today to take nothing the day after tomorrow and then start Neurontin.

All conditions, risks, benefits, and alternatives were discussed with the patient who did verbalize understanding.

I hope the above information has been helpful to you and if I can provide you with any further information, please do not hesitate to contact my office.

*I declare, under penalty of perjury, that I have not violated the provisions of California Labor Code 139.3 and that the contents of this report and attached billing are true and correct to the best of my knowledge. I also affirm that I have not violated any sections of Labor Code 4628. Please see attached itemized billing with ICD-9 diagnosis code (s). The foregoing declaration is executed on the date of this report and signed by myself in the County of Los Angeles.*



2 3107368 000000001 024 075 05814232

Doran, Daniel  
November 14, 2013  
Page 3 of 3

Michael Nadzhafov, P.A.-C. M.P.H.



Jonathan F. Kohan, M.D.  
Diplomate American Board of  
Anesthesiology  
Fellowship-Trained in Pain Medicine  
Qualified Medical Evaluator,  
State of California

November 26, 2013  
Date

MN/rxt

cc: SCIF - LA (CLM# ENDING IN 00-49)  
PO BOX 65005  
Fresno, CA 93650  
Attn: Emma Padilla

William Green Esq.  
3419 Via Lido #607  
Newport Beach, CA 92663





MULTI-DISCIPLINARY  
TREATMENT OF  
CRPS (RSD)  
CHRONIC PAIN SYNDROMES  
CANCER PAIN  
FIBROMYALGIA  
NEURALGIAS  
HEADACHE

SPINAL CORD STIMULATION  
INTRATHECAL PUMP  
PLACEMENT  
DISCOGRAPHY  
RADIOFREQUENCY ABLATION  
SPINAL INJECTIONS

DIPLOMATE, AMERICAN BOARD  
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5651 SEPULVEDA BLVD., STE 201  
SHERMAN OAKS, CA 91411  
PH. (818) 788-2400  
FX. (818) 788-2453

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SECOND FLOOR  
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3800 E CESAR CHAVEZ AVE  
LOS ANGELES, CA 90063  
PH. (323) 264-6296  
FX. (323) 545-6946

**For MPN Listing visit:  
WWW.JKohan.com**

Edwin Haronian, M.D.  
16542 Ventura Blvd. Suite 402  
Encino, CA 91436

Patient Name : Daniel Doran  
Date of Service : October 17, 2013  
Claim # : 05814232  
Employer : Benedict & Benedict  
Date of Birth : June 4, 1966  
Date of Injury : July 11, 2012  
File # : 20015038

**SECONDARY PHYSICIAN PAIN MANAGEMENT FOLLOW-UP  
REPORT**

*This special narrative report is reimbursable (1994) Official Medical Fee Schedule because one of the following: There was an unexpected or significant change in the patient's condition or the treatment plan; there is a change in patient care or status; submitted records were reviewed or specific questions were answered.*

Mr. Doran is a very pleasant 47-year-old gentleman who presents today with a complaint of a chronic unremitting pain in his left forearm, wrist and hands on the right side. Pain level is 7/10 on a Verbal Analog Pain Scale. He is status post stellate ganglion injection conducted yesterday. He tolerated procedure well; however, he does not report any significant amount of improvement at this point.

The patient is also being seen by psychologist.

He is presently maintained on combination of Norco 7.5 mg twice a day, Norco 5 mg once a day, Elavil 50 mg at bedtime. He tolerated Lyrica 50 mg twice a day well without any side effects.

**PHYSICAL EXAMINATION:**

On physical examination, the patient is visibly uncomfortable. Allodynia is noted in his right distal forearm, hand and wrist. Decreased grip strength is noted.

**IMPRESSION:**

Complex regional pain syndrome type 1 of the right forearm wrist and hand.

**RECOMMENDATIONS:**

We are refilling his medications today as they cause no side effect and help to maintain functional capacity. However, Lyrica will be increased to 100 mg. Norco will be provided in quantity of 7.5 mg three times a day. All conditions, risks, benefits, and alternatives were discussed with the patient who did verbalize understanding.

In light of lack of improving from other means, we would like to consider further alternative options. We previously discussed with the patient spinal cord stimulator trial. He does gravitate towards this option. Therefore, today we are formally requesting his psychologist to provide us with psychological clearance to establish realistic expectations.

In short, we will see the patient in four weeks for further updates regarding all his medical and diagnostic records and assess response to increased doses of medications.

His work status and further course of conservative treatment shall be deferred.

I hope the above information has been helpful to you and if I can provide you with any further information, please do not hesitate to contact my office.

*I declare, under penalty of perjury, that I have not violated the provisions of California Labor Code 139.3 and that the contents of this report and attached billing are true and correct to the best of my knowledge. I also affirm that I have not violated any sections of Labor Code 4628. Please see attached itemized billing with ICD-9 diagnosis code (s). The foregoing declaration is executed on the date of this report and signed by myself in the County of Los Angeles.*



Michael Nadzhafov, P.A.-C. M.P.H.



Jonathan F. Kohan, M.D.  
Diplomate American Board of  
Anesthesiology  
Fellowship-Trained in Pain Medicine

October 22, 2013  
Date





Osteon Surgery Center  
16260 Ventura Blvd., Suite 800  
Encino, CA 91436  
Tel (818) 205-9388 Fax (818) 205-9389  
www.osteonsc.com

**OPERATIVE REPORT**

**PREOPERATIVE DIAGNOSIS:**

Complex regional pain syndrome, right upper extremity.

**POSTOPERATIVE DIAGNOSIS:**

Complex regional pain syndrome, right upper extremity.

**ATTENDING SURGEON:**

Jonathan Kohan, M.D.

**ANESTHESIOLOGIST:**

Joel Diaz, CRNA

**TYPE OF ANESTHESIA:**

MAC.

**PROCEDURE:**

1. Stellate ganglion injection on the right.
2. Gangliogram.
3. Injection of Marcaine.
4. Fluoroscopy.

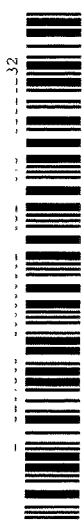
**INDICATION:** The purpose of the procedure and possible risks include not limited to infection, bleeding, nerve irritation, damage, paralysis, seizure, or death have been discussed with the patient, who would like to procedure reporting no changes in his health.

**DESCRIPTION OF THE PROCEDURE:** After obtaining informed consent, he was taken to the operating room and placed on the operating table in the supine position with a wedge under the upper back area to allow slight extension of the cervical spine. The neck area was then prepped with "ChloroPrep" and draped under sterile fluoroscopic condition.

The C7 transverse body was identified under fluoroscopy, then a #25-gauge needle was inserted and advanced under fluoroscopy until we touched the middle aspect of the transverse process. After confirming proper position of needle and after negative aspiration for any blood or CSF, a 2 cc of Omnipaque 300 was injected which revealed diffuse extravasation of the dye in anterolateral direction. Then, a solution containing 12 cc of 0.25% Marcaine was injected incrementally and gradually over the period of two minutes with one additional fluoroscopy view to make sure the proper spread of the medication.

Patient Name: Daniel DORAN  
Date of Birth: 6/4/1966  
MR#: 20015038  
Procedure Date: 10/16/2013





Then the needle was removed. The areas were cleaned and covered with Band-Aid. The patient tolerated the procedure well and was taken to the recovery room and had evidence of increased temperature on the right upper extremity before discharged.

*I declare, under penalty of perjury, that I have not violated the provisions of California Labor Code 139.3 and that the contents of this report and attached billing are true and correct to the best of my knowledge. I also affirm that I have not violated any sections of Labor Code 4628. Please see attached itemized billing with ICD-9 diagnosis code (s). The foregoing declaration is executed on the date of this report and signed by myself in the County of Los Angeles.*

Jonathan Kohan, M.D.

Dictated: 10/16/2013

Transcribed: 10/16/2013

cc: Emma Padilla  
SCIF - LA (CLM# ENDING IN 00-49)  
PO BOX 65005  
Fresno, CA 93650

William Green Esq.  
3419 Via Lido #607  
Newport Beach, CA 92663

Patient Name: Daniel DORAN  
Date of Birth: 6/4/1966  
MR#: 20015038  
Procedure Date: 10/16/2013



MULTI-DISCIPLINARY  
TREATMENT OF  
CRPS (RSD)  
CHRONIC PAIN SYNDROMES  
CANCER PAIN  
FIBROMYALGIA  
NEURALGIAS  
HEADACHE

SPINAL CORD STIMULATION  
INTRATHECAL PUMP  
PLACEMENT  
DISCOGRAPHY  
RADIOFREQUENCY ABLATION  
SPINAL INJECTIONS

DIPLOMATE, AMERICAN BOARD  
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5651 SEPULVEDA BLVD., STE 201  
SHERMAN OAKS, CA 91411  
PH. (818) 788-2400  
FX. (818) 788-2453

724 CORPORATE CENTER DRIVE  
SECOND FLOOR  
POMONA, CA 91768  
(909) 622-6222  
FX. (909) 622-6220

Edwin Haronian, M.D.  
16542 Ventura Blvd. Suite 402  
Encino, CA 91436

Patient Name : Daniel Doran  
Date of Service : September 19, 2013  
Claim # : 05814232  
Employer : Benedict & Benedict  
Date of Birth : June 4, 1966  
Date of Injury : July 11, 2012  
File # : 20015038

**SECONDARY PHYSICIAN PAIN MANAGEMENT FOLLOW-UP  
REPORT**

*This special narrative report is reimbursable (1994) Official Medical Fee Schedule because one of the following: There was an unexpected or significant change in the patient's condition or the treatment plan; there is a change in patient care or status; submitted records were reviewed or specific questions were answered.*

Mr. Daniel Doran is a very pleasant 47-year-old gentleman who presents today with a complaint of a chronic unremitting pain in his right hand, wrist, and distal forearm. Pain level is 8/10 on a Verbal Analog Pain Scale.

He is presently obtaining 700 mg of Neurontin three times a day, Relafen 750 mg twice a day, and Norco 5 mg #30 tablets. He is also obtaining Elavil 50 mg from Dr. Haronian. He reports no side effects. However, his pain is suboptimally controlled with present pharmacological regimen.

He has been approved for one right stellate ganglion injection.

**PHYSICAL EXAMINATION:**

On physical examination, the patient is visibly very uncomfortable. Decreased grip strength is noted. Allodynia is noted on the right hand and wrist with colder temperature when compared to opposite

extremity.

**IMPRESSION:**

Rule out complex regional pain syndrome type 1.  
Chronic wrist and hand pain on the right side.

**RECOMMENDATIONS:**

We are refilling the patient's medications today as they cause no side effect and help to maintain functional capacity. However, we will attempt to change medication for control of his neuropathic pain. We would like to start Lyrica 50 mg twice a day. Neurontin will be provided as well; in case of certain compensation issues, we will preclude the patient from obtaining this particular medication. Also, his Norco will be increased to 7.5 mg twice a day. The patient will be scheduled for the procedure accordingly.

All conditions, risks, benefits, and alternatives were discussed with the patient who did verbalize understanding.

We previously discussed that if patient remain to be symptomatic, we would consider spinal cord stimulation with prior psychological clearance.

At any event, we will see the patient in four weeks for further updates regarding all his medical and diagnostic records, assess response to procedure and new medications.

Activities which do not aggravate symptoms can be maintained along with the home-type exercises to prevent further decrease of range of motion can be advised.

His work status and further course of conservative treatment along with Elavil shall be deferred.

I hope the above information has been helpful to you and if I can provide you with any further information, please do not hesitate to contact my office.

*I declare, under penalty of perjury, that I have not violated the provisions of California Labor Code 139.3 and that the contents of this report and attached billing are true and correct to the best of my knowledge. I also affirm that I have not violated any sections of Labor Code 4628. Please see attached itemized billing with ICD-9 diagnosis code (s). The foregoing declaration is executed on the date of this report and signed by myself in the County of Los Angeles.*



Michael Nadzhafov, P.A.-C. M.P.H.

Doran, Daniel  
September 19, 2013  
Page 3 of 3



Jonathan F. Kohan, M.D.  
Diplomate American Board of  
Anesthesiology  
Fellowship-Trained in Pain Medicine  
Qualified Medical Evaluator,  
State of California

September 24, 2013  
Date

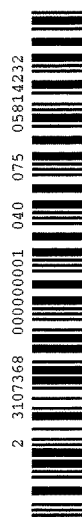
MN/rxt

cc: SCIF - LA (CLM# ENDING IN 00-49)  
PO BOX 65005  
Fresno, CA 93650  
Attn: Emma Padilla

William Green Esq.  
3419 Via Lido #607  
Newport Beach, CA 92663



**Jonathan F. Kohan, M.D.**  
SPECIALIZING IN PAIN DISORDERS



2 3107368 000000001 040 075 05814232

MULTI-DISCIPLINARY  
TREATMENT OF  
CRPS (RSD)  
CHRONIC PAIN SYNDROMES  
CANCER PAIN  
FIBROMYALGIA  
NEURALGIAS  
HEADACHE

SPINAL CORD STIMULATION  
INTRATHECAL PUMP  
PLACEMENT  
DISCOGRAPHY  
RADIOFREQUENCY ABLATION  
SPINAL INJECTIONS

DIPLOMATE, AMERICAN BOARD  
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FELLOWSHIP TRAINED IN PAIN  
MEDICINE

5651 SEPULVEDA BLVD., STE 201  
SHERMAN OAKS, CA 91411  
PH. (818) 788-2400  
FX. (818) 788-2453

724 CORPORATE CENTER DRIVE  
SECOND FLOOR  
POMONA, CA 91768  
(909) 622-6222  
FX. (909) 622-6220

Edwin Haronian, M.D.  
16542 Ventura Blvd. Suite 402  
Encino, CA 91436

Patient Name : Daniel Doran  
Date of Service : August 22, 2013  
Claim # : 05814232  
Employer : Benedict & Benedict  
Date of Birth : June 4, 1966  
Date of Injury : July 11, 2012  
File # : 20015038

**SECONDARY PHYSICIAN PAIN MANAGEMENT FOLLOW-UP  
REPORT, REVIEW OF DIAGNOSTIC RECORDS, AND REQUEST  
FOR AUTHORIZATION**

*This special narrative report is reimbursable (1994) Official Medical Fee Schedule because one of the following: There was an unexpected or significant change in the patient's condition or the treatment plan; there is a change in patient care or status; submitted records were reviewed or specific questions were answered.*

Mr. Daniel is a pleasant 47-year-old gentleman who presents today with a complaint of a chronic unremitting pain in his right upper extremity including wrist and hand. Pain level is 6/10 on a Verbal Analog Pain Scale.

He is presently obtaining 700 mg of Neurontin three times a day, Relafen 750 mg twice a day, and Norco 5 mg #30 tablets. He is also obtaining Elavil 50 mg from Dr. Haronian.

**PHYSICAL EXAMINATION:**

He is visibly very uncomfortable. Decreased grip strength is noted. Allodynia is noted on the right hand and wrist. There is no excess hair or nail growth noted.

**IMPRESSION:**

Rule out complex regional pain syndrome type 1.

Doran, Daniel  
August 22, 2013  
Page 2 of 3

Chronic wrist and hand pain on the right side.

**RECOMMENDATIONS:**

We will refill his medications today, as they cause no side effect and help to maintain functional capacity. However, it is important to mention that the patient has exhausted all conservative treatment at this point. Therefore, today, we are formally requesting authorization for one stellate ganglion injection on the right side. We anticipate a speedy response in accordance with the Labor Code Section 4610. Available diagnostic studies, the patient's persistent symptomatology, and failure to improve with other means provide substantial medical evidence to justify such a step. Based on reasonable medical probability, we are prognosticating a long-term improvement with dressing, undressing, self-hygiene, and bowel and bladder management.

All conditions, risks, benefits, and alternatives were discussed with the patient who did verbalize understanding.

It is important to mention that if the patient remains to be symptomatic, the next logical step would be to consider a spinal cord stimulator trial with prior psychological clearance.

**REVIEW OF DIAGNOSTIC RECORDS:**

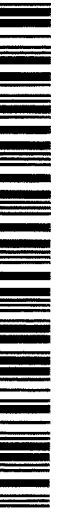
Results of the CBC dated July 12, 2013, revealed elevated WBC of 13.3, hemoglobin A1c is 6.1 with baseline 4.8 to 5.6.

In summary, we will see him in four weeks for further updates regarding all his medical and diagnostic records and refill of medications.

Activities which do not aggravate symptoms can be maintained. Elavil, work status, and further course of conservative treatment shall be deferred.

I hope the above information has been helpful to you and if I can provide you with any further information, please do not hesitate to contact my office.

*I declare, under penalty of perjury, that I have not violated the provisions of California Labor Code 139.3 and that the contents of this report and attached billing are true and correct to the best of my knowledge. I also affirm that I have not violated any sections of Labor Code 4628. Please see attached itemized billing with ICD-9 diagnosis code (s). The foregoing declaration is executed on the date of this report and signed by myself in the County of Los Angeles.*



Doran, Daniel  
August 22, 2013  
Page 3 of 3

Michael Nadzhafov, P.A.-C. M.P.H.



September 3, 2013  
Date

Jonathan F. Kohan, M.D.  
Diplomate American Board of  
Anesthesiology  
Fellowship-Trained in Pain Medicine  
Qualified Medical Evaluator,  
State of California

MN/rxt

cc: SCIF - LA (CLM# ENDING IN 00-49)  
PO BOX 65005  
Fresno, CA 93650  
Attn: Emma Padilla

William Green Esq.  
3419 Via Lido #607  
Newport Beach, CA 92663

2 3107368 000000001 042 075 05814232







MULTI-DISCIPLINARY  
TREATMENT OF  
CRPS (RSD)  
CHRONIC PAIN SYNDROMES  
CANCER PAIN  
FIBROMYALGIA  
NEURALGIAS  
HEADACHE

SPINAL CORD STIMULATION  
INTRATHECAL PUMP  
PLACEMENT  
DISCOGRAPHY  
RADIOFREQUENCY ABLATION  
SPINAL INJECTIONS

Edwin Haronian, M.D.  
16542 Ventura Blvd. Suite 402  
Encino, CA 91436

Patient Name : Daniel Doran  
Date of Service : July 25, 2013  
Claim # : 05814232  
Employer : Benedict & Benedict  
Date of Birth : June 4, 1966  
Date of Injury : July 11, 2012  
File # : 20015038

**SECONDARY PHYSICIAN PAIN MANAGEMENT FOLLOW-UP  
REPORT**

DIPLOMATE, AMERICAN BOARD  
OF ANESTHESIOLOGY  
FELLOWSHIP TRAINED IN PAIN  
MEDICINE

*This special narrative report is reimbursable (1994) Official Medical Fee Schedule because one of the following: There was an unexpected or significant change in the patient's condition or the treatment plan; there is a change in patient care or status; submitted records were reviewed or specific questions were answered.*

Mr. Daniel is a pleasant 47-year-old gentleman who presents today with a complaint of a chronic pain in his right upper extremity. Pain level is 6/10 on a Verbal Analog Pain Scale.

He is presently maintained on 600 mg of Neurontin, therapeutic cream, Docuprene and Relafen from our office. He is also obtaining Elavil 75 mg and Norco 5 mg from Dr. Haronian. He does not report any side effects. His neuropathic pain has improved after the doubling dose of Neurontin. The patient did not tolerate Elavil 100 mg well. His sleeping patterns and depression have improved after the initiation of Elavil overall.

**PHYSICAL EXAMINATION:**

On physical examination, decreased grip strength is noted. The patient is visibly uncomfortable. Allodynia is noted on the right hand and wrist. There is no excess of hair or nail growth noted.

16542 VENTURA BLVD, STE. 402  
ENCINO, CA 91436  
PH. (818) 788-2400  
FX. (818) 788-2453

724 CORPORATE CENTER DRIVE  
SECOND FLOOR  
POMONA, CA 91768  
(909) 622-6222  
FX. (909) 622-6220

Doran, Daniel

July 25, 2013

Page 2 of 3

**IMPRESSION:**

Rule out complex regional pain syndrome type 1.  
Chronic wrist and hand pain.

**RECOMMENDATIONS:**

We would like to increase Neurontin to 700 mg three times a day. The rest of the medications will be provided today as they cause no side effect and help to maintain functional capacity. We also will entertain option of Lyrica to control his neuropathic pain. We will defer other medications to Dr. Haronian.

We will see him in four weeks to assess response to increased dose of Neurontin and overall observation of his condition.

His work status and further course of conservative treatment shall be deferred.

I hope the above information has been helpful to you and if I can provide you with any further information, please do not hesitate to contact my office.

*I declare, under penalty of perjury, that I have not violated the provisions of California Labor Code 139.3 and that the contents of this report and attached billing are true and correct to the best of my knowledge. I also affirm that I have not violated any sections of Labor Code 4628. Please see attached itemized billing with ICD-9 diagnosis code (s). The foregoing declaration is executed on the date of this report and signed by myself in the County of Los Angeles.*



Michael Nadzhafov, P.A.-C. M.P.H.



Jonathan F. Kohan, M.D.  
Diplomate American Board of  
Anesthesiology  
Fellowship-Trained in Pain Medicine  
Qualified Medical Evaluator,  
State of California

August 1, 2013  
Date

MN/rxt

cc: SCIF - LA (CLM# ENDING IN 00-49)

Doran, Daniel

July 25, 2013

Page 3 of 3

PO BOX 65005

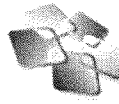
Fresno, CA 93650

Attn: Emma Padilla

William Green Esq.

3419 Via Lido #607

Newport Beach, CA 92663



MULTI-DISCIPLINARY  
TREATMENT OF  
CRPS (RSD)  
CHRONIC PAIN SYNDROMES  
CANCER PAIN  
FIBROMYALGIA  
NEURALGIAS  
HEADACHE

SPINAL CORD STIMULATION  
INTRATHECAL PUMP  
PLACEMENT  
DISCOGRAPHY  
RADIOFREQUENCY ABLATION  
SPINAL INJECTIONS

DIPLOMATE, AMERICAN BOARD  
OF ANESTHESIOLOGY  
FELLOWSHIP TRAINED IN PAIN  
MEDICINE

16542 VENTURA BLVD, STE, 402  
ENCINO, CA 91436  
PH. (818) 788-2400  
FX. (818) 788-2453

724 CORPORATE CENTER DRIVE  
SECOND FLOOR  
POMONA, CA 91768  
(909) 622-6222  
FX. (909) 622-6220

Edwin Haronian, M.D.  
16542 Ventura Blvd. Suite 402  
Encino, CA 91436

Patient Name : Daniel Doran  
Date of Service : July 11, 2013  
Claim # : 05814232  
Employer : Benedict & Benedict  
Date of Birth : June 4, 1966  
Date of Injury : July 11, 2012  
File # : 20015038

**SECONDARY PHYSICIAN PAIN MANAGEMENT FOLLOW-UP  
REPORT, REVIEW OF DIAGNOSTIC RECORDS AND REQUEST  
FOR AUTHORIZATION**

*This special narrative report is reimbursable (1994) Official Medical Fee Schedule because one of the following: There was an unexpected or significant change in the patient's condition or the treatment plan; there is a change in patient care or status; submitted records were reviewed or specific questions were answered.*

Mr. Doran is a pleasant 47-year-old gentleman who presents today with a complaint of a chronic unremitting pain in his right hand and wrist with numbness and tingling.

**REVIEW OF DIAGNOSTIC RECORDS:**

Three phase bone scan report dated June 12, 2013, was reviewed. Increased activity in the first right metacarpophalangeal joint was noted.

The patient is presently obtaining 600 mg of Neurontin three times a day and Elavil 50 mg at bedtime. His sleeping pattern has improved significantly. He has decreased sensation of numbness and tingling. Nevertheless, he still remains to be symptomatic.

**PHYSICAL EXAMINATION:**

On physical examination, the patient is visibly uncomfortable.

Doran, Daniel

July 11, 2013

Page 2 of 3

Decreased grip strength is noted. Allodynia is noted. There are no excess of hair or nail growth noted on the right hand and wrist.

**IMPRESSION:**

Wrist tendinitis/bursitis.

Rule out complex residual pain syndrome type 1.

**RECOMMENDATIONS:**

Above mentioned diagnostic study did not directly indicate the diagnosis of complex regional pain syndrome. Nevertheless, the patient could undergo stellate ganglion injection. However, at this point he would like to concentrate on the pharmacological regimen. Therefore, we will refill his medications today; however, Elavil will be increased to 100 mg to be taken at bedtime. All conditions, risks, benefits, and alternatives were discussed with the patient who did verbalize understanding. We are also formally requesting authorization for purchase of wrist support to increase his range of motion and functional capacity status.

In summary, we will see him in two weeks to assess response to increased dose of Elavil.

Activities which do not aggravate symptoms can be maintained.

His work status and further course of conservative treatment shall be deferred.

I hope the above information has been helpful to you and if I can provide you with any further information, please do not hesitate to contact my office.

*I declare, under penalty of perjury, that I have not violated the provisions of California Labor Code 139.3 and that the contents of this report and attached billing are true and correct to the best of my knowledge. I also affirm that I have not violated any sections of Labor Code 4628. Please see attached itemized billing with ICD-9 diagnosis code (s). The foregoing declaration is executed on the date of this report and signed by myself in the County of Los Angeles.*



Michael Nadzhafov, P.A.-C. M.P.H.



Jonathan F. Kohan, M.D.

August 1, 2013  
Date

**Doran, Daniel**

**July 11, 2013**

**Page 3 of 3**

Diplomate American Board of  
Anesthesiology  
Fellowship-Trained in Pain Medicine  
Qualified Medical Evaluator,  
State of California

MN/rxt

cc: SCIF - LA (CLM# ENDING IN 00-49)  
PO BOX 65005  
Fresno, CA 93650  
Attn: Emma Padilla

William Green Esq.  
3419 Via Lido #607  
Newport Beach, CA 92663



**Jonathan F. Kohan, M.D.**  
SPECIALIZING IN PAIN DISORDERS

MULTI-DISCIPLINARY  
TREATMENT OF  
CRPS (RSD)  
CHRONIC PAIN SYNDROMES  
CANCER PAIN  
FIBROMYALGIA  
NEURALGIAS  
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SPINAL CORD STIMULATION  
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DIPLOMATE, AMERICAN BOARD  
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MEDICINE

16542 VENTURA BLVD, STE, 402  
ENCINO, CA 91436  
PH. (818) 788-2400  
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724 CORPORATE CENTER DRIVE  
SECOND FLOOR  
POMONA, CA 91768  
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FX. (909) 622-6220

SCIF - LA (CLM# ENDING IN 00-49)  
PO BOX 65005  
Fresno, CA 93650  
Attn: Emma Padilla

Patient Name : Daniel Doran  
Date of Service : May 9, 2013  
Claim # : 05814232  
Employer : Benedict & Benedict  
Date of Birth : June 4, 1966  
Date of Injury : July 11, 2012  
File # : 20015038

**PRIMARY TREATING PHYSICIAN PAIN MANAGEMENT  
FOLLOW-UP REPORT, REVIEW OF DIAGNOSTIC RECORDS,  
AND REQUEST FOR AUTHORIZATION**

*This special narrative report is reimbursable (1994) Official Medical Fee Schedule because one of the following: There was an unexpected or significant change in the patient's condition or the treatment plan; there is a change in patient care or status; submitted records were reviewed or specific questions were answered.*

Mr. Daniel is a pleasant 46-year-old gentleman who presents today with a complaint of a chronic unremitting pain in his right hand with numbness and tingling. His pain level is 7/10 on a Verbal Analog Pain Scale.

He is presently maintained on Medrox patches, Prilosec 20 mg twice a day, Relafen 750 mg twice a day, and Lexapro 10 mg once daily. No side effects have been reported. However, his pain is suboptimally controlled.

At this point, the patient continues to await authorization for bone scan.

The patient is being seen by a psychologist. He is also awaiting authorization for acupuncture therapy.

Report of MRI of the right wrist, dated April 11, 2013, revealed



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Doran, Daniel  
May 9, 2013  
Page 2 of 3

osteoarthritis at the first carpometacarpal and first metacarpophalangeal joints.

**PHYSICAL EXAMINATION:**

On physical examination, the patient is visibly uncomfortable. Decreased grip strength is noted. No allodynia is noted. No excess of growth of hair or nails is noted.

**IMPRESSION:**

Wrist bursitis.

Rule out complex regional pain syndrome type 1.

**RECOMMENDATIONS:**

We continue to await authorization for the above mentioned diagnostic studies.

However, as we indicated in the initial report, it does not appear that patient full picture of complex regional pain syndrome type 1. Nevertheless, to address his pain on the most optimal level, we will start trial of Elavil 50 mg to be taken at bedtime to address his insomnia, depression and more importantly pain, we will start again Neurontin 300 mg three times a day . We also will start trial of vitamin C 500 mg twice a day. Lexapro will be stopped. We recommend the patient to take it every other day for one week and then stop completely. After that he can start Elavil. The rest of the medications will be refilled today as they cause no side effect and help to maintain functional capacity. We would like to start providing medications from our clinic. All conditions, risks, benefits, and alternatives were discussed with the patient who did verbalize understanding.

In summary, we will see him in four weeks for further updates regarding all his medical and diagnostic records and assess response to provided new medications.

Activities which do not aggravate symptoms can be maintained along with the home-type exercises to prevent further decrease of range of motion can be advised.

***We are also formally requesting authorization for purchase of wrist support to increase the patient's range of motion and functional capacity status.***

The patient's work status and further course of conservative treatment shall be deferred.

I hope the above information has been helpful to you and if I can provide you with any further information, please do not hesitate to contact my office.

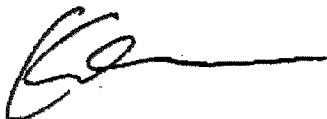
*I declare, under penalty of perjury, that I have not violated the provisions of California Labor Code 139.3 and that the contents of this report and attached billing are true and correct to the best of my knowledge. I also affirm that I have not violated any sections of Labor Code 4628. Please see attached itemized billing with ICD-9 diagnosis code (s). The foregoing declaration is executed on the date of this report and signed by myself in the County of Los Angeles.*



Doran, Daniel  
May 9, 2013  
Page 3 of 3



Michael Nadzhafov, P.A.-C. M.P.H.



Jonathan F. Kohan, M.D.  
Diplomate American Board of  
Anesthesiology  
Fellowship-Trained in Pain Medicine  
Qualified Medical Evaluator,  
State of California

May 14, 2013  
Date

MN/rxt

cc: William Green Esq.  
3419 Via Lido #607  
Newport Beach, CA 92663





MULTI-DISCIPLINARY  
TREATMENT OF  
CRPS (RSD)  
CHRONIC PAIN SYNDROMES  
CANCER PAIN  
FIBROMYALGIA  
NEURALGIAS  
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SPINAL CORD STIMULATION  
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Edwin Haronian, M.D.  
16542 Ventura Blvd. Suite 402  
Encino, CA 91436

Patient Name : Daniel Doran  
Date of Service : April 11, 2013  
Claim # : 05814232  
Employer : Benedict & Benedict  
Date of Birth : June 4, 1966  
Date of Injury : July 11, 2012  
File # : 20015038

**SECONDARY PHYSICIAN PAIN MANAGEMENT INITIAL  
REPORT  
AND REQUEST FOR AUTHORIZATION**

Mr. Daniel Doran was seen in my office located at 724 Corporate Center Dr., Pomona, California 91768 on April 11, 2013 for a pain management consultation. The following is a presentation of my initial evaluation and overall recommendations. The history was obtained by a qualified medical historian, Ms. Monica Bradburn. I then reviewed the history in detail with the patient.

**HISTORY OF INJURY:**

Mr. Daniel Doran is a 46-year-old, right-handed male who sustained an industrial injury while performing his usual and customary duties while working for Benedict & Benedict Plumbing as a plumber. On July 11, 2012, he had been utilizing a saw to cut through an opening in a wall when a large piece of the wall came down and forcefully struck his right wrist and right thumb. He experienced immediate pain at the right wrist and hand. He sustained a laceration to the right thumb. He cleaned his laceration and bandaged his thumb. He notified his employer; however, no immediate medical treatment was provided. He went home in pain. He returned to work the following day despite ongoing pain. He was provided with a helper.

He notified his employer again on the third day and was sent to

**Doran, Daniel**

**April 11, 2013**

**Page 2 of 8**

Memorial Hospital in Pasadena. He was examined in the emergency room and x-rays were obtained. He was provided with medication. He was diagnosed with a fracture of the right thumb. His right hand/thumb were splinted and taped. Within a week, he was evaluated by an orthopedic surgeon. He was placed in a short arm cast. Once the cast was removed, he underwent physical therapy with only temporary relief. He underwent **EMG studies of the right upper extremity**. He was diagnosed with carpal tunnel syndrome at the right wrist. He was last seen on February 8, 2013.

On February 18, 2013, the patient was seen in your office for an orthopedic evaluation. He was examined and x-rays were obtained. He was provided with medication. He is scheduled to undergo an **MRI scan of the right hand and thumb** on April 11, 2013. Recommendations included acupuncture which he is scheduled to start next week. He also awaits a psychological evaluation and authorization to undergo a right carpal tunnel release. He has been referred here today for a pain management evaluation.

**CURRENT WORK STATUS:**

The patient is currently not working and is on temporary total disability status. He has not worked since July 12, 2012.

**PRESENT COMPLAINTS:**

**Right Hand/Wrist/Thumb:**

The patient experiences ongoing pain at the right hand/thumb. He experiences numbness and tingling that extends to the forearm and radiates to the hand and fingers. He has difficulty bending his thumb. He notes grip weakness and has difficulty with holding objects and with fine motor coordination. His wrist pain increases with gripping, grasping, pushing and pulling, rotating, and repetitive hand and finger movements. The pain level becomes worse throughout the day depending on activities. He also has difficulty sleeping and awakens with pain and discomfort.

The patient indicates that on a pain scale from 1-10, with 10 being the worst, his hand/wrist/thumb pain is rated 8/10.

**PSYCHE/INSOMNIA:**

The patient has continuous episodes of anxiety, stress and depression due to chronic pain and disability status. He denies suicidal ideation.

The patient has difficulty sleeping, often obtaining a few hours of sleep at a time. He feels fatigued through the day and finds himself lacking concentration and memory at times. He worries over his medical condition and the future.

**WEIGHT:**

The patient states that his weight has not fluctuated since the date of injury.

Doran, Daniel

April 11, 2013

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Pre-injury weight: 170 pounds.

Present weight: 170 pounds.

**ACTIVITIES OF DAILY LIVING:**

The patient has significant difficulty performing his activities of daily living. He has difficulties with grooming, bathing, dressing, household chores and driving.

**PAST MEDICAL HISTORY:**

The patient has a history of diabetes mellitus. He denies medical illnesses including cardiovascular disease, hypertension, renal or hepatic disease, tuberculosis, cancer, ulcers, pneumonia, pulmonary or thyroid disease, skin problems, asthma, gout, rheumatoid arthritis, lupus or any type of bone, muscle or joint disease.

**SURGERIES/HOSPITALIZATIONS:**

The patient denies any past surgeries or hospitalizations.

**PREVIOUS ACCIDENTS/INJURIES:**

The patient denies any prior accidents or injuries.

**CURRENT MEDICATIONS:**

The patient is taking the following medication:

1. Metformin 2000 mg
2. Januvia 100 mg
3. Baclofen Cream 60 grams
4. Medrox Patch
5. Prilosec 20 mg
6. Relafen 750 mg
7. Neurontin 300 mg
8. Lexapro 10 mg

**ALLERGIES:**

The patient denies any known medication allergies.

**SOCIAL HISTORY:**

The patient is widowed with no children.

The patient smokes less than a pack of cigarettes per day. He has been a smoker for 30 years.

The patient denies the consumption of alcoholic beverages.

Doran, Daniel

April 11, 2013

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**FAMILY HISTORY:**

The patient's family history is noncontributory.

**REVIEW OF SYSTEMS:**

HEENT: No problem with eyes, ears or throat. No blurred vision or tinnitus.

Respiratory: No cough, wheezing or shortness of breath.

Cardiovascular: No chest pain, heart murmur or palpitations.

Gastrointestinal: No known nausea, vomiting, constipation, diarrhea or gastrointestinal upset. There is no history of ulcers.

Genitourinary: No dysuria, frequency, urgency or incontinence.

Hematopoietic: No bleeding problems, clot formations or phlebitis.

Neurologic: No seizure disorder, syncopal episodes, headaches or dizziness.

Psychiatric: The patient complains of anxiety, stress and depression.

**PHYSICAL EXAMINATION:**

Height: 6'0".

Weight: 170 pounds.

**GENERAL:** The patient is a male in no distress secondary to pain.

**HEENT:** There is no jaundice or icterus. Cranial nerves II through XII are all grossly intact.

**Cardiac:** Regular Rate and Rhythm without Murmur.

**Chest:** Clear Bilaterally.

**Abdomen:** Soft and Non-tender.

**Cervical Spine:**

There is not tenderness to palpation over paravertebral, trapezius, deltoid, and rhomboids area with mild spasm. There is not tenderness over paraspinous muscles.

Axial Compression: Negative. Spurling: Negative.

<b><u>Range of motion:</u></b>	Measured	<u>Normal</u>	Spasm	Pain
Forward Flexion	50	50	Negative	Negative
Extension	60	60	Negative	Negative
R Lateral Flexion	45	45	Negative	Negative
L Lateral Flexion	45	45	Negative	Negative
R Rotation	80	80	Negative	Negative
L Rotation	80	80	Negative	Negative

Doran, Daniel

April 11, 2013

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<b>Reflex (0-2):</b>	<u>Right</u>	<u>Left</u>
Biceps	1	1
Triceps	1	1
Brachioradialis	1	1

<b>Motor (0-5):</b>	<u>Right</u>	<u>Left</u>
Deltoid	5	5
Biceps	5	5
Triceps	5	5
Supinator	5	5
Pronator teres	5	5
Wrist Flexor	4 -	5
Wrist Extensors	4 -	5

<b>Sensory:</b>	<u>Right</u>	<u>Left</u>
Deltoid (C5)	Intact	Intact
Lat. Forearm, Thumb, Index (C6)	Intact	Intact
Middle Finger (C7)	Intact	Intact
Med. Forearm/Little Finger (C8)	Intact	Intact
Medial Arm (T1)	Intact	Intact
Lateral Arm (T2)	Intact	Intact

**Shoulder Examination:**

Range of Motion:	<u>Right</u>	<u>Left</u>	<u>Normal</u>
Flexion	180	180	180
Extension	50	50	50
Abduction	180	180	180
Adduction	50	50	50
Ext. Rotation	90	90	90
Int. Rotation	90	90	90

There is not tenderness over the shoulder joint bilaterally. Impingement sign was negative on the right and left.

**Elbow Examination:**

Range of Motion:	<u>Right</u>	<u>Left</u>	<u>Normal</u>
Flexion	140	140	140
Extension	0	0	0
Pronation	80	80	80
Supination	80	80	80

Tenderness was not noted over the entire joint including the medial and lateral

Doran, Daniel

April 11, 2013

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epicondyles on the left and right. Swelling was not noted.

**Wrist Examination:**

Tinel sign was negative on the right and left. Phalen's test is negative bilaterally.

Range of Motion:	<u>Right</u>	<u>Left</u>	<u>Normal</u>
Flexion	60	60	60
Extension	60	60	60
Ulnar Deviation	30	30	30
Radial Deviation	20	20	20

**Hand:**

There is significant mottling of the right hand with cooler temperature compared with the left hand. There is no allodynia and dysesthesia, but there is mild hyperhydrosis. There is no nail or hair change.

**REVIEW OF MEDICAL RECORDS/DIAGNOSTIC STUDIES:**

Electrodiagnostic studies from January 15, 2013 by Dr. Levin shows mild carpal tunnel syndrome on the right.

**IMPRESSION:**

History of right hand contusion.

Sympathetically-mediated neuropathic pain, right upper extremity, possible mild CRPS.

**RECOMMENDATION:**

Mr. Doran is a 46-year-old gentleman who was injured during the course of employment while working his duties as a plumber for the above company. On July 11, 2012, he was using a saw to cut through an opening in the wall when a large piece of the wall came down and forcefully struck on his right wrist and right thumb. He had immediate pain and notified the employer who did not offer any medical care immediately. He remained in pain and was later sent to a local hospital by his employer where he underwent x-rays and provided with medication and casted after he was told that he had a fracture of his right thumb.

Later, he was sent to an orthopedic doctor and he was told that he has carpal tunnel syndrome but then his care was transferred to Dr. Haronian in February 2013. He is now recommended for a pain management evaluation for possible RSD. He is also recommended to undergo bone scan, has recently undergone MRI of the right wrist and hand.

The pain diffusely remains over the area of the fracture which extends to his wrist and his hand and therefore he has difficulty with any gripping, difficulty holding objects, or

Doran, Daniel

April 11, 2013

Page 7 of 8

any repetitive work. He cannot lift, push, or pull much weight and his pain has a Verbal Analog Score Scale of 8/10. He has felt changes in color and temperature and also sensitivity to touch over the palm of his hand.

On examination, limited range of motion of the right wrist is noted. Diffuse tenderness is noted over the right wrist and entire right thumb joint, but no swelling is noted. There is mottling of the right hand compared to the left and mild hyperhidrosis and also feels colder to touch. Mild dysesthesia is noted over the ventral wrist, but no allodynia is noted. There is no changes in hair or nail compared to the left.

The patient also has a history of diabetes and has been maintained on a regimen that includes Neurontin. This will be optimized and limited with possible side effects but continuation of Elavil is also reasonable. This patient does not present with all signs that would warrant a definite diagnosis of CRPS. Triple phase bone scan will help with the diagnosis in an objective manner.

Ultimately, however, if no other pathology is noted over the right wrist requiring surgery, he may undergo a series of stellate ganglion injection to address his current symptomatology. I would like first to review the results of the bone scan. I will see him back in a month. Meanwhile, disability, work status, and medications are deferred.

*We request to be added to the Address List for Services of all Notices of Conferences, Mandatory Settlement Conferences and Hearings before the Worker's Compensation Appeals Board. We are advising the Workers' Compensation Appeals Board that we may not appear at the hearings or Mandatory Settlement Conferences for the case in chief. Therefore, in accordance with Procedures set forth in Policy and Procedural Manual index No. 60610, effective February 1, 1995, we request that defendants, with full authority to resolve our lien, telephone our office and ask to speak with our "workers' compensation lien negotiator".*

*Authorizations for transportation, medication, physiotherapy, rehabilitation, a conditioning program and the above stated recommendations are requested based upon medically reasonable treatment requirements. This is per labor code 4600 and Title 8, Section 9792.6, C.C.R. and Rule 9785(b). Furthermore, we are requesting that all the medical records be forwarded to our office to avoid repetition in testing and treatment. Please provide us with information regarding the status of the case as soon as possible.*

*To complete this examination I have been assisted, as needed, for taking histories, taking x-rays, assisting with the patient, transcription of reports by some or all of the following personnel: Alma Azucar, Maribel Perez and Angie De La Torre. If required an interpreter was provided. All of the above individuals are qualified to perform the described activities by reason of individual training or under my direct supervision. I certify that this examiner reviewed the history and the past medical records directly with the patient. The examination of the patient, and interpretation of tests and x-rays, was all performed by this examiner. The dictation and the review of the final report were performed entirely by me. The opinions and conclusions contained in this report are entirely my own. I declare, under penalty of perjury, that the information contained in this report, and any attachments, is true and correct, and that there has not been a violation in this report of Section 139.3 L.C. to the best of my knowledge and belief,*



**Doran, Daniel**

**April 11, 2013**

**Page 8 of 8**

*except as to information that I have indicated was received from others. As to that information I declare under penalty of perjury, that I have accurately detailed the information provided me and, unless otherwise noted, I believe it to be true.*

*In order to prepare this report and complete the evaluation, time was spent without face to face with the patient. The billings reflect such time spent by the physician with the code 99358. Jonathan F. Kohan, M.D. Inc. does not accept the Official Medical fee schedule as prime facie evidence to support the reasonableness of charges. Jonathan F. Kohan, M.D. is a Diplomate of American Board of Anesthesiology and is fellowship trained in Pain Medicine. Under penalty of perjury under the laws of the State of California, services are billed in accordance with our usual and customary fees. Additionally, this medical practice providing treatment to injured worker's experiences extraordinary expenses in the form of mandated paperwork and collection expenses, including the necessity to retain highly-trained personnel to appear before the Workers' compensation appeals board. Based on the level of services provided and overhead expenses for services contained within our geographical area, we bill in accordance with the provisions set-forth in Labor Code Section 5307.1.*



Jonathan F. Kohan, M.D.  
Diplomate American Board of Anesthesiology  
Fellowship-Trained in Pain Medicine  
Qualified Medical Evaluator,  
State of California

April 25, 2013

---

Date

County where executed: Los Angeles County

JFK/rxt

cc: William Green Esq.  
3419 Via Lido #607  
Newport Beach, CA 92663

SCIF - LA (CLM# ENDING IN 00-49)  
PO BOX 65005  
Fresno, CA 93650  
Attn: Emma Padilla

Faxed by: Andrea, 05/02/2013 - 09:54 AM

05014232  
SP

**Edwin Haronian, M.D.**

Orthopedic Surgery

Spine Surgery

Tel: (818) 788-2400 Fax: (818) 827-4706

**Request of information on PREVIOUS Authorization Request**

**05/02/2013**

Patient: Daniel DORAN

Claim No.: 05814232

An Initial Written request for: "Authorization: Right Wrist MRI with OUT Intra-articular Contrast; consult for pain management to rule out RSD, 4 session of psychotherapy depression / anxiety and exposure to pain, psychological evaluation; Accupuncture: 2 times a week for 3 weeks to right wrist to right hand.

Was made on date mar 18, 2013, since then we have found no response to my request. Once again we are requesting a response to my request for the above treatments.

*Pursuant to Labor Code section 4610(h) the UR process is to be completed within 5 days...if the insurance carrier needs additional time to complete the UR, a maximum of 14 days are allowed)...In NO EVENT can the UR process take longer than 21 days to complete and issue a 'modification, delay or denial' of the requested treatment, OR the treatment is presumed to be "approved". The Claims Adjuster's cannot 'deny' a requested treatment; they can only approve, or refer to UR for review, within the guidelines as provided in the rules. The initial answer to the PTP must be done within 72 hours with the hard copy to follow. UR is there to expedite the injured worker receiving appropriate medically necessary treatment.*

Dr. Haronian has requested treatment providing his PR-2 / Narrative report in validating the need for the above treatment. Included are diagnostic studies if available to serve as additional evidence for authorization. A timely response to this request would be greatly appreciated.

**All utilization review & claims examiner responses**

**must be returned to dedicated fax line:**

**Fax #: (818) 827-4706 Attn: Nancy**

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Faxed by: authorize 04/15/2013-04:04 PM

**Edwin Haronian, M.D.**

\* 724 Corporate Center Drive Pomona, CA 917682650\*

**Authorization Request**

Today's Date: 04/15/2013

Our Chart No. 20015038

Patient Name: Daniel DORAN

DOB: 06/04/1966

Claim #: 05814232

Request from Office Visit date: mar 18, 2013

You can contact us by phone, fax or email.

\*Phone #: (818) 788-2400 Ext: 146

\*Fax: (818) 827-4706

\*Email: nancy@synapsedoctor.com

Thank you

Non-Surgical Authorization

Labor Code Section 4610, section (f) states that "no person other than a licensed physician... may modify, delay or deny request for authorization of medical treatment. Labor Code Section 4610 section (g) states the time frame for UR. (1) Prospective or concurrent decisions shall be made in a timely fashion that is appropriate for the nature of the employee's condition, not to exceed five working days from the receipt of the information reasonably necessary to make the determination but in no event more than 14 days from the date of the medical treatment recommendation by the physician. In cases where the review is retrospective, the decision shall be communicated to the individual who received services, or to the individual's designee, within 30 days of receipt of information that is reasonably necessary to make this determination. All of the denial or modification procedures contained in Labor Code section 4610 (g) (2) and (3) are mandatory, and if the statutory requirements are not met, the utilization review report is not admissible. The only other procedure for disputing the treatment is a QMRE, pursuant to Labor Code section 4062.

Proof of Service State of California, County of Los Angeles

I am a resident of the county aforesaid; I am over the age of eighteen years and not a party to the within entitled action. My business address is:

16542 Ventura Blvd. Suite 402, Encino, CA 91436 or 1902 Royalty Drive Suite 120, Pomona, CA 9176.

On this date 04/15/2013 I served this report to the above Insurance Co. by transmitting via facsimile this document between the hours of 8:00am and 5:00pm. The facsimile was reported as completed and without error by the transmitting facsimile machine. I declare under the penalty of perjury under the laws of the State of California that the foregoing is true and correct. Executed in Los Angeles, CA

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9785.5.5 Request for Authorization

State of California  
Division of Worker's Compensation  
Request for Authorization for Medical Treatment (DWC Form RFA)

To accompany the Doctor's First Report of Occupational Injury or Illness, Form DL SR 5021, a Treating Physician's Progress Report, DWC Form PR-2, or Narrative report substantiating the requested treatment.

- Check box if the patient faces an imminent and serious threat to his or her health.
- Check box if request is written confirmation of a prior oral request.

Patient Information

Patient Name: DORAN, Daniel  
Date of Birth: 06/04/1966  
Date of Injury: 07/11/2012  
Employer: Benedict & Benedict  
Claim Number: 05814232

Provider Information

Provider Name: Edwin Heronian, M.D.  
Practice Name:  
Address: 724 Corporate Center Drive  
City, State, Zip Code: Pomona, CA 917682650  
Telephone Number: 909-622-6222 x  
Fax Number: 909-622-6220  
Provider Specialty: Orthopedic Surgery  
Provider State License Number: A71385  
National Provider ID Number: 1063480192

Claims Administrator Information

Claims Administrator: SCIF - LA (CLM# ENDING IN 00-49)  
Adjuster Name (if known): Emma, Padilla  
Address: PO BOX 65005  
City, State, Zip: Fresno, CA 93650  
Telephone Number: 888-782-8338  
Fax Number: --

Requested Treatment: (See Instructions for guidance; attach additional pages if more space is required.)  
Either state the requested treatment in the below space or indicate the specific page number(s) of the accompanying medical report on which the requested treatment can be found. Include supporting evidence as necessary. More than one treatment request may be included.

Diagnosis:	726.4 Wrist Tend/Burs 923.20 Hand Contusion
ICD Code:	
Procedure Requested:	Right Wrist MRI with OUT Intra-articular Contrast, Pain management to rule out RSD, 4 session of psychotherapy depression / anxiety and exposure to pain; psychological evaluation; Acupuncture: 2 times a week for 3 weeks to right wrist to right hand.
CPT/HCPCS Code:	
Other Information: (Frequency, Duration Quantity, Facility, etc)	

Date of Request: 04/15/2013

Provider Signature: Electronically sign by Edwin Heronian, M.D.

**Claims Administrator Response Approving Treatment:**

You may use this form for approving a treatment request. A request for additional information, or a decision to modify, delay or deny a request for authorization cannot be made using this form. Please review all time frames and requirements set forth in California Labor Code section 4610 and California Code of regulations, title 8, sections 9792.9 and 9792.9.1.

A decision on the requested medical treatment must be made within five (5) working days from receipt of this request for authorization, or 14 calendar days with a timely request for information necessary to render a decision. For an expedited request, one made in a case of imminent or serious health threat, the maximum is 72 hours. Authorization may not be denied on the basis of lack of information without documentation reflecting an attempt to obtain the necessary information.

The requested treatment(s) is approved review

The requested has been previously denied by utilization

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Date Requested for authorization received

Date of response to request

DWC Form RFA (Version 12/2012)

Claims Administrator/Authorized Agent Signature

Adjuster/Authorized Agent Name (Print)

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