

**John Doe**  
**DOB: 11/08/YYYY, Age: 53 years, Gender: Male**

**Drug:** Levaquin (Levofloxacin), a synthetic chemotherapeutic antibiotic used here for chronic sinusitis.

**Brief Summary:** Patient has history of multiple motor vehicle accidents due to which he suffered from pain in his neck, mid back, lower back, elbows, wrists and achilles/heel. As per records available he was given Levaquin on 07/03/YYYY for sinusitis. Immediately two weeks after taking Levaquin he reported bad pain in neck and base of skull.

In YYYY he complained of cervical, thoracic and low back pain radiating to both legs into ankles with stabbing and shooting sensation. He also had left foot drop. He underwent conservative treatment including physical therapy and steroid injections with no significant improvement. Since February YYYY he suffered with tender feet. Patient believed that the administration of Levaquin had triggered his tendon issues.

On 06/03/YYYY, Howard xxxx, M.D. diagnosed him with tendinitis.

**Name of the Pharmacy:** XXXX

Name of Medication Used	Dates of Use	Name of prescribing Health Care Provider
Levaquin 500 mg tablets	07/03/YYYY	Martin xxxx.

**Samples:** No

**Medical Chronology:**

DATE	PROVIDER	OCCURRENCE/TREATMENT	PDF REF
01/10/YYYY Y	A1 Pain Management Center  Mangala xxxx, M.D.	<p><b>Present complaints:</b>            Patient complains of pain in his neck, mid back, lower back, elbows, wrists and achilles/heel. He has back and neck pain since 10 years and joint pain for one year. He also has symptoms of dizziness. He is not in disability.</p> <p>He has tried pain management center, anti-depressant medications, TENS unit, home exercise program, anti-inflammatory therapy, physical therapy, acupuncture and chiropractor for his pain management.</p> <p><b>Assessment:</b> Chronic cervicgia or lumbago since MVA (Motor Vehicle Accident) in YYYY, discogenic lumbar pain due to annular fissure of L4-L5 disc and questionable memory loss</p> <p><b>Plan:</b> Patient was here primarily for transfer of care and continuation of care. To continue Ultracet and Zanaflex. Patient to come for refills.</p>	A1 Pain Management-3-4
06/22/YYYY		<b>Initial visit for</b> GERD (Gastric Esophageal Reflux Disease), tobacco	Calvin xxxx, M.D. -

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Y		use, memory disturbance – questionably related to depression, insomnia, chronic back pain and depression <b>Plan:</b> Medications were given. Advised to follow up in three days.	2-3
07/03/YYY Y		<b>Visit for sinusitis: (Illegible)</b> He was on Cipro 3 weeks ago for skin infection. Effexor caused excessive sweating so stopped after 7 days. Did not respond to Celexa, caused too much anxiety. BS has been stable since last visit. <b>Physical Examination:</b> Mild maxillary sinus tenderness <b>Assessment/Plan:</b> <ul style="list-style-type: none"> <li>• Sinusitis – Levaquin</li> <li>• Hypertension – Stable</li> <li>• Nervousness – To change to Wellbutrin</li> </ul>	Calvin xxxx, M.D.-4-5
	Martin, xxxx.	<b>Bills - Levaquin 500 mg tablets</b>	Walgreens -1
07/23/YYY Y	Todd xxxx F.N.P.	<b>Initial visit:</b> <b>Chief complaint:</b> Bad pain in his neck and base of skull for past two weeks after taking Levaquin MH His current medication does not seem to be helping for his pain so he is taking OTC (Over The Counter) pain medication.  <b>He is allergic to Emycin and Levaquin Tablets</b>  <b>Assessment/Plan:</b> Cervicalgia – Flexeril was prescribed.	A3 Family Medical Center -5-6
	A3 Family Medical Center	<b>X-ray Cervical Spine:</b> There are early degenerative changes. On extension, there is a retrolisthesis of C3 on C4 and C4 on C5 which would represent anterior ligamentous damage. Anterolisthesis of C3 on C4 and C4 on C5 is seen on flexion which would represent posterior ligamentous damage.	A2 Chiropratic -68
01/07/YYY Y	A1 Pain Management Center	Patient states that he was involved in an auto accident when he was a teenager from which he had low back pain. Then had an auto accident in YYYY aggravating his cervical and thoracic area and also affected his memory and eye sight. He was referred to physical therapy but did not feel better. (Illegible) <b>Presenting complaints:</b> Cervical pain radiating to thoracic region with numbness to left arm. Also low back pain on and off radiating to both legs into ankles with stabbing and shooting sensation. Also had left foot drop. (Record missing)	A1 Pain Management-1
01/12/YYY Y	Todd xxxx, F.N.P.	<b>Follow up visit for neck and bilateral arm pain:</b> <b>Chief complaint:</b> Left elbow, both wrists, both heel pain for past eight months. Still having neck pain but it is better, lower mid back pain and unable to lift a gallon of milk.  <b>History of presenting illness:</b> Neck pain constantly (100% of time), chronic, getting worse, increased with sitting, turning head side to side, with looking up, lying down and looking down.  He returns today with increased pain in multiple joints including left elbow, both wrists and neck. He is having difficulty turning head laterally and posteriorly. He is unable to lift items at home including a 2	A3 Family Medical Center -28-31

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		<p>liter of soda. He also has low back pain and <b>pain bilaterally in the medial and lateral aspects of both heels.</b></p> <p>His current pain medication is not helping and the symptoms are worsening greatly affecting his activities of daily living. He has been seen in the past by Dr. Reddy, orthopedics and Dr. xxxx, neurology for evaluation. He also tried a few weeks of physical therapy without improvement. Pain is significantly affecting quality of life. Taking OTC pain medication.</p> <p><b>Review of systems:</b> Neck pain and neck stiffness. Sleep disturbances. His pain level is 8.</p> <p><b>Examination of musculoskeletal system:</b>  <b>Cervical spine:</b> Tenderness on palpation present in sternocleidomastoid and trapezius muscles.  <b>Neurological:</b> Weakness of the right and left wrist.            Decreased active range of motion with lateral flexion of left greater than right and also decreased extension. Pain response elicited.            He also has decreased passive range of motion again with lateral flexion of left greater than right and with extension. Flexion with minimal pain. Measurements not preformed due to patient's pain.            Lumbar range of motion active with pain response on lateral flexion to the left. Passive range of motion shows pain in left leg with straight leg test.</p> <p><b>Assessment:</b> Lateral epicondylitis of the right and left elbow, herniated cervical disc, lumbar canal stenosis from L4 to L5, lumbar neuritis, cervical and lumbar radiculopathy.</p> <p><b>Therapy:</b> Reduced physical activity, return to the clinic if condition worsens or new symptoms arise and weight bearing parameters. Administered corticosteroid injection.</p> <p><b>Plan:</b> MRI of cervical and lumbar spine, Depo 80 / Deca 4 IM, analgesics, home exercises and Continue pain medication</p>	
	A4 Radiology Center  Sheldon xxxx, DO	<p><b>MRI cervical spine</b> - Disc bulge at C5-C6 impinging on the anterior spinal canal.  <b>MRI lumbar spine</b> - Benign bone cyst L2, disc desiccation with a disc bulge L4-L5 impinging on the anterior spinal canal and disc degeneration in association with degenerative changes at L5-S1 with a disc bulge residing in the epidural fat.</p>	A2 Chiropratic -69-70
01/29/YYYY Y	Todd xxxx, F.N.P.	<p><b>Follow up visit:</b>            Chief complaint: Left elbow, both wrists, both heel pain for past 8 months. Still having neck pain but it is better, lower mid back pain, and unable to lift a gallon of milk.</p> <p><b>History of presenting illness:</b> His symptoms are worsening greatly affecting his activities of daily living. He states that the depo/deca shot improved the left elbow pain and he is</p>	A3 Family Medical Center Page 7-10

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		able to lift 2 liter when previously unable. Now the pain is affecting his quality of life. His examination and assessment remained the same as previous visit. <b>Plan:</b> Analgesics, home exercise, refer to Dr. A2. Lab tests ordered.	
02/08/YYYY Y	A2 Chiropractic & Comprehensive Care  Dr. Paul xxxx	<b>Initial evaluation:</b> <b>Symptoms:</b> Low back pain with left leg paresthesia aggravated by activities of daily living and neck pain with left arm paresthesia aggravated by activities of daily living.  His current medications are Tylox, Tramadol, Zanaflex and Tema.  <b>Physical examinations:</b> <b>Ambulation:</b> Painful <b>Feet:</b> There was tenderness to digital palpation and muscle tension on the left foot. Edema and swelling is noted on the left achilles. <b>Ankles:</b> Range of motion were reduced in all ranges with pain in the left ankle <b>Lower extremities:</b> Foot drop on the left Observations: He cannot walk on heels or toes Achilles reflex evaluating S1-2 roots was 1+ on the right and 2+ on the left.  <b>Initial diagnosis:</b> Lumbar radiculitis, Cervical brachial radiculitis, Lumbar spine discopathy w/o (Without) myelopathy and Disc degeneration T/S <b>Prognosis:</b> At this point in time, it is “my” opinion that the prognosis for the patient is guarded, with possible residuals.	A2 Chiropratic Page 1-7,45-46
02/11/YYYY Y	A2 Chiropractic & Comprehensive Care	<b>Daily note:</b> Patient reported no improvement in symptoms since last visit. He stated “my back hurts; I’m having pain down my leg”. Low back pain with left leg paresthesia and neck pain with left arm paresthesia.  <b>Recommendations:</b> Continue with DME as prescribed and should continue the prescribed frequency with current conservative care and continue with medications as directed.  The patient is progressing as expected. Physical therapy was given. His current level of disability is 62%. Positive intervention is required.	A2 Chiropratic -8-24
		Patient questionnaire Low back disability questionnaire (Revised Oswestry) Neck disability index patient questionnaire	A2 Chiropratic - 71-77
02/15/YYYY Y 02/19/YYYY Y	A2 Chiropractic & Comprehensive Care  Dr. Paul xxxx	<b>Daily note:</b> Patient stated “I have to lay down in my recliner to help give my neck some relief which causes my mid back to hurt like a toothache”. On 02/19/YYYY, patient stated “I had a really bad headache after my last adjustment.”  He complained with lower back pain with left leg paresthesia and neck	A2 Chiropratic – 25-28

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		<p>pain with left arm paresthesia. Examination included tenderness to palpation of the feet.</p> <p>His diagnosis remained the same as previous visit.</p> <p>The patient is progressing as expected. Physical therapy was given.</p>	
02/22/YYY Y	A2 Chiropractic & Comprehensive Care  Dr. Paul xxxx	<p><b>Daily note:</b> Patient reported no improvement in symptoms since last visit. He stated “My feet are tender and bother me when I’m off of theme the most.” He complains of bilateral foot pain along with his previous complaints. Fall and arch noted of left foot. Assessment and recommendations remained the same.</p> <p>Physical therapy was given.</p>	A2 Chiropratic -29-30
02/24/YYY Y 03/01/YYY Y	A2 Chiropractic & Comprehensive Care  Dr. Paul xxxx	<p><b>Daily note:</b> Patient returned with increase of complaints since last visit. He stated “My neck is sore. I was also doing some work around my house. My back is sore also.” He complains of bilateral foot pain. Examination and assessment remained the same. Patient’s condition has been exacerbated. Physical therapy was given.</p> <p>On 03/01/YYYY, patient reported no improvement since the last visit. Therapy was given and he tolerated well.</p>	A2 Chiropratic -31-34
03/05/YYY Y 03/10/YYY Y	A2 Chiropractic & Comprehensive Care  Dr. Paul xxxx	<p><b>Daily note:</b> Patient reported with no improvement. He states “My feet and lower back are very sore. I’ve been tripping quite a bit lately. I do have pain at times that shoots in the back of my knee”.</p> <p><b>Assessment:</b> Holding off on further assessment until results of diagnostics.</p> <p>Physical therapy given.</p>	A2 Chiropratic -35-38
03/12/YYY Y	A1 Pain ManagementCe nter  Mangala xxxx	<p><b>Follow up visit:</b> Ultram is working but not relieving pain long enough. Patient complaints of cervical, arms, legs and feet pain.</p> <p><b>Review of systems:</b> Memory loss</p> <p><b>Diagnoses:</b> Lumbago, mid thoracic pain and cervicgia</p> <p><b>Plan:</b> Suboptimal relief of pain with current medications. Discontinue Ultracet and trial of Hydrocodone given. Constipation prophylaxis discussed.</p>	A1 Pain Management-11-13
03/25/YYY Y	A1 Pain ManagementCe nter  Mangala xxxx	<p><b>Follow up visit:</b> Hydrocodone not relieving pain. Patient requested for change in pain medication. Complained of cervical pain radiates to head and also in the bilateral arm with weakness. Also complaints of weakness of left lower extremity. Patient reported depressed and moody.</p> <p><b>Impression</b> was the same as last visit.</p> <p><b>Plan:</b> Has failed to improve after extensive physical therapy and chiropractic treatments. Will consider a transluminal epidural injection at L4-L5 in our surgery center. Patient to call. Discontinue Hydrocodone and start Oxycodone. Advised daily stretches and strengthening of lower extremities. Continue Zanaflex</p>	A1 Pain Management-8-10
04/12/YYY Y	Todd xxxx, F.N.P.	<p><b>Follow up for review of labs:</b></p> <p><b>Review of systems:</b> Tinnitus headache mild, constant, dizziness</p> <p>Examination and assessment remained the same.</p> <p><b>Plan:</b> MRI Brain for concussion with no loss of consciousness. To</p>	A3 Family Medical Center -13-16

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		follow up in one week to discuss.	
	A4 Radiology Center, PA	<b>MRI brain:</b> Incidentally, there are small ovoid areas of increased signal intensity seen in both maxillary sinuses. These may represent small mucocoeles or polyps. Clinical correlation and if warranted CT of the sinuses is suggested.	A3 Family Medical Center -21
05/13/YYY Y		<p><b>Follow up visit:</b> He still has dizziness and memory changes. States ear ringing had been intermittent but is now constant. Neck and thoracic pain remained the same. Advil and pain medications are only temporary.</p> <p>He is having bilateral epicondylitis pain. He believes that his administration of Levaquin is what triggered tendon issues and concerns.</p> <p><b>Assessment:</b> Concussion with no loss of consciousness, lumbar neuritis, cervical radiculopathy, lumbar radiculopathy, dizziness and memory changes</p> <p><b>Plan:</b> Patient has had 2 neurological evaluations, and an OD evaluation, and a MRI of the brain. All had shown no physical component of his complaints. Patient is going to refer himself to A6 Clinic for evaluation.</p>	A3 Family Medical Center - 17-20
06/03/YYY Y	Howard xxxx M.D.	<p><b>Initial visit:</b></p> <p><b>Chief complaint:</b> Tendon pain in both arms and feet. Also gives arthritis history of morning stiffness for about 10 minutes. Examination revealed positive for bilateral achilles (Illegible, records missing)</p> <p>Patient diagnosed with tendinitis.</p>	Howard xxxx, M.D. - 1-4
06/22/YYY Y	Todd xxxx	<p><b>Follow up visit</b> for left year pain.</p> <p><b>Assessment:</b> Chronic sinusitis, hypertrophied nasal turbinate and GERD</p> <p><b>Plan:</b> Amoxicillin and Ranitidine were prescribed.</p>	A3 Family Medical Center - 49-50
07/01/YYY Y	A1 Pain Management Center	<p>He has come for follow up to pick up prescription and request transfer of care. Has applied for social security disability.</p> <p><b>Impression and diagnosis:</b> Lumbago and cervicalgia</p> <p><b>Plan:</b> Medications and to transfer care to another pain management specialists.</p>	A1 Pain Management- 14-16

**Brief Description of Injury:** Patient had tendon pain in both arms and feet and was diagnosed with tendinitis. The pain affected his quality of life and he was applying for social security disability.