

BENICAR CASE SUMMARY WORKSHEET

PATIENT DEMOGRAPHICS:

Name of Claimant	
D.O.B.	
D.O.D. (If applicable)	
Claims Qualifying Criteria WHAT IS THE HIGHEST ELIGIBLE INJURY LEVEL?	
Base Awards Mention the points	
Adjustments Mention the criterion with adjustments%	

DRUG AND INJURY DETAILS:

S. No.	QUESTIONS	YES/NO/NOT ESTABLISHED	REFERENCE
1	Olmesartan Start date	<i>(First prescribed date, if not known, first usage noted per available medical records)</i>	
2	Olmesartan Stop date	<i>(Last known fill date, if not available, last known medical records)</i>	
3	Describe each injury experienced	<i>(To be listed here)</i>	
3. (a)	Is there any reference in the Registered Unfiled Claimant's medical records to Sprue-like Enteropathy ("SLE"), collagenous sprue, unclassified sprue, or "celiac-like" Enteropathy ("CLE")?		

3. (a)	Start date		
3. (b)	Stop date		
3. (c)	Which Provider and Details		
3. (d)	Whether a gluten-free diet changed the condition of the patient?		
3. (e)	Does the Registered Unfiled Claimant have a pathology report reflecting, concurrent with the use of Olmesartan Products, a finding of pathologic changes in the lining of the small intestine consistent with Villous Atrophy, including but not limited to blunted, flattened, atrophic, or otherwise compromised villi?	Yes/No	
	Diarrhea		
3. (a)	Start date		
3. (b)	Stop date		
3. (c)	Which Provider and Details		
3. (d)	Is this injury documented in the medical records?	Yes/No	
	Vomiting		
3. (a)	Start date		
3. (b)	Stop date		
3. (c)	Which Provider and Details		
3. (d)	Is this injury documented in the medical records?	Yes/No	

	Dehydration		
3. (a)	Start date		
3. (b)	Stop date		
3. (c)	Which Provider and Details		
3. (d)	Is this injury documented in the medical records?	Yes/No	
	Weight Loss		
3. (a)	Is weight loss 5% or more while on Olmesartan Products? Yes/No – How many lbs?	Yes/No	
3. (b)	Start date		
3. (c)	Stop date		
3. (d)	Which Provider and Details		
3. (e)	Is this injury documented in the medical records?	Yes/No	
	Abdominal pain		
3. (a)	Start date		
3. (b)	Stop date		
3. (c)	Which Provider and Details		
3. (d)	Is this injury documented in the medical records?	Yes/No	
	Nausea		
3. (a)	Start date		
3. (b)	Stop date		
3. (c)	Which Provider and Details		

3. (d)	Is this injury documented in the medical records?	Yes/No	
4	Is the claimant sustained any chronic or permanent injury? (for example, death, chronic intestinal condition, chronic or permanent systemic condition, muscle wasting or atrophy)		
5	Adjustment Details (Additional Features)		
5. (a)	<u>Hospitalization Details</u> ER Visit shall be considered as 0.5 day of hospitalization	<u>Hospitalization #1</u> Admission date: Description: Discharge date: <u>Hospitalization #1</u> Admission date: Description: Discharge date: Etc...	
5. (b)	Renal Failure Date of diagnosis (10% adjustment) Undergoing dialysis (25% adjustments)		
5. (c)	Long Term Steroidal Use Should be more than forty five (45) days		
5. (d)	Usage between June 1, 2009 and July 3, 2013		
5. (e)	Usage after July 3, 2013		

Medical Records Compliance with the Order and Appendix

Particulars	Available/Not available/applicable	Our observation/comments
Benicar Usage Details		
Alleged Injury Details		
Pathology Report		
Weight Details		
Hospitalization details		