UnitedHealth Group®

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FAX

05/20/2021 0911

United Health Group - West, Central and Cirrus RMO
Operated by Firstsource Solutions
1355 South 4700 West
Salt Lake City, UT 84104

UnitedHealthcare®

A UnitedHealth Group Company

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From: 6514148203 Page: 1/20 Date: 5/20/2021 9:11:20 AM

FAX

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To: E & I CA160A3AE868D41

Company:

Fax: 8019382100

Phone:

From:

Fax:

Phone:

NOTES:

Correspondence for E & I member received by Part D A & G dept. in error. Please review attached correspondence.
Member: CLERE, ALEXIS
ID: 960050891-1

Date and time of transmission: Thursday, May 20, 2021 9:35:56 AM
Number of pages including this cover sheet: 23

CSNA neurosurgery neurology pain management neuropsychology

Excellence in brain and spine care

Penrose Pavilion
2312 N. Nevada Ave
Ste 100
Colorado Springs, CO 80907

719-473-3272 PH
719-389-1191 FX
www.CSneuro.com

FACSIMILE COVER LETTER

Date: 5 /18 / 2021 Time: 10 : 04 AM / PM Pages: _____

To: Appeals and Grievances

Company: United Health Care

Telephone : / Fax : 1-877-960-8235

From: CSNA

Telephone :719-473-3272

Fax:719-389-1191

Comments:

Please send answer to Deanna Johnson PA-C or Allison Hetherington RMA.

Alexis Clore 12/3/2000

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CSNA neurosurgery neurology pain management neuropsychology

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Ste 100
Colorado Springs, CO 80907

719-473-3272 PH
719-389-1191 FX
www.CSneuro.com

05/07/2021

United Health Care

Attn. Appeals Department

Re: Alexis Clere

DOB: 12/13/2000

Policy ID/Group #: 960050891/228485

Dear Sir/Madam:

I am a Neurology Clinician, Deanna Johnson PA-C, writing on behalf of my patient, Alexis Clere, to request prior authorization denial appeal and to document the medical necessity of Nurtec 75 mg tablets. Ms. Clere has chronic migraines headaches and has been taking Nurtec ODT for abortive treatment.

Ms. Clere presented to me on 07/2015 with intractable chronic migraine without aura and without status migrainosus. This condition has impacted the patient in a negative way and she is not able to do day to day activities easily.

Ms. Clere has tried and failed NSAIDs, Cyclobenzaprine, Tylenol, Amitriptyline, Midrin, Diclofenac, Cambia, Floricet, Depakote, Imitrex, Qudexy, Potassium, Toradol, Ofirmev, Depacon, Phenergan, and Zofran.

Ms. Clere is allergic to Triptans, Depakote, and Midrin.

Ms. Clere is a candidate for Nurtec because she has been given samples of the medication and it worked wonders for her. To treat Ms. Clere, I will need to prescribe Nurtec. Patient reports effective resolution of migraines without side effects with Nurtec ODT.

Thank you for your review of this information and for your coverage consideration. If you have any questions or require additional information, please contact me at 719-473-3272.

Sincerely,

Deanna Johnson PA-C

9102114018672

9102114140186722

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Centura Health.

Patient:	Clere, Alexis A
Preferred Name:	
DOB:	
Hospital Account:	
MRN:	CEUL3585975
Contact Serial #:	
Encounter Date/Time:	
SSN:	xxx-xx-9999

ENCOUNTER

Patient Class:	No patient class-This SmartLink is encounter specific and cannot be used in this activity.	Unit:	
Hospital Service:	No service-This SmartLink is encounter specific and cannot be used in this activity.	Bed:	No info available
Admitting Provider:	No admitting provider-This SmartLink is encounter specific and cannot be used in this activity.	Referring Physician:	No info available
Phone:		Phone:	
Attending Provider:	No info available		
Phone:		Diagnosis:	This SmartLink is encounter specific and cannot be used in this activity.
Admission Type:		Acc. Code:	
Accident Date/Time:		Means of Arrival:	
Accident Description:		Accident Location:	
Chief Complaint:			

PATIENT

Name:	Alexis A Clere	DOB:	
Address:	6315 GUNNISON COURT COLORADO SPRINGS CO 80919	Sex:	Female
Birthplace:	Colorado	Religion:	Christian [32]
Preferred Phone:	719-491-5111	Email:	No e-mail address on record
PCP:		Marital Status:	Single [1]
PCP Phone:	719-278-3627		

EMERGENCY CONTACTS

Contact Name	Relationship	Home Phone	Mobile Phone	Work Phone
1.	Mother	719-491-5111		
2.				

GUARANTOR

Guarantor:	Clere,Alexis A	DOB:	12/13/2000
Address:	6315 Gunnison Court Colorado Springs,CO 80919	Sex:	Female
Relation to Patient:		Home Phone:	
Guarantor ID:		Work Phone:	

9102114014018672 2

Employer:	Emp. Phone:

COVERAGE

PRIMARY INSURANCE			
Payor:		Plan:	UNITED HEALTH CARE
Group Number:		Insurance Phone:	(877)842-3210
Subscriber Name:		Insurance Type:	
Subscriber ID:		Subscriber DOB:	
Subscriber Phone:		Pat. Rel. to Subscriber:	
SECONDARY INSURANCE			
Payor:		Plan:	UNITED HEALTH CARE
Group Number:	228486	Insurance Phone:	(877)842-3210
Subscriber Name:		Insurance Type:	
Subscriber ID:		Subscriber DOB:	
Subscriber Phone:		Pat. Rel. to Subscriber:	

Contact Serial # @BARCODE(Error - SmartLink 3100121006 returned no data.)@

May 7, 2021

Chart ID (No chart ID available)
No chart ID available

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Progress Notes

Patient: CLERE, ALEXIS A
Account Number: 181435
DOB: 12/13/2000 **Age:** 14 Y **Sex:** Female
Phone: 719-491-5111
Address: 6315 GUNNISON CT, COLORADO SPRINGS, CO-80919-1719
Pcp: DAVID ZBYLSKI, MD

Provider: Kimberly Wagner, MD
Date: 10/27/2015

Subjective:

Chief Complaints:
1. 3 month follow up - Migraine.

HPI:
GENERAL:
Alexis is a very pleasant 14-year-old female with past medical history of significant allergies to foods, and medications who presents with her mother for follow-up due to migraines that are occurring once a week, improved since her initial appointment on July 24, 2015. Since then, she was started on Midrin for abortive therapy and amitriptyline for prophylaxis.she is currently taking amitriptyline 30 mg daily at bedtime, which she states has not improved the intensity of her migraines. However, the frequency has decreased significantly according to her mother. She had allergies to Midrin even though the medication was prescribed through a compound pharmacy and did not contain gelatin her lactulose. She developed swallowing, problems swallowing, and itching skin. In addition, the Midrin did not help. Her headaches. She also has a severe allergy to triptan use, specifically Imitrex which Her her mother states brings her into anaphylaxis. She was prescribed Ofirmev and Depacon as well as IV fluids for rescue, which seemed to work very well resolving her headaches. She has tried magnesium and riboflavin in the past with no significant improvement. She was given Toradol, Phenergan, which she states helps somewhat for abortive therapy. In the ED, she was given Vicodin, Phenergan, which seemed to improve for migraine as well. Fioricet and diclofenac do not work for either.

Per prior note, Her headaches started in 2012 and lasted throughout the month of June 2015. She states the severity is mild to severe and can change locations from the right to the left hemisphere. Her migraines consist of right-sided sharp and shooting pain that occur 2-3 times a month, lasting 3 days in duration. She has associated photophobia, phonophobia, and nausea. She rates the intensity as 7 out of 10 in severity. She has to lay down in a dark room when these occur for a few days. She does not notice any associated exacerbation with her menstrual cycle. Although, she does have triggers of weight, coffee, xanthum gum, and chocolate. She tries to drink water and denies to many caffeinated beverages. Her mother states that she is always had insomnia despite wife modification changes. Ibuprofen helps her headaches sometimes. Her mom states that they found a trigger with the smell of coffee in since she no longer makes coffee, her headaches have decreased.

Medical History: Allergies, Migraines, Appendicitis, Asthma.

Social History:
No Alcohol Use .
No Drugs.
No Tobacco Use
Status *Never smoked*

Medications: Taking Amitriptyline Hydrochloride 10 mg tablet as directed take 1.0tab po qhsX14days, then 2tabs qhs X14days, then 3tabs po qhs thereafter, Taking Singulair 5 mg tablet, chewable 1 tab(s) once a day (in the evening), Taking Zyrtec 10 mg tablet 2 Tabs once a day, Taking Symbicort 80 mcg-4.5 mcg/inh aerosol 2 puff(s) 2 times a day, Taking Xolair 150 mg powder for injection 150 mg every 4 weeks, Taking Prednisone 10 mg tablet 1 tab(s) titration dose once a day prn, Taking Ventolin HFA CFC free 90 mcg/inh aerosol 2 puff(s) 4 times a day, Taking Isometh/acetamin dichlor 65 mg/325 mg/100mg Capsule 1 caps at onset followed by 1 cap every hour until relieved (no more than 3 caps a day) , Notes: Call to medicine shoppe 630-3154 for the gelatin free/lactose free capsules, Taking Ofirmev 10 mg/mL solution 1000 mg 1000mg over 2 hours with IV fluids, Taking sodium chloride 1 liter liter 1 liter over 2 hours, Taking Depacon 1000 mg IV 1000 mg/ml 1gm over 2 hours with IV fluids, Medication List reviewed and reconciled with the patient

Allergies: Imitrex: anaphylaxis: Drug Allergy, Latex: anaphylaxis: Drug Allergy, Midrin: anaphylaxis: Drug Allergy.

Objective:

Vitals: BP sitting 128/74 mm Hg, Pulse sitting 88, Respirations 14, Wt 129 lbs, Height 65.5 inches, BMI 21.14.

Examination:

GENERAL:

neurological

Mental status: The patient was alert, oriented and attentive with normal concentration, memory and speech. Fund of knowledge was appropriate.

Cranial nerves: Fundoscopic exam showed normal optic discs. visual fields were intact and pupils were equal, round, and reactive to light. Extraocular movements were full and conjugate. There was no abnormal nystagmus. There was no facial, palatal, sternocleidomastoid, trapezius weakness. Normal hearing bilaterally. Facial sensation intact. No tongue weakness or fasciculations.

Motor: Fine finger movements were intact. There was no fix or drift. Muscle tone and bulk were normal. There were no abnormal involuntary movements. Muscle strength testing revealed power of five out of five in both upper and lower extremities.

Sensory: Light touch, pinprick, cold, vibration and position sense was intact.

Coordination: Finger to nose finger, heel to shin was normal.

Reflexes: Plantar reflexes were flexor. Stretch reflexes were 2+ and symmetric.

Gait: Gait was physiologic

Assessment:

Assessment:

1. Migraines - G43.909 (Primary)

Will discontinue amitriptyline and start a trial of Depakote 250 mg twice a day for migraine prophylaxis as Depacon has worked for her in the past. Discussed with mother and patient about other medications to include propranolol, Topamax, gabapentin, etc. instead of Depakote as this can cause side effects of weight gain, polycystic ovarian syndrome, hair loss, teratogenic effects, etc.

Will start sprix, reglan, and benadryl for aboritve theraptive and ofiramev/depacon/iv fluids for rescue.

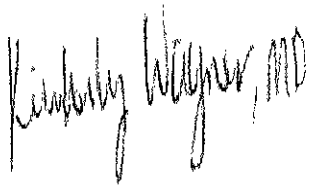
Plan:

1. Migraines

Start divalproex sodium delayed release tablet, 250 mg, 1 tab(s), orally, bid, 30 day(s), 60, Refills 5 ; Start Ketorolac Tromethamine tablet, 10 mg, 1 tab(s), orally, q 6 hrs prn, 5 day(s), 20, Refills 0 .

Follow Up: 3 Months with deanna

Provider: Kimberly Wagner, MD
Patient: CLERE, ALEXIS A **DOB:** 12/13/2000 **Date:** 10/27/2015



Electronically signed by KIMBERLY WAGNER , MD on 11/16/2015 at 09:28 AM MST
Sign off status: Completed

Progress Notes

Patient: CLERE, ALEXIS A
Account Number: 181435
DOB: 12/13/2000 **Age:** 15 Y **Sex:** Female
Phone: 719-491-5111
Address: 6315 GUNNISON CT, COLORADO SPRINGS, CO-80919-1719
Pcp: DAVID ZBYLSKI, MD

Provider: Kimberly Wagner, MD
Date: 01/28/2016

Subjective:

Chief Complaints:
1. Follow up .

HPI:
GENERAL:
Alexis is a very pleasant 14-year-old female with past medical history of migraines, usually triggered by coffee or smells who is here for follow-up with her mother since October 27, 2015.

Since her last appointment, she has been stable on Depakote 250 mg twice a day, which she states has significantly decreased the intensity and frequency of her migraines. However, since starting school again she has noticed that her migraines have been occurring about once a week, usually triggered by the smell and coffee. She will take Reglan when these occur and then will follow-up for IV infusions consisting of Ofirmev, Depacon, Zofran and IV fluids, which usually resolve her migraines. She is allergic to a number of medications to include anaphylaxis to triptans. In addition, she has allergies to medications that contain lactulose or a gel coating that is not vegetarian. She has tried Midrin, diclofenac, Cambia, Fioricet without any significant relief. In addition, she has tried amitriptyline in the past, which she states has not improved her symptoms either. She attributes the increase of her migraines to stress as well as smells such as coffee.

Medical History: Allergies, Migraines, Appendicitis, Asthma.

Social History:
No Alcohol Use .
No Drugs.
No Tobacco Use Status: Never smoked .

Medications: Taking Singulair 5 mg tablet, chewable 1 tab(s) once a day (in the evening), Taking Zyrtec 10 mg tablet 2 Tabs once a day, Taking Symbicort 80 mcg-4.5 mcg/inh aerosol 2 puff(s) 2 times a day, Taking Xolair 150 mg powder for injection 150 mg every 4 weeks, Taking Ventolin HFA CFC free 90 mcg/inh aerosol 2 puff(s) 4 times a day, Taking sodium chloride 1 liter liter 1 liter over 2 hours, Taking divalproex sodium 250 mg delayed release tablet 1 tab(s) bid, Taking Ketorolac Tromethamine 10 mg tablet 1 tab(s) q 6 hrs prn, Taking Sprix 15.75 mg/inh spray 1 spray(s) q 4-6 hrs prn, Taking Reglan 10 mg tablet 1 tab(s) prn nausea, Taking Depakote 500 mg delayed release tablet 1/2 tab orally bid, Taking Depacon 500 mg IV 500 mg in 100 ml of normal saline q8hrs prn, Taking Ofirmev 1000 mg solution 1000 mg in normal saline 1000mg over 2 hours with IV fluids, Medication List reviewed and reconciled with the patient

Allergies: Imitrex: anaphylaxis: Drug Allergy, Latex: anaphylaxis: Drug Allergy, Midrin: anaphylaxis: Drug Allergy.

Objective:

Vitals: BP sitting 98/58 mm Hg, Pulse sitting 72, Respirations 14, Wt 129 lbs, Height 65.5 inches, BMI 21.14.

Examination:
GENERAL:
neurological
Mental status: The patient was alert, oriented and attentive with normal concentration, memory and speech. Fund of knowledge was appropriate.

Cranial nerves: Fundoscopic exam showed normal optic discs, visual fields were intact and pupils were equal, round, and reactive to light. Extraocular movements were full and conjugate. There was no abnormal nystagmus. There was no facial, palatal, sternocleidomastoid, trapezius weakness. Normal hearing bilaterally. Facial sensation intact. No tongue weakness or fasciculations.

Motor: Fine finger movements were intact. There was no fix or drift. Muscle tone and bulk were normal. There were no abnormal involuntary movements. Muscle strength testing revealed power of five out of five in both upper and lower extremities.

Sensory: Light touch, pinprick, cold, vibration and position sense was intact.

Coordination: Finger to nose finger, heel to shin was normal.

Reflexes: Plantar reflexes were flexor. Stretch reflexes were 2+ and symmetric.

Gait: Gait was physiologic

.

Assessment:

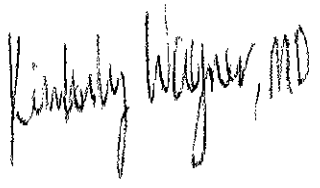
Assessment:
1. Migraines - G43.909 (Primary)
She will continue Depakote 250 mg twice a day as this has been working well for her and I will prescribe ketorolac 10 mg when necessary not to take more than 1 dose a day or 2 doses a week for abortive relief as she has been allergic to many medications in the past or they were not effective. She will continue Depacon, Ofirmev, Zofran and IV fluids for rescue as needed.

Plan:

1. Migraines
Refill Ketorolac Tromethamine tablet, 10 mg, 1 tab(s), orally, q 6 hrs prn migraine, not to exceed 2 doses in 24 hours, 30 days, 9, Refills 0 ; Refill Depakote delayed release tablet, 500 mg, 1/2 tab orally, orally, bid, 30 days, 30, Refills 0 ; Start Ofirmev solution, 1000 mg, 1000 mg in normal saline, IV, 1000mg over 2 hours with IV fluids, 1 days, 1, Refills 7 ; Start Depacon IV, 500 mg, 500 mg in 100 ml of normal saline, IV, q8hrs prn, 1 days, 1, Refills 7 .

Follow Up: 3 Months with PA Johnson

Provider: Kimberly Wagner, MD
Patient: CLERE, ALEXIS A **DOB:** 12/13/2000 **Date:** 01/28/2016



Electronically signed by KIMBERLY WAGNER , MD on 02/29/2016 at 10:03 AM MST
Sign off status: Completed

Progress Notes

Patient: CLERE, ALEXIS A
Account Number: 181435
DOB: 12/13/2000 **Age:** 15 Y **Sex:** Female
Phone: 719-491-5111
Address: 6315 GUNNISON CT, COLORADO SPRINGS, CO-80919-1719
Pcp: DAVID ZBYLSKI, MD

Appointment Provider: Deanna Johnson PA
Date: 04/28/2016

Subjective:

Chief Complaints:
1. 3 month followup migraines.

HPI:
GENERAL:
Alexis is a pleasant 15 year-old female with past medical history of migraines who returns accompanied by her mother for neurological followup. Her migraines had been quite stable on Depakote for about six to nine months until she developed allergic reaction to medication with trouble breathing. Her mother is unsure if her medication contained an ingredient to which she has an allergy. She has known allergy to gelatin and lactose. She has had exposure to multiple allergens in the past year and has had to use an EpiPen about 13 times. She had an anaphylactic reaction to triptans. Her mother inquires about possibly seeing if a compounded form of Depakote may be appropriate. Her migraine frequency was weekly since returning to school. Her migraines are usually triggered by the smell of coffee. She has also tried amitriptyline, Midrin, diclofenac, Cambia, Fioricet without any significant relief.

ROS:
Neurology:
Headache yes.

Medical History: Allergies, Migraines, Appendicitis, Asthma.

Social History:
No Alcohol Use .
No Drugs.
No Tobacco Use Status: Never smoked .

Medications: Taking Singulair 5 mg tablet, chewable 2 Tabs once a day (in the evening), Taking Zyrtec 10 mg tablet 2 Tabs once a day, Taking Symbicort 80 mcg-4.5 mcg/inh aerosol 2 puff(s) 2 times a day, Taking Xolair 150 mg powder for injection 150 mg every 4 weeks, Taking Ventolin HFA CFC free 90 mcg/inh aerosol 2 puff(s) 4 times a day, Taking sodium chloride 1 liter liter 1 liter over 2 hours, Taking Reglan 10 mg tablet 1 tab(s) prn nausea, Taking Ofirmev 1000 mg solution 1000 mg in normal saline 1000mg over 2 hours with IV fluids, Taking Depacon 500 mg IV 500 mg in 100 ml of normal saline q8hrs prn, Discontinued Depakote 500 mg delayed release tablet 1/2 tab orally bid, Discontinued divalproex sodium 250 mg delayed release tablet 1 tab(s) bid, Medication List reviewed and reconciled with the patient

Allergies: Imitrex: anaphylaxis: Drug Allergy, Latex: anaphylaxis: Drug Allergy, Midrin: anaphylaxis: Drug Allergy.

Objective:

Vitals: BP sitting 108/68 mm Hg, Pulse sitting 92, Respirations 16, Wt 130 lbs, Height 65.5 inches, BMI 21.30.

Examination:
GENERAL:
mental status intelligent, NAD, pleasant,alert, appears to be stated age.
HEENT facies symmetric, EOMI, PERRLA, hearing intact.
skin warm, dry.
neck supple, normal ROM of C spines.
extremities MA4Es.
neurological MSRs present and symmetric, no Babinski, oriented X 3, normal speech, normal gait.
musculoskeletal no focal weakness.

Assessment:

Assessment:
1. Migraines - G43.909 (Primary)

Plan:

1. Migraines
Start Qudexy XR capsule, extended release, 25 mg, 1 cap(s), orally, once a day, samples ; Start Cambia powder for reconstitution, potassium 50 mg, 50 mg, orally, 1X prn onset migraine, samples .
Notes: Will start patient on a trial of Qudexy XR 25 mg daily for migraine prophylaxis. Cambia samples also given for patient to take medication for acute treatment of migraines. We checked the package insert for both medications and they are both lactose and gelatin free. Will also look into a compounded form of Depakote to see if there is a lactose and gelatin free formulation in case this is needed in the future for migraine prophylaxis.

Follow Up: 3 Months

Appointment Provider: Deanna Johnson PA
Patient: CLERE, ALEXIS A **DOB:** 12/13/2000 **Date:** 04/28/2016

Deanna Johnson, PA-C

Electronically signed by DEANNA JOHNSON , PA-C on 06/26/2016 at 03:21 PM MDT
Sign off status: Completed

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Progress Notes

Patient: CLERE, ALEXIS A
Account Number: 181435
DOB: 12/13/2000 **Age:** 15 Y **Sex:** Female
Phone: 719-491-5111
Address: 6315 GUNNISON CT, COLORADO SPRINGS, CO-80919-1719
Pcp: DAVID ZBYLSKI, MD

Provider: Kimberly Wagner, MD
Date: 01/28/2016

Subjective:

Chief Complaints:
1. Follow up .

HPI:
GENERAL:
Alexis is a very pleasant 14-year-old female with past medical history of migraines, usually triggered by coffee or smells who is here for follow-up with her mother since October 27, 2015.

Since her last appointment, she has been stable on Depakote 250 mg twice a day, which she states has significantly decreased the intensity and frequency of her migraines. However, since starting school again she has noticed that her migraines have been occurring about once a week, usually triggered by the smell and coffee. She will take Reglan when these occur and then will follow-up for IV infusions consisting of Ofirmev, Depacon, Zofran and IV fluids, which usually resolve her migraines. She is allergic to a number of medications to include anaphylaxis to triptans. In addition, she has allergies to medications that contain lactulose or a gel coating that is not vegetarian. She has tried Midrin, diclofenac, Cambia, Fioricet without any significant relief. In addition, she has tried amitriptyline in the past, which she states has not improved her symptoms either. She attributes the increase of her migraines to stress as well as smells such as coffee.

Medical History: Allergies, Migraines, Appendicitis, Asthma.

Social History:
No Alcohol Use .
No Drugs.
No Tobacco Use Status: Never smoked .

Medications: Taking Singulair 5 mg tablet, chewable 1 tab(s) once a day (in the evening), Taking Zyrtec 10 mg tablet 2 Tabs once a day, Taking Symbicort 80 mcg-4.5 mcg/inh aerosol 2 puff(s) 2 times a day, Taking Xolair 150 mg powder for injection 150 mg every 4 weeks, Taking Ventolin HFA CFC free 90 mcg/inh aerosol 2 puff(s) 4 times a day, Taking sodium chloride 1 liter liter 1 liter over 2 hours, Taking divalproex sodium 250 mg delayed release tablet 1 tab(s) bid, Taking Ketorolac Tromethamine 10 mg tablet 1 tab(s) q 6 hrs prn, Taking Sprix 15.75 mg/inh spray 1 spray(s) q 4-6 hrs prn, Taking Reglan 10 mg tablet 1 tab(s) prn nausea, Taking Depakote 500 mg delayed release tablet 1/2 tab orally bid, Taking Depacon 500 mg IV 500 mg in 100 ml of normal saline q8hrs prn, Taking Ofirmev 1000 mg solution 1000 mg in normal saline 1000mg over 2 hours with IV fluids, Medication List reviewed and reconciled with the patient

Allergies: Imitrex: anaphylaxis: Drug Allergy, Latex: anaphylaxis: Drug Allergy, Midrin: anaphylaxis: Drug Allergy.

Objective:

Vitals: BP sitting 98/58 mm Hg, Pulse sitting 72, Respirations 14, Wt 129 lbs, Height 65.5 inches, BMI 21.14.

Examination:
GENERAL:
neurological
Mental status: The patient was alert, oriented and attentive with normal concentration, memory and speech. Fund of knowledge was appropriate.

Cranial nerves: Fundoscopic exam showed normal optic discs. visual fields were intact and pupils were equal, round, and reactive to light. Extraocular movements were full and conjugate. There was no abnormal nystagmus. There was no facial, palatal, sternocleidomastoid, trapezius weakness. Normal hearing bilaterally. Facial sensation intact. No tongue weakness or fasciculations.

Motor: Fine finger movements were intact. There was no fix or drift. Muscle tone and bulk were normal. There were no abnormal involuntary movements. Muscle strength testing revealed power of five out of five in both upper and lower extremities.

Sensory: Light touch, pinprick, cold, vibration and position sense was intact.

Coordination: Finger to nose finger, heel to shin was normal.

Reflexes: Plantar reflexes were flexor. Stretch reflexes were 2+ and symmetric.

Gait: Gait was physiologic

.

Assessment:

Assessment:

1. Migraines - G43.909 (Primary)

She will continue Depakote 250 mg twice a day as this has been working well for her and I will prescribe ketorolac 10 mg when necessary not to take more than 1 dose a day or 2 doses a week for abortive relief as she has been allergic to many medications in the past or they were not effective. She will continue Depacon, Ofirmev, Zofran and IV fluids for rescue as needed.

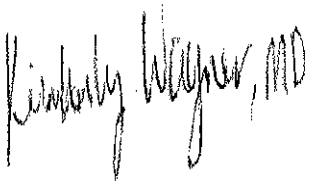
Plan:

1. Migraines

Refill Ketorolac Tromethamine tablet, 10 mg, 1 tab(s), orally, q 6 hrs prn migraine, not to exceed 2 doses in 24 hours, 30 days, 9, Refills 0 ; Refill Depakote delayed release tablet, 500 mg, 1/2 tab orally, orally, bid, 30 days, 30, Refills 0 ; Start Ofirmev solution, 1000 mg, 1000 mg in normal saline, IV, 1000mg over 2 hours with IV fluids, 1 days, 1, Refills 7 ; Start Depacon IV, 500 mg, 500 mg in 100 ml of normal saline, IV, q8hrs prn, 1 days, 1, Refills 7 .

Follow Up: 3 Months with PA Johnson

Provider: Kimberly Wagner, MD
Patient: CLERE, ALEXIS A **DOB:** 12/13/2000 **Date:** 01/28/2016



Electronically signed by KIMBERLY WAGNER , MD on 02/29/2016 at 10:03 AM MST
Sign off status: Completed

Progress Notes

Patient: CLERE, ALEXIS A
Account Number: 181435
DOB: 12/13/2000 **Age:** 15 Y **Sex:** Female
Phone: 719-491-5111
Address: 6315 GUNNISON CT, COLORADO SPRINGS, CO-80919-1719
Pcp: DAVID ZBYLSKI, MD

Provider: Kimberly Wagner, MD
Date: 01/28/2016

Subjective:

Chief Complaints:
1. Follow up .

HPI:
GENERAL:
Alexis is a very pleasant 14-year-old female with past medical history of migraines, usually triggered by coffee or smells who is here for follow-up with her mother since October 27, 2015.

Since her last appointment, she has been stable on Depakote 250 mg twice a day, which she states has significantly decreased the intensity and frequency of her migraines. However, since starting school again she has noticed that her migraines have been occurring about once a week, usually triggered by the smell and coffee. She will take Reglan when these occur and then will follow-up for IV infusions consisting of Ofirmev, Depacon, Zofran and IV fluids, which usually resolve her migraines. She is allergic to a number of medications to include anaphylaxis to triptans. In addition, she has allergies to medications that contain lactulose or a gel coating that is not vegetarian. She has tried Midrin, diclofenac, Cambia, Floricet without any significant relief. In addition, she has tried amitriptyline in the past, which she states has not improved her symptoms either. She attributes the increase of her migraines to stress as well as smells such as coffee.

Medical History: Allergies, Migraines, Appendicitis, Asthma.

Social History:
No Alcohol Use .
No Drugs.
No Tobacco Use Status: Never smoked .

Medications: Taking Singulair 5 mg tablet, chewable 1 tab(s) once a day (in the evening), Taking Zyrtec 10 mg tablet 2 Tabs once a day, Taking Symbicort 80 mcg-4.5 mcg/inh aerosol 2 puff(s) 2 times a day, Taking Xolair 150 mg powder for injection 150 mg every 4 weeks, Taking Ventolin HFA CFC free 90 mcg/inh aerosol 2 puff(s) 4 times a day, Taking sodium chloride 1 liter liter 1 liter over 2 hours, Taking divalproex sodium 250 mg delayed release tablet 1 tab(s) bid, Taking Ketorolac Tromethamine 10 mg tablet 1 tab(s) q 6 hrs prn, Taking Sprix 15.75 mg/inh spray 1 spray(s) q 4-6 hrs prn, Taking Reglan 10 mg tablet 1 tab(s) prn nausea, Taking Depakote 500 mg delayed release tablet 1/2 tab orally bid, Taking Depacon 500 mg IV 500 mg in 100 ml of normal saline q8hrs prn, Taking Ofirmev 1000 mg solution 1000 mg in normal saline 1000mg over 2 hours with IV fluids, Medication List reviewed and reconciled with the patient

Allergies: Imitrex: anaphylaxis: Drug Allergy, Latex: anaphylaxis: Drug Allergy, Midrin: anaphylaxis: Drug Allergy.

Objective:

Vitals: BP sitting 98/58 mm Hg, Pulse sitting 72, Respirations 14, Wt 129 lbs, Height 65.5 inches, BMI 21.14.

Examination:
GENERAL:
neurological
Mental status: The patient was alert, oriented and attentive with normal concentration, memory and speech. Fund of knowledge was appropriate.

Cranial nerves: Fundoscopic exam showed normal optic discs. visual fields were intact and pupils were equal, round, and reactive to light. Extraocular movements were full and conjugate. There was no abnormal nystagmus. There was no facial, palatal, sternocleidomastoid, trapezius weakness. Normal hearing bilaterally. Facial sensation intact. No tongue weakness or fasciculations.

Motor: Fine finger movements were intact. There was no fix or drift. Muscle tone and bulk were normal. There were no abnormal involuntary movements. Muscle strength testing revealed power of five out of five in both upper and lower extremities.

Sensory: Light touch, pinprick, cold, vibration and position sense was intact.

Coordination: Finger to nose finger, heel to shin was normal.

Reflexes: Plantar reflexes were flexor. Stretch reflexes were 2+ and symmetric.

Gait: Gait was physiologic

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Assessment:

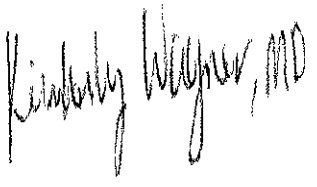
Assessment:
1. Migraines - G43.909 (Primary)
She will continue Depakote 250 mg twice a day as this has been working well for her and I will prescribe ketorolac 10 mg when necessary not to take more than 1 dose a day or 2 doses a week for abortive relief as she has been allergic to many medications in the past or they were not effective. She will continue Depacon, Ofirmev, Zofran and IV fluids for rescue as needed.

Plan:

1. Migraines
Refill Ketorolac Tromethamine tablet, 10 mg, 1 tab(s), orally, q 6 hrs prn migraine, not to exceed 2 doses in 24 hours, 30 days, 9, Refills 0 ; Refill Depakote delayed release tablet, 500 mg, 1/2 tab orally, orally, bid, 30 days, 30, Refills 0 ; Start Ofirmev solution, 1000 mg, 1000 mg in normal saline, IV, 1000mg over 2 hours with IV fluids, 1 days, 1, Refills 7 ; Start Depacon IV, 500 mg, 500 mg in 100 ml of normal saline, IV, q8hrs prn, 1 days, 1, Refills 7 .

Follow Up: 3 Months with PA Johnson

Provider: Kimberly Wagner, MD
Patient: CLERE, ALEXIS A **DOB:** 12/13/2000 **Date:** 01/28/2016



Electronically signed by KIMBERLY WAGNER , MD on 02/29/2016 at 10:03 AM MST
Sign off status: Completed

Progress Notes

Patient: CLERE, ALEXIS A
Account Number: 181435
DOB: 12/13/2000 **Age:** 15 Y **Sex:** Female
Phone: 719-491-5111
Address: 6315 GUNNISON CT, COLORADO SPRINGS, CO-80919-1719
Pcp: DAVID ZBYLSKI, MD

Appointment Provider: Deanna Johnson PA
Date: 04/28/2016

Subjective:

Chief Complaints:
1. 3 month followup migraines.

HPI:
GENERAL:
Alexis is a pleasant 15 year-old female with past medical history of migraines who returns accompanied by her mother for neurological followup. Her migraines had been quite stable on Depakote for about six to nine months until she developed allergic reaction to medication with trouble breathing. Her mother is unsure if her medication contained an ingredient to which she has an allergy. She has known allergy to gelatin and lactose. She has had exposure to multiple allergens in the past year and has had to use an EpiPen about 13 times. She had an anaphylactic reaction to triptans. Her mother inquires about possibly seeing if a compounded form of Depakote may be appropriate. Her migraine frequency was weekly since returning to school. Her migraines are usually triggered by the smell of coffee. She has also tried amitriptyline, Midrin, diclofenac, Cambia, Fioricet without any significant relief.

ROS:
Neurology:
Headache yes.

Medical History: Allergies, Migraines, Appendicitis, Asthma.

Social History:
No Alcohol Use .
No Drugs.
No Tobacco Use Status: Never smoked .

Medications: Taking Singulair 5 mg tablet, chewable 2 Tabs once a day (in the evening), Taking Zyrtec 10 mg tablet 2 Tabs once a day, Taking Symbicort 80 mcg-4.5 mcg/inh aerosol 2 puff(s) 2 times a day, Taking Xolair 150 mg powder for injection 150 mg every 4 weeks, Taking Ventolin HFA CFC free 90 mcg/inh aerosol 2 puff(s) 4 times a day, Taking sodium chloride 1 liter liter 1 liter over 2 hours, Taking Reglan 10 mg tablet 1 tab(s) prn nausea, Taking Ofirmev 1000 mg solution 1000 mg in normal saline 1000mg over 2 hours with IV fluids, Taking Depacon 500 mg IV 500 mg in 100 ml of normal saline q8hrs prn, Discontinued Depakote 500 mg delayed release tablet 1/2 tab orally bid, Discontinued divalproex sodium 250 mg delayed release tablet 1 tab(s) bid, Medication List reviewed and reconciled with the patient

Allergies: Imitrex: anaphylaxis: Drug Allergy, Latex: anaphylaxis: Drug Allergy, Midrin: anaphylaxis: Drug Allergy.

Objective:

Vitals: BP sitting 108/68 mm Hg, Pulse sitting 92, Respirations 16, Wt 130 lbs, Height 65.5 inches, BMI 21.30.

Examination:
GENERAL:
mental status intelligent, NAD, pleasant,alert, appears to be stated age.
HEENT facies symmetric, EOMI, PERRLA, hearing intact.
skin warm, dry.
neck supple, normal ROM of C spines.
extremities MA4Es.
neurological MSRs present and symmetric, no Babinski, oriented X 3, normal speech, normal gait.
musculoskeletal no focal weakness.