

TIME RECEIVED  
June 28, 2024 at 10:43:28 AM PDTREMOTE CSID  
Courtney ShawDURATION  
773PAGES  
14STATUS  
Received

From Courtney Shaw

18172686102

6/28/2024 10:30:29 PDT

Page 01 of 14



## WORKERS COMPENSATION PRE-CERT REQUEST

### ATTN: PRE-CERT DEPARTMENT

**Date: 6-28-24**
**TRISTART Precert Fax #**  
**562 506 0355**

**Senders Name:** Angela Tinsley      **Email Address:** angela.tinsley@mpm-med.com  
**Address:** 3001 Airport Freeway, Suite B, Bedford Texas 76021  
**Phone Number:** 817-268-0104, ext. 222      **Fax Number:** 817-268-6102

**Patient's Name:** Jones, Michael  
**Address:** 6486 Williams Tr., Justin, TX 76247-2451  
**DOB (Date of Birth):** 05/29/1953      **SSN (Social Security Number):** 462-02-0773

**Requesting Physician:** Patrick K. Stanton      **Tax ID #:** 752552646  
**Provider National Provider Identifier (NPI) #:** 1881773828  
**Address:** 1600 Central Drive, Suite 160, Bedford, Texas 76022  
**Phone Number:** 817-268-0104      **Fax Number:** 817-268-6102

**Gatekeeper:** RICK COLYER  
**Phone Number:** 817 685 4748

**Insurance Carrier:** Tristar Risk Management WC  
**Address:** PO Box 2805, Clinton, IA 52733-2805  
**Adjuster:** FRANK WALSH      **Phone Number:** 888 285 6708 EXT 2835  
**Claim Number:** 4044098      **DOI (Date of Injury):** 6-7-2001

**Employer:** HEB ISD  
**Address:** 1849 Central Dr, Bedford, TX 76022

**Diagnosis:** POSTLAMINECTOMY      **ICD-10 Codes:** M96.1  
 SYNDROME  
**Date Range:** 7-5-24 TO 8-15-24  
**Procedure Requested:** Refill synchomed infusion pump:      **CPT Codes:** 62369  
**Morphine Sulfate Powder via intraspinal infusion pump**      **ONLY**  
**20mg/ml, 80 days, 0 refills**

**Facility Name:** Metroplex Pain Management  
**Facility National Provider Identifier (NPI) #:** 1750443693  
**Address:** 3001 Airport Freeway, Suite B, Bedford Texas 76021  
**Phone Number:** 817-268-0104

#### NOTICE OF CONFIDENTIALITY

The information contained in the following page(s) is confidential and intended only for the individual name(s) above.  
 Any other use, dissemination, or copying of this communication is strictly prohibited and is a circumlocutory interference with our confidential business relationship. If this document was erroneously sent to you, please notify us immediately at the number listed above then destroy this document. Failure to do so is violation of privacy rule 42 CFR, Part 6-164 and may result in penalties mandated in accordance with Federal Law.

**Metroplex Pain Management**  
 3001 Airport Freeway, Suite B, Bedford Texas 76021  
 (817) 268-0104 • FAX (817) 268-6102

**METROPLEX PAIN MANAGEMENT, P.A.**

(817) 268-0104

3001 Airport Freeway, Suite B

Bedford, TX 76021-6012

**Patient:** Michael T Jones**Date of Birth:** 05/29/1953**SSN (last 4 #):** 0773**Visit Date:** 05/28/2024**Attending Provider:** Patrick K. Stanton DO**Referring Provider:** Brent Alford MD**Patient Visit Note****Active Problems & Conditions**

- Adverse Effect of Anticonvulsants / Antiparkinsonism Drugs - Neurontin and Lyrica caused GI distress and mental status changes
- Cardiac Pacemaker Implantation - 2017
- Case Management Conference To Coordinate Care - Peer review dated 7-20-12
- G89.29 - Chronic Pain
- Z87.891 - Former Smoker - quit in 2002
- Goals - :Treatment-Maintain and tolerate activities of daily living with an acceptable level of pain control - recognizing limitations to activities as needed and utilizing alternate pain control techniques
- History Free Text: - Previous Pain Management Treatments Cervical vertebral fusion -2003--Neck Surgery--ACDIF and Posterior Dr. Alford-2001--Lumbar fusion with hardware--Dr. Alford 2003--Lumbar surgery--Dr Alford-Lumbar fusion-1970 (6 months later)-Dr. Cravens -Lumbar fusion with hardware---2001--Dr. Alford -Lumbar surgery--2003--Dr. Alford Lumbar laminectomy 1982
- History of Constipation
- History of Coronary Artery Disease
- 311 - History of Depression
- History of Esophageal Reflux
- History of Essential Hypertension
- History of Hyperlipidemia
- History of Osteoarthritis
- History of Tension-type Headache
- Z86.73 - History of Transient Ischemic Attack (Tia)
- M51.16 - Intervertebral Disc Disorder Lumbar with Radiculopathy - - M51.16 - DOI: 06-07-2001 - Claim number: 11649278
- M51.17 - Intervertebral Disc Disorder Lumbosacral with Radiculopathy - - M51.17 - DOI: 06-07-2001 - Claim number: 11649278
- Z98.1 - Orthopedics Postsurgical Arthrodesis Status - - Lumbar - Z98.1 - DOI: 6-07-2001 - Claim number: 11649278
- M96.1 - Postlaminectomy Syndrome Lumbar
- Recent Surgery - Pacemaker - placed Sept. 2014
- Risk Factors - : Patient demonstrates no history variables that are associated with a higher risk of misuse, abuse, and addiction when opioids are used in chronic pain treatment:ORT=0
- Vaccines Viral Coronavirus 2019-ncov - Vaccines Viral Coronavirus 2019-nCoV . Patient reports vaccination completed
- Z02.89 - Work Comp Compensable - - Compensable Injury: Lumbar

**Reason For Visit**

Visit for: therapeutic drug monitoring Patient presents today for evaluation and therapeutic drug monitoring. Patients reports doing well with current medication.

**Patient Name: Michael T Jones****Date: 05/28/2024**

Patient reports current pain protocol is effectively controlling their pain. Patient reports medication improves their activities of daily by improving both their pain and function.

**History of Present Illness**

Michael Jones is a 70 year old male.

He reported: Pain frequency is unaffected by the time of day Pain frequency is affected by activities on occasion Pain is dull, aching, primarily.

Lower back pain radiating into the bilateral lower extremities, worsens with sitting for prolonged periods of time, with standing for prolonged periods of time, relieved by lying down on left side, by frequent position changes while sitting, standing, or lying supine, by medication, muscle cramps in both calves on occasion, and muscle cramps in both feet on occasion.

Bilateral leg weakness, tingling of the bilateral lower extremities that is equal in intensity, numbness of the bilateral lower extremities that is equal in intensity, pain controlled by medication - Pain relief appears to be clinically significant, and by medication - Patient reports pain relief received from utilizing current pain medication is enough to make a real difference in their life.

Insomnia due to pain -occasionally.

The patient states that overall, the medication regimen is effective and that their pain is usually under adequate control/tolerable. There has been no change in overall status. This suggests that therapy is appropriate and we will continue the current regimen.

Pain level acceptable.

No headache. No bowel urgency and no fecal incontinence. No urinary urgency.

Patient reports no modification or change in the amount of pain medication currently required.

Patient reports current medications improve function and activities of daily living.

Patient denied receiving pain medications from another doctor, the emergency room, friends, or any other source since last office visit.

Patient reports occasional shooting pain.

Patient denies trouble with thinking clearly or memory problems and denies medications slows thinking or reaction time.

Patient denies taking pain medications other than how they are prescribed.

Patient denies taking pain medication for symptoms other than pain. (e.g., to help with sleep, improve mood, or relieve stress).

Patient reports occasional throbbing pain.

The patient has been on steady medication dose and frequency without any addiction behavior noted.

Patient denies any emergency room or hospital admission since last visit.

Patient reports occasional burning pain.

Patient reports occasional sharp pain.

Patient denies any aberrant drug taking behavior.

Pain intensity increases with activity on occasion.

**Activities of Daily Living**

No exercise avoided in the last month due to pain, no housework avoided in the last month due to pain, no socializing avoided in the last month due to pain, and no self-care avoided in the last month due to pain.

No shopping avoided due to pain.

**Texas Prescription Monitoring Program Database**

Texas Prescription Monitoring Program Database searched and reviewed regarding patient's medication history. Findings appear appropriate and consistent with the patient's reported history.

**Patient Name: Michael T Jones****Date: 05/28/2024****Medication Effects**

Constipation reported by patient. Patient reports the constipation is well controlled with Linzess (Linaclotide).

**Social History**

Tobacco use: Smoking status: Never smoker.

**Allergies**

- **Penicillins**      **Reaction: Swelling**
- **Plavix**      **Reaction: , Hives / Urticaria**

**Review Of Systems**

**Systemic:** No fever.

**Otolaryngeal:** No sore throat.

**Pulmonary:** No dyspnea and no cough.

**Physical Findings****Vital Signs:**

Pain Level ____ (0-10):	Value	
Average pain level last 7 days (0-10)		4
Pain scale level reviewed -	4	
Patient's report of their pain's interference on their - enjoyment of life in the past week. (0-not at all to - 10-complete interference)		
Pain scale level reviewed -	4	
Patient's report of their pain's interference on their - general activity in the past week. (0-not at all to - 10-complete interference)		

**General Appearance:**

Well developed, well nourished, and in no acute distress.

**Head:**

Appearance: Head normocephalic.

**Lungs:**

Respiration rhythm and depth was normal, respiration rhythm and depth was normal, respiratory movements were normal, respiratory excursion normal and symmetric, no wheezing was heard, no rhonchi were heard, and no rales/crackles were heard.

**Cardiovascular:**

Heart Rate And Rhythm: Heart rate and rhythm normal.

Heart Sounds: Heart sounds normal.

Thrill: No thrill.

**Back:**

The lower back exhibited tenderness on palpation of the right paraspinal region and in the left paraspinal region.

**Abdomen:**

Auscultation: Bowel sounds were normal.

**Musculoskeletal System:****Lumbar / Lumbosacral Spine (Motion):**

General/bilateral: The lumbosacral spine did not demonstrate full range of motion. The lumbosacral spine did not demonstrate full range of motion, showed pain elicited by flexion, and by extension. A straight-leg raising test of the right leg was negative and of the left leg was negative.

**Musculoskeletal Scales:**

General/bilateral: Does not use support for ambulation Normal Ambulation.

**Neurological:**

Oriented to time, place, and person.

**Patient Name: Michael T Jones****Date: 05/28/2024**

Gait And Stance: Gait and stance were normal. Limping was observed.

**Psychiatric:**

Demonstrated Behavior: The behavior demonstrated no abnormalities.

Attitude: The attitude was not abnormal.

Mood: Mood euthymic.

Affect: The affect was normal.

**Assessment**

- M51.16 - Intervertebral disc disorders with radiculopathy, lumbar region
- M51.17 - Intervertebral disc disorders with radiculopathy, lumbosacral region
- M96.1 - Postlaminectomy syndrome, not elsewhere classified
- Z98.1 - Arthrodesis status
- G89.29 - Other chronic pain

• Goals Assessment: The patient's level of pain control was reviewed and discussed with the patient. Evaluation indicates the patient continues to benefit from and have a positive response to current pain management protocol

**Counseling/Education**

Opportunity was provided for questions to be asked and answered.

Reviewed risk and complications of chronic narcotic use with the patient. Patient indicated willingness to accept those risk and complications in exchange for potential improvement in quality of life.

Reviewed and discussed with the patient the need to continuously evaluate any effects of their medications and avoid any activity that could be injurious to themselves or others if they feel impaired in any way. Patient understands that could include driving, working and/or activities of daily living. Patient voices understanding and indicates they will comply.

**Plan**

- **Other chronic pain**

Morphine Sulfate 15 MG tablet 1 every po 4 hours prn pain Max 5 daily (Per Work Comp--Only 28 days), 28 days, 0 refills

Narcan 4 MG/0.1ML each 1 spray in 1 nostril x 1. Repeat if needed prn Treatment of Opioid Emergency, Call 911 (Work Comp), 365 days, 0 refills

- Scheduled for follow-up visit, 28 Days
- Refill medication

Reviewed and discussed patient's current level of pain control. Based upon patient's report and physical examination, the plan is to maintain current medication. Current protocol seems effective. Patient had an opportunity to have questions asked and answered. Patient instructed to contact the office with any questions or problems related to pain. Pill count completed.

**Care Team**

**Rey Marquino, MD**

**Tu Khac Le, MD**

**Jerry Michael Stanton, DO**

**Brent Alford, MD**

**Patrick K Stanton, DO**

**Primary Care**

**Cardiovascular Disease**

**Interventional Pain Management**

**Work Comp Treating Provider**

**Interventional Pain Management**

**Rationale for Telemedicine Treatment**

The patient is an established chronic pain patient of mine and is seeking refill of an existing prescription. I have determined telemedicine treatment is appropriate. When determining whether to utilize telemedicine medical services for the treatment of

**Patient Name: Michael T Jones****Date: 05/28/2024**

chronic pain I have given due consideration to factors that include: date of the patient's last in-person visit and patient co-morbidities.

Physicians cumulative service time including review of the initial inquiry, review of patient records or data pertinent to assessment of the patient's problem, interaction with clinical staff focused on the patient's problem, development of management plans, physician generation of prescriptions or ordering of tests, communication with the patient via audio-visual telecommunication, professional decision making, assessment and subsequent management exceeded 21 minutes.

**Patrick K. Stanton DO****Electronically signed by: Patrick K. Stanton, DO****Date: 06/02/2024 20:21**

**METROPLEX PAIN MANAGEMENT, P.A.**

(817) 268-0104

3001 Airport Freeway, Suite B

Bedford, TX 76021-6012

**Patient:** Michael T Jones**Date of Birth:** 05/29/1953**SSN (last 4 #):** 0773**Visit Date:** 04/30/2024**Attending Provider:** Patrick K. Stanton DO**Referring Provider:** Brent Alford MD**Patient Visit Note****Active Problems & Conditions**

- Adverse Effect of Anticonvulsants / Antiparkinsonism Drugs - Neurontin and Lyrica caused GI distress and mental status changes
- Cardiac Pacemaker Implantation - 2017
- Case Management Conference To Coordinate Care - Peer review dated 7-20-12
- G89.29 - Chronic Pain
- Z87.891 - Former Smoker - quit in 2002
- Goals - :Treatment-Maintain and tolerate activities of daily living with an acceptable level of pain control - recognizing limitations to activities as needed and utilizing alternate pain control techniques
- History Free Text: - Previous Pain Management Treatments Cervical vertebral fusion -2003--Neck Surgery--ACDIF and Posterior Dr. Alford-2001--Lumbar fusion with hardware--Dr. Alford 2003--Lumbar surgery--Dr Alford-Lumbar fusion-1970 (6 months later)-Dr. Cravens -Lumbar fusion with hardware---2001--Dr. Alford -Lumbar surgery--2003--Dr. Alford Lumbar laminectomy 1982
- History of Constipation
- History of Coronary Artery Disease
- 311 - History of Depression
- History of Esophageal Reflux
- History of Essential Hypertension
- History of Hyperlipidemia
- History of Osteoarthritis
- History of Tension-type Headache
- Z86.73 - History of Transient Ischemic Attack (Tia)
- M51.16 - Intervertebral Disc Disorder Lumbar with Radiculopathy - - M51.16 - DOI: 06-07-2001 - Claim number: 11649278
- M51.17 - Intervertebral Disc Disorder Lumbosacral with Radiculopathy - - M51.17 - DOI: 06-07-2001 - Claim number: 11649278
- Z98.1 - Orthopedics Postsurgical Arthrodesis Status - - Lumbar - Z98.1 - DOI: 6-07-2001 - Claim number: 11649278
- M96.1 - Postlaminectomy Syndrome Lumbar
- Recent Surgery - Pacemaker - placed Sept. 2014
- Risk Factors - : Patient demonstrates no history variables that are associated with a higher risk of misuse, abuse, and addiction when opioids are used in chronic pain treatment:ORT=0
- Vaccines Viral Coronavirus 2019-ncov - Vaccines Viral Coronavirus 2019-nCoV . Patient reports vaccination completed
- Z02.89 - Work Comp Compensable - - Compensable Injury: Lumbar

**Reason For Visit**

Visit for: therapeutic drug monitoring Patient presents today for evaluation and therapeutic drug monitoring. Patients reports doing well with current medication.

**Patient Name: Michael T Jones****Date: 04/30/2024**

Patient reports current pain protocol is effectively controlling their pain. Patient reports medication improves their activities of daily by improving both their pain and function.

**History of Present Illness**

Michael Jones is a 70 year old male.

He reported: Pain frequency is unaffected by the time of day Pain frequency is affected by activities on occasion Pain is constant (100% of the time) but is variable in its intensity and pain is dull, aching, primarily.

Lower back pain radiating into the bilateral lower extremities, worsens with sitting for prolonged periods of time, with standing for prolonged periods of time, with walking for prolonged periods of time, relieved by lying down on left side, by frequent position changes while sitting, standing, or lying supine, by medication, left calf pain on occasion, and muscle cramp calf in both calves on occasion.

Bilateral leg weakness, tingling of the right toes, the left toes, numbness of the right toes, the left toes, pain controlled by medication - Pain relief appears to be clinically significant, and by medication - Patient reports pain relief received from utilizing current pain medication is enough to make a real difference in their life.

Insomnia due to pain -occasionally.

The patient states that overall, the medication regimen is effective and that their pain is usually under adequate control/tolerable. There has been no change in overall status. This suggests that therapy is appropriate and we will continue the current regimen.

Pain level acceptable.

No headache. No bowel urgency and no fecal incontinence. No urinary urgency and no urinary loss of control.

Patient denied receiving pain medications from another doctor, the emergency room, friends, or any other source since last office visit.

Patient denies taking pain medication for symptoms other than pain. (e.g., to help with sleep, improve mood, or relieve stress).

Patient denies any aberrant drug taking behavior.

Patient denies trouble with thinking clearly or memory problems and denies medications slows thinking or reaction time.

Patient denies taking pain medications other than how they are prescribed.

Patient reports current medications improve function and activities of daily living.

The patient has been on steady medication dose and frequency without any addiction behavior noted.

Patient denies any emergency room or hospital admission since last visit.

Patient reports no modification or change in the amount of pain medication currently required.

Patient reports occasional sharp pain.

Pain intensity increases with activity on occasion.

**Activities of Daily Living**

No exercise avoided in the last month due to pain, no housework avoided in the last month due to pain, no socializing avoided in the last month due to pain, and no self-care avoided in the last month due to pain.

No shopping avoided due to pain.

**Texas Prescription Monitoring Program Database**

Texas Prescription Monitoring Program Database searched and reviewed regarding patient's medication history. Findings appear appropriate and consistent with the patient's reported history.



**Patient Name: Michael T Jones****Date: 04/30/2024****Medication Effects**

Constipation reported by patient. Patient reports the constipation is well controlled with Linzess (Linaclotide).

**Allergies**

- **Penicillins**      **Reaction: Swelling**
- **Plavix**      **Reaction: , Hives / Urticaria**

**Review Of Systems**

**Systemic:** No fever.

**Otolaryngeal:** No sore throat.

**Pulmonary:** No dyspnea and no cough.

**Physical Findings**

- **Vitals taken 04/30/2024 12:11 pm**

<b>BP-Sitting L</b>	<b>121/75 mmHg</b>
<b>BP Cuff Size</b>	<b>Regular</b>
<b>Pulse Rate-Sitting</b>	<b>77 bpm</b>
<b>Respiration Rate</b>	<b>18 per min</b>
<b>Temp-Temporal</b>	<b>97.4 F</b>
<b>Height</b>	<b>71 in</b>
<b>Weight</b>	<b>183 lbs</b>
<b>Body Mass Index</b>	<b>25.5 kg/m2</b>
<b>Body Surface Area</b>	<b>2 m2</b>

**Vital Signs:**

Pain Level ____ (0-10):	Value	
Average pain level last 7 days (0-10)		4
Pain scale level reviewed -	4	
Patient's report of their pain's interference on their - enjoyment of life in the past week. (0-not at all to - 10-complete interference)		
Pain scale level reviewed -	4	
Patient's report of their pain's interference on their - general activity in the past week. (0-not at all to - 10-complete interference)		

**General Appearance:**

Well developed, well nourished, and in no acute distress.

**Lungs:**

Respiration rhythm and depth was normal, respiration rhythm and depth was normal, respiratory movements were normal, respiratory excursion normal and symmetric, no wheezing was heard, no rhonchi were heard, and no rales/crackles were heard.

**Cardiovascular:**

Heart Rate And Rhythm: Heart rate and rhythm normal.

Heart Sounds: Heart sounds normal.

Thrill: No thrill.

**Back:**

The upper back exhibited tenderness on palpation of the right paraspinal region (cervical) and in the left paraspinal region (cervical).

**Abdomen:**

Auscultation: Bowel sounds were normal.

**Musculoskeletal System:**

**Patient Name: Michael T Jones****Date: 04/30/2024****Cervical Spine (Motion):**

General/bilateral: The cervical spine did not show full range of motion, flexion was abnormal -produces pain, and showed pain elicited by motion (Extension).

**Lumbar / Lumbosacral Spine:**

General/bilateral: A straight-leg raising test of the right leg was negative and of the left leg was negative.

**Musculoskeletal Scales:**

General/bilateral: Does not use support for ambulation Normal Ambulation.

**Neurological:**

Oriented to time, place, and person.

Gait And Stance: Gait and stance were normal, heel walking was not abnormal, and toe walking was not abnormal.

**Psychiatric:**

Demonstrated Behavior: The behavior demonstrated no abnormalities.

Mood: Mood euthymic.

Affect: The affect was normal.

**Assessment**

- M51.16 - Intervertebral disc disorders with radiculopathy, lumbar region
- M51.17 - Intervertebral disc disorders with radiculopathy, lumbosacral region
- M96.1 - Postlaminectomy syndrome, not elsewhere classified
- G89.29 - Other chronic pain

• Goals Assessment: The patient's level of pain control was reviewed and discussed with the patient. Evaluation indicates the patient continues to benefit from and have a positive response to current pain management protocol

**Counseling/Education**

Opportunity was provided for questions to be asked and answered.

Reviewed and discussed with the patient the need to continuously evaluate any effects of their medications and avoid any activity that could be injurious to themselves or others if they feel impaired in any way. Patient understands that could include driving, working and/or activities of daily living. Patient voices understanding and indicates they will comply.

Reviewed risk and complications of chronic narcotic use with the patient. Patient indicated willingness to accept those risk and complications in exchange for potential improvement in quality of life.

**Plan**

- **Other**

Return to clinic

Return to clinic in 28 days

- **Other chronic pain**

Morphine Sulfate 15 MG tablet 1 every po 4 hours prn pain Max 5 daily  
(Per Work Comp--Only 28 days), 28 days, 0 refills

- Scheduled for follow-up visit, 28 Days
- Refill medication

Reviewed and discussed patient's current level of pain control. Based upon patient's report and physical examination, the plan is to maintain current medication. Current protocol seems effective. Patient had an opportunity to have questions asked and answered. Patient instructed to contact the office with any questions or problems related to pain. Pill count completed.

**Patient Name: Michael T Jones****Date: 04/30/2024****Care Team****Rey Marquino, MD****Tu Khac Le, MD****Jerry Michael Stanton, DO****Brent Alford, MD****Patrick K Stanton, DO****Primary Care****Cardiovascular Disease****Interventional Pain Management****Work Comp Treating Provider****Interventional Pain Management****Patrick K. Stanton DO****Electronically signed by: Patrick K. Stanton, DO****Date: 05/01/2024 13:39**

**METROPLEX PAIN MANAGEMENT, P.A.**

(817) 268-0104

3001 Airport Freeway, Suite B

Bedford, TX 76021-6012

**Patient:** Michael T Jones**Date of Birth:** 05/29/1953**SSN (last 4 #):** 0773**Visit Date:** 04/23/2024**Attending Provider:** Patrick K. Stanton DO**Referring Provider:** Brent Alford MD**Patient Visit Note****Active Problems & Conditions**

- Adverse Effect of Anticonvulsants / Antiparkinsonism Drugs - Neurontin and Lyrica caused GI distress and mental status changes
- Cardiac Pacemaker Implantation - 2017
- Case Management Conference To Coordinate Care - Peer review dated 7-20-12
- G89.29 - Chronic Pain
- Z87.891 - Former Smoker - quit in 2002
- Goals - :Treatment-Maintain and tolerate activities of daily living with an acceptable level of pain control - recognizing limitations to activities as needed and utilizing alternate pain control techniques
- History Free Text: - Previous Pain Management Treatments Cervical vertebral fusion -2003--Neck Surgery--ACDIF and Posterior Dr. Alford-2001--Lumbar fusion with hardware--Dr. Alford 2003--Lumbar surgery--Dr Alford-Lumbar fusion-1970 (6 months later)-Dr. Cravens -Lumbar fusion with hardware---2001--Dr. Alford -Lumbar surgery--2003--Dr. Alford Lumbar laminectomy 1982
- History of Constipation
- History of Coronary Artery Disease
- 311 - History of Depression
- History of Esophageal Reflux
- History of Essential Hypertension
- History of Hyperlipidemia
- History of Osteoarthritis
- History of Tension-type Headache
- Z86.73 - History of Transient Ischemic Attack (Tia)
- M51.16 - Intervertebral Disc Disorder Lumbar with Radiculopathy - - M51.16 - DOI: 06-07-2001 - Claim number: 11649278
- M51.17 - Intervertebral Disc Disorder Lumbosacral with Radiculopathy - - M51.17 - DOI: 06-07-2001 - Claim number: 11649278
- Z98.1 - Orthopedics Postsurgical Arthrodesis Status - - Lumbar - Z98.1 - DOI: 6-07-2001 - Claim number: 11649278
- M96.1 - Postlaminectomy Syndrome Lumbar
- Recent Surgery - Pacemaker - placed Sept. 2014
- Risk Factors - : Patient demonstrates no history variables that are associated with a higher risk of misuse, abuse, and addiction when opioids are used in chronic pain treatment:ORT=0
- Vaccines Viral Coronavirus 2019-ncov - Vaccines Viral Coronavirus 2019-nCoV . Patient reports vaccination completed
- Z02.89 - Work Comp Compensable - - Compensable Injury: Lumbar

**Reason For Visit**

**Patient Name: Michael T Jones****Date: 04/23/2024**

Visit for: Read and reprogram of Synchromed infusion pump and visit for: Refill Synchromed infusion pump. Patient reports pump therapy helps control chronic pain and maintain independent activity of daily living.

**History of Present Illness**

Michael Jones is a 70 year old male.

He reported: Pain interfering with usual activity.

Lower back pain. No regional soft tissue swelling of both lower extremities.

Muscle spasms.

No dyspnea.

**Social History**

Functional: Fully able to manage the household and able to drive.

**Allergies**

- **Penicillins**      **Reaction: Swelling**
- **Plavix**      **Reaction: , Hives / Urticaria**

**Review Of Systems**

**Systemic:** Pain interfering with usual activity.

**Musculoskeletal:** Lower back pain and muscle spasms.

**Physical Findings****Vital Signs:**

Vital Signs/Measurements	Value
Pain level by numeric rating scale	3

**General Appearance:**

Well developed, well nourished, and in no acute distress.

**Lungs:**

Respiration rhythm and depth was normal.

**Musculoskeletal System:****Functional Exam:**

General/bilateral: Ambulation required a cane.

**Neurological:**

Oriented to time, place, and person.

Gait And Stance: Limping was observed.

**Psychiatric:**

Attitude: The attitude was not abnormal.

Pump pocket inspected. No sign of redness, irritation, bruising or infection.

**Assessment**

- M51.16 - Intervertebral disc disorders with radiculopathy, lumbar region
- M51.17 - Intervertebral disc disorders with radiculopathy, lumbosacral region
- M96.1 - Postlaminectomy syndrome, not elsewhere classified
- Z98.1 - Arthrodesis status
- R25.2 - Cramp and spasm, R25.2
- G89.29 - Other chronic pain, G89.29
- Z45.49 - Encounter for adjustment and management of other implanted nervous system device, Z45.49

**Counseling/Education**

- Patient education about adverse reactions to medication

The patient was informed of their medication rate and refill date. All questions and concerns were answered fully to the patient's understanding. The patient continues to understand and accept all risks and complications involved with the device.

**Patient Name: Michael T Jones****Date: 04/23/2024****Plan**

- **Other chronic pain**

Morphine Sulfate gram via intraspinal infusion pump 20mg/ml AIS  
Pharmacy, 80 days, 0 refills

**Notes**

The patient was placed in a semirecumbent position. The left lower abdomen was prepped with Betadine and draped under sterile conditions in the usual fashion. A 22-gauge 1 1/2 -inch Huber needle was used to access the port and reservoir of the pump, 4 cc of clear solution was withdrawn and discarded. The pump was then refilled with the patient's current compounded prescribed medications, yielding 20cc total volume after filtration. The patient denies any stinging, burning, or other adverse symptoms, and the reservoir was de-accessed without difficulty. The prep solution was cleansed off and sterile drug dressing was applied to the puncture site. The patient was monitored for 30 minutes and tolerated the procedure well.

**Practice Management**

Supervised by Dr. Patrick K. Stanton.

**Care Team****Rey Marquino, MD****Tu Khac Le, MD****Jerry Michael Stanton, DO****Brent Alford, MD****Patrick K Stanton, DO****Primary Care****Cardiovascular Disease****Interventional Pain Management****Work Comp Treating Provider****Interventional Pain Management****Therapy**

- Electronic analysis of a programmable, implanted pump with reprogramming and refill, 62369.
  - Medications: Refilled/Documentation by Patricia Carter, RN-BC.
  - Medications: right drug Morphine 400mg.
  - Infusion supplies (REFILL KIT), A4220.
- Alarm date--7/23/2024, refill 7/8/2024.

**Patrick K. Stanton DO****Electronically signed by: Patrick K. Stanton, DO****Date: 04/28/2024 19:41**