

TIME RECEIVED
April 17, 2024 at 8:36:02 AM PDT

REMOTE CSID

DURATION
812

PAGES
24

STATUS
Received

From: Maria Reyes

Fax:

To:

Fax: (562) 506-0355

Page: 1 of 24

04/17/2024 10:22 AM

FAX

Date 04/17/2024

Number of pages including cover 24

To:

Phone

Fax Phone (562) 506-0355

From:

Maria Reyes

Dr. Stephanie Jones

332 W Sunset Rd

San Antonio

TX

78209

Phone 12105461430

Fax Phone

REMARKS:

CLAIM # 11628128

DOI: 11-02-1998

CONSULTANTS IN PAIN MEDICINE

332 W. SUNSET RD. STE 3 SAN ANTONIO, TX 78209

PH: 210-546-1430 FAX: 210-546-1439

STEPHANIE JONES, MD**NPI: 1396744660 TAX ID: 742734272****____ PLEASE MAKE REFERRAL OUT TO THE GROUP NPI – 1215968235 TAX ID: 742734272****PRECERT REQUEST****DATE:** 4/17/2024**Patient Name:** GARCIA, NORMA A **DOB:** 11/1/1958**WC:** TRISTAR**PHN:** 714-565-7640 **FAX:** 562-506-0355**CLAIM#:** 11628128 **DOI:** 11-02-1998**Diagnosis:** Z97.8, _____, _____, _____**Date of Service:** Thu 5/9/2024 2:00 PM**Type of Service:** MEDICAL CARE **Place of Service:** OFFICE**PROCEDURE:** PUMP REFILL**Codes:** 62369 X 1, 76942 X 1, J2275 X 1, J3010 X 1, J0735 X 1, 62367 X 6, 62368 X 6**ORDERS:**

62369 ANAL SP INF PMP W/REPRG&FILL

76942 ULTRASOUND GUIDANCE FOR NEEDLE PLACEMENT

J0735 CLONIDINE HYDROCHLORIDE

J2274 INJ MORPHINE PF EPID ITHC

J3010 FENTANYL CITRATE INJECTION (21mg)

Referral Coordinator ***Please attach a copy of the original authorization***

Thank You, Maria

Ph: 210-546-1430 ext: 3345

***** Office use only *****

Authorization # _____

of visits: _____

Eff: _____ exp: _____

GARCIA, NORMA A/8433/F DOB 11-01-1958 (65 Years) Date of service 01-04-2024

of

Patient Name: NORMA A GARCIA

DOB: 11/01/1958

Provider: Stephanie S Jones MD



Consultants In Pain Medicine, PLLC
332 W Sunset Rd Ste 3
SAN ANTONIO, TX 78209-1755
Office: (210)546-1430 fax: (210)546-1439

Visit Date: **01/04/2024**

Status: **Complete.**

CC / HPI:

Visit Location: Consultants In Pain Medicine, PLLC

She presented with established patient visit:. The patient presents today for the following procedure: intrathecal pump refill. The location of pain is _ and diffuse body. Pain level today is a 4, 5 and 6. Pain level with medication is a 2. Pain level without medication is a 10. The quality of pain is electrical, sharp, shooting, burning and dull. Life improvements with medications include none. Since the last office visit the pain is stable. Since the initial office visit the pain is stable. The pain is made better by medications. Sleep quality is poor. The timing of pain is around-the-clock. Significant interval occurrences include none. In questioning compliance with a HEP , pt reports no. Patient feels that their current pain control is adequate. The patient feels that he/she is having the following s/e with meds: none. Dr Jones present in the suite: yes.

In addition, she presented Presents for office procedure.

Review of History:

I reviewed the documented drug allergy, medication, medical, surgical, family, diagnostic studies, cognitive assessment, imaging reports, pt, social and vitals histories.

ROS:

Patient History:

Problem History:Body mass index (BMI) 19 or less, adult
Body mass index (BMI) 21.0-21.9, adult
Body mass index (BMI) 22.0-22.9, adult, Active
Body mass index (BMI) 23.0-23.9, adult, Active
Body mass index (BMI) 24.0-24.9, adult, Active

GARCIA, NORMA A/8433/F DOB 11-01-1958 (65 Years) Date of service 01-04-2024

of

Patient Name: NORMA A GARCIA

DOB: 11/01/1958

Provider: Stephanie S Jones MD

Body mass index (BMI) 27.0-27.9, adult

Cervicalgia

Chronic pain syndrome, Active

Complex regional pain syndrome i of left upper limb, Active

Long term (current) use of opiate analgesic, Active

Low back pain

Other long term (current) drug therapy, Active

Pain in thoracic spine

Presence of intrathecal pump, Active

Presence of neurostimulator, Active

Right arm pain

Right leg pain

Problem History:

Anxiety

Depression

Diabetes mellitus Type 2

GERD

Pulmonary embolism

Surgical History:

appendectomy

cervical surgery Notes: SCS Dr Jones, 2011, 2014

Cesarean Notes: X3

lumbar surgery

ovarian cyst Notes: abd kao for ovarian cyst 2004

Surgery Notes: Intrathecal Pump 2000, 2006, intrathecal cath replaced 2007

tonsillectomy

Social History:

Marital status Married

Number of children 3

Employment Currently unemployed homemaker

Tobacco history Never smoker

Alcohol history Never drinks alcohol

Drug Allergy

* NO KNOWN DRUG ALLERGIES

Diagnostic studies

Study CT of Thoracic spine

DOS: 10-2-17

Impression

Postoperative changes, with probable epidureal stimulation leads entering at the T3-T4 level and extending in a cranial direction, and right lateral spinal catheter at the L1 level. No focal bony abnormality appreciated.

adr

CT of abdomen and pelvis

DOS: 10-2-17

Impression

1. No acute disease in the abdomen or pelvis by contrast-enhanced CT imaging. A few fluid filled loops of small bowel may indicate gastroenteritis in the appropriate clinical setting: no obstruction.

2. The pain pump catheter tubing is in the far right lateral s/aspect of the spinal canal at the L1-L2 level, question proper location. Consider contrast injection pain pump study if there is any clinical concern for this finding.

GARCIA, NORMA A/8433/F DOB 11-01-1958 (65 Years) Date of service 01-04-2024

of

Patient Name: NORMA A GARCIA

DOB: 11/01/1958

Provider: Stephanie S Jones MD

adr

CT THORACIC SPINE: 07/25/13

IMPRESSION:

1. No acute fracture or bone lesion.

Lw

CT LUMBAR SPINE: 07/25/13

IMPRESSION:

1. L4-L5 and L5-S1 disc protrusion as described above without central canal or neural foraminal stenosis.

Lw

CT Angiogram Chest: 4/5/13

Impression:

1. No pulmonary emboli seen on today's exam.

2. Stable 9mm nodule left upper lobe.

XRAY THORACIC SPINE DOS: 4-23-13

IMPRESSION: normal osseous appearance of the thoracic spine.--tea

Venous extremity unilateral DOS: 09/21/12

Impression:

No sonographic evidence of deep venous thrombosis in the right lower extremity.

RS

Lumbar CT 12/09/06

Stimulating device in place. No focal abnormality seen

Thoracic CT 12-05-05

No significant finding seen associated with presumed catheters within the posterior thecal sac. there is subtle mass effect at the entry point to the right at the 4-5 level but this causes no significant effect on the adjacent cord or foramina. The most cranial aspects of the catheters are not visualized and additional evaluation of the cervical spine is recommended. throughout the remained of the visualized levels, there is no compromise of the spinal canal or neuroforamina and no significant discogenic, spondylitic or fact osteoarthritic abnormality seen.

Alerts

Reminders Dr. Stephanie Jones, MD

Current Medications:

hydrocodone 5 mg-acetaminophen 300 mg tablet Take 1 Tablet(s) Oral every 4-6 hours as needed for acute pain nte 3/d/ workers comp 7 days, 7 days, for a total of 21, start on October 30, 2023.

Prescription associated to G90.512 Complex regional pain syndrome I of left upper limb and G89.4 Chronic pain syndrome. . Completed Rx.

diazepam 5 mg tablet Take 1 Tablet(s) Oral every 12 hours as needed for muscle spasms and anxiety/ workers comp 5 days, 5 days, for a total of 10, start on October 30, 2023. Completed Rx.

pantoprazole oral

metformin (bulk)

ibuprofen 800 mg tablet 1 Tablet(s) Oral two times a day as needed 21 days 1 refill, 21 days, 1 refill, for a total of 42, start on January 17, 2020. Completed Rx.

lisinopril (bulk)

GARCIA, NORMA A/8433/F DOB 11-01-1958 (65 Years) Date of service 01-04-2024

of

Patient Name: NORMA A GARCIA

DOB: 11/01/1958

Provider: Stephanie S Jones MD

Vitamin D3 oral

Lomotil 2.5 mg-0.025 mg tablet, oral.

Vital Signs:

Height: 5' 5" Weight: 135 lbs HR:64 bpm Resp:16 bpm

BP1: 120/72 mmHg

Screenings:

PE:

Procedures:

J2274 INJ MORPHINE PF EPID ITHC (174.3mg)

J3010 FENTANYL CITRATE INJECTION (14.7mg)

J0735 CLONIDINE HYDROCHLORIDE (18.9mg)

76942 ULTRASOUND GUIDANCE FOR NEEDLE PLACEMENT

62369 ANAL SP INF PMP W/REPRG&FILL

G8420 CALC BMI NORM PARAMETERS

3074F SYST BP LT 130 MM HG

3078F DIAST BP <80 MM HG

INTRATHECAL PUMP REFILL WITH TELEMETRY:

Patient was brought into the exam room and the orders were verified with confirmation of proper medication concentration and volume of pump being accessed for refill. Patient's pump was interrogated for current programming, residual volume, alarms.. Pump in left hip, skin intact. patient very sensitive.

Bringing her in 2 weeks before alarm date has been better, according to patient and husband. Reservoir alarm at 4cc, may need to follow alarm date.

The patient was placed in appropriate position for refill and the pump site was prepped and draped in the usual sterile fashion . There were no signs and/or symptoms of infection noted. Local lidocaine was used.

The pump was accessed using ultrasound guidance and a 22g non-coring needle. Verification of needle placement was confirmed as noted by the aspiration of reservoir volume until air was withdrawn creating a vacuum. The amount aspirated from the pump reservoir was _7 ccs. The amount expected was 6.3 _ cc's.

The filter was attached to the refill syringe, and the initial refill solution was drawn into the pump reservoir as expected with correct needle positioning. The medication was injected slowly with a continuous pressure at a rate of approx 1 cc per 3 seconds through a 0.2 micron filter. When filling was complete, slight pressure was maintained on the syringe plunger as the needle was removed. The total volume placed into the pump was 20 _ (+1-2 overfill) mls. The patient's skin was cleansed and a

GARCIA, NORMA A/8433/F DOB 11-01-1958 (65 Years) Date of service 01-04-2024

of

Patient Name: NORMA A GARCIA

DOB: 11/01/1958

Provider: Stephanie S Jones MD

bandage was applied. Residual reservoir volume as well as 1-2cc of new solution overfill was wasted into the trash.

DISCHARGE PUMP SETTING:

Infusion type: _simple continous infusion 1.8013_mg/ day PTM: _NO

Driver drug: _morphine 8.3 mg/ ml

BRIDGE BOLUS: _none needed

Alarm date: _3/17/24

Refill date; 3/6/24

Alarm volume 4 ml

Other drug concentrations in the pump include: _ fentanyl 0.7mg/ml (0.15192mg/day); clonidine 0.9mg/ml(0.19532mg/day)

ERI _8/2024

Have there been any signs, symptoms of overdose, underdose or withdrawal? NO

A printed copy of the refill data was placed in the chart and provided to the patient.

The following supplies were utilized: pump refill kit, medications as listed, and medtronic programmer
The patient was discharged in good condition and instructed to contact their CPM physician for concerns or questions.

A4220 Refill kit for implantable infusion pump (x1)

Cathy Taylor RN

Assessment:

The patient's pump was refilled w/o problems today. If the patient experiences unusual sedation today, they are to call the office immediately. The patient was given post procedural information sheet :

Information:

--important to make the next scheduled follow up to avoid any withdrawal symptoms which can be life threatening

- the pump has built in alarms and pt is to call if they hear an alarm

- The patient will make sure that all of their providers are aware of the pump implanted in their body--

- They also understand that if they require an MRI, they must let us know in advance so that we can schedule to come in after MRI to make sure that the pump rotor restarts.. This is to avoid a gap in therapy and possible withdrawal

-They should not get into a hot bath for hot tub for more than short periods of time , this can speed up their pumps and lead to sedation

- the pump is a mechanical device subject to rare unexpected breakdowns. The catheters can also develop leaks.

Pt was given a copy of their telemetry for review and for their records.

Dx:

GARCIA, NORMA A/8433/F DOB 11-01-1958 (65 Years) Date of service 01-04-2024

of

Patient Name: NORMA A GARCIA

DOB: 11/01/1958

Provider: Stephanie S Jones MD

Z97.8-V45.89 Presence of intrathecal pump

G89.4-338.4 Chronic pain syndrome

G90.512-337.21 Complex regional pain syndrome i of left upper limb

Z68.22-V85.1 Body mass index (BMI) 22.0-22.9, adult

Plan:

PMA, SOAPP-R, PROMIS

Rx:

Orders:

Electronically signed by: Stephanie S Jones MD on 01/04/2024 09:56 PM

A handwritten signature in black ink, appearing to read "Stephanie S Jones". The signature is written in a cursive, flowing style.

GARCIA, NORMA A/8433/F DOB 11-01-1958 (65 Years) Date of service 03-06-2024

of

Patient Name: NORMA A GARCIA

DOB: 11/01/1958

Provider: Stephanie S Jones MD



Consultants In Pain Medicine, PLLC
332 W Sunset Rd Ste 3
SAN ANTONIO, TX 78209-1755
Office: (210)546-1430 fax: (210)546-1439

Visit Date: **03/06/2024**

Status: **Complete.**

CC / HPI:

Visit Location: Consultants In Pain Medicine, PLLC

She presented with established patient visit:. The patient presents today for the following procedure: intrathecal pump refill. The location of pain is _ and diffuse body. Pain level today is a 8 and 9. Pain level with medication is a 2 and 3. Pain level without medication is a 10. The quality of pain is electrical, sharp, shooting and burning. Since the last office visit the pain is stable. Since the initial office visit the pain is stable. The pain is made better by medications. Sleep quality is poor. The timing of pain is around-the-clock. Significant interval occurrences include none. In questioning compliance with a HEP , pt reports no. Patient feels that their current pain control is adequate. The patient feels that he/she is having the following s/e with meds: vomit, nausea and sedation. Dr Jones present in the suite: yes.

In addition, she presented Presents for office procedure.

Review of History:

I reviewed the documented drug allergy, medication, medical, surgical, family, diagnostic studies, cognitive assessment, imaging reports, pt, social and vitals histories.

ROS:

Patient History:

Problem History:Body mass index (BMI) 19 or less, adult
Body mass index (BMI) 21.0-21.9, adult
Body mass index (BMI) 22.0-22.9, adult, Active
Body mass index (BMI) 23.0-23.9, adult, Active
Body mass index (BMI) 24.0-24.9, adult, Active
Body mass index (BMI) 27.0-27.9, adult

GARCIA, NORMA A/8433/F DOB 11-01-1958 (65 Years) Date of service 03-06-2024

of

Patient Name: NORMA A GARCIA

DOB: 11/01/1958

Provider: Stephanie S Jones MD

Cervicalgia

Chronic pain syndrome, Active

Complex regional pain syndrome i of left upper limb, Active

Long term (current) use of opiate analgesic, Active

Low back pain

Other long term (current) drug therapy, Active

Pain in thoracic spine

Presence of intrathecal pump, Active

Presence of neurostimulator, Active

Right arm pain

Right leg pain

Problem History:

Anxiety

Depression

Diabetes mellitus Type 2

GERD

Pulmonary embolism

Surgical History:

appendectomy

cervical surgery Notes: SCS Dr Jones, 2011, 2014

Cesarean Notes: X3

lumbar surgery

ovarian cyst Notes: abd kao for ovarian cyst 2004

Surgery Notes: Intrathecal Pump 2000, 2006, intrathecal cath replaced 2007

tonsillectomy

Social History:

Marital status Married

Number of children 3

Employment Currently unemployed homemaker

Tobacco history Never smoker

Alcohol history Never drinks alcohol

Drug Allergy

* NO KNOWN DRUG ALLERGIES

Diagnostic studies

Study CT of Thoracic spine

DOS: 10-2-17

Impression

Postoperative changes, with probable epidureal stimulation leads entering at the T3-T4 level and extending in a cranial direction, and right lateral spinal catheter at the L1 level. No focal bony abnormality appreciated.

adr

CT of abdomen and pelvis

DOS: 10-2-17

Impression

1. No acute disease in the abdomen or pelvis by contrast-enhanced CT imaging. A few fluid filled loops of small bowel may indicate gastroenteritis in the appropriate clinical setting: no obstruction.

2. The pain pump catheter tubing is in the far right lateral s\aspect of the spinal canal at the L1-L2 level, question proper location. Consider contrast injection pain pump study if there is any clinical concern for this finding.

adr

GARCIA, NORMA A/8433/F DOB 11-01-1958 (65 Years) Date of service 03-06-2024

of

Patient Name: NORMA A GARCIA

DOB: 11/01/1958

Provider: Stephanie S Jones MD

CT THORACIC SPINE: 07/25/13

IMPRESSION:

1. No acute fracture or bone lesion.

Lw

CT LUMBAR SPINE: 07/25/13

IMPRESSION:

1. L4-L5 and L5-S1 disc protrusion as described above without central canal or neural foraminal stenosis.

Lw

CT Angiogram Chest: 4/5/13

Impression:

1. No pulmonary emboli seen on today's exam.

2. Stable 9mm nodule left upper lobe.

XRAY THORACIC SPINE DOS: 4-23-13

IMPRESSION: normal osseous appearance of the thoracic spine.--tea

Venous extremity unilateral DOS: 09/21/12

Impression:

No sonographic evidence of deep venous thrombosis in the right lower extremity.

RS

Lumbar CT 12/09/06

Stimulating device in place. No focal abnormality seen

Thoracic CT 12-05-05

No significant finding seen associated with presumed catheters within the posterior thecal sac. there is subtle mass effect at the entry point to the right at the 4-5 level but this causes no significant effect on the adjacent cord or foramina. The most cranial aspects of the catheters are not visualized and additional evaluation of the cervical spine is recommended. throughout the remained of the visualized levels, there is no compromise of the spinal canal or neuroforamina and no significant discogenic, spondylitic or fact osteoarthritic abnormality seen.

Alerts

Reminders Dr. Stephanie Jones, MD

Current Medications:

hydrocodone 5 mg-acetaminophen 300 mg tablet Take 1 Tablet(s) Oral every 4-6 hours as needed for acute pain nte 3/d/ workers comp 7 days, 7 days, for a total of 21, start on October 30, 2023.

Prescription associated to G90.512 Complex regional pain syndrome I of left upper limb and G89.4

Chronic pain syndrome. . Completed Rx.

diazepam 5 mg tablet Take 1 Tablet(s) Oral every 12 hours as needed for muscle spasms and anxiety/ workers comp 5 days, 5 days, for a total of 10, start on October 30, 2023. Completed Rx.

pantoprazole oral

metformin (bulk)

ibuprofen 800 mg tablet 1 Tablet(s) Oral two times a day as needed 21 days 1 refill, 21 days, 1 refill, for a total of 42, start on January 17, 2020. Completed Rx.

lisinopril (bulk)

Vitamin D3 oral

GARCIA, NORMA A/8433/F DOB 11-01-1958 (65 Years) Date of service 03-06-2024

of

Patient Name: NORMA A GARCIA

DOB: 11/01/1958

Provider: Stephanie S Jones MD

Lomotil 2.5 mg-0.025 mg tablet, oral.

Vital Signs:

Height: 5' 5" Weight: 135 lbs HR:63 bpm Resp:16 bpm

BP1: 120/60 mmHg

Screenings:

PE:

Procedures:

J2274 INJ MORPHINE PF EPID ITHC (174.3mg)

J3010 FENTANYL CITRATE INJECTION (14.7mg)

J0735 CLONIDINE HYDROCHLORIDE (18.9mg)

76942 ULTRASOUND GUIDANCE FOR NEEDLE PLACEMENT

62369 ANAL SP INF PMP W/REPRG&FILL

G8420 CALC BMI NORM PARAMETERS

3074F SYST BP LT 130 MM HG

3078F DIAST BP <80 MM HG

INTRATHECAL PUMP REFILL WITH TELEMETRY:

Patient was brought into the exam room and the orders were verified with confirmation of proper medication concentration and volume of pump being accessed for refill. Patient's pump was interrogated for current programming, residual volume, alarms.. pump in left hip, skin intact over pump.

We continue to bring patient in two weeks early as husband states pain gets severe if we go to reservoir of 2.

The patient was placed in appropriate position for refill and the pump site was prepped and draped in the usual sterile fashion . There were no signs and/or symptoms of infection noted. Local lidocaine was used.

The pump was accessed using ultrasound guidance and a 22g non-coring needle. Verification of needle placement was confirmed as noted by the aspiration of reservoir volume until air was withdrawn creating a vacuum. The amount aspirated from the pump reservoir was 7_ ccs. The amount expected was 6.6_ cc's.

The filter was attached to the refill syringe, and the initial refill solution was drawn into the pump reservoir as expected with correct needle positioning. The medication was injected slowly with a continuous pressure at a rate of approx 1 cc per 3 seconds through a 0.2 micron filter. When filling was complete, slight pressure was maintained on the syringe plunger as the needle was removed. The total volume placed into the pump was 20_ (+1-2 overfill) mls. The patient's skin was cleansed and a bandage was applied. Residual reservoir volume was wasted into the trash.

GARCIA, NORMA A/8433/F DOB 11-01-1958 (65 Years) Date of service 03-06-2024

of

Patient Name: NORMA A GARCIA

DOB: 11/01/1958

Provider: Stephanie S Jones MD

DISCHARGE PUMP SETTING:

Infusion type: simple continuous _ infusion 1.8013_mg/ day PTM: NO_

Driver drug: _morphine 8.3 mg/ ml

BRIDGE BOLUS: _none needed

Alarm date: 5/18/24

Refill date: 5/9/24_

Alarm volume 4 ml

Other drug concentrations in the pump include: _ fentanyl 0.7mg/ml (0.15192 mg/day); clonidine 0.9mg/ml(0.19532mg/day)

ERI _8/2024

Have there been any signs, symptoms of overdose, underdose or withdrawal? NO

A printed copy of the refill data was placed in the chart and provided to the patient.

The following supplies were utilized: pump refill kit, medications as listed, and medtronic programmer

The patient was discharged in good condition and instructed to contact their CPM physician for concerns or questions.

A4220 Refill kit for implantable infusion pump (x1)

Cathy Taylor RN

Assessment:

The patient's pump was refilled w/o problems today. If the patient experiences unusual sedation today, they are to call the office immediately. The patient was given post procedural information sheet :

Information:

--important to make the next scheduled follow up to avoid any withdrawal symptoms which can be life threatening

- the pump has built in alarms and pt is to call if they hear an alarm

- The patient will make sure that all of their providers are aware of the pump implanted in their body--

- They also understand that if they require an MRI, they must let us know in advance so that we can schedule to come in after MRI to make sure that the pump rotor restarts.. This is to avoid a gap in therapy and possible withdrawal

-They should not get into a hot bath for hot tub for more than short periods of time , this can speed up their pumps and lead to sedation

- the pump is a mechanical device subject to rare unexpected breakdowns. The catheters can also develop leaks.

Pt was given a copy of their telemetry for review and for their records.

Dx:

Z97.8-V45.89 Presence of intrathecal pump

G89.4-338.4 Chronic pain syndrome

Z79.891-V58.69 Long term (current) use of opiate analgesic

GARCIA, NORMA A/8433/F DOB 11-01-1958 (65 Years) Date of service 03-06-2024

of

Patient Name: NORMA A GARCIA

DOB: 11/01/1958

Provider: Stephanie S Jones MD

Z68.22-V85.1 Body mass index (BMI) 22.0-22.9, adult

Plan:

UDT

Rx:

Orders:

200050 Panel K (80307, G0480, G0481, G0482, G0483) (UDT orders:

A urine screen was ordered and taken by immediate possession. Tactile and visual inspection of the sample appeared satisfactory. Unexpected results will be confirmed and prescribed medications will be confirmed. The UDS has been obtained to verify patient compliance with the prescribed medications and rule out illicit drug use and or use of non-prescribed medications. Drug testing is medically necessary as results of this testing may impact the ongoing patient treatment. It helps confirm compliance, exclude diversion, abuse and medication sharing. It plays a critical part in pain management and helps to guide treatment and improve health outcomes including patient mortality, morbidity and quality of life.

It is understood that if the patient is on a synthetic opioid (fentanyl, methadone) or semisynthetic opioids (buprenorphine, oxycodone, oxymorphone, hydromorphone) that immunoassay (presumptive testing) is less accurate than naturally occurring opiate alkaloids (morphine, codeine). Also, immunoassays are somewhat semiquantitative (ie an estimate of levels only) because of cross reaction across multiple drugs.

Evidence-based guidelines recommend specimen validity testing (e.g. pH, temperature, creatinine, oxidants) as it is a valuable means to ensure outcomes are accurately interpreted in pain management patients. Specimen validity testing establishes the appropriateness of the urine specimen collected/received, which impacts the capability to properly identify applicable OTC meds, prescribed and non prescribed drugs, and illicit substances used by pain management patients.

Definitive UDT is medically reasonable and necessary for the following circumstances: to identify a specific substance(s) and/or metabolite(s) that are inadequately or not at all detected by a presumptive UDT, to identify drugs when a definitive concentration of a drug is needed to guide management (eg discontinuance of the), to identify non-prescribed medication or illicit substance use for ongoing safe prescribing of controlled substance when presumptive UDT is insufficient to identify all substances of concern. To use in a differential diagnostic assessment of medication efficacy, side effects and/or drug-drug interactions.

While ethanol is exempt from control by the controlled substances act Ethanol is a known drug of abuse and when mixed w/ opioids or other controlled substances, increases the morbidity/mortality of a patient on controlled substances. It is routinely tested more in blood than urine but that is not practical in the clinical setting when UDT is already being obtained. It is understood that a + test will need to be placed in context to the clinical situation (eg diabetes, otc meds w/ ethanol) but helps to improve the overall safety of the patient.

Orders: for in house samples

80307 Drug test prsmv instrmnt chemistry analyzers (In-House)

GARCIA, NORMA A/8433/F DOB 11-01-1958 (65 Years) Date of service 03-06-2024

of

Patient Name: NORMA A GARCIA

DOB: 11/01/1958

Provider: Stephanie S Jones MD

82055 Assay alcohol (ethanol) (Send-Out)

82570 Creatinine, other (In-House)

83986 Body fluid pH, not otherwise specified (In-House)

** if urine is not easily obtainable from the patient then oral swab / saliva will be obtained .

)

303000 cOPI

312000 cBEZO

305000 cFENT

Apollo PDF Report Apollo PDF Report

Electronically signed by: Stephanie S Jones MD on 03/06/2024 09:33 PM

A handwritten signature in black ink, appearing to read "Stephanie S Jones". The signature is written in a cursive, flowing style.

GARCIA, NORMA A/8433/F DOB 11-01-1958 (65 Years) Date of service 11-02-2023

of

Patient Name: NORMA A GARCIA

DOB: 11/01/1958

Provider: Stephanie S Jones MD



Consultants In Pain Medicine, PLLC
332 W Sunset Rd Ste 3
SAN ANTONIO, TX 78209-1755
Office: (210)546-1430 fax: (210)546-1439

Visit Date: **11/02/2023**

Status: **Complete.**

CC / HPI:

Visit Location: Consultants In Pain Medicine, PLLC

She presented with established patient visit:. The patient presents today for the following procedure: intrathecal pump refill. The location of pain is _ and diffuse body. Pain level today is a 5, 6 and 7. Pain level with medication is a 3. Pain level without medication is a 9 and 10. The quality of pain is electrical, sharp, shooting, burning, dull and aching. Since the last office visit the pain is stable. Since the initial office visit the pain is stable. The pain is made better by medications. Sleep quality is poor. The timing of pain is around-the-clock. Significant interval occurrences include none. In questioning compliance with a HEP , pt reports no. Patient feels that their current pain control is adequate. The patient feels that he/she is having the following s/e with meds: constipation, nausea and sedation. Dr Jones present in the suite: yes.

In addition, she presented Presents for office procedure.

Review of History:

I reviewed the documented drug allergy, medication, medical, surgical, family, diagnostic studies, cognitive assessment, imaging reports, pt, social and vitals histories.

ROS:

Patient History:

Problem History:Body mass index (BMI) 19 or less, adult
Body mass index (BMI) 21.0-21.9, adult
Body mass index (BMI) 22.0-22.9, adult
Body mass index (BMI) 23.0-23.9, adult, Active
Body mass index (BMI) 24.0-24.9, adult, Active

GARCIA, NORMA A/8433/F DOB 11-01-1958 (65 Years) Date of service 11-02-2023

of

Patient Name: NORMA A GARCIA

DOB: 11/01/1958

Provider: Stephanie S Jones MD

Body mass index (BMI) 27.0-27.9, adult

Cervicalgia

Chronic pain syndrome, Active

Complex regional pain syndrome i of left upper limb, Active

Long term (current) use of opiate analgesic, Active

Low back pain

Other long term (current) drug therapy, Active

Pain in thoracic spine

Presence of intrathecal pump, Active

Presence of neurostimulator, Active

Right arm pain

Right leg pain

Problem History:

Anxiety

Depression

Diabetes mellitus Type 2

GERD

Pulmonary embolism

Surgical History:

appendectomy

cervical surgery Notes: SCS Dr Jones, 2011, 2014

Cesarean Notes: X3

lumbar surgery

ovarian cyst Notes: abd kao for ovarian cyst 2004

Surgery Notes: Intrathecal Pump 2000, 2006, intrathecal cath replaced 2007

tonsillectomy

Social History:

Marital status Married

Number of children 3

Employment Currently unemployed homemaker

Tobacco history Never smoker

Alcohol history Never drinks alcohol

Drug Allergy

* NO KNOWN DRUG ALLERGIES

Diagnostic studies

Study CT of Thoracic spine

DOS: 10-2-17

Impression

Postoperative changes, with probable epidureal stimulation leads entering at the T3-T4 level and extending in a cranial direction, and right lateral spinal catheter at the L1 level. No focal bony abnormality appreciated.

adr

CT of abdomen and pelvis

DOS: 10-2-17

Impression

1. No acute disease in the abdomen or pelvis by contrast-enhanced CT imaging. A few fluid filled loops of small bowel may indicate gastroenteritis in the appropriate clinical setting: no obstruction.

2. The pain pump catheter tubing is in the far right lateral s/aspect of the spinal canal at the L1-L2 level, question proper location. Consider contrast injection pain pump study if there is any clinical concern for this finding.

GARCIA, NORMA A/8433/F DOB 11-01-1958 (65 Years) Date of service 11-02-2023

of

Patient Name: NORMA A GARCIA

DOB: 11/01/1958

Provider: Stephanie S Jones MD

adr

CT THORACIC SPINE: 07/25/13

IMPRESSION:

1. No acute fracture or bone lesion.

Lw

CT LUMBAR SPINE: 07/25/13

IMPRESSION:

1. L4-L5 and L5-S1 disc protrusion as described above without central canal or neural foraminal stenosis.

Lw

CT Angiogram Chest: 4/5/13

Impression:

1. No pulmonary emboli seen on today's exam.

2. Stable 9mm nodule left upper lobe.

XRAY THORACIC SPINE DOS: 4-23-13

IMPRESSION: normal osseous appearance of the thoracic spine.--tea

Venous extremity unilateral DOS: 09/21/12

Impression:

No sonographic evidence of deep venous thrombosis in the right lower extremity.

RS

Lumbar CT 12/09/06

Stimulating device in place. No focal abnormality seen

Thoracic CT 12-05-05

No significant finding seen associated with presumed catheters within the posterior thecal sac. there is subtle mass effect at the entry point to the right at the 4-5 level but this causes no significant effect on the adjacent cord or foramina. The most cranial aspects of the catheters are not visualized and additional evaluation of the cervical spine is recommended. throughout the remained of the visualized levels, there is no compromise of the spinal canal or neuroforamina and no significant discogenic, spondylitic or fact osteoarthritic abnormality seen.

Alerts

Reminders Dr. Stephanie Jones, MD

Current Medications:

hydrocodone 5 mg-acetaminophen 300 mg tablet Take 1 Tablet(s) Oral every 4-6 hours as needed for acute pain nte 3/d/ workers comp 7 days, 7 days, for a total of 21, start on October 30, 2023.

Prescription associated to G90.512 Complex regional pain syndrome I of left upper limb and G89.4 Chronic pain syndrome. . Completed Rx.

diazepam 5 mg tablet Take 1 Tablet(s) Oral every 12 hours as needed for muscle spasms and anxiety/ workers comp 5 days, 5 days, for a total of 10, start on October 30, 2023. Completed Rx.

pantoprazole oral

metformin (bulk)

ibuprofen 800 mg tablet 1 Tablet(s) Oral two times a day as needed 21 days 1 refill, 21 days, 1 refill, for a total of 42, start on January 17, 2020. Completed Rx.

lisinopril (bulk)

GARCIA, NORMA A/8433/F DOB 11-01-1958 (65 Years) Date of service 11-02-2023

of

Patient Name: NORMA A GARCIA

DOB: 11/01/1958

Provider: Stephanie S Jones MD

Vitamin D3 oral

Lomotil 2.5 mg-0.025 mg tablet, oral.

Vital Signs:

Height: 5' 6" Weight: 145 lbs HR:64 bpm Resp:16 bpm

BP1: 125/78 mmHg

Screenings:

PE:

Procedures:

76942 ULTRASOUND GUIDANCE FOR NEEDLE PLACEMENT

62369 ANAL SP INF PMP W/REPRG&FILL

J3010 FENTANYL CITRATE INJECTION (14.7mg)

J2274 INJ MORPHINE PF EPID ITHC (174.3mg)

J0735 CLONIDINE HYDROCHLORIDE (18.9mg)

G8420 CALC BMI NORM PARAMETERS

3074F SYST BP LT 130 MM HG

3078F DIAST BP <80 MM HG

INTRATHECAL PUMP REFILL WITH TELEMETRY:

Patient was brought into the exam room and the orders were verified with confirmation of proper medication concentration and volume of pump being accessed for refill. Patient's pump was interrogated for current programming, residual volume, alarms.. pump in left hip, skin intact..

Patient reports coming in 2 weeks early has really made a difference.

The patient was placed in appropriate position for refill and the pump site was prepped and draped in the usual sterile fashion . There were no signs and/or symptoms of infection noted. Local lidocaine was used.

The filter was attached to the refill syringe, and the initial refill solution was drawn into the pump reservoir as expected with correct needle positioning. The medication was injected slowly with a continuous pressure at a rate of approx 1 cc per 3 seconds through a 0.2 micron filter. When filling was complete, slight pressure was maintained on the syringe plunger as the needle was removed. The total volume placed into the pump was 20 _ (+1-2 overfill) mls. The patient's skin was cleansed and a bandage was applied. Residual reservoir volume as well as 1-2cc of new solution overfill was wasted into the trash. expected 4.8cc, got 5.5cc.

DISCHARGE PUMP SETTING:

Infusion type: _simple continous infusion 1.8013 _mg/ day PTM: _NO

Driver drug: _morphine 8.3 mg/ ml

GARCIA, NORMA A/8433/F DOB 11-01-1958 (65 Years) Date of service 11-02-2023

of

Patient Name: NORMA A GARCIA

DOB: 11/01/1958

Provider: Stephanie S Jones MD

BRIDGE BOLUS: _none needed

Alarm date: _1/14/24

Refill date: 1/4/20 - early

Alarm volume 2 ml

Other drug concentrations in the pump include: _fentanyl 0.7mg/ml(0.15192mg/day) ; clonidine 0.9mg/ml (0.19532mg/day)

ERI _8/2024

Have there been any signs, symptoms of overdose, underdose or withdrawal? NO

A printed copy of the refill data was placed in the chart and provided to the patient.

The following supplies were utilized: pump refill kit, medications as listed, and medtronic programmer
The patient was discharged in good condition and instructed to contact their CPM physician for concerns or questions.

A4220 Refill kit for implantable infusion pump (x1)

Cathy Taylor RN

Assessment:

pt doing much better than a few days ago when having severe flare that she was seen for in the ER x 2 and here

Dx:

Z97.8-V45.89 Presence of intrathecal pump

G89.4-338.4 Chronic pain syndrome

G90.512-337.21 Complex regional pain syndrome i of left upper limb

Z68.23-V85.1 Body mass index (BMI) 23.0-23.9, adult

Plan:

The patient's pump was refilled w/o problems today. If the patient experiences unusual sedation today, they are to call the office immediately. The patient was given post procedural information sheet :

Information:

--important to make the next scheduled follow up to avoid any withdrawal symptoms which can be life threatening

- the pump has built in alarms and pt is to call if they hear an alarm

- The patient will make sure that all of their providers are aware of the pump implanted in their body--

- They also understand that if they require an MRI, they must let us know in advance so that we can schedule to come in after MRI to make sure that the pump rotor restarts.. This is to avoid a gap in therapy and possible withdrawal

-They should not get into a hot bath for hot tub for more than short periods of time , this can speed up their pumps and lead to sedation

- the pump is a mechanical device subject to rare unexpected breakdowns. The catheters can also

GARCIA, NORMA A/8433/F DOB 11-01-1958 (65 Years) Date of service 11-02-2023

of

Patient Name: NORMA A GARCIA

DOB: 11/01/1958

Provider: Stephanie S Jones MD

develop leaks.

Pt was given a copy of their telemetry for review and for their records.

Rx:

Orders:

Electronically signed by: Stephanie S Jones MD on 11/04/2023 11:18 PM

A handwritten signature in black ink, appearing to read "Stephanie S Jones", is written below the electronic signature line.

Session Long Report

NORMA GARCIA NGP603381H
8637-20 NGP603381H

Medtronic

Application Version: 1.1.413

Session Date: Mar 6, 2024 1:25 PM

PATIENT AND SESSION INFORMATION

Last Name : GARCIA Birthdate : 11/1/58
First Name : NORMA Device : SynchroMed™ II; 8637-20 NGP603381H
Patient ID : NGP603381H Last Update : 3/6/24 1:27 PM
Phone 1 : ----- Address : -----

Phone 2 : -----

RA MM 5-9-2024
G MG 2:00 PM

LOW RESERVOIR ALARM

Refill Pump Before: 5/18/24

Low Reservoir Alarm Volume : 4.0 mL

Next Refill Appointment: -----

CHANGES MADE

Refill & Adjust session workflow. 1 updates occurred. Changes made in:

- Reservoir volume

RESERVOIR

Title	Beginning of Session	Current Settings
Reservoir Volume	6.6 mL	20.0 mL

DRUGS

Title	Beginning of Session	Current Settings
Primary:	MORPHINE (8.3 mg/mL)	MORPHINE (8.3 mg/mL)
Secondary:	FENTANYL (0.7 mg/mL)	FENTANYL (0.7 mg/mL)
	CLONIDINE (0.9 mg/mL)	CLONIDINE (0.9 mg/mL)

Is Patient Receiving Systemic Medication? -----

INFUSION

Beginning of Session
Monday - Sunday : Simple Continuous

Session Long Report

NORMA GARCIA NGP603381H

8637-20 NGP603381H

Medtronic

Application Version: 1.1.413

Session Date: Mar 6, 2024 1:25 PM

Step	Duration	MORPHINE	FENTANYL	CLONIDINE
Step 1:	12:00 AM - 12:00 AM 24 hr	1.8013 mg (0.0751 mg/hr)	0.15192 mg (0.00633 mg/hr)	0.19532 mg (0.00814 mg/hr)
24 Hour Dose:		1.8013 mg/day	0.15192 mg/day	0.19532 mg/day


Current Settings				
Monday - Sunday : Simple Continuous				
Step	Duration	MORPHINE	FENTANYL	CLONIDINE
Step 1:	12:00 AM - 12:00 AM 24 hr	1.8013 mg (0.0751 mg/hr)	0.15192 mg (0.00633 mg/hr)	0.19532 mg (0.00814 mg/hr)
24 Hour Dose:		1.8013 mg/day (0.0%)	0.15192 mg/day	0.19532 mg/day

ALARMS SETTINGS

Critical Alarm Interval : 0 hr 10 min

Non-Critical Alarm Interval : 1 hr 0 min

PUMP

Pump Model :	8637-20	Calibration Constant :	 114.0
Serial Number :	NGP603381H	Reservoir Max Volume :	20 mL
Estimated Replacement :	Aug 2024 (<6 Months)	Pump Time :	3/6/24 1:26 PM

CATHETER

Catheter Model :	8780 Ascenda (114.3cm)	Implanted Volume :	0.161 mL
Implanted Length :	73.3 cm		
Pump Segment		Tip Segment	
Catheter vol/cm :	0.0022 mL/cm	Catheter vol/cm :	0.0022 mL/cm
Original Length :	27.9 cm	Original Length :	86.4 cm
Length Removed :	0.0 cm	Length Removed :	41.0 cm

Session Long Report

NORMA GARCIA NGP603381H

8637-20 NGP603381H

Medtronic

Application Version: 1.1.413

Session Date: Mar 6, 2024 1:25 PM

Implanted Length :	27.9 cm	Implanted Length :	45.4 cm
Implanted Volume :	0.061 mL	Implanted Volume :	0.100 mL

NOTES

CATH TIP AT T10

END OF REPORT