REGIONAL
ORTHOPAEDICS & PAIN MANAGEMENT, PLLC

Frey, Neal

71 Y old Male, DOB: 04/27/1948
Account Number: 16300
373 OLD TAYLOR RD, JEFFERSONVILLE, NY-12748-5103
Home: 845-707-9788
Guarantor: Frey, Neal Insurance: Medicare Payer ID: 13202
Appointment Facility: Regional Ortho and Pain Mgmt, PLLC

01/24/2020

Progress Notes: Steven C Weinstein, MD

Current Medications

Taking

- Butalbital-Acetaminophen 50-325 MG Tablet 1 tablet as needed Orally every 4 hrs
- Acidophilus - Tablet Orally
- Ergocalciferol 50000 UNIT Capsule 1 capsule Orally
- Stool Softener 100 MG Capsule 1 capsule as needed Orally Once a day
- Finasteride 5 MG Tablet 1 tablet Orally Once a day
- Gabapentin 800 MG Tablet 1 tablet Orally Twice a day
- GlipiZIDE 5 MG Tablet Orally
- Levothyroxine Sodium 150 MCG Tablet 1 tablet on an empty stomach in the morning Orally Once a day
- Lidoderm 5 % Patch 1 patch to skin remove after 12 hours Externally Once a day
- Lidocaine 4 % Cream 1 application to affected area as needed Externally Three times a day
- Meclizine HCl 25 MG Tablet Chewable 1 tablet as needed Orally Once a day
- Melatonin 5 MG Capsule 1 capsule at bedtime as needed with food Orally Once a day
- Methocarbamol 750 MG Tablet 1 tablet Orally every 4 hrs
- Metformin HCl 500 MG Tablet 1 tablet with a meal Orally Once a day
- Oxybutynin Chloride 5 MG Tablet 1 tablet Orally Twice a day
- Sildenafil Citrate 100 MG Tablet 1 tablet as needed Orally Once a day
- Tamsulosin HCl 0.4 MG Capsule 1 capsule Orally Once a day
- Topiramate 25 MG Tablet Orally
- Trospium Chloride 20 MG Tablet 1 tablet at bedtime on an empty stomach Orally Once a day
- Red Yeast Rice Extract 600 MG Tablet Orally
- Vitamin C 500 MG Capsule Orally
- Vitamin D 1000 UNIT Tablet 1 tablet Orally Once a day
- Vitamin D3 1000 UNIT Tablet 1 tablet Orally Once a day
- Vitamin B12 1000 MCG Tablet Extended Release 1 tablet Orally Once a day

Reason for Appointment

1. LUMBAR

History of Present Illness

New symptom(s):

71 year man with complaints of lower back pain. He was last seen on 8/9/19. An epidural steroid injection was planned at ORMC, but had to be canceled because of a low platelet count. His platelet count is now over 100. He has been using Promacta 25 mg to help increase his platelet count. He has recently been seen by his pulmonologist and cardiologist and is cleared to have his epidural injection. He tells me he no longer requires oxygen and his pulse ox is as high as 97. He had to be scheduled at ORMC because there was a weight limit on the surgical tables at HVAS. He had good pain relief following the last injection. He tells me the pain relief lasted greater than 3 months. He is inquiring about another epidural steroid injection.

He has primarily lower back pain. There is some weakness in the bilateral lower extremities. There is numbness in the bilateral feet.

He had been followed by Dr. Sanelli for pain management in Long Island. He apparently underwent facet blocks followed by radiofrequency ablation. He had only 3 weeks of pain relief with the lumbar facet radiofrequency ablation. More recently, he underwent bilateral L5/S1 transforaminal epidural steroid injections on 10/11/18 with limited improvement. He has now moved to Orange County .

He still uses lidocaine patches on his lower back. He has not uses methocarbamol for several months. He takes gabapentin interlaminar twice per day for diabetic neuropathy in the feet. He uses Topamax at night for migraine headaches.

He tells me his symptoms began after he fell into a Hampton Inn 2016.

He underwent CT scan of the lumbar spine on 11/18/17. At L2-3. Very large osteophyte was noted, left sided. At L3-f4 hypertrophic degenerative facet arthritis with mild stenosis was noted. At L4-5. There was a degenerative disc with reduced disc height. There is degeneration of the facet joints. Grade 1 retrolisthesis of L4-L5 was noted. Moderate to high-grade spinal stenosis was present at L4-5. The foramina were clear. At L5-S1 degenerative disc and facet arthropathy was noted. There were right sided osteophytes. Mild to moderate spinal stenosis was present at L5-S1 with right foraminal stenosis.

- Chlorthalidone 25 MG Tablet 1 tablet in the morning with food Orally Once a day
- Medication List reviewed and reconciled with the patient

Past Medical History

A-fib.
type II diabetes.
Hypertension.
Diabetic neuropathy.

Surgical History

left and right knee debridement x2
right hand tumor removal
sabacious cyst in skull x2
flank pain 2019

Family History

Father: deceased, diagnosed with Heart Disease
Mother: deceased, Cancer
1 sister(s) , 1 son(s) , 1 daughter(s) .
Sister: diabetes\\nSon: deceased, heart failure.

Social History

Tobacco Use:
Tobacco Use/Smoking
Are you a *nonsmoker*

Allergies

Penicillin
Latex Gloves

Hospitalization/Major Diagnostic Procedure

platelets low 2019
Retuxin infusions 2019

Review of Systems

General/Constitutional:
Change in appetite denies. Chills denies. Fever denies.
ENT:
Decreased hearing denies. Sore throat denies. Swollen glands denies.
Endocrine:
Cold intolerance denies. Excessive thirst denies. Heat intolerance denies. Weight loss denies.
Respiratory:
Cough denies. Shortness of breath at rest denies. Shortness of breath with exertion denies. Wheezing denies.
Cardiovascular:
Chest pain at rest denies. Chest pain with exertion denies. Irregular heartbeat **admits**. Shortness of breath denies.
Gastrointestinal:

Vital Signs

Pain scale 7 1-10, HR 59 /min, BP sitting:169/67, Ht 6 ft 5 in, Wt 405 lbs, BMI 48.02 Index, Ht-cm 195.58 cm, Wt-kg 183.71 kg.

Examination

General Examination:
GENERAL APPEARANCE: in no acute distress .
NECK/THYROID: neck supple, full range of motion, no cervical lymphadenopathy .
SKIN: normal, no rashes .
HEART: regular rate and rhythm, no murmurs, no clicks, no rubs .
LUNGS: clear to auscultation bilaterally .
ABDOMEN: no masses palpable, no hepatosplenomegaly .
EXTREMITIES: Brawny edema of the bilateral legs .
PSYCH: alert, oriented x3 .

Physical Examination

He sits comfortably. Active lumbar flexion is 45 degrees. Active lumbar extension is 10 degrees. Active right and left lumbar lateral bending are limited to 5 degrees. There is no tenderness at the bilateal PSIS. The patient can ambulate without the use of assistive device. Reflexes are absent at the knees and ankles. Strength is well preserved in the bilateral lower extremities. Sensation is decreased to light touch in the bilateral legs and feet. Skin and coordination are intact in the bilateral lower extremities. Pulses are present at the distal feet. Right straight leg raise is negative. Left straight leg raise is negative. There is no pain with internal and external rotation at either hip. There is no tenderness in the bilateral lower extremities.

Assessments

1. Spinal stenosis, lumbosacral region - M48.07 (Primary)
2. Other intervertebral disc degeneration, lumbosacral region - M51.37

Chronic back pain with history of multilevel lumbar degenerative disc disease, predominantly involving the lower lumbosacral spine. Moderate to severe lumbar stenosis is noted at L4/5. Reports good pain relief after lumbar epidural steroid injection in early May.

Treatment

1. Spinal stenosis, lumbosacral region

PROCEDURE: Injection-Lumbar:Interlaminar/Caudal Epidural
L4/5 or L5/S1 interlaminar epidural injection

Notes: Potential treatment options were discussed with the patient. He has tried lumbar facet blocks and radiofrequency ablation with limited relief of his symptoms. He had limited relief with transforaminal epidural injections. He reports good relief with an interlamiant epidural steroid injection in May. He wishes to trial another interlaminar epidural injection to address the moderate to severe spinal stenosis centrally at L4/5. He's going to have the injection scheduled at ORMC where they can accommodate his weight. I have recommended another L4-L5 or L5-S1 interlaminar epidural steroid injection. Potential risks and benefits including but not limited to infection, spinal headaches, bleeding and paralysis were discussed. All the patient's questions

Abdominal pain denies. Diarrhea denies. Nausea denies. Vomiting denies.
Genitourinary:
Blood in urine denies. Difficulty urinating denies. Frequent urination **admits**.
Skin:
Dry skin denies. Itching denies. Rash denies.
Neurologic:
Dizziness denies. Fainting denies. Headache denies.
Psychiatric:
Anxiety denies. Depressed mood denies. Difficulty sleeping denies. Substance abuse denies.

were answered. For seven days prior to the scheduled procedure, the patient will refrain from using ASA, NSAIDs and any other medications like Plavix or Vitamin E that may affect clotting. I will follow up with the patient 1 to 2 weeks after the proposed L4-L5 or L5-S1 interlaminar epidural steroid injection. Continue with activity as tolerated. No additional analgesics prescribed..

Follow Up
1-2 weeks after ESI

Electronically signed by Steven Weinstein , MD on 01/24/2020 at 03:43 PM EST

Sign off status: Pending

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