

**INDEX DESIGNATION
OF RECORDS**

July 13, 2014

CASE:

WORKORDER NO.

CLAIM #

Pagination#

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26-27 12/06/13

COASTAL PAIN & SPINE DIAGNOSTICSANDRA DIEZ vs. NEW VENTURE CHRISTIAN
FELLOWSHIP

ADJ8469352 (SDO)

C143797-01

63395

Nathan A. Miller, MD

Follow-Up - Chronic Low Back Pain

Nathan A. Miller, MDFollow-Up - Low Back Pain & Discuss Recent
Denial for Chiropractor and Ultram**Nathan A. Miller, MD**

Follow-Up - Chronic Low Back Pain

Nathan A. Miller, MD

Office Visit - Medication Refills

Nathan A. Miller, MD

Office Visit - Medication Refills

Nathan A. Miller, MD

Office Visit - Medication Refills

Nathan A. Miller, MD

Follow-Up - Low Back Pain

Nathan A. Miller, MD

Office Visit - Medication Refills

Nathan A. Miller, MDOffice Visit - Medication Refills & Discuss WC
Denial**MD Labs**

Non-Point of Care Urinalysis Test Requisition

END///1 page

07/13/14/ew

Sandra Diez

Claimant/Applicant

VS.

New Venture Christian Fellowship

Employer/Insurance Carrier/Defendant

CASE NO. ADJ8469352 (SDO)

(If application has been filed, case number must be indicated regardless of date of injury.)

SUBPOENA DUCES TECUM

(When records are mailed, identify them by using the above Case No. or attaching copy of the subpoena.)

Where no application has been filed for injuries on or after January 1, 1990 and before January 1, 1994, subpoena will be valid without a case number, but subpoena must be served on claimant and employer and/or insurance carrier.

See Instructions below.*

The People of the State of California Send Greetings to:

Coastal Pain & Spine Diagnostic

WE COMMAND YOU to appear before: Lopez & Associates, Inc. (877) 567-3990
at 10400 Norwalk Blvd. Suite 300, Santa Fe Springs, CA 90670

on July 10, 2014, at 10:00 am, to testify in the above-entitled matter and to bring with you and produce the following described documents, papers, books and records:

Any and all medical and EMR records, intake forms, history(s), reports, doctor's notes, nurses' notes, lab notes, treatments, evaluation, diagnosis, prescriptions, any and all correspondence pertaining to Sandra Diez, DOB: 04/27/1969, SSN: 546-21-9819 To include any and all records from Dr Nathan Miller. Need records from 9/2013 to present

(Do not produce X-rays unless specifically mentioned above)

For failure to attend and to produce said documents you may be deemed guilty of a contempt and liable to pay to the parties aggrieved all damages sustained thereby and forfeit one hundred dollars in addition thereto.

This subpoena is issued at the request of the person making the declaration on the reverse hereof, or on the copy which is served herewith.

Date: June 19, 2014

WORKERS' COMPENSATION APPEALS BOARD
OF THE STATE OF CALIFORNIA



Chris Levy

Secretary, Assistant Secretary, Worker's Compensation Judge
*FOR INJURIES OCCURRING ON OR AFTER JANUARY 1, 1990

AND BEFORE JANUARY 1, 1994:

If no Application for Adjudication of Claim has been filed, a declaration under penalty of perjury that the Employee's Claim for Workers' Compensation Benefits (Form DWC-1) has been filed pursuant to Labor Code Section 5401 must be executed properly.

SEE REVERSE SIDE - [SUBPOENA INVALID WITHOUT DECLARATION]

You may fully comply with this subpoena by mailing the records described (or authenticated copies, Evid. Code 1561) to the person and place stated above within (10) days of the date of service of this subpoena.

This subpoena does not apply to any member of the Highway Patrol, Sheriff's Office or city Police Department unless accompanied by notice from this Board that deposit of the witness fee has been made in accordance with Gov't Code 68097.2 et seq.

DECLARATION FOR SUBPOENA DUCES TECUM

Case No. ADJ8469352 (SDO)

STATE OF CALIFORNIA, County of San Diego

The undersigned states:

That he/she is (one of) the attorney(s) of record/representative(s) for the Applicant in the action captioned on the reverse hereof.

That Coastal Pain & Spine Diagnostic

has in his possession or under his control the documents described on the reverse hereof. That said documents are material to the issues involved in the case for the following reasons:

to ascertain the nature and extent of injury, duration of disability, need for future medical care, earnings and earning capacity and need for vocational rehabilitation under Labor Code 129.5.

Declaration for Injuries on or After January 1, 1990 and before January 1, 1994.

That an Employee's Claim for Workers' Compensation Benefits (DWC FORM 1) has been filed in accordance with Labor Code Section 5401 by the alleged injured worker whose records are sought, or if the worker is deceased, by the dependent(s) of the decedent, and that a true copy of the form filed is attached hereto. (Check box if applicable and part of declaration below. See instructions on front of subpoena.)

I declare under penalty of perjury that the foregoing is true and correct.

Executed on June 19, 2014 at Oceanside, California.

<u>/s/</u>	<u>Patricia Mendez Esq</u> <u>2171 El Camino Real Ste 100</u> <u>Oceanside, CA 92054</u>	<u>(760) 433-0319</u>
Signature	Address	Telephone

DECLARATION OF SERVICE

STATE OF CALIFORNIA, County of San Diego

I, the undersigned, state that: I served the foregoing subpoena by showing the original and delivering a true copy thereof, together with a copy of the declaration in support thereof, to each of the following named persons, personally, at the date and place set forth opposite each name.

Name of person served	Date of service	Place
<u>Yareth V. B. Cane</u>	<u>6/20/14</u>	<u>6221 Metropolitan St Ste 201</u> <u>Carlsbad, CA 92009</u>

I declare under penalty of perjury that the foregoing is true and correct.

Executed on 6/20 at Carlsbad, California.

Nathan [Signature]

ATTORNEY OR PARTY WITHOUT ATTORNEY (Name, state bar number, and address): LAW OFFICES OF PATRICIA MENDEZ Patricia Mendez Esq, 229396 2171 El Camino Real Ste 100 Oceanside, CA 92054 TELEPHONE NO.: (760) 433-0319 FAX NO.: (760) 433-4698 E-MAIL ADDRESS:		FOR COURT USE ONLY
ATTORNEY FOR (Name): Applicant Workers' Compensation Appeals Board, COUNTY OF San Diego STREET ADDRESS: 7575 Metropolitan Road, Suite 202 MAILING ADDRESS: CITY AND ZIP CODE: San Diego 92108 BRANCH NAME: SDO		
PLAINTIFF/PETITIONER: Sandra Diez DEFENDANT/RESPONDENT: New Venture Christian Fellowship		CASE NUMBER: ADJ8469352 (SDO)
NOTICE TO CONSUMER OR EMPLOYEE AND OBJECTION (Code Civ. Proc., §§ 1985.3, 1985.6)		

NOTICE TO CONSUMER OR EMPLOYEE

TO (name): **Sandra Diez**

- PLEASE TAKE NOTICE THAT **REQUESTING PARTY (name): LAW OFFICES OF PATRICIA MENDEZ** SEEKS YOUR RECORDS FOR EXAMINATION by the parties to this action on (specify date): **July 10, 2014**
 The records are described in the subpoena directed to **witness (specify name and address of person or entity from whom records are sought):**
Coastal Pain & Spine Diagnostic
 A copy of the subpoena is attached.
- IF YOU OBJECT to the production of these records, YOU MUST DO ONE OF THE FOLLOWING BEFORE THE DATE SPECIFIED IN ITEM a. OR b. BELOW:
 - If you are a party to the above-entitled action, you must file a motion pursuant to Code of Civil Procedure section 1987.1 to quash or modify the subpoena and give notice of that motion to the **witness** and the **deposition officer** named in the subpoena at least five days before the date set for the production of the records.
 - If you are not a party to this action, you must serve on the **requesting party** and on the **witness**, before the date set for production of the records, a written objection that states the specific grounds on which production of such records should be prohibited. You may use the form below to object and state the grounds for your objection. You must complete the Proof of Service on the reverse side indicating whether you personally served or mailed the objection. The objection should **not** be filed with the court. **WARNING: IF YOUR OBJECTION IS NOT RECEIVED BEFORE THE DATE SPECIFIED IN ITEM 1, YOUR RECORDS MAY BE PRODUCED AND MAY BE AVAILABLE TO ALL PARTIES.**
- YOU OR YOUR ATTORNEY MAY CONTACT THE UNDERSIGNED to determine whether an agreement can be reached in writing to cancel or limit the scope of the subpoena. If no such agreement is reached, and if you are not otherwise represented by an attorney in this action, YOU SHOULD CONSULT AN ATTORNEY TO ADVISE YOU OF YOUR RIGHTS OF PRIVACY.

Date: **June 19, 2014****Patricia Mendez Esq**

(TYPE OR PRINT NAME)

(SIGNATURE OF ☐ REQUESTING PARTY ☒ ATTORNEY)**OBJECTION BY NON-PARTY TO PRODUCTION OF RECORDS**

- ☐ I object to the production of all of my records specified in the subpoena.
- ☐ I object only to the production of the following specified records:

- The specific grounds for my objection are as follows:

Date:

(TYPE OR PRINT NAME)

(SIGNATURE)

(See next page for proof of service)

Page 1 of 2

PLAINTIFF/PETITIONER: **Sandra Diez**DEFENDANT/RESPONDENT: **New Venture Christian Fellowship**

CASE NUMBER:

ADJ8469352 (SDO)**PROOF OF SERVICE OF NOTICE TO CONSUMER OR EMPLOYEE AND OBJECTION**

(Code Civ. Proc., §§ 1985.3, 1985.6)

☐ Personal Service ☒ Mail

1. At the time of service I was at least 18 years of age and **not a party to this legal action.**
2. I served a copy of the *Notice to Consumer or Employee and Objection* as follows (check either a or b):

a. ☐ **Personal service.** I personally delivered the *Notice to Consumer or Employee and Objection* as follows:

- (1) Name of person served: (3) Date served:
- (2) Address: (4) Time served:

b. ☒ **Mail.** I deposited the *Notice to Consumer or Employee and Objection* in the United States mail, in a sealed envelope with postage fully prepaid. The envelope was addressed as follows:

- (1) Name of person served: **Patricia Mendez Esq** (3) Date of mailing: **06/19/2014**
- (2) Address: **2171 El Camino Real Ste 100,**
Oceanside, CA 92054 (4) Place of mailing: **Santa Fe Springs, CA**

(5) I am a resident of or employed in the county where the *Notice to Consumer or Employee and Objection* was mailed.

c. My residence or business address is (specify): **10400 Norwalk Blvd. Suite 300, Santa Fe Springs, CA 90670**

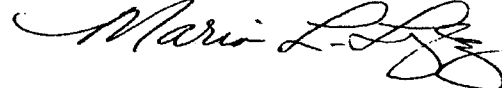
d. My phone number is (specify): **(877) 567-3990**

I declare under penalty of perjury under the laws of the laws of the State of California that the foregoing is true and correct.

Date: 06/19/2014

Maria Lopez

(TYPE OR PRINT NAME OF PERSON WHO SERVED)



(SIGNATURE OF PERSON WHO SERVED)

PROOF OF SERVICE OF OBJECTION TO PRODUCTION OF RECORDS

(Code of Civ. Proc., §§ 1985.3, 1985.6)

☐ Personal Service ☐ Mail

1. At the time of service I was at least 18 years of age and **not a party to this legal action.**
2. I served a copy of the *Objection to Production of Records* as follow (complete either a or b):

a. ON THE REQUESTING PARTY

(1) ☐ **Personal service.** I personally delivered the *Objection to Production of Records* as follows:

- (i) Name of person served: (iii) Date served:
- (ii) Address where served: (iv) Time served:

(2) ☐ **Mail.** I deposited the *Objection to Production of Records* in the United States mail, in a sealed envelope with postage fully prepaid. The envelope was addressed as follows:

- (i) Name of person served: (iii) Date of mailing:
- (ii) Address: (iv) Place of mailing (city and state):

(v) I am resident of or employed in the county where the *Objection to Production of Records* was mailed.

b. ON THE WITNESS:

(1) ☐ **Personal service.** I personally delivered the *Objection to Production of Records* as follows:

- (i) Name of person served: (iii) Date served:
- (ii) Address where served: (iv) Time served:

(2) ☐ **Mail.** I deposited the *Objection to Production of Records* in the United States mail, in a sealed envelope with postage fully prepaid. The envelope was addressed as follows:

- (i) Name of person served: (iii) Date of mailing:
- (ii) Address: (iv) Place of mailing (city and state):

(v) I am a resident of or employed in the county where the *Objection to Production of Records* was mailed.

3. My residence or business address is (specify):

4. My phone number is (specify):

I declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Date:

(TYPE OR PRINT NAME OF PERSON WHO SERVED)

(SIGNATURE OF PERSON WHO SERVED)

& ASSOCIATES

AFFIDAVIT OF CUSTODIAN

SSN: 546-21-9819

Order# C143797-01/LOPEZ2



DIEZ, Sandra

45 Y old Female, DOB: 04/27/1969
2000 South Melrose, Apt 68, Vista, CA-92081

Home: 760-704-7744

Guarantor: Southland Claims Service Inc,

Insurance: Southland Claims Service, Inc

Referring: Christopher Rogers

Appointment Facility: Coastal Pain & Spinal Diagnostics

06/23/2014

F/U Carls: Nathan A. Miller, M.D.

Current Medications

Ultram
Medication List reviewed and reconciled with the patient

Past Medical History

Cancer (reported h/o cervical cancer with leep procedure)
Migraines
Anemia
Bowel Incontinence
Constipation
Depression
Bowel obstruction
Low back pain

Surgical History

Ovarian Surgery (leep)
Appendectomy
Foot Surgery
Colectomy, partial

Family History

family h/o Chronic Pain, Arthritis, Cancer, Heart Disease, Headaches.

Social History

Smoking tobacco Are you a: nonsmoker.
Denies any ETOH, smoking, nor substance abuse.

Allergies

N.K.D.A.

Review of Systems

Patient filled out 12 system review of systems.
Please see scanned document.

Reason for Appointment

1. Follow Up

History of Present Illness

HPI::

Patient is here for a follow up regarding her chronic low back pain. Her Ultram has been approved but acupuncture and chiropractor has been denied. Patient reports significant amount of pain relief with the treatments of acupuncture and chiropractor in the past. Patient reports her pain has been worsening that continues to radiate down to the left lower extremity due to the fact that she has not received any treatment.

ONSET: Date of Injury- 9/29/10. LITIGATION Worker's Compensation Case, Pending Litigation, Personal Injury Case. DIAGNOSTIC TEST/IMAGING STUDIES: **X-ray lumbar spine 10/15/10-** normal alignment and preserved intervertebral disc spaces without fracture or dislocation, spondylosis or spondylolisthesis.

MRI of the lumbar spine on 11/10/10- Some mild degenerative disc disease at L4-5 with disc desiccation and slight disc space narrowing. These findings are chronic. There is a small left paracentral disc protrusion present resulting in minimal left sided central canal narrowing. This may be more acute or subacute in nature, but no distinct evidence of neural compression or deflection..

Vital Signs

BMI 33.20, Ht 5'4, Pain Scale 7/10, Wt 170 lbs, BP 124/80 mm Hg, HR 88, PO2 98.

Examination

psychology:

General appearance: NAD, pleasant. Grooming : adequate. Eye contact : normal. Mood : pleasant.

General Exam:

GENERAL NAD, non-toxic. HEENT atraumatic nose/ears, hearing grossly intact, no nasal discharge noted. NECK no significant masses noted; no thyroidmegaly noted. BACK def/see other section.

ABDOMEN def/see other section.

PELVIS/RECTAL/GENITAL def/see other section.

NEUROLOGICAL see other section. SKIN no significant facial rashes noted, texture appears normal for age. EXTREMITIES no significant

peripheral edema noted. MUSCULOSKELETAL see other section.
PSYCHIATRIC patient's mood is pleasant .

lower back:

Lower back: **5 degrees extension with pain, full right sided twisting, 55 degrees left rotation.** Inspection: **exaggerated lumbar lordosis.** Palpation: **paravertebral spasm noted and midline tenderness at L4-5..** Gait: **limp.** Facet Exam (+) **Kemp's positive b/l.** Reflexes: 2+/4+ b/l knees (L4) ankles (S1). Sensory exam: **left LE decreased medial and lateral calf decreased pain, dull, pressure, and pinwheel** and right LE intact to pinwheel in L1 through S1 dermatomes . Motor system: heel walk intact (L4) toe walk intact (S1).

Seated root positive left LE.

Assessments

1. Lumbar Spondylosis - 721.3 (Primary)

Treatment

1. Lumbar Spondylosis

Not Filled Ultram tablet, 50 mg, 1 tab(s), orally, q8-12hrs PRN pain, 30 days, 60, Refills 1

Ultram was approved. Patient will submit for a IMR for acupuncture and chiropractor treatments. Her pain has worsened and activity is limited since she has not received any treatments.

I recommend for patient to obtain an exercise ball for mobilization and strengthening of her lumbar spine. Continue HEP. I recommend biofeedback treatment due to her spasms. Benefits of the treatment were discussed today.

Follow Up

biofeedback x6 visits

Addendum:

06/24/2014 01:22 PM Orleans, Michelle > cc to adj. mo

Electronically signed by Nathan Miller , MD on 06/24/2014 at 07:08 AM PDT

Sign off status: Completed

Coastal Pain & Spinal Diagnostics
6221 Metropolitan St Ste 201
Carlsbad, CA 920093096
Tel: 760-753-7127
Fax: 760-334-0399



DIEZ, Sandra

45 Y old Female, DOB: 04/27/1969
2000 South Melrose, Apt 68, Vista, CA-92081

Home: 760-704-7744

Guarantor: Southland Claims Service Inc,

Insurance: Southland Claims Service, Inc

PCP: Nathan Miller Referring: Christopher Rogers

Appointment Facility: Coastal Pain & Spinal Diagnostics

05/22/2014

PA Visit: Tiffany Nastase, PA-C

Current Medications

None

Past Medical History

Cancer (reported h/o cervical cancer with leep procedure)

Migraines

Anemia

Bowel Incontinence

Constipation

Depression

Bowel obstruction

Low back pain

Surgical History

Ovarian Surgery (leep)

Appendectomy

Foot Surgery

Colectomy, partial

Family History

family h/o Chronic Pain, Arthritis, Cancer, Heart Disease, Headaches.

Social History

Denies any ETOH, smoking, nor substance abuse.

Allergies

N.K.D.A.

Hospitalization/Major

Diagnostic Procedure

Denies Past Hospitalization

Review of Systems

Patient filled out 12 system review of systems. Please see scanned document.

Reason for Appointment

1. Follow up

History of Present Illness

HPI::

Mrs. Diez returns with h/o with low back pain. Pt is here today to discuss recent denial for chiropractor and Ultram. Pt has reported that she has only completed 6 visits of chiropractor not 12. Pt would like to continue with chiropractor as she has significantly reduced pain, and increased range of motion with physical therapy. Pt was tried and Voltaren and failed due to severe GI upset and no pain control. Pt also has taking OTC Tylenol in the past, with no pain relief. Pt reports with Ultram 50mg when she is taking ultram 50mg 1po q8hrs her pain is more than 50% reduction with being better able to accomplish activities of daily living with walking, sitting, standing, and limited home exercise limited to stretching. Pt denies any medication side effects with Ultram. reports since stopping the Ultram and Chiropractor her low back and left LE pain is severely increased and her pain in that area is about 8-9/10 today. Pt currently is taking nothing for pain since she reports all scrips for the Ultram have been denied. Pt denies any new areas of pain, numbness, tingling, weakness, nor bowel or bladder dysfunction.

ONSET: Date of Injury- 9/29/10. LITIGATION Worker's Compensation Case, Pending Litigation, Personal Injury Case. DIAGNOSTIC TEST/IMAGING STUDIES: **X-ray lumbar spine 10/15/10-** normal alignment and preserved intervertebral disc spaces without fracture or dislocation, spondylosis or spondylolisthesis.

MRI of the lumbar spine on 11/10/10- Some mild degenerative disc disease at L4-5 with disc desiccation and slight disc space narrowing. These findings are chronic. There is a small left paracentral disc protrusion present resulting in minimal left sided central canal narrowing. This may be more acute or subacute in nature, but no distinct evidence of neural compression or deflection..

Vital Signs

BMI 33.20, Ht 5'4, Pain Scale 6-7/10, Wt 170 lbs, BP 122/76 mm Hg, HR 74, PO2 98.

Examination

psychology:

General appearance: NAD, pleasant. Grooming : adequate. Eye contact : normal. Mood : pleasant.

General Exam:

GENERAL NAD, non-toxic. HEENT atraumatic nose/ears, hearing grossly intact, no nasal discharge noted. NECK no significant masses noted; no thyroidmegaly noted. BACK def/see other section.

ABDOMEN def/see other section.

PELVIS/RECTAL/GENITAL def/see other section.

NEUROLOGICAL see other section. SKIN no significant facial rashes noted, texture appears normal for age. EXTREMITIES no significant peripheral edema noted. MUSCULOSKELETAL see other section.

PSYCHIATRIC patient's mood is pleasant .

lower back:

Lower back: **Lumbar ROM flexion, extension, and rotation moderately limited in all directions due to severe pain.**

Inspection: **significant muscle spasm.** Palpation: **paravertebral spasm noted.** Gait: **limp.** Facet Exam **(+) Kemp's positive b/l.**

Reflexes: 2+/4+ b/l knees (L4) ankles (S1). Sensory exam: **left LE decreased medial and lateral calf decreased pain, dull, pressure, and pinwheel** and right LE intact to pinwheel in L1 through S1 dermatomes . Motor system: heel walk intact (L4) toe walk intact (S1).

Seated root positive left LE.

Assessments

1. Lumbar Spondylosis - 721.3 (Primary)

Treatment**1. Lumbar Spondylosis**

Refill Ultram tablet, 50 mg, 1 tab(s), orally, q8-12hrs PRN pain, 30 days, 60, Refills 1

Today we discussed Mrs. Diez's low back pain. Today we discussed refilling her Ultram 50mg 1/2-1po q8-12hrs PRN pain. She has tried and failed Voltaren due to GI upset and no pain control and Tylenol has not reduced her pain. At this point I urge UR to overturn the denial for Ultram, as pt has significantly reduced pain increased activities of daily living and better able to accomplish her HEP. Also would recommend 6 additional visits to chiropractor to hopefully transition pt to HEP. We will submit the requests for the Ultram and Chiropractor today. We will have pt RTC in 8 weeks to re-evaluate her after starting Chiropractor and continuing her Ultram. Pt will RTC in 8 weeks.

2. Others

30 min. of time was spent with 50% of the time spent reviewing their current medical record and medication therapies, which assists in medical decision making at this visit.

Follow Up

2-3 months with Tiffany Or sooner if needed and pls obtain extended Chiropractor and Acupuncture 6 additional visits (pls send today's note which has appeal in the note for the Ultram and Chiropractor)

**Electronically signed by Nathan Miller , MD on 06/06/2014 at
07:31 AM PDT**

Sign off status: Completed

**Coastal Pain & Spinal Diagnostics
6221 Metropolitan St Ste 201
Carlsbad, CA 920093096
Tel: 760-753-7127
Fax: 760-334-0399**

Patient: DIEZ, Sandra DOB: 04/27/1969 Progress Note: Tiffany Nastase, PA-C 05/22/2014

Note generated by eClinicalWorks EMR/PM Software (www.eClinicalWorks.com)



DIEZ, Sandra

45 Y old Female, DOB: 04/27/1969
2000 South Melrose, Apt 68, Vista, CA-92081

Home: 760-704-7744

Guarantor: Southland Claims Service Inc,

Insurance: Southland Claims Service, Inc

Referring: Christopher Rogers

Appointment Facility: Coastal Pain & Spinal Diagnostics

04/30/2014

F/U Carls: Nathan A. Miller, M.D.

Current Medications

None

Past Medical History

Cancer (reported h/o cervical cancer with leep procedure)

Migraines

Anemia

Bowel Incontinence

Constipation

Depression

Bowel obstruction

Low back pain

Surgical History

Ovarian Surgery (leep)

Appendectomy

Foot Surgery

Colectomy, partial

Family History

family h/o Chronic Pain, Arthritis, Cancer, Heart Disease, Headaches.

Social History

Smoking tobacco Are you a: nonsmoker.

Denies any ETOH, smoking, nor substance abuse.

Allergies

N.K.D.A.

Review of Systems

Patient filled out 12 system review of systems. Please see scanned document.

Reason for Appointment

1. Follow up

History of Present Illness

HPI::

Patient is here today for a follow up regarding her chronic low back pain radiating down left greater than right lower extremity with a burning sensation. She also has associated numbness to both feet with prolonged standing or ambulating. Patient reports she is doing better than previous office visit. She states her chiropractor sessions are helping her a lot. She has noticed her mood, sleep, and mobility has improved. Patient has been going to the gym and exercising.

ONSET: Date of Injury- 9/29/10. LITIGATION Worker's Compensation Case, Pending Litigation, Personal Injury Case. DIAGNOSTIC TEST/IMAGING STUDIES: **X-ray lumbar spine 10/15/10-** normal alignment and preserved intervertebral disc spaces without fracture or dislocation, spondylosis or spondylolisthesis.

MRI of the lumbar spine on 11/10/10- Some mild degenerative disc disease at L4-5 with disc desiccation and slight disc space narrowing. These findings are chronic. There is a small left paracentral disc protrusion present resulting in minimal left sided central canal narrowing. This may be more acute or subacute in nature, but no distinct evidence of neural compression or deflection..

Vital Signs

BMI 33.20, Ht 5'4, Pain Scale 4/10, Wt 170 lbs, BP 120/80 mm Hg, HR 88, PO2 98.

Examination

psychology:

General appearance: NAD, pleasant. Grooming : adequate. Eye contact : normal. Mood : pleasant.

Lumbar Spine:

SPINE ROM **65 degrees left rotation, 60 degrees right rotation, full flexion, 20 degrees extension.** SPINE PALPATION **midline lumbar tenderness.** MOTOR EXAM **squat is intact.**

General Exam:

GENERAL NAD, non-toxic. HEENT atraumatic nose/ears, hearing

grossly intact, no nasal discharge noted. NECK no significant masses noted; no thyroidmegaly noted. BACK def/see other section.

ABDOMEN def/see other section.

PELVIS/RECTAL/GENITAL def/see other section.

NEUROLOGICAL see other section. SKIN no significant facial rashes noted, texture appears normal for age. EXTREMITIES no significant peripheral edema noted. MUSCULOSKELETAL see other section.

PSYCHIATRIC patient's mood is pleasant .

Assessments

1. Lumbar Spondylosis - 721.3 (Primary)

Treatment

1. Lumbar Spondylosis

Refill Ultram tablet, 50 mg, 1 tab(s), orally, q8-12hrs PRN pain, 30 days, 60, Refills 1

Stop Voltaren tab, 75 mg, 1 tab, po, q12hrs PRN pain *take w/food*, 30 days, 60

Improved ROM on exam with chiropractor sessions. I will request for 6 additional chiropractor visits. Encouraged patient to continue HEP with stretching and strengthening.

I will refill Tramadol as above for acute pain. She uses it mostly at night since her pain increases during that time of the day. Medications are providing relief without uncontrolled side effects. Patient reports that she is better able to accomplish activities of daily living with use of the medication. I will continue with medication management. I will refill medications today.

Follow Up

1. 4-8 weeks 2. Request 6 additional chiropractor visits

Addendum:

05/01/2014 12:58 PM Orleans, Michelle > cc sent to adj. mo

Electronically signed by Nathan Miller , MD on 05/01/2014 at 07:08 AM PDT

Sign off status: Completed

**Coastal Pain & Spinal Diagnostics
6221 Metropolitan St Ste 201
Carlsbad, CA 920093096
Tel: 760-753-7127
Fax: 760-334-0399**

Patient: DIEZ, Sandra DOB: 04/27/1969 Progress Note: Nathan A. Miller, M.D. 04/30/2014

Note generated by eClinicalWorks EMR/PM Software (www.eClinicalWorks.com)



DIEZ, Sandra

44 Y old Female, DOB: 04/27/1969
2000 South Melrose, Apt 68, Vista, CA-92081

Home: 760-704-7744

Guarantor: Southland Claims Service Inc,

Insurance: Southland Claims Service, Inc

PCP: Nathan Miller Referring: Christopher Rogers

Appointment Facility: Coastal Pain & Spinal Diagnostics

03/10/2014

PA Visit: Tiffany Nastase, PA-C

Current Medications

None

Past Medical History

Cancer (reported h/o cervical cancer with leep procedure)

Migraines

Anemia

Bowel Incontinence

Constipation

Depression

Bowel obstruction

Low back pain

Surgical History

Ovarian Surgery (leep)

Appendectomy

Foot Surgery

Colectomy, partial

Family History

family h/o Chronic Pain, Arthritis, Cancer, Heart Disease, Headaches.

Social History

Denies any ETOH, smoking, nor substance abuse.

Allergies

N.K.D.A.

Review of Systems

Patient filled out 12 system review of systems. Please see scanned document.

Reason for Appointment

1. Medication refills

History of Present Illness

HPI::

Mrs. Diez returns with h/o with low back pain. Pt is here today for re-eval. Pt reports that she had a false of her low back pain with radiation around her low back with spasms along her spine with being unable to turn her head. Pt reports that she saw the chiropractor, which has greatly improved her flare. Pt notes her pain was about 10/10 with the flare and is about 5-6/10 today, which is more than 50% reduction in pain since seeing Chiropractor. Pt denies any new areas of pain, numbness, tingling, weakness, nor bowel or bladder dysfunction.

Pt continues to having improving ADL's per ODI with about 50% reduction in pain with Chiropractor.

ONSET: Date of Injury- 9/29/10. LITIGATION Worker's Compensation Case, Pending Litigation, Personal Injury Case. DIAGNOSTIC TEST/IMAGING STUDIES: **X-ray lumbar spine 10/15/10-** normal alignment and preserved intervertebral disc spaces without fracture or dislocation, spondylosis or spondylolisthesis.

MRI of the lumbar spine on 11/10/10- Some mild degenerative disc disease at L4-5 with disc desiccation and slight disc space narrowing. These findings are chronic. There is a small left paracentral disc protrusion present resulting in minimal left sided central canal narrowing. This may be more acute or subacute in nature, but no distinct evidence of neural compression or deflection..

Vital Signs

BMI 33.20, Ht 5'4, Pain Scale 6-7/10, Wt 170 lbs, BP 120/78 mm Hg, HR 84, PO2 98.

Examination

psychology:

General appearance: NAD, pleasant. Grooming : adequate. Eye contact : normal. Mood : pleasant.

Lumbar Spine:

OBSERVATION **Much improved ROM flexion, extension, and rotation with minimal low back pain.** MOTOR EXAM **decrease 4/5 strength with left LE** and normal strength 5/5

right of lower extremities.

General Exam:

GENERAL NAD, non-toxic. HEENT atraumatic nose/ears, hearing grossly intact, no nasal discharge noted. NECK no significant masses noted; no thyroidmegaly noted. BACK def/see other section.

ABDOMEN def/see other section.

PELVIS/RECTAL/GENITAL def/see other section.

NEUROLOGICAL see other section. SKIN no significant facial rashes noted, texture appears normal for age. EXTREMITIES no significant peripheral edema noted. MUSCULOSKELETAL see other section.

PSYCHIATRIC patient's mood is pleasant .

Assessments

1. Lumbar Spondylosis - 721.3 (Primary)

Treatment

1. Lumbar Spondylosis

Stop Ultram tablet, 50 mg, 1 tab(s), orally, q8-12hrs PRN pain, 30 days, 60

Stop Voltaren tab, 75 mg, 1 tab, po, q12hrs PRN pain *take w/food*, 30 days, 60

Today we discussed Mrs. Diez's low back pain. Today we discussed stopped the Voltaren 75mg 1po q12hrs and Ultram 50mg 1/2-1po q8-12hrs PRN pain, and stopped taking since her pain has improved with Chiropractor. We will continue to recommend pt follow up with Chiropractor for ongoing visits. We will requests 6 additional visits, since her pain continues to be greatly improved with Chiropractor. Pt also has had acupuncture in the past, with more than 50% reduction in pain. With Chiropractor and Acupuncture pt has not needed PO pain medications. WE will also ask today for 6 visits of Acupuncture. We also discussed proceeding with Lumbar MRI, which has been denied. We did discuss the possibility of appealing this decision, should her low back pain continue to be increased. We will discuss how to proceed at next OV Lumbar MRI, should her low back pain increase and should she be unable to proceed with chiropractor. Pt will RTC in 8 weeks.

2. Others

30 min. of time was spent with 50% of the time spent reviewing their current medical record and medication therapies, which assists in medical decision making at this visit.

Follow Up

2-3 months with Tiffany Or sooner if needed and pls obtain extended Chiropractor and Acupuncture 6 additional visits

Electronically signed by Nathan Miller , MD on 03/11/2014 at 08:10 AM PDT

Sign off status: Completed

Coastal Pain & Spinal Diagnostics
6221 Metropolitan St Ste 201
Carlsbad, CA 920093096
Tel: 760-753-7127
Fax: 760-334-0399

Patient: DIEZ, Sandra DOB: 04/27/1969 Progress Note: Tiffany Nastase, PA-C 03/10/2014

Note generated by eClinicalWorks EMR/PM Software (www.eClinicalWorks.com)



DIEZ, Sandra

44 Y old Female, DOB: 04/27/1969
315 Salina Ct , Vista, CA-92083

Home: 760-704-7744

Guarantor: Southland Claims Service Inc,

Insurance: Southland Claims Service, Inc

PCP: Nathan Miller Referring: Christopher Rogers

Appointment Facility: Coastal Pain & Spinal Diagnostics

02/10/2014

PA Visit: Tiffany Nastase, PA-C

Current Medications

None

Past Medical History

Cancer
Migraines
Anemia
Bowel Incontinence
Constipation
Depression
Bowel obstruction

Surgical History

Ovarian Surgery
Appendectomy
Foot Surgery
Colectomy, partial

Family History

No family H/O IVDA or Etoh abuse reported.,
Chronic Pain, Arthritis, Cancer, Heart
Disease, Headaches.

Social History

Smoking tobacco Are you a: nonsmoker.
no Recreational drug use.
no Prescription Medication Misused.
Alcohol: yes, Socially.
Recreational drug use: Patient denies history
of substance abuse.

Review of Systems

Patient filled out 12 system review of systems.
Please see scanned document.

Reason for Appointment

1. Medication refills

History of Present Illness

HPI::

Mrs. Diez presents today with h/o with low back pain. Pt is here today med refills and evaluation. Pt reports that she was approved for chiropractor, but per pt she needs a new Lumbar MRI to start tx with Chiropractor. We discussed obtaining a Lumbar MRI since she has not had an MRI since 2010. Pt also is noting that she is having to sleep on her side at night and is waking up with reported numbness, tingling, and weakness, of her b/l UE and shoulders. Otherwise pt denies bowel or bladder dysfunction.

Pt also notes improved ADL's per ODI with about 50% reduction in pain with prior physical therapy. Pt requests to continue physical therapy.

ONSET: Date of Injury- 9/29/10. LITIGATION Worker's Compensation Case, Pending Litigation, Personal Injury Case. DIAGNOSTIC TEST/IMAGING STUDIES: **X-ray lumbar spine 10/15/10-** normal alignment and preserved intervertebral disc spaces without fracture or dislocation, spondylosis or spondylolisthesis.

MRI of the lumbar spine on 11/10/10- Some mild degenerative disc disease at L4-5 with disc desiccation and slight disc space narrowing. These findings are chronic. There is a small left paracentral disc protrusion present resulting in minimal left sided central canal narrowing. This may be more acute or subacute in nature, but no distinct evidence of neural compression or deflection..

Vital Signs

BMI 33.20, Ht 5'4, Pain Scale 7/10, Wt 170 lbs, BP 120/80 mm Hg, HR 83, PO2 99.

Examination

psychology:

General appearance: NAD, pleasant. Grooming : adequate. Eye contact : normal. Mood : pleasant.

Lumbar Spine:

OBSERVATION WITH **limited ROM flexion. Pt has increased low back and LE pain with extension. Pain with**

rotation with right lateral rotation with low back pain with radiation to her right thigh and left lateral rotation with low back pain into her left groin . SPINE PALPATION mild tenderness to palpation of lumbar paraspinous muscles. FACET JOINTS positive tenderness to palpation of the facet joints. MOTOR EXAM decrease 4/5 strength with left LE and normal strength 5/5 right of lower extremities. SENSORY EXAM normal sensation of bilateral lower extremities (L1 through S1). REFLEX EXAM 2+/2 lower extremity reflexes bilaterally patellar, ankle, wrists, biceps, triceps, and, no clonus noted.

General Exam:

GENERAL NAD, non-toxic. HEENT atraumatic nose/ears, hearing grossly intact, no nasal discharge noted. NECK no significant masses noted; no thyroidmegaly noted. LUNCH/CHEST WALL equal bilateral chest rise; no signs of respiratory distress; no signs of cyanosis. BACK def/see other section. ABDOMEN def/see other section. PELVIS/RECTAL/GENITAL def/see other section. NEUROLOGICAL see other section. SKIN no significant facial rashes noted, texture appears normal for age. EXTREMITIES no significant peripheral edema noted. MUSCULOSKELETAL see other section. PSYCHIATRIC patient's mood is pleasant with no suicidal or homicidal ideation, alert and awake and no signs of significant sedation.

Assessments

1. Lumbar Spondylosis - 721.3 (Primary)

Treatment

1. Lumbar Spondylosis

Refill Ultram tablet, 50 mg, 1 tab(s), orally, q8-12hrs PRN pain, 30 days, 60, Refills 1

Refill Voltaren tab, 75 mg, 1 tab, po, q12hrs PRN pain *take w/food*, 30 days, 60, Refills 1

As above due to increased pain. Today we discussed Mrs. Diez's low back pain. Today we discussed starting her on the Voltaren 75mg 1po q12hrs. Pt notes she did not start the Voltaren at her last visit but would like to try refilling. Today we will continue her Ultram 50mg 1/2-1po q8-12hrs PRN pain. Again, pt was instructed on how to take the Voltaren and Ultram. Pt advised of the possible GI, cardio/cerebral vascular risks associated with NSAID's. Today we discussed proceeding with Lumbar MRI, since pt has not had a lumbar MRI since 2010. Pt also would like to follow up with chiropractor, who per pt has been approved, but will not follow up unless she obtains a new lumbar MRI. Today we will submit for authorization for Lumbar MRI to evaluate her lumbar spine. Pt will RTC in 8 weeks.

2. Others

30 min. of time was spent with 50% of the time spent reviewing their current medical record and medication therapies, which assists in medical decision making at this visit.

Today we discussed her reported increased pain and numbness, tingling, weakness of her UE with sleeping on her sides. PT was advised to follow up with her PCP should she continue to increase. Pt agreed. Pt medications and instructions have been reviewed and the patient and has been counseled about the characteristics of the medications in

the past, including; benefits of the medication and the potential side effects, effects of alcohol with this medication, and the effects while operating an automobile while under the influence of this medication. Pt is aware and has been instructed on how to take their medication must be taken, as prescribed by the prescribing physicians, and will obtain meds from our office only, and understands that early request for refills may not be honored.

Follow Up

2-3 months with Tiffany Or sooner if needed and pls obtain auth for Lumbar MRI

Addendum:

02/12/2014 10:56 AM Vizcarra, Yareth > CC: RP, Adj

Electronically signed by Nathan Miller , MD on 02/11/2014 at 03:27 PM PST

Sign off status: Completed

**Coastal Pain & Spinal Diagnostics
6221 Metropolitan St Ste 201
Carlsbad, CA 920093096
Tel: 760-753-7127
Fax: 760-334-0399**

Patient: DIEZ, Sandra DOB: 04/27/1969 Progress Note: Tiffany Nastase, PA-C 02/10/2014

Note generated by eClinicalWorks EMR/PM Software (www.eClinicalWorks.com)



DIEZ, Sandra

44 Y old Female, DOB: 04/27/1969
315 Salina Ct , Vista, CA-92083

Home: 760-842-5223

Guarantor: Southland Claims Service Inc,

Insurance: Southland Claims Service, Inc

PCP: Nathan Miller Referring: Christopher Rogers

Appointment Facility: Coastal Pain & Spinal Diagnostics

01/13/2014

PA Visit: Tiffany Nastase, PA-C

Current Medications

None

Past Medical History

Cancer
Migraines
Anemia
Bowel Incontinence
Constipation
Depression
Bowel obstruction

Surgical History

Ovarian Surgery
Appendectomy
Foot Surgery
Colectomy, partial

Family History

No family H/O IVDA or Etoh abuse reported.,
Chronic Pain, Arthritis, Cancer, Heart
Disease, Headaches.

Social History

Smoking tobacco Are you a: nonsmoker.
no Recreational drug use.
no Prescription Medication Misused.
Alcohol: yes, Socially.
Recreational drug use: Patient denies history
of substance abuse.

Review of Systems

Patient filled out 12 system review of systems.
Please see scanned document.

Reason for Appointment

1. Medication refills

History of Present Illness

HPI::

Mrs. Diez presents today with h/o with low back pain. Pt is here today med refills and evaluation. Today we discussed her recent denial for TEN's, Celebrex, and chiropractor. Pt notes has had increased low back pain since being denied. Pt notes increased HA since being denied. Pt denies any new areas of pain, numbness, tingling, weakness, nor bowel or bladder dysfunction. Pt requests to re-start the Ultram since she noted more than 50% reduction in pain and without side effects. Pt also requests an NSAID due to pain.

Pt also notes improved ADL's per ODI with about 50% reduction in pain with prior physical therapy. Pt requests to continue physical therapy.

ONSET: Date of Injury- 9/29/10. LITIGATION Worker's Compensation Case, Pending Litigation, Personal Injury Case. DIAGNOSTIC TEST/IMAGING STUDIES: **X-ray lumbar spine 10/15/10-** normal alignment and preserved intervertebral disc spaces without fracture or dislocation, spondylosis or spondylolisthesis.

MRI of the lumbar spine on 11/10/10- Some mild degenerative disc disease at L4-5 with disc desiccation and slight disc space narrowing. These findings are chronic. There is a small left paracentral disc protrusion present resulting in minimal left sided central canal narrowing. This may be more acute or subacute in nature, but no distinct evidence of neural compression or deflection..

Vital Signs

BMI 33.20, Ht 5'4, Pain Scale 6/10, Wt 170 lbs, BP 120/78 mm Hg, HR 74, PO2 98.

Examination

psychology:

General appearance: NAD, pleasant. Grooming : adequate. Eye contact : normal. Mood : pleasant.

Lumbar Spine:

OBSERVATION **Stable, but limited ROM flexion and extension due to pain and spasms.**

General Exam:

GENERAL NAD, non-toxic. HEENT atraumatic nose/ears, hearing grossly intact, no nasal discharge noted. NECK no significant masses noted; no thyroidmegaly noted. HEART no tachycardia. LUNCH/CHEST WALL equal bilateral chest rise; no signs of respiratory distress; no signs of cyanosis. BACK def/see other section. ABDOMEN def/see other section. PELVIS/RECTAL/GENITAL def/see other section. NEUROLOGICAL see other section. SKIN no significant facial rashes noted, texture appears normal for age. EXTREMITIES no significant peripheral edema noted, distal pulses present. MUSCULOSKELETAL see other section. PSYCHIATRIC patient's mood is pleasant with no suicidal or homicidal ideation, alert and awake and no signs of significant sedation.

Assessments

1. Lumbar Spondylosis - 721.3 (Primary)

Treatment**1. Lumbar Spondylosis**

Stop Celebrex capsule, 200 mg, 1 cap(s), orally, q12hrs PRN pain *take w/ food*, 30 day(s), 60

re-start Ultram tablet, 50 mg, 1 tab(s), orally, q8-12hrs PRN pain, 30 days, 60, Refills 1

Start Voltaren tab, 75 mg, 1 tab, po, q12hrs PRN pain *take w/food*, 30 days, 60, Refills 1

As above due to increased pain. Today we discussed Mrs. Diez's low back pain. Today we discussed rotating her from Celebrex 200mg 1po q12hrs PRN pain to Voltaren 75mg 1po q12hrs due to increased pain and re-start her on Ultram 50mg 1/2-1po q8-12hrs PRN pain. Pt instructed on how to take the Voltaren and Ultram. Pt advised of the possible GI, cardio/cerebral vascular risks associated with NSAID's. We also discussed referring her to physical therapy 1-2 times per week for 6 visits, since in the past she has had improved ROM, pain relief with prior physical therapy visits. I discussed with pt that should her physical therapy be denied we will be unable to appeal. Pt agreed. Pt will RTC in 8-12 weeks.

2. Others

30 min. of time was spent with 50% of the time spent reviewing their current medical record and medication therapies, which assists in medical decision making at this visit. Pt medications and instructions have been reviewed and the patient and has been counseled about the characteristics of the medications in the past, including; benefits of the medication and the potential side effects, effects of alcohol with this medication, and the effects while operating an automobile while under the influence of this medication. Pt is aware and has been instructed on how to take their medication must be taken, as prescribed by the prescribing physicians, and will obtain meds from our office only, and understands that early request for refills may not be honored.

Follow Up

2-3 months with Tiffany OR sooner and pls obtain auth for physical

therapy 1-2 times per week for 6 visits

Addendum:

01/14/2014 10:14 AM zHatcher, Wavene > CC: Adjuster & Dr Rogers

Electronically signed by Nathan Miller , MD on 01/14/2014 at 07:39 AM PST

Sign off status: Completed

**Coastal Pain & Spinal Diagnostics
6221 Metropolitan St Ste 201
Carlsbad, CA 920093096
Tel: 760-753-7127
Fax: 760-334-0399**

Patient: DIEZ, Sandra DOB: 04/27/1969 Progress Note: Tiffany Nastase, PA-C 01/13/2014

Note generated by eClinicalWorks EMR/PM Software (www.eClinicalWorks.com)



DIEZ, Sandra

44 Y old Female, DOB: 04/27/1969
315 Salina Ct , Vista, CA-92083

Home: 760-842-5223

Guarantor: Southland Claims Service Inc,

Insurance: Southland Claims Service, Inc

PCP: Nathan Miller Referring: Christopher Rogers

Appointment Facility: Coastal Pain & Spinal Diagnostics

12/06/2013

PA Visit: Tiffany Nastase, PA-C

Current Medications

None

Past Medical History

Cancer
Migraines
Anemia
Bowel Incontinence
Constipation
Depression
Bowel obstruction

Surgical History

Ovarian Surgery
Appendectomy
Foot Surgery
Colectomy, partial

Family History

No family H/O IVDA or Etoh abuse reported.,
Chronic Pain, Arthritis, Cancer, Heart
Disease, Headaches.

Social History

Smoking tobacco Are you a: nonsmoker.
no Recreational drug use.
no Prescription Medication Misused.
Alcohol: yes, Socially.
Recreational drug use: Patient denies history
of substance abuse.

Allergies

N.K.D.A.

Review of Systems

Patient filled out 12 system review of systems.
Please see scanned document.

Reason for Appointment

1. Follow Up

History of Present Illness

HPI::

Mrs. Diez returns with h/o with low back pain. Pt RTC today for med refills and re-eval. Pt also continues to using her TEN's unit at home for her low back pain with complete resolution of pain with increased activity, with TEN's. Pt notes her pain today . Pt denies any new areas of pain, numbness, tingling, weakness, nor bowel or bladder dysfunction. Pt pain is 80-90% reduction in pain with her TEN's unit. Pt notes she is not taking PO medications. Pt does requests something for her pain, non-opiate.

PAIN LOCATION: **SEE NEW PT DOCUMENTATION:** Low Back. ONSET: Date of Injury- 9/29/10. CONTEXT: **Work related injury 09/29/10.** LITIGATION Worker's Compensation Case, Pending Litigation, Personal Injury Case. DIAGNOSTIC TEST/IMAGING STUDIES: **X-ray lumbar spine 10/15/10-** normal alignment and preserved intervertebral disc spaces without fracture or dislocation, spondylosis or spondylolisthesis.

MRI of the lumbar spine on 11/10/10- Some mild degenerative disc disease at L4-5 with disc desiccation and slight disc space narrowing. These findings are chronic. There is a small left paracentral disc protrusion present resulting in minimal left sided central canal narrowing. This may be more acute or subacute in nature, but no distinct evidence of neural compression or deflection..

Vital Signs

BMI 33.20, Ht 5'4, Pain Scale 5/10, Wt 170 lbs, BP 130/90 mm Hg, HR 81, PO2 98.

Examination

psychology:

General appearance: NAD, pleasant. Grooming : adequate. Eye contact : normal. Mood : pleasant.

Lumbar Spine:

OBSERVATION **Limited ROM flexion and extension due to pain and spasms.**

General Exam:

GENERAL NAD, non-toxic. HEENT atraumatic nose/ears, hearing

grossly intact, no nasal discharge noted. NECK no significant masses noted; no thyroidmegaly noted. HEART no tachycardia. LUNCH/CHEST WALL equal bilateral chest rise; no signs of respiratory distress; no signs of cyanosis. BACK def/see other section. ABDOMEN def/see other section. PELVIS/RECTAL/GENITAL def/see other section. NEUROLOGICAL see other section. SKIN no significant facial rashes noted, texture appears normal for age. EXTREMITIES no significant peripheral edema noted, distal pulses present. MUSCULOSKELETAL see other section. PSYCHIATRIC patient's mood is pleasant with no suicidal or homicidal ideation, alert and awake and no signs of significant sedation.

Assessments

1. Lumbar Spondylosis - 721.3 (Primary)

Treatment

1. Lumbar Spondylosis

Start Celebrex capsule, 200 mg, 1 cap(s), orally, q12hrs PRN pain *take w/ food*, 30 day(s), 60, Refills 3

Start Celebrex as above due to increased pain. Today we discussed Mrs. Diez's low back pain. Today we discussed starting her on Celebrex 200mg 1po q12hrs PRN pain. Pt instructed on how to take the Celebrex, and advised of the possible GI, cardio/cerebral vascular risks associated with NSAID's. We also discussed referring her to Chiropractor 1-2 times per week for 6 visits, since pt has had improved ROM, pain relief with prior Chiropractor visits. I will requests today for the authorization for Chiropractor. Pt will RTC in 8-12 weeks or sooner if needed.

2. Others

30 min. of time was spent with 50% of the time spent reviewing their current medical record and medication therapies, which assists in medical decision making at this visit. Pt medications and instructions have been reviewed and the patient and has been counseled about the characteristics of the medications in the past, including; benefits of the medication and the potential side effects, effects of alcohol with this medication, and the effects while operating an automobile while under the influence of this medication. Pt is aware and has been instructed on how to take their medication must be taken, as prescribed by the prescribing physicians, and will obtain meds from our office only, and understands that early request for refills may not be honored.

Labs

Lab: A-UDS (URINE DRUG SCREEN)

Procedure Codes

80101 *DRUG SCREEN, SINGLE

Follow Up

2-3 months with Tiffany OR sooner if needed and pls refer to Chiropractor 1-2 times per week for 6 visits pls

Electronically signed by Nathan Miller , MD on 12/09/2013 at
07:21 AM PST

Sign off status: Completed

Coastal Pain & Spinal Diagnostics
6221 Metropolitan St Ste 201
Carlsbad, CA 920093096
Tel: 760-753-7127
Fax: 760-334-0399

Patient: DIEZ, Sandra DOB: 04/27/1969 Progress Note: Tiffany Nastase, PA-C 12/06/2013

Note generated by eClinicalWorks EMR/PM Software (www.eClinicalWorks.com)



DIEZ, Sandra

44 Y old Female, DOB: 04/27/1969
315 Salina Ct , Vista, CA-92083

Home: 760-842-5223

Guarantor: Southland Claims Service Inc,

Insurance: Southland Claims Service, Inc

PCP: Nathan Miller Referring: Christopher Rogers

Appointment Facility: Coastal Pain & Spinal Diagnostics

10/23/2013

PA Visit: Tiffany Nastase, PA-C

Current Medications

Ultram 50 mg 1 tab qid
Medication List reviewed and reconciled with the patient

Past Medical History

Cancer
Migraines
Anemia
Bowel Incontinence
Constipation
Depression
Bowel obstruction

Surgical History

Ovarian Surgery
Appendectomy
Foot Surgery
Colectomy, partial

Family History

Non-Contributory
No family H/O IVDA or Etoh abuse reported.,
Chronic Pain, Arthritis, Cancer, Heart
Disease, Headaches.

Social History

Smoking tobacco Are you a: nonsmoker.
no Recreational drug use.
no Prescription Medication Misused.
Alcohol: yes, Socially.
Recreational drug use: Patient denies history
of substance abuse.

Allergies

N.K.D.A.

Hospitalization/Major Diagnostic Procedure

Denies Past Hospitalization

Review of Systems

Patient filled out 12 system review of systems.
Please see scanned document.

Reason for Appointment

1. Medication refills

History of Present Illness

HPI::

Mrs. Diez presents today with low back pain. Pt reports that she was using her TEN's unit at home for her low back pain with complete resolution of pain with increased activity. Pt also notes that now that her TEN's has had to be returned her pain has increased significantly since her last visit. Pt also notes HA/ early morning somnolence with Ambien and would like to rotate to a different sleep aid. Pt continues to with Ultram 50mg 1po q4-6hrs PRN pain, with significant improvement of her pain and without side effects of her Ultram.

PAIN LOCATION: Low Back. DESCRIBED AS/QUALITY: Sharp, Nagging, Numbing, Pin&Needles, Stabbing, Burning, Shooting, Tingling, Hot, Shock-like, Cramping. MODIFYING FACTORS: BETTER WITH:, bending forward, WORSE WITH:, bending backward, twisting, prolonged standing, prolonged sitting, walking, lying flat of back, lying flat of stomach, climbing stairs, coughing/sneezing, lifting objects, rising from a sitting position. ONSET: Date of Injury- 9/29/10. TIMING: sudden onset, constant, daytime, evening. CONTEXT: work related injury. EXERCISE/WORK: patient does exercise, patient not currently working. OTHER THERAPIES TRIED PATIENT HAS NEVER TRIED:, Biofeedback, Psychological Therapy, Surgery, BETTER WITH:, Physical Therapy, TENS, Brace Support, Injections, Massage Therapy, Chiropractor, Ice, Heat, WORSE WITH:, Traction, PATIENT NOTICED NO CHANGE WITH:, Daily Exercise. MEDICATIONS TRIED: PATIENT HAS TRIED:, Anti-Inflammatory, Muscle Relaxants, Constipation Medications, Topical Creams, Sleep Aids. INTERVENTION TREATMENTS TRIED: PATIENT HAS TRIED:, Epidural Steroid Injections. DOCTORS/PROVIDERS CONSULTED: Acupuncturist, Chiropractor, General Physician, Physical Therapist, Orthopedic Surgeon. LITIGATION Worker's Compensation Case, Pending Litigation, Personal Injury Case. BLOOD THINNERS: **Patient Denies Any Blood Thinners.** DIAGNOSTIC TEST/IMAGING STUDIES:

X-ray lumbar spine 10/15/10- normal alignment and preserved intervertebral disc spaces without fracture or dislocation, spondylosis or spondylolisthesis.

MRI of the lumbar spine on 11/10/10- Some mild degenerative disc disease at L4-5 with disc desiccation and slight disc space narrowing. These findings are chronic. There is a small left paracentral disc protrusion present resulting in minimal left sided central canal narrowing. This may be more acute or subacute in nature, but no distinct evidence of neural compression or deflection.

Vital Signs

BMI 33.20, Ht 5'4, Pain Scale 7/10, Wt 170 lbs, BP 124/81 mm Hg, HR 84, PO2 98.

Examination

psychology:

General appearance: NAD, pleasant. Grooming : adequate. Eye contact : normal. Mood : pleasant.

Lumbar Spine:

OBSERVATION With limited ROM flexion and extension due to pain.

General Exam:

GENERAL NAD, non-toxic. HEENT atraumatic nose/ears, hearing grossly intact, no nasal discharge noted. NECK no significant masses noted; no thyroidmegaly noted. HEART no tachycardia. LUNCH/CHEST WALL equal bilateral chest rise; no signs of respiratory distress; no signs of cyanosis. BACK def/see other section. ABDOMEN def/see other section. PELVIS/RECTAL/GENITAL def/see other section. NEUROLOGICAL see other section. SKIN no significant facial rashes noted, texture appears normal for age. EXTREMITIES no significant peripheral edema noted, distal pulses present. MUSCULOSKELETAL see other section. PSYCHIATRIC patient's mood is pleasant with no suicidal or homicidal ideation, alert and awake and no signs of significant sedation.

Assessments

1. Lumbar Spondylosis - 721.3 (Primary)

Treatment

1. Lumbar Spondylosis

Stop Ambien tablet, 5 mg, 1 tab(s), orally, once a day (at bedtime), 30 days, 30

Refill Ultram tablet, 50 mg, 1 tab(s), orally, every 4-6 hours PRN pain, 30 days, 100, Refills 0

Start amitriptyline tablet, 10 mg, 1 tab(s), orally, once a day (at bedtime), 30 day(s), 30, Refills 0

Refills as above. Today we discussed Mrs. Diez's low back pain. Today we discussed rotating her from Ambien 5mg to Amitriptyline 10mg 1po qhs for sleep, since pt has side effects with Ambien. Today we instructed pt on how to take the medications and advised to not drive nor operate heavy machinery until he knows how the medication will affect her. Pt advised to stop medication should any side effects arise. Pt agreed. Today we discussed continuing her Ultram 50mg 1po q4-6hrs PRN pain #100 with no changes since her pain continues to be

reduced and without side effects. Today we will also submit authorization for TEN's unit since pt notes almost complete resolution of her low back pain with the TEN's with increased ADL's per ODI. I will requests that her is able to get a permanent unit since she notes significant improvement of pain with her TEN's unit. PT has been approved Therapies: PT, Home TENS trial Auth (but requests permeant TEN's unit to use at home as above). Requested but not yet approved: Acupuncture, Facet Injections. Pt encouraged to follow up with physical therapy and do at home exercise. Pt RTC with 4 weeks.

Follow Up

1. 4 weeks with Tiffany and 2. re-submit auth for Home TENS unit purchase (successful trial with TENS)

Addendum:

10/29/2013 09:37 AM zPadron, Lucero > CC sent. lp

Electronically signed by Nathan Miller , MD on 10/28/2013 at 09:22 AM PDT

Sign off status: Completed

**Coastal Pain & Spinal Diagnostics
6221 Metropolitan St Ste 201
Carlsbad, CA 920093096
Tel: 760-753-7127
Fax: 760-334-0399**

Patient: DIEZ, Sandra DOB: 04/27/1969 Progress Note: Tiffany Nastase, PA-C 10/23/2013

Note generated by eClinicalWorks EMR/PM Software (www.eClinicalWorks.com)



DIEZ, Sandra

44 Y old Female, DOB: 04/27/1969
315 Salina Ct , Vista, CA-92083

Home: 760-842-5223

Guarantor: Southland Claims Service Inc,

Insurance: Southland Claims Service, Inc

Referring: Christopher Rogers

Appointment Facility: Coastal Pain & Spinal Diagnostics

09/25/2013

F/U Carls: Nathan A. Miller, M.D.

Current Medications

tramadol 50 mg tablet 1 tab(s) every 6 hours
Medication List reviewed and reconciled with the patient

Past Medical History

Cancer
Migraines
Anemia
Bowel Incontinence
Constipation
Depression
Bowel obstruction

Surgical History

Ovarian Surgery
Appendectomy
Foot Surgery
Colectomy, partial

Family History

No family H/O IVDA or Etoh abuse reported.,
Chronic Pain, Arthritis, Cancer, Heart
Disease, Headaches.

Social History

Smoking tobacco Are you a: nonsmoker.
no Recreational drug use.
no Prescription Medication Misused.
Alcohol: yes, Socially.
Recreational drug use: Patient denies history
of substance abuse.

Allergies

N.K.D.A.

Review of Systems

Patient filled out 12 system review of systems.
Please see scanned document.

Reason for Appointment

1. Medication refills & discuss WC DENIAL

History of Present Illness

HPI::

The patient returns today for a follow up. The patient continues to report low back pain. Separately, the patient report isolated numbness in her feet. She is also here to discuss work comp denial for injections. Patient reports good pain relief with the Tramadol. Home TENS unit provides her great pain relief.

Patient reports intermittent migraine headaches with nausea for the past couple weeks. It lasts hours at a time every day.

PAIN LOCATION: Low Back. SEVERITY: 4-9/10. DESCRIBED AS/QUALITY: Sharp, Nagging, Numbing, Pin&Needles, Stabbing, Burning, Shooting, Tingling, Hot, Shock-like, Cramping. MODIFYING FACTORS: BETTER WITH:, bending forward, WORSE WITH:, bending backward, twisting, prolonged standing, prolonged sitting, walking, lying flat of back, lying flat of stomach, climbing stairs, coughing/sneezing, lifting objects, rising from a sitting position. ONSET: Date of Injury- 9/29/10. TIMING: sudden onset, constant, daytime, evening. CONTEXT: work related injury. EXERCISE/WORK: patient does exercise, patient not currently working. OTHER THERAPIES TRIED PATIENT HAS NEVER TRIED:, Biofeedback, Psychological Therapy, Surgery, BETTER WITH:, Physical Therapy, TENS, Brace Support, Injections, Massage Therapy, Chiropractor, Ice, Heat, WORSE WITH:, Traction, PATIENT NOTICED NO CHANGE WITH:, Daily Exercise. MEDICATIONS TRIED: PATIENT HAS TRIED:, Anti-Inflammatory, Muscle Relaxants, Constipation Medications, Topical Creams, Sleep Aids. INTERVENTION TREATMENTS TRIED: PATIENT HAS TRIED:, Epidural Steroid Injections. DOCTORS/PROVIDERS CONSULTED: Acupuncturist, Chiropractor, General Physician, Physical Therapist, Orthopedic Surgeon. LITIGATION Worker's Compensation Case, Pending Litigation, Personal Injury Case. BLOOD THINNERS: **Patient Denies Any Blood Thinners.** DIAGNOSTIC TEST/IMAGING STUDIES:

X-ray lumbar spine 10/15/10- normal alignment and preserved intervertebral disc spaces without fracture or dislocation, spondylosis or spondylolisthesis.

MRI of the lumbar spine on 11/10/10- Some mild degenerative disc disease

at L4-5 with disc desiccation and slight disc space narrowing. These findings are chronic. There is a small left paracentral disc protrusion present resulting in minimal left sided central canal narrowing. This may be more acute or subacute in nature, but no distinct evidence of neural compression or deflection.

Vital Signs

BMI 33.20, Ht 5'4, Pain Scale 6/10, Wt 170 lbs, BP 120/80 mm Hg, HR 68, PO2 98.

Examination

General Examination:

General appearance: NAD, pleasant. HEENT: unremarkable, atraumatic, normocephalic, nonicteric. . Oral cavity: unremarkable, mucosa moist. Neck, thyroid : no lymphadenopathy. Heart: normal heart rate, no tachycardia. Lungs: no respiratory distress, normal respiratory rate, symmetric chest wall movement. Abdomen Soft/Nontender. Skin: normal, no rash. Extremities: no clubbing, no edema.

psychology:

General appearance: NAD, pleasant. Grooming : adequate. Eye contact : normal. Mood : pleasant.

Lumbar Spine:

OBSERVATION loss of lumbar lordosis. SPINE ROM Diminished extension to 15 degrees with pain. Full left rotation, 60 degrees to right rotation with pain. Full lumbar flexion.. SPINE PALPATION Positive midline lumbar tenderness over L4, L5 bilaterally.. SENSORY EXAM decrease sensation web of great toe bilaterally. REFLEX EXAM 2+/2 lower extremity reflexes bilaterally, no clonus noted, negative Hoffman's sign. STRAIGHT LEG RAISE TEST negative.

Assessments

1. Lumbar Spondylosis - 721.3 (Primary)

Treatment

1. Lumbar Spondylosis

Refill Ambien tablet, 5 mg, 1 tab(s), orally, once a day (at bedtime), 30 days, 30, Refills 0

Refill tramadol tablet, 50 mg, 1 tab(s), orally, every 6 hours, 30 days, 100, Refills 0

Approved Therapies: PT, Home TENS trial Auth Requested but not yet approved: Accupuncture, Facet Injections. Patient has been prescribed Ambien in the past and we will take over the care of this medication. Medications are providing a modicum of relief without uncontrolled side effects. Patient reports that she is better able to accomplish activities of daily living with use of the medication. I will continue with medication management. I will refill medications today. PT has been improved and patient will schedule. Patient reports substantial pain relief and increase mobility from home TENS trial. I recommend a home TENS unit for purchase. We are awaiting authorization for lumbar facet injections. Continue with HEP and gym. Consider EMG

study in the future if numbness in her feet worsen. On exam, she exhibits decrease sensation onb the web of great toe bilaterally consistent with L5 radiculopathy.

2. Others

Stop Celebrex 100mg bid, 100mg, 1 tab PO, bid, 30 days, 60
The patient has stopped taking Celebrex since it gave her side effects. I encouraged a high fiber diet due to her constipation from the Tramadol.

Preventive Medicine

P&S, treating under future medical.

Follow Up

1. Home TENS unit purchase (successful trial with TENS)

Addendum:

09/25/2013 04:53 PM Orleans, Michelle > cc sent to adj. mo

Electronically signed by Nathan Miller , MD on 09/25/2013 at 01:45 PM PDT

Sign off status: Completed

**Coastal Pain & Spinal Diagnostics
6221 Metropolitan St Ste 201
Carlsbad, CA 920093096
Tel: 760-753-7127
Fax: 760-334-0399**

Patient: DIEZ, Sandra DOB: 04/27/1969 Progress Note: Nathan A. Miller, M.D. 09/25/2013

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10715 Double R Blvd Suite 102, Reno, NV 89521
 Lab Director: Dr. Alexander Stojanoff
 CLIA #29D032647
 Phone: (775) 391-5221 Fax: (775) 737-9133

Non-Point of Care-Urinalysis Test Requisition

Requesting Provider:		Diagnostic Codes: V58.69, V58.83	
Nathan Miller, MD	Michael Sebahar, MD	Yogesh Patel, MD	
Terri Edwards, PA-C	Tiffany Nastase, PA-C	Amy Gerson, PA-C	
Stephanie Kowalski, PA-C			
Account: 760004	Patient: Sandra Diez		
Collector: UP	Date of Birth: 04-27-2013		
Collection Date & Time: 12-0-13 880	SSN:	Sex: M (F)	

**Coastal Pain & Spinal
 Diagnostics**
 6221 Metropolitan St.
 Carlsbad, CA 92009
 (760) 753-7127

Requisition #: **DF01347**

PATIENT DECLARED PRESCRIPTIONS:		<input type="checkbox"/> PATIENT DECLARES NO PRESCRIPTIONS		DATE LAST DOSE TAKEN:	
<input type="checkbox"/> ALPRAZOLAM (Xanax)	<input type="checkbox"/> FLUOXETINE (Prozac, Sarafem)	<input type="checkbox"/> OXAZEPAM (Serax)	OTHER PRESCRIPTIONS (Please List Below)		
<input checked="" type="checkbox"/> AMITRIPTYLINE (Elavil)	<input type="checkbox"/> GABAPENTIN (Gralise, Neurontin)	<input type="checkbox"/> OXYCODONE (Endocet, Oxycontin, Percocet)			
<input type="checkbox"/> AMPHETAMINE (Adderall, Dexedrine, Vyvanse)	<input type="checkbox"/> HYDROCODONE (Lorcet, Lortab, Norco, Vicodin)	<input type="checkbox"/> OXYMORPHONE (Opana, Numorphan)			
<input type="checkbox"/> BUPRENORPHINE (Butrans, Suboxone, Subutex)	<input type="checkbox"/> HYDROMORPHONE (Dilaudid, Exalgo)	<input type="checkbox"/> PAROXETINE (Paxil, Pexeva)			
<input type="checkbox"/> BUTALBITAL (Esgic, Fioricet, Fiorinal)	<input type="checkbox"/> LORAZEPAM (Ativan)	<input type="checkbox"/> PREGABALIN (Lyrica)			
<input type="checkbox"/> CARISOPRODOL (Soma)	<input type="checkbox"/> NALTREXONE (Revia, Vivitrol)	<input type="checkbox"/> PROPOXYPHENE (Darvon)			
<input type="checkbox"/> CLONAZEPAM (Klonopin)	<input type="checkbox"/> NORTRIPTYLINE (Pamelor)	<input type="checkbox"/> TAPENTADOL (Nucynta)			
<input type="checkbox"/> CODEINE (Robitussin-AC, Tylenol 1,2,3,4)	<input type="checkbox"/> MEPERIDINE (Demerol)	<input type="checkbox"/> TEMAZEPAM (Restoril)			
<input type="checkbox"/> CYCLOBENZAPRINE (Amrix, Flexeril)	<input type="checkbox"/> METHADONE (Methadose)	<input checked="" type="checkbox"/> TRAMADOL (Ultracet, Ultram)			
<input type="checkbox"/> DIAZEPAM (Valium)	<input type="checkbox"/> METHAMPHETAMINE (Desoxyn)	<input type="checkbox"/> TRIAZOLAM (Halcion)			
<input type="checkbox"/> DULOXETINE (Cymbalta)	<input type="checkbox"/> METHYLPHENIDATE (Concerta, Ritalin)	<input type="checkbox"/> VENLAFAXINE (Effexor)			
<input type="checkbox"/> FENTANYL (Actiq, Duragesic, Fentora)	<input type="checkbox"/> MORPHINE (Avinza, Kadian, MS-Contin, MSIR)	<input type="checkbox"/> ZOLPIDEM (Ambien)			

URINE SAMPLE TEMPERATURE FROM CUP:		<input type="checkbox"/> VALID	<input type="checkbox"/> INVALID	URINE OR ORAL FLUID TESTING PANELS WILL BE ORDERED BASED ON SPECIMEN TYPE			
COMPOUNDS	P.O.C.+	QUALITATIVE TEST (E.I.A.) - URINE	QUANTITATIVE TEST (LC/MS/MS) - URINE	QUANTITATIVE TEST (LC/MS/MS) - ORAL FLUID	UNITS	<p>Notes: All drugs screened using enzyme immunoassay (EIA) and validated via p-I and creatinine values. EIA provides only a presumptive preliminary analysis which should be confirmed using more accurate LC/MS/MS. All compounds requested to be analyzed by the provider are to be quantitated by liquid chromatography / tandem mass spectrometry (LC/MS/MS). Insurance carriers will be billed by MD Labs directly for all tests performed. Results will be delivered securely to the requesting provider. MD Labs does not treat or diagnose any medical condition and results should be interpreted by a professional healthcare provider.</p> <p>Positive results for Methamphetamine will be further analyzed for D- and L- enantiomeric ratios.</p>	
ALPRAZOLAM	Negative for everything	X	X	X	ng/mL		
AMITRIPTYLINE Metabolite			X		ng/mL		
AMPHETAMINES		X			ng/mL		
AMPHETAMINE		X	X	X	ng/mL		
BARBITURATES		X			ng/mL		
BENZODIAZEPINES		X			ng/mL		
BUPRENORPHINE				X	ng/mL		
BUPRENORPHINE Metabolite				X	ng/mL		
CARISOPRODOL					X		ng/mL
CARISOPRODOL Metabolite				X	X		ng/mL
CLONAZEPAM Metabolite			X	X			ng/mL
COCAINE Metabolite				X	X		ng/mL
CODEINE			X	X	X		ng/mL
DIAZEPAM Metabolite			X	X	X		ng/mL
ETHANOL (Alcohol)							mg/dL
ETHANOL Metabolite (Alcohol)							mg/dL
FENTANYL				X	X		ng/mL
GABAPENTIN				X			ng/mL
HEROIN Metabolite				X	X		ng/mL
HYDROCODONE			X	X	X		ng/mL
HYDROMORPHONE			X	X	X		ng/mL
LORAZEPAM			X	X			ng/mL
MDA			X	X			ng/mL
MDMA (Ecstasy)			X	X	X		ng/mL
MEPERIDINE				X			ng/mL
METHADONE				X	X		ng/mL
METHAMPHETAMINE			X	X	X		ng/mL
METHAQUALONE							ng/mL
MORPHINE			X	X	X		ng/mL
OPIATES			X			ng/mL	
OXAZEPAM		X	X		ng/mL		
OXYCODONE		X	X	X	ng/mL		
OXYCODONE Metabolite			X		ng/mL		
OXYMORPHONE		X	X	X	ng/mL		
PHENCYCLIDINE (PCP)			X	X	ng/mL		
PREGABALIN					ng/mL		
PROPOXYPHENE			X		ng/mL		
TAPENTADOL			X		ng/mL		
TEMAZEPAM		X	X		ng/mL		
THC Metabolite					ng/mL		
TRAMADOL Metabolite			X		ng/mL		
TRICYCLIC ANTIDEPRESSANTS					ng/mL		

PRINT PATIENT'S NAME: _____

PATIENT'S AUTHORIZATION SIGNATURE: _____ DATE: 12-5-13

By signing, I certify that I have provided an unadulterated and fresh urine sample to be analyzed by MD Labs and that the information on this form is accurate. I authorize MD Labs to release the results of this testing to the treating physician or facility. I hereby authorize my insurance benefits to be paid directly to MD Labs for services I receive. If MD Labs is an out-of-network provider with my insurer, I agree to endorse the insurance payment check and forward to MD Labs within 30 days of receipt or my account may be subject to collections proceedings and reported to the Credit Bureau.



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Account: 760004 Patient: Sandra Diez
 Collector: UP Date of Birth: 04.27.2013
 Collection Date & Time: 12.0.13 7:30 SSN: Sex: M F

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OTHER PRESCRIPTIONS
 (Please List Below)

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METHAQUALONE					ng/mL
MORPHINE		X	X	X	ng/mL
OPIATES		X			ng/mL
OXAZEPAM		X	X		ng/mL
OXYCODONE		X	X	X	ng/mL
OXYCODONE Metabolite			X		ng/mL
OXYMORPHONE		X	X	X	ng/mL
PHENCYCLIDINE (PCP)			X	X	ng/mL
PREGABALIN					ng/mL
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