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Ruler  
L. Nay

UK



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○ Anil K. Sharma, M.D. Lic#MA00063404  
● Ann Maresca, PAC Lic#MP00077600

Patient Alexander Hemet DOB 6/12/43

Address \_\_\_\_\_ Date 11/5/22

☐ MRI Cervical Spine

☐ MRI Lumbar Spine

☐ MRI Thoracic Spine

☐ MRI OTHER: \_\_\_\_\_

● Other Study: CT SCAN THORACIC spine

WITH / WITHOUT Contrast

DX: AAW: T8 T9 non healing wound

X \_\_\_\_\_  
Signature of Prescriber

TCXRAY



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Anil Sharma, MD  
Ann Maresca, PA

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## Visit Note

### Provider:

Supervising: Anil Sharma, MD

Performing: Ann Maresca, PA-C

Encounter Date: 11/15/2022

Patient: Nemeth, Sr., Alexander G (NEMETH0002)

Sex: Male

DOB: Jun 12, 1943 Age: 79 Year

Race: White

Address: 7 Raddcliffe Lane, Manchester NJ 087597301 Pref. Phone(H): 732-408-0248

Primary Dr.: THOMAS OBRIEN, MD

### Insurance:

Dietz & Hammer (PP) Insurance ID: H625611

Description: WORK COMP

Referred by: OBRIEN, THOMAS

Injury Date: 01/01/2002

Employer: unknown

Insurance: Dietz & Hammer Insurance ID: H625611

### Previous Treatment:

Self-care: He has tried at least several weeks of self-care including a structured daily home based stretching, ice/heat and exercise since the onset of the pain without clinically meaningful improvement.;

### Previous Procedure:

1/13/2014 IPG change St Jude

Bilateral Medial Branch blocks at L1, L2, L3 on Jul 25, 2016 with 75% improvement and 5 point reduction in VAS score.

Bilateral Medial Branch blocks at L1, L2, L3 on Nov 14, 2016 80% for 1 day.

Jul 9, 2019 Facet Joint Injection at bilateral L1/2 L2/3 L5/S1. 75% relief.

Dec 17, 2019 Facet Joint Injection at bilateral L1/2 L2/3 L5/S1. 75-80% relief.

Mar 10, 2022 caudal ESI 70% relief initially then decreased to 50% relief.

**Vital Signs:**

Weight: 231 lbs

Height: 5' 11"

BMI: 32.21

BSA: 2.29

**Chief Complaints:**

Mr. Nemeth, Sr. is here today for a medication management visit and is complaining of pain in the neck, bilateral arm, and low back, bilateral leg pain and right leg weakness, mid thoracic pain: 8 on a scale of 0 to 10.

**HPI:**

Chronic Medication management: The patient is taking his medications as prescribed. He states that the current medications are somewhat effective. Medication side effects reported by the patient include. The current medication regimen has improved or maintained the patient's functional status and they are enabling him to perform his activities of daily living. He states he has had open wound over his thoracic spine that becomes itchy then drains, in September he went to dermatologist that cultured the drainage and was found to have staph epidermis and pseudomonas. He is concerned it is on his spine and he has the spinal cord stimulator at that level. Since the cardiac arrest and defibrillation it has been recommended not to use the device. He is still on antibiotics. Pain level with medication is a 6 /10, 10 being the worst pain experienced. Pain level without medication 9 /10, 10 being the worst pain experienced.

Medication Reconciled: Medication Reconciled on Nov 15, 2022.

**Family History:**

Family history is noncontributory.

**Medical History:**

Medical History: HTN, Afib, sleep apnea, Parkinsons.

Surgical history: Pacemaker placement, lumbar fusion (L34, L45), cervical fusion, abdominal surgery after trauma, spinal cord stimulator St Jude; July CARDIAC ARREST

--DEFIBRILLATED; new pacemaker defibrillator Medtonics.

**Social History:**

The patient is married. His smoking status is never smoked Non alcoholic beverage drinker. He denies recreational drug use. He is disabled.

**Current Medication:**

- 1 Lidocaine 5% Patch SIG: Apply 1 patch to effected area for 12 hours then remove for 12 hours
- 2 Gabapentin 100 Mg Capsule SIG: Take 1 capsule by mouth TID

**Other MD:**

- 1 DUCOSATE Sodium - Stool Softener
  - 2 Duo Neb
  - 3 Metoprolol Succ Er 100 Mg Tab
  - 4 Pantoprazole Sod Dr 40 Mg Tab
  - 5 Trelegy Ellipta 100-62.5-25 Mcg
  - 6 Ventolin Hfa 90 Mcg Inhaler Mcg/actuation
  - 7 Vimpat 100 Mg Tablet SIG: 1 tab po bid
  - 8 Carbidopa-leva 25-100 Mg Odt
  - 9 Latanoprost 0.005% Eye Drops
  - 10 Nifedipine 10 Mg Capsule
  - 11 Allopurinol 100 Mg Tablet
  - 12 Colchicine 0.6 Mg Tablet
  - 13 Warfarin Sodium 2.5 Mg Tablet
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**Examination:**

**General Appearance:** The patient is awake, alert and oriented but in moderate painful distress.

**Gait:** The patient has a gait that is antalgic globally, slow, with forward flexion of lumbar spine during gait cycle, and is assisted by cane.

**Spine: Cervical Spine:**

**INSPECTION:** Inspection of the cervical spine reveals straightening of the spine with loss of normal cervical lordosis.

**PALPATION:** On examination of paravertebral muscles, spasm and tenderness is noted on both the sides. Tenderness is noted at the paracervical muscles and trapezius.

**RANGE OF MOTION:** Range of motion is restricted with flexion limited to 30 degrees, extension limited to 30 degrees, right lateral bending limited to 20 degrees, left lateral bending limited to 20 degrees, lateral rotation to the right limited to 50 degrees and lateral rotation to the left limited to 50 degrees.

**SENSORY:** Touch and pinprick sensation decreased at the dermatomal distribution of C7, C8 on both the right and left sides.

**REFLEXES:** All upper limb reflexes are equal and symmetric.

**SPURLING'S MANEUVER:** Spurling's maneuver causes pain in the muscles of the neck radiating to upper extremity.

**HOFFMAN'S SIGN:** Hoffman's sign is negative.

Tremor upper and lower extremities with active motor exam.

**Thoracic Spine:**

**INSPECTION:** On inspection of the thoracic spine reveals mild kyphosis and T8/ T 9.5 cm wound midline on spine (-) erythema (-) drainage (+) discoloration.

**PALPATION:** Spinous process tenderness is noted on T8 and T9.

**RANGE OF MOTION:** No limitation in range of motion is noted.

**SENSORY:** Sensation is normal to soft touch and pinprick.

Lumbar Spine:

INSPECTION: On inspection of the lumbar spine reveals straightening of spine with loss of normal curvature, surgical scar and (+) IPG right buttock.

PALPATION: On examination of paravertebral muscles, tenderness and tight muscle band is noted on both sides. No facet joint tenderness is present.

RANGE OF MOTION: Range of motion is restricted with flexion limited to 45 degree, extension limited to 25 degree, right lateral bending limited to 20 degrees, left lateral bending limited to 20 degrees, lateral rotation to the left is limited to a moderate degree and lateral rotation to the right limited to a moderate degree.

MOTOR: Evaluation of motor function shows Hips hip flexion muscle strength grade 3 (full ROM against gravity) on both sides. Quadriceps knee extension muscle strength grade 5 (normal strength) on both sides. Gastrocnemius ankle plantar flexion muscle strength grade 4 (full ROM with decreased strength) on both sides. Ankle dorsiflexion grade 3 (full ROM against gravity) on the left, grade 4 (full ROM with decreased strength) on the right.

SENSORY: Touch and pinprick sensation decreased at the dermatomal distribution of L5, S1 on the right and left sides.

REFLEXES: All lower extremity reflexes are equal and symmetric.

LUMBAR FACET LOADING: Lumbar facet loading is negative on both the sides.

STRAIGHT LEG RAISING TEST: Straight leg raise test on the right and left sides at 70 degrees, both sitting and lying down, with reproduces pain in the lower back and lower extremity. unable to walk on toes or heels bilaterally.

Neurologic:

Higher functions: Examination reveals oriented to time, place and person; normal mental status.

Cranial Nerves II-XII grossly intact.

Respiratory: His breathing pattern is symmetric and non-labored.

Psychiatric: Patient is conscious, cooperative and well oriented to time, place and person. There are no mood swings or psychotic features. Patient's insight is good. Memory and judgement are intact.

Prescription:

1 Gabapentin 100 Mg Capsule SIG: Take 1 capsule by mouth TID QTY: 270.00

Changed/Discontinued Medication(s):

Changed: GABAPENTIN 100 MG CAPSULE

Diagnosis/Decision Making:

M96.1 laminectomy and fusion L3-L4 and L4-L5 fusion chronic radiculitis; cervical fusion with radiculopathy; spinal cord stimulator 3 leads for upper and lower extremities- non functioning T85.695D Other mechanical complication of other nervous system device, implant or graft, subsequent encounter

M50.11 Cervical disc disorder with radiculopathy, C2/3 Left HNP mild central canal stenosis; C3/4 left HNP moderate central canal stenosis

M50.121 Cervical disc disorder with radiculopathy, C4/5 disc osteophyte complex moderate foraminal stenosis

Permanent spinal cord stimulator

M51.17 Intervertebral disc disorders with radiculopathy, L5/S1 moderate right foraminal stenosis and mild left foraminal stenosis right screw in canal not in pedicle

#### Drug Monitoring:

Discussed the rules and regulations surrounding prescription of opioids and compliance at length. Failure to follow the rules and regulation may result in taper and discontinuation of medications and or termination from this practice. This was reviewed in the narcotic agreement signed on Feb 11, 2016. The patient received a copy for their records.

After reviewing the New Jersey RX monitoring website Nov 15, 2022 the patient's medications seem appropriate.

The patient was given the Pain (SOAPP) Version 1.0-SF screener and opioid assessment test on. Their score was a 3 indicating low risk of aberrant medication related behavior.

Results of the patients drug screen done on Feb 11, 2016 were normal.

#### Treatment Plan:

Diagnostic Studies: Patient has failed to improve after 6 weeks of conservative treatment and/or experiencing motor weakness, so I am recommending CT scan because the patient cannot have a MRI secondary to a pacemaker / Implants. thoracic spine without contrast.

Tests/ documents reviewed: The following tests/ Documents were reviewed.

Prescription drug monitoring site was access through the state database and all the medications were verified with the patient.,  
dermatology culture report

paperwork for handicap parking -- filled out and returned today with rx.

Medication: Mr. Nemeth, Sr. has shown appropriate behavior and has reported experiencing effectiveness with the current medication regiment and therefore I am going to continue with the previous prescriptions.

Discussion: The patient was discussed with Dr. Sharma today.

Future Treatment: review CT scan thoracic-- non healing wound over T8 T9 thoracic spine.

Follow-up: After undergoing the diagnostic studies and instructed the patient to bring films/CD and reports to the follow up visit. 12 weeks for medication.

Medical necessity: I certify that in my medical opinion, this treatment plan is medically necessary and essential.

OFFICE NOTE SENT TO: Dr. Thomas O'Brien.

#### Medicare MIPS:

Pneumococcal Vaccine: The patient has had a pneumococcal vaccine. Unhealthy Alcohol Use: Patient not identified as an unhealthy alcohol user.

Body Mass Index: The patient's BMI is above normal and he was referred to nutrition/exercise counseling with a nutritionist or primary care physician. Advanced Care plan was discussed today. He does have advanced directive.

Influenza Immunization: previously administered for current Flu season.

CC:

Kelly, Christi : 11/15/2022  
OBRIEN, THOMAS : 11/15/2022