**Medical Re-Evaluation**

Patient Name: Roland Gagnon

Dt. of Exam: 09/09/2019

1st Exam Dt.: 04/15/2019

**Chief Complaint:**

The patient complains of lower back pain that is 8/10, with 10 being the worst, which is sharp in nature. Lower back pain is associated with numbness and tingling Lower back pain is worsened with sitting, standing, lying down, movement activities and climbing stairs. The patient presents today for followup evaluation of low back pain and medication refills and review. He has spinal stenosis, chronic pain syndrome, right shoulder arthritis. He is taking tramadol 50 mg one tab t.i.d. p.r.n. and Lyrica 100 mg 1 tablet t.i.d. He has had flare up of bilateral lower extremity pain. His neurologist sent him to a vascular surgeon who said he has venous stasis but no arterial issues. He states his symptoms have gradually gotten worse.

The patient complains of right shoulder pain that is 7/10, with 10 being the worst, which is sharp and shooting in nature. Right shoulder pain is worsened with raising the arm and lifting objects.

**REVIEW OF SYSTEMS:**  The patient denies seizures, chest pain, shortness of breath, jaw pain, abdominal pain, fevers, night sweats, diarrhea, blood in urine, bowel/bladder incontinence, double vision, hearing loss, recent weight loss, episodic lightheadedness and rashes.

**PAST MEDICAL HISTORY:**  Arthritis, extremity weakness, shortness of breath.

**PAST SURGICAL / HOSPITALIZATION HISTORY:**  Foot surgery in 1990, heart surgery in 2015.

**MEDICATIONS:**  Lyrica, Tramadol, Zolpidem, Miralax.

**ALLERGIES:**  No known drug allergies.

**Physical Examination:**

**Neurological Exam:** Patient is alert and cooperative and responding appropriately. Cranial nerves II-XII grossly intact.

**Deep Tendon Reflexes:** Are 2+ and equal.

**Sensory Examination:** .

**Manual Muscle Strength Testing:** Testing is 5/5 normal.

**Lumbar Spine Examination:** Lumbar spine examination reveals tenderness upon palpation atL1-S1 levels bilaterally with muscle spasm present. ROM is as follows: extension was 10 and is 10 degrees; forward flexion was 30 and is 30 degrees; right rotation was 10 and is 10 degrees; left rotation was 10 and is 10 degrees; right lateral flexion was 10 and is 10 degrees and left lateral flexion was 10 and is 10 degrees.

**Right Shoulder Examination:** Reveals tenderness upon palpation of the right AC joint region with muscle spasm present at deltoid muscle and trapezius muscle. Neer's test is positive and Hawkins's test is positive.

**GAIT:** Normal.

**Diagnostic Studies:**

10/2/2017 - MRI of the Lumbar spine reveals Stable multilevel degenerative disc disease and multilevel central and foraminal spinal stenosis when compared with examination. At L3-L4 there is stable broad and rightward bulging annulus and facet osteoarthritis with buckled ligamentum flavum which continue to create mild central stenosis. At L4-L5 there is stable moderate central stenosis secondary to listhesis, broad bulging annulus and facet osteoarthritis with buckled ligamentum flavum. The neural foramen remain narrowed bilaterally by the broad bulging annulus. At L5-S1 there is annular fissuring and broad bulging annulus. There is also facet osteoarthritis with buckled ligamentum flavum. These changes continue to create mild to moderate central stenosis. There is mild compromise of the right neural foramen secondary to the broad bulging annulus unchanged.

8/31/2017 - UE NCV/EMG Moderate right sensorimotor median nerve neuropathy at the wrist. This is consistent with the clinical diagnosis of carpal tunnel syndrome..

8/31/2017 - LE NCV/EMG Left L5 radiculopathy. Sensorimotor axonal peripheral neuropathy predominantly affecting and bilateral lower extremities and upper extremities..

The above diagnostic studies were reviewed.

**Diagnosis:**

Lumbar Stable multilevel degenerative disc disease and multilevel central and foraminal spinal stenosis when compared with examination. At L3-L4 there is stable broad and rightward bulging annulus and facet osteoarthritis with buckled ligamentum flavum which continue to create mild central stenosis. At L4-L5 there is stable moderate central stenosis secondary to listhesis, broad bulging annulus and facet osteoarthritis with buckled ligamentum flavum. The neural foramen remain narrowed bilaterally by the broad bulging annulus. At L5-S1 there is annular fissuring and broad bulging annulus. There is also facet osteoarthritis with buckled ligamentum flavum. These changes continue to create mild to moderate central stenosis. There is mild compromise of the right neural foramen secondary to the broad bulging annulus unchanged..

Lumbar Muscle sprain/strain.

Possible Lumbar disc herniation.

Sacroiliitis.

Lumbago - (Low back pain) - M54.5

Right shoulder sprain/strain.

**Plan:**

Increase tramadol 50 mg to 4 x a day.

Cymbalta 20 mg once a day.

Lyrica 100 mg one tab t.i.d.

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Lyrica 100 mg one tab t.i.d.

**Medications:**

Lyrica 100 mg one tab tid dispense #90 chronic pain syndrome

Tramadol 50 mg one tab tid prn pain dispense #90 chronic pain syndrome

**Follow-up:** 4 weeks.



Gurbir Johal, M.D.