**Medical Re-Evaluation**

Patient Name: Sylvia Urbanski

Dt. of Exam: 09/09/2019

1st Exam Dt.: 03/01/2019

**Chief Complaint:**

The patient complains of mid back pain that is 7/10, with 10 being the worst, which is dull and achy in nature. Mid-back pain is worsened with lying down, movement activities and bending. The patient presents today for follow-up evaluation. She has been experiencing low back pain and mid-back pain. She is on stable dose of medications and would like a refill for the same. She has reduced on smoking. She is having some constipation for which she is taking Senakot. Overall she is doing well.

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. She has been experiencing low back pain and mid-back pain. She is on stable dose of medications which we will refill today. She has reduced on smoking. She is having some constipation for which she is taking Senakot. Overall she is doing well.

The patient complains of left knee pain that is 7/10, with 10 being the worst, which is sharp and shooting in nature. Left knee pain is worsened with walking, climbing stairs and squatting.

The patient complains of right knee pain that is 7/10, with 10 being the worst, which is sharp and shooting in nature. Right knee pain is worsened with walking, climbing stairs and squatting.

**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:**  Weight loss, psychiatric illness.

**PAST SURGICAL / HOSPITALIZATION HISTORY:**  Spinal surgery 2003, arthroscopic surgery on left knee in 1990, nose job in 1988, 3 C-sections in 1981, 1983, 1998.

**MEDICATIONS:**  Roxicodone 30 mg qid, Percocet 10 mg qid, Xanax 2 mg bid, Cymbalta 60 mg one a day, Abilify 10 mg one a day, Neurontin 600 mg tid, Trazadone 50 mg at bedtime..

**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.

**Thoracic Spine Examination:** Reveals tenderness upon palpation at T1-T12 levels bilaterally with muscle spasm present.

**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.

**Left Knee Examination:** Reveals tenderness upon palpation of the left peripatellar region. ROM is as follows: extension was -5 and is -5 degrees and forward flexion was 110 and is 110 degrees.

**Right Knee Examination:** Reveals tenderness upon palpation of the right peripatellar region. ROM is as follows: extension was -5 and is -5 degrees and forward flexion was 110 and is 110 degrees.

**GAIT:** Normal.

**Diagnostic Studies:**

12/19/2018 - MRI of the Lumbar spine reveals bulge at Multilevel degenerative changes worst at L5-S1. There is severe bilateral neural foramen narrowing and severe subarticular recess stenosis for the descending LEFT S1 nerve root possibly secondary to a calcified/ossified synovial cyst. Severe LEFT-sided foramen stenosis at L4-5 probably compressing the exiting LEFT L4 nerve root. Extra foramen disk herniation on the RIGHT at L3-4 compressing the exiting RIGHT L3 nerve root.

12/19/2018 - MRI of the left knee reveals demonstrates osteochondral lesion articular surface right femoral condyle without significant bone marrow edema or fragmentation. This may represent an area of remote osteochondritis dissecans or old fracture. An area of chronic degenerative articular cartilage loss is also within the differential. Small knee joint effusion. Overall heterogeneous bone marrow signal suggesting increased red marrow deposition..

12/19/2018 - MRI of the right knee reveals demonstrates Moderate lateral compartment osteoarthrosis with a more mild degree of degenerative changes in the medial and patellofemoral compartments. In the lateral compartment multiple areas of subchondral bone marrow signal abnormality on both sides of the joint. Irregular tear posterior horn and mid body lateral meniscus. Moderate size knee joint effusion. Overall heterogeneous bone marrow signal suggesting increased red marrow deposition..

7/18/2019 - LE NCV/EMG Bilateral L5 radiculopathies.

4/4/2019 - UTox reveals benzodiazepines positive, buprenorphine positive, opiates positive, oxycodone positive, creatinine 72, oxidants 200, hydrocodone 142 positive, noroxycodone 224 positive, oxymorphone 2303 positive,.

3/21/2019 - X-rays of the thoracic spine: Multilevel degenerative changes of the thoracic spine. Status post fixation of the mid thoracic spine..

The above diagnostic studies were reviewed.

**Diagnosis:**

Lumbar disc bulge at Multilevel degenerative changes worst at L5-S1. There is severe bilateral neural foramen narrowing and severe subarticular recess stenosis for the descending LEFT S1 nerve root possibly secondary to a calcified/ossified synovial cyst. Severe LEFT-sided foramen stenosis at L4-5 probably compressing the exiting LEFT L4 nerve root. Extra foramen disk herniation on the RIGHT at L3-4 compressing the exiting RIGHT L3 nerve root..

Thoracic Muscle Sprain/Strain.

Bilateral knee sprain/strain.

**Plan:**

Meds refilled to include:

Gabapentin 600 mg one tab tid

Oxycontin 30 mg one tab bid chronic pain syndrome

Xanax 2 mg one tab bid prn

Oxycodone 30 mg one tab tid prn

Follow up in 5 weeks in Carteret.

Meds refilled to include:

Gabapentin 600 mg one tab tid

Oxycontin 30 mg one tab bid chronic pain syndrome

Xanax 2 mg one tab bid prn

Oxycodone 30 mg one tab tid prn

Follow up in 5 weeks in Carteret.

Meds refilled to include:

Gabapentin 600 mg one tab tid

Oxycontin 30 mg one tab bid chronic pain syndrome

Xanax 2 mg one tab bid prn

Oxycodone 30 mg one tab tid prn

Follow up in 5 weeks in Carteret.

**Medications:**

Gabapentin 600 mg one tab tid dispense #90

Oxycontin 30 mg one tab bid dispense #60 chronic pain syndrome

Xanax 2 mg one tab bid prn dispense #60 tabs

Oxycodone 30 mg one tab tid prn dispense #90

**Follow-up:** 4 weeks.



Gurbir Johal, M.D.