

Comments

Billing_Call_Count_02	0
Billing_Call_Count_01	0

EW NMR - Listing

Network Medical Review
1252 Bell Valley Rd. Ste 210
Rockford, IL 61108

1252 Bell Valley Rd. Ste 210 Rockford, IL 61108

Subtotal "

TaxTotal "

If peer-to-peer is required: Two peer-to-peer attempts will need to be made on separate days regardless of the outcome. SUCCESSFUL PEER TO PEERS Detailed clinical information regarding the peer-to-peer discussion is required and must be documented within the Teleconference/Communication sections of the report "We discussed the case" is never an acceptable peer-to-peer discussion Peer-to-peer discussions must take place between the treating provider or his/her designee If with a designee, it must be documented within the Teleconference/Communication sections of the report that said individual is authorized to conduct the peer-to-peer on behalf of the treating provider If additional medical documentation is obtained during a peer-to-peer discussion, please forward those documents to the appropriate NMR staff

Alternate Client Code

Client SEDGWICK CMS WC - ASCENSION (SEDG-WC-ASCE2) 517898

Client ID 517898

Template SedgwickWC

NMR Tracking # 747110-1

Document Listing Owner

Client Name SEDG-WC-ASCE2 - SEDGWICK CMS WC - ASCENSION

Referrer Name 0

Referrer Phone

Referrer Time Zone Eastern Standard Time

Referrer Email submit@nmrexamworks.com

Referrer Email (from integration) Laurie.bell@sedgwick.com

Client CC Email

Claim Examiner Name Cappadonia, Jennifer

Claim Examiner Email Jennifer.Cappadonia@sedgwick.com

Claim Examiner Location

Review Type Medical Necessity

Request Type Initial Review

Service Prospective

Sub-Service Pre-Certification

Long Vendor ID DAV

Processing Office 216

Claim Unique ID R9600445

Pages

Sedgwick Client Code 1855

Current Client Code 1_1855

Short Vendor ID SMA

Group	
Client Charge	
Turnaround Type	Standard
Date Received	EDT
Client Due Date	10/28/2022 6:00 PMEDT
AI Due Date	EDT
Claim No.	R9600445
Claimant First Name	Carmella
Claimant Last Name	Iuvino
Gender	
Date of Birth	2/3/1965
Age	57
Diagnosis(es)	
Date of Injury	3/28/1996
Treatment/Procedure	MD notes Lexapro is used for depression but the note states EE denies depression so guidelines are not met
Additional Information	Medical Necessity of Treatment Request
Employer	
Street	
City	
State	
Zip Code	
State of Jurisdiction	NY
State Match Required	Yes
Requested Specialty - Import	
Requested Specialty	
Contact Provider(s)	Yes
Number Providers	1
Provider First Name	Ellen
Provider Last Name	Battista
Provider Specialty	Pain Management
Provider Phone Number	7162506545
Provider Fax Number	7168337746
Provider Time Zone	
Provider Availability	
State-Specific Guidelines/Criteria	NY WCB Medical Treatment Guidelines should be considered as these are required of treating providers. http://www.wcb.ny.gov/content/main/hcpp/MedicalTreatmentGuidelines/FAQs.jsp

CSR: Select the number of question are needed and copy/paste the questions into their own question field. Do not number the questions.

Questions for Review 16276|||1563485|||Is NY Portal Level 2-MED-PA-00-0633-082-Lexapro - 20 mg, QTY 30, DS 30, Refills 2 medically necessary? PLEASE NOTE THIS IS A NY LEVEL 2 REVIEW|||false|||~~~

Click to split questions

Note: PRIME will automatically split the content above into questions below, including the miscellaneous numbers you see above. You may alter the questions below if needed, but do not split the requests into multiple questions.

Request ID 01 16276

Physician Advisor ID 01 1563485

Resubmit Request 01 false

Request ID 02

Physician Advisor ID 02

Resubmit Request 02

Notes to Reviewer

Attachments

Internal Paperwork

No Document Attached

Client Uploads

No Document Attached

Documentation Reviewed

5120220913150370.tif

5820221026006968.tif

5820221026006974.tif

Reports

No Document Attached

Reviewer Uploads

No Document Attached

HEALTH INSURANCE CLAIM FORM

APPROVED BY NATIONAL UNIFORM CLAIM COMMITTEE (NUCC) 02/12

PICA

1. MEDICARE <input type="checkbox"/> MEDICAID <input type="checkbox"/> TRICARE <input type="checkbox"/> CHAMPVA <input type="checkbox"/> GROUP HEALTH PLAN <input type="checkbox"/> FECA BILLING <input type="checkbox"/> OTHER (Medicare#) (Medicaid#) (DoD#) (Member ID#) (ID#) (ID#) (ID#) X (ID#)												1a. INSURED'S I.D. NUMBER (For Program in Item 1)																																									
2. PATIENT'S NAME (Last Name, First Name, Middle Initial) IUVINO, CARMELA						3. PATIENT'S BIRTH DATE MM DD YY 02 03 65			SEX M <input type="checkbox"/> F X			4. INSURED'S NAME (Last Name, First Name, Middle Initial) SISTERS OF CHARITY HOSPITAL																																									
5. PATIENT'S ADDRESS (No., Street) 838 ROBIN RD						6. PATIENT RELATIONSHIP TO INSURED Self <input type="checkbox"/> Spouse <input type="checkbox"/> Child <input type="checkbox"/> Other X			7. INSURED'S ADDRESS (No., Street) 2157 MAIN ST.																																												
CITY AMHERST			STATE NY			CITY BUFFALO			STATE NY																																												
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b. RESERVED FOR NUCC USE IUVINO CARMELA						b. AUTO ACCIDENT? PLACE (State) <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO _____						c. INSURED'S DATE OF BIRTH MM DD YY M F																																									
c. RESERVED FOR NUCC USE						c. OTHER ACCIDENT? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO						d. OTHER CLAIM ID (Designated by NUCC) Y4 R9600445																																									
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21. DIAGNOSIS OR NATURE OF ILLNESS OR INJURY Relate A-L to service line below (24E) A. M5116 B. G8929 C. Z79891 D. 279899 E. _____ F. _____ G. _____ H. _____ I. _____ J. _____ K. _____ L. _____						22. RESUBMISSION CODE ORIGINAL REF. NO.																																															
24. A. DATE(S) OF SERVICE From MM DD YY To MM DD YY 07 28 22						B. PLACE OF SERVICE EMG 11						C. D. PROCEDURES, SERVICES, OR SUPPLIES (Explain Unusual Circumstances) CPT/HCPCS 99213						E. DIAGNOSIS POINTER ABCD						F. \$ CHARGES 70 60 1.00						G. DAYS OR UNITS OB NPI						H. EPSDT Family Plan 301682 NPI						I. ID. QUAJL 1982875365 NPI NPI NPI NPI						J. RENDERING PROVIDER ID. # 301682 NPI NPI NPI NPI					
25. FEDERAL TAX I.D. NUMBER 810585680						SSN EIN <input type="checkbox"/> X						26. PATIENT'S ACCOUNT NO. 494						27. ACCEPT ASSIGNMENT? (For Govt. Chars. See Below) <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO						28. TOTAL CHARGE \$ 70 60						29. AMOUNT PAID \$ 0 00						30. Rcvd for NUCC Use																	
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CARRIER
PATIENT AND INSURED INFORMATION

PHYSICIAN OR SUPPLIER INFORMATION

HEALTH INSURANCE CLAIM FORM

APPROVED BY NATIONAL UNIFORM CLAIM COMMITTEE (NUCC) 02/12

PICA

<p><input type="checkbox"/> PICA</p> <p>1. MEDICARE MEDICAID TRICARE CHAMPVA GROUP HEALTH PLAN FECA <input type="checkbox"/> (Medicare) <input type="checkbox"/> (Medicaid#) <input type="checkbox"/> (ID#/DoD#) <input type="checkbox"/> (Member ID#) <input type="checkbox"/> (ID#) <input type="checkbox"/> BILLING <input type="checkbox"/> OTHER <input checked="" type="checkbox"/> (ID#) <input type="checkbox"/> (ID#)</p>												1a. INSURED'S I.D. NUMBER (For Program in Item 1)																																						
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SIGNED				DATE 5/27/2022				SIGNED				DATE																																						
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<p>31. SIGNATURE OF PHYSICIAN OR SUPPLIER INCLUDING DEGREES OR CREDENTIALS (I certify that the statements on the reverse apply to this bill and are made a part thereof.)</p> <p>Ellen Battista 301682</p>				<p>32. SERVICE FACILITY LOCATION INFORMATION Pain Treatment Consultants of Western New York 646 North French Road, Suite 7 Amherst, NY 14228-2100</p>				<p>33. BILLING PROVIDER INFO & PH# (716) 799-1565 Pain Treatment Consultants of Western New York STE 102 3607 Rosemont Ave Camp Hill, PA 170116943</p>																																										
<p>SIGNED On File DATE 5/27/2022</p>								<p>a. OB 301682</p>				<p>a. 1780770024 b.</p>																																						

SUBMITTED
4/21/2022

CIC# 20108191

SEDGWICK
PO BOX 14515
LEXINGTON, KY 40512

HEALTH INSURANCE CLAIM FORM

APPROVED BY NATIONAL UNIFORM CLAIM COMMITTEE (NUCC) 02/12

PICA

1. MEDICARE <input type="checkbox"/> MEDICAID <input type="checkbox"/> TRICARE <input type="checkbox"/> CHAMPVA <input type="checkbox"/> GROUP HEALTH PLAN <input type="checkbox"/> FECA <input type="checkbox"/> OTHER (Medicare) (Medicaid#) (DoD/DoD#) (Member ID#) (ID#) (ID#) (ID#) X (ID#)												1a. INSURED'S I.D. NUMBER (For Program in Item 1) 4. INSURED'S NAME (Last Name, First Name, Middle Initial) SISTERS OF CHARITY HOSPITAL											
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5. PATIENT'S ADDRESS (No., Street) 838 ROBIN RD						7. INSURED'S ADDRESS (No., Street) 2157 MAIN ST.																	
CITY AMHERST			STATE NY			CITY BUFFALO			STATE NY														
ZIP CODE 14228		TELEPHONE (Include Area Code) ()				ZIP CODE 14214		TELEPHONE (Include Area Code) ()															
9. OTHER INSURED'S NAME (Last Name, First Name, Middle Initial) a. OTHER INSURED'S POLICY OR GROUP NUMBER 89617137						10. IS PATIENT'S CONDITION RELATED TO: a. EMPLOYMENT? (Current or Previous) <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO																	
b. RESERVED FOR NUCC USE IUVINO CARMELA						b. AUTO ACCIDENT? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO PLACE (State) c. OTHER ACCIDENT? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO																	
c. RESERVED FOR NUCC USE						d. INSURANCE PLAN NAME OR PROGRAM NAME SEDGWICK																	
d. INSURANCE PLAN NAME OR PROGRAM NAME						10d. CLAIM CODES (Designated by NUCC) READ BACK OF FORM BEFORE COMPLETING & SIGNING THIS FORM. 12. PATIENT'S OR AUTHORIZED PERSON'S SIGNATURE I authorize the release of any medical or other information necessary to process this claim. I also request payment of government benefits either to myself or to the party who accepts assignment below. Signed <u>Signature On File</u> DATE <u>4/21/2022</u>																	
14. DATE OF CURRENT ILLNESS, INJURY, or PREGNANCY (LMP) MM DD YY 03 28 96			15. OTHER DATE QUAL: 439 MM DD YY 03 28 96			16. DATES PATIENT UNABLE TO WORK IN CURRENT OCCUPATION FROM MM DD YY TO MM DD YY																	
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04 20 22		04 20 22		11		99213		ABCD		70		60		1.00		OB		301682					
																		NPI					
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25. FEDERAL TAX I.D. NUMBER SSN EIN 810585680 <input checked="" type="checkbox"/> X												26. PATIENT'S ACCOUNT NO. 494		27. ACCEPT ASSIGNMENT? (For govt. claims, see back) <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		28. TOTAL CHARGE \$ 70.60		29. AMOUNT PAID \$ 0.00		30. Rcvd for NUCC Use			
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PATIENT AND INSURED INFORMATION

PHYSICIAN OR SUPPLIER INFORMATION

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HEALTH INSURANCE CLAIM FORM

APPROVED BY NATIONAL UNIFORM CLAIM COMMITTEE (NUCC) 02/12

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c. RESERVED FOR NUCC USE						c. OTHER ACCIDENT? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO						d. OTHER CLAIM ID (Designated by NUCC) Y4 R9600445					
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I. _____	J. _____	K. _____	L. _____	02 10 22	02 10 22	11	99214					ABCD	102	46	1	OB 301682 NPI 1982875365	
02 10 22	02 10 22	11	80305									DABC	12	68	1	OB 301682 NPI 1982875365	
															NPI		
															NPI		
															NPI		
															NPI		
25. FEDERAL TAX I.D. NUMBER 810585680 SSN EIN <input type="checkbox"/> <input checked="" type="checkbox"/>				26. PATIENT'S ACCOUNT NO. 494				27. ACCEPT ASSIGNMENT? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO (For Govt. Clients See Below)				28. TOTAL CHARGE \$ 115 14		29. AMOUNT PAID \$ 0 00		30. Revd for NUCC Use	
31. SIGNATURE OF PHYSICIAN OR SUPPLIER INCLUDING DEGREES OR CREDENTIALS (I certify that the statements on the reverse apply to this bill and are made a part thereof.) Ellen Battista 301682 3/8/2022				32. SERVICE FACILITY LOCATION INFORMATION Pain Treatment Consultants of Western New York 646 North French Road, Suite 7 Amherst, NY 14228-2100				33. BILLING PROVIDER INFO & PH# (716) 799-1565 Pain Treatment Consultants of Western New York STE 102 3607 Rosemont Ave Camp Hill, PA 170116943									
SIGNED On File DATE				a. OB 301682				b. 1780770024				c. 1780770024		d. 1780770024			

Request for Taxpayer Identification Number and Certification

► Go to www.irs.gov/FormW9 for instructions and the latest information.

Give Form to the requester. Do not send to the IRS.

Print or type. See Specific Instructions on page 3.	1 Name (as shown on your income tax return). Name is required on this line; do not leave this line blank. Ellen M Battista					
	2 Business name/disregarded entity name, if different from above Pain Treatment Consultants of WNY					
	3 Check appropriate box for federal tax classification of the person whose name is entered on line 1. Check only one of the following seven boxes.					
	<input checked="" type="checkbox"/> Individual/sole proprietor or <input type="checkbox"/> C Corporation <input type="checkbox"/> S Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Trust/estate single-member LLC					
	<input type="checkbox"/> Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=Partnership) ►					
	<small>Note: Check the appropriate box in the line above for the tax classification of the single-member owner. Do not check LLC if the LLC is classified as a single-member LLC that is disregarded from the owner unless the owner of the LLC is another LLC that is not disregarded from the owner for U.S. federal tax purposes. Otherwise, a single-member LLC that is disregarded from the owner should check the appropriate box for the tax classification of its owner.</small>					
	<input type="checkbox"/> Other (see instructions) ►					
	4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3):					
	Exempt payee code (if any) _____					
Exemption from FATCA reporting code (if any) _____						
<small>Action to account maintained outside the U.S.)</small>						
5 Address (number, street, and apt. or suite no.) See instructions. 646 North French Road, suite 7			Requester's name and address (optional)			
6 City, state, and ZIP code Amherst, NY 14228						
7 List account number(s) here (optional)						

Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on line 1 to avoid backup withholding. For individuals, this is generally your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the instructions for Part I, later. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN*, later.

Note: If the account is in more than one name, see the instructions for line 1. Also see *What Name and Number To Give the Requester* for guidelines on whose number to enter.

Social security number		
[]	-	[]
[]	-	[]

OR									
Employer identification number									
8	1	-	0	5	8	5	6	8	0

Part II Certification

Under penalties of perjury, I certify that:

1. The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me); and
2. I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding; and
3. I am a U.S. citizen or other U.S. person (defined below); and
4. The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

Certification instructions. You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions for Part II, later.

Sign Here	Signature of U.S. person ►	Date ►
	<i>Ellen M. Battista</i>	11/3/2021

General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

Future developments. For the latest information about developments related to Form W-9 and its instructions, such as legislation enacted after they were published, go to www.irs.gov/FormW9.

Purpose of Form

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) which may be your social security number (SSN). Individual taxpayer identification number (ITIN), adoption taxpayer identification number (ATIN), or employer identification number (EIN), to report on an information return the amount paid to you, or other amount reportable on an information return. Examples of information returns include, but are not limited to, the following.

- Form 1099-INT (interest earned or paid)

- Form 1099-DIV (dividends, including those from stocks or mutual funds)
- Form 1099-MISC (various types of income, prizes, awards, or gross proceeds)
- Form 1099-B (stock or mutual fund sales and certain other transactions by brokers)
- Form 1099-S (proceeds from real estate transactions)
- Form 1099-K (merchant card and third party network transactions)
- Form 1098 (home mortgage interest), 1098-E (student loan interest), 1098-T (tuition)
- Form 1099-C (canceled debt)
- Form 1099-A (acquisition or abandonment of secured property)

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN.

*If you do not return Form W-9 to the requester with a TIN, you might be subject to backup withholding. See *What is backup withholding*, later.*

PATIENT	FACILITY	ENCOUNTER
Carmela Iuvino	Pain Treatment Consultants of WNY	SOAP Note
DOB 02/03/1965	T (716) 833-8184	SEEN BY Ellen Battista ANP
AGE 57 yrs	F (716) 833-7746	DATE 02/10/2022
SEX Female	646 N. French Rd	AGE AT DOS 57 yrs
PRN CI247771	Suite 7	Electronically signed by Ellen Battista
	Buffalo, NY 14228	ANP at 03/17/2022 10:03 am

Chief complaint

low back and lower extremity pain

Vitals for this encounter	
	02/10/22 2:17 PM
Pulse	64 bpm
Blood pressure	110/73 mmHg

Diagnoses

Was diagnosis reconciliation completed?

No selection made

Current	ACUITY	START	STOP
Displacement of lumbar Intervertebral disc without myelopathy	Chronic		
Lumbosacral radiculitis	Chronic		
Historical	ACUITY	START	STOP
No historical diagnoses			

Drug Allergies

Was medication allergy reconciliation completed?

No selection made

Active	SEVERITY/REACTIONS	ONSET
No drug allergies recorded		

Food Allergies

Active	SEVERITY/REACTIONS	ONSET
No food allergies recorded		

Environmental Allergies

Active	SEVERITY/REACTIONS	ONSET
No environmental allergies recorded		

Medications

Was medication reconciliation completed?

No selection made

Active	SIG	START/STOP	ASSOCIATED DX
Escitalopram Oxalate (Lexapro) 20 MG Oral Tablet	1 po qd	-	-
- EScript (verified): 09/01/22 Prescriber: Ellen M Battista DNS,ANP SIG: 1 po qd Refills: 2 Quantity: 30			
- EScript (verified): 04/20/22 Prescriber: Ellen M Battista DNS,ANP SIG: 1 1/2 po qd Refills: 8 Quantity: 45			
- EScript (Information requested): 04/06/21 Prescriber: Ellen M Battista DNS,ANP SIG: take 1 and 1/2 tablets by mouth once daily Refills: 11 Quantity: 45			
- EScript (verified): 03/10/20 Prescriber: Ellen M Battista DNS,ANP SIG: take 1 & 1/2 tablets by mouth once daily Refills: 12 Quantity: 45			
- EScript (verified): 07/10/19 Prescriber: Ellen M Battista DNS,ANP SIG: 1 1/2 po qd Refills: 6 Quantity: 45			
- EScript (verified): 05/29/18 Prescriber: Ellen M Battista DNS,ANP SIG: 1 1/2 po qd Refills: 6 Quantity: 45			
- EScript (verified): 02/22/18 Prescriber: Ellen M Battista DNS,ANP SIG: 1 1/2 po qd Refills: 6 Quantity: 45			
- EScript (verified): 02/07/18 Prescriber: Ellen M Battista DNS,ANP SIG: 1 1/2 po qd Refills: 2 Quantity: 45			
Ibuprofen 600 MG Oral Tablet	1 po tid prn for 7 days	-	-
- EScript (verified): 07/21/21 Prescriber: Ellen M Battista DNS,ANP SIG: 1 po tid prn for 7 days Refills: 0 Quantity: 21			
Oxycodone HCl (OxyCONTIN) 15 MG Oral Tablet ER 12 Hour Abuse-Deterrent	1 po q 12 MDD 30mg	-	-
- EScript (verified): 09/01/22 Prescriber: Ellen M Battista DNS,ANP SIG: 1 po q 12 MDD 30mg Refills: 0 Quantity: 60			
- EScript (verified): 07/28/22 Prescriber: Ellen M Battista DNS,ANP SIG: 1 po q 12 MDD 30mg Refills: 0 Quantity: 60			
- EScript (verified): 06/23/22 Prescriber: Ellen M Battista DNS,ANP SIG: 1 po q 12 MDD 30mg Refills: 0 Quantity: 60			
- EScript (verified): 05/26/22 Prescriber: Ellen M Battista DNS,ANP SIG: 1 po q 12 MDD 30mg Refills: 0 Quantity: 60			
- EScript (verified): 04/20/22 Prescriber: Ellen M Battista DNS,ANP SIG: 1 po q 12 MDD 30mg Refills: 0 Quantity: 60			
- EScript (verified): 03/17/22 Prescriber: Ellen M Battista DNS,ANP SIG: 1 po q 12 MDD 30mg Refills: 0 Quantity: 60			
- EScript (verified): 02/10/22 Prescriber: Ellen M Battista DNS,ANP SIG: 1 po q 12 MDD 30mg Refills: 0 Quantity: 60			
- EScript (verified): 01/19/22 Prescriber: Ellen M Battista DNS,ANP SIG: 1 po q 12 MDD 30mg Refills: 0 Quantity: 60			
- EScript (refill request): 12/14/21 Prescriber: Ellen M Battista DNS,ANP SIG: 1 po q 12 MDD 30mg Refills: 0 Quantity: 60			
- EScript (verified): 11/17/21 Prescriber: Ellen M Battista DNS,ANP SIG: 1 po q 12 MDD 30mg Refills: 0 Quantity: 60			
- EScript (verified): 10/14/21 Prescriber: Ellen M Battista DNS,ANP SIG: 1 po q 12 MDD 30mg Refills: 0 Quantity: 60			
- EScript (verified): 09/15/21 Prescriber: Ellen M Battista DNS,ANP SIG: 1 po q 12 MDD 30mg Refills: 0 Quantity: 60			
- EScript (verified): 08/18/21 Prescriber: Ellen M Battista DNS,ANP SIG: 1 po q 12 MDD 30mg Refills: 0 Quantity: 60			
- EScript (verified): 07/21/21 Prescriber: Ellen M Battista DNS,ANP SIG: 1 po q 12 MDD 30mg Refills: 0 Quantity: 60			
- EScript (verified): 06/16/21 Prescriber: Ellen M Battista DNS,ANP SIG: 1 po q 12 MDD 30mg Refills: 0 Quantity: 60			
- EScript (verified): 05/05/21 Prescriber: Ellen M Battista DNS,ANP SIG: 1 po q 12 MDD 30mg Refills: 0 Quantity: 60			
- EScript (verified): 04/14/21 Prescriber: Ellen M Battista DNS,ANP SIG: 1 po q 12 MDD 30mg Refills: 0 Quantity: 60			
- EScript (verified): 03/17/21 Prescriber: Ellen M Battista DNS,ANP SIG: 1 po q 12 MDD 30mg Refills: 0 Quantity: 60			
- EScript (verified): 02/10/21 Prescriber: Ellen M Battista DNS,ANP SIG: 1 po q 12 MDD 30mg Refills: 0 Quantity: 60			
- EScript (verified): 01/13/21 Prescriber: Ellen M Battista DNS,ANP SIG: 1 po q 12 MDD 30mg Refills: 0 Quantity: 60			
- EScript (verified): 12/09/20 Prescriber: Ellen M Battista DNS,ANP SIG: 1 po q 12 MDD 30mg Refills: 0 Quantity: 60			
- EScript (verified): 11/11/20 Prescriber: Ellen M Battista DNS,ANP SIG: 1 po q 12 MDD 30mg Refills: 0 Quantity: 60			
- EScript (verified): 10/16/20 Prescriber: Ellen M Battista DNS,ANP SIG: 1 po q 12 MDD 30mg Refills: 0 Quantity: 60			
- EScript (cancelled): 10/15/20 Prescriber: Ellen M Battista DNS,ANP SIG: 1 po q 12 MDD 30mg Refills: 0 Quantity: 60			
- EScript (verified): 09/16/20 Prescriber: Ellen M Battista DNS,ANP SIG: 1 po q 12 MDD 30mg Refills: 0 Quantity: 60			
- EScript (verified): 08/12/20 Prescriber: Ellen M Battista DNS,ANP SIG: 1 po q 12 MDD 30mg Refills: 0 Quantity: 60			
- EScript (verified): 07/15/20 Prescriber: Ellen M Battista DNS,ANP SIG: 1 po q 12 MDD 30mg Refills: 0 Quantity: 60			
- EScript (verified): 06/10/20 Prescriber: Ellen M Battista DNS,ANP SIG: 1 po q 12 MDD 30mg Refills: 0 Quantity: 60			
- EScript (verified): 05/13/20 Prescriber: Ellen M Battista DNS,ANP SIG: 1 po q 12 MDD 30mg Refills: 0 Quantity: 60			

- EScript (verified): 04/08/20 Prescriber: Ellen M Battista DNS,ANP SIG: 1 po q 12 MDD 30mg Refills: 0 Quantity: 60
- EScript (verified): 03/11/20 Prescriber: Ellen M Battista DNS,ANP SIG: 1 po q 12 MDD 30mg Refills: 0 Quantity: 60
- EScript (verified): 02/05/20 Prescriber: Ellen M Battista DNS,ANP SIG: 1 po q 12 MDD 30mg Refills: 0 Quantity: 60
- EScript (verified): 01/08/20 Prescriber: Ellen M Battista DNS,ANP SIG: 1 po q 12 MDD 30mg Refills: 0 Quantity: 60
- EScript (verified): 12/11/19 Prescriber: Ellen M Battista DNS,ANP SIG: 1 po q 12 MDD 30mg Refills: 0 Quantity: 60
- EScript (verified): 11/13/19 Prescriber: Ellen M Battista DNS,ANP SIG: 1 po q 12 MDD 30mg Refills: 0 Quantity: 60
- EScript (verified): 10/16/19 Prescriber: Ellen M Battista DNS,ANP SIG: 1 po q 12 MDD 30mg Refills: 0 Quantity: 60
- EScript (verified): 09/11/19 Prescriber: Ellen M Battista DNS,ANP SIG: 1 po q 12 MDD 30mg Refills: 0 Quantity: 60
- EScript (verified): 08/07/19 Prescriber: Ellen M Battista DNS,ANP SIG: 1 po q 12 MDD 30mg Refills: 0 Quantity: 60
- EScript (verified): 07/16/19 Prescriber: Ellen M Battista DNS,ANP SIG: 1 po q 12 MDD 30mg Refills: 0 Quantity: 60
- EScript (verified): 07/12/19 Prescriber: Ellen M Battista DNS,ANP SIG: 1 po q 12 MDD 30mg Refills: 0 Quantity: 60
- EScript (verified): 07/10/19 Prescriber: Ellen M Battista DNS,ANP SIG: 1 po q 12 MDD 30mg Refills: 0 Quantity: 60
- EScript (verified): 06/05/19 Prescriber: Ellen M Battista DNS,ANP SIG: 1 po q 12 MDD 30mg Refills: 0 Quantity: 60

senna (Senna) 8.6 mg oral tablet

2 tablets @ hs

- EScript (verified): 08/25/22 Prescriber: Ellen M Battista DNS,ANP SIG: take 2 tablets by mouth at bedtime Refills: 3 Quantity: 60
- EScript (verified): 08/25/21 Prescriber: Ellen M Battista DNS,ANP SIG: take 2 tablets by mouth at bedtime Refills: 11 Quantity: 60
- EScript (verified): 08/12/20 Prescriber: Ellen M Battista DNS,ANP SIG: 2 tablets @ hs Refills: 12 Quantity: 60
- EScript (verified): 02/28/20 Prescriber: Ellen M Battista DNS,ANP SIG: take 2 tablets by mouth at bedtime Refills: 6 Quantity: 60
- EScript (verified): 02/20/19 Prescriber: Ellen M Battista DNS,ANP SIG: 2 tablets @ hs Refills: 13 Quantity: 60
- EScript (verified): 02/07/18 Prescriber: Ellen M Battista DNS,ANP SIG: 2 tablets @ hs Refills: 12 Quantity: 60
- EScript (verified): 02/03/17 Prescriber: Ellen M Battista DNS,ANP SIG: 2 tablets @ hs Refills: 12 Quantity: 60
- EScript (verified): 07/26/16 Prescriber: Ellen M Battista DNS,ANP SIG: 2 tablets @ hs Refills: 13 Quantity: 60
- EScript (verified): 02/25/15 Prescriber: Ellen M Battista DNS,ANP SIG: 2 tablets @ hs Refills: 12 Quantity: 60
- Script (unknown): 12/22/11 Prescriber: Ellen M Battista DNS,ANP SIG: 2 tablets @ hs Refills: 11 Quantity: 60
- Script (unknown): 09/08/11 Prescriber: Ellen M Battista DNS,ANP SIG: 2 tablets @ hs Refills: 11 Quantity: 60
- Script (unknown): 05/26/10 Prescriber: Ellen M Battista DNS,ANP SIG: 2 tablets @ hs Refills: 4 Quantity: 60

Trazodone HCl (TraZODone HCl) 50 MG

1 1/2 po @ 7pm

Oral Tablet

- EScript (verified): 12/13/21 Prescriber: Ellen M Battista DNS,ANP SIG: take 1 and 1/2 tablets by mouth AT 7PM daily Refills: 11 Quantity: 45
- EScript (verified): 12/09/20 Prescriber: Ellen M Battista DNS,ANP SIG: 1 1/2 po @ 7pm Refills: 12 Quantity: 45
- EScript (verified): 07/15/20 Prescriber: Ellen M Battista DNS,ANP SIG: 1 1/2 po @ 7pm Refills: 5 Quantity: 45
- EScript (verified): 06/16/20 Prescriber: Ellen M Battista DNS,ANP SIG: take 1 tablet by mouth once daily AT 7 PM Refills: 5 Quantity: 30
- EScript (verified): 05/11/17 Prescriber: Ellen M Battista DNS,ANP SIG: 1 po @ 7pm Refills: 13 Quantity: 30

Immunizations

DATE	VACCINE	SOURCE	LOT NUMBER	EXPIRES	COMMENT
No immunizations recorded for this patient.					

Social history**TOBACCO USE****RECORDED****No tobacco use history available for this patient****ALCOHOL USE****RECORDED****No alcohol use history available for this patient****SOCIAL HISTORY (FREE-TEXT)****Single with no children, smokes less than a pack a day, denies drinking or illegal drug use****FINANCIAL RESOURCES****RECORDED****No financial resources recorded for this patient****EDUCATION****RECORDED****No education recorded for this patient****PHYSICAL ACTIVITY****RECORDED****No physical activity available for this patient****NUTRITION HISTORY****RECORDED****No nutrition history available for this patient****STRESS****RECORDED****No stress available for this patient****SOCIAL ISOLATION AND CONNECTION****RECORDED****No social isolation and connection available for this patient****EXPOSURE TO VIOLENCE****RECORDED****No exposure to violence history available for this patient****GENDER IDENTITY****No gender identity recorded for this patient****SEXUAL ORIENTATION****No sexual orientation recorded for this patient****Past medical history****MAJOR EVENTS****L1-S1 fusion and Diskectomy(1997), Vena Cava Filter (1997), Medtronic Pump (2001,2008)****ONGOING MEDICAL PROBLEMS****Chronic pain, high cholesterol****ALLERGIES****NKDA****SOCIAL HISTORY****Single with no children, smokes less than a pack a day, denies drinking or illegal drug use****Family health history****DIAGNOSIS****ONSET DATE****No Family health history recorded****FAMILY HEALTH HISTORY (FREE TEXT)****Diabetes, heart disease, Vit B deficiency**

Advance Directive**DIRECTIVE****RECORDED**

No advance directives recorded for this patient.

Implantable devices

No implantable devices recorded

Active health concerns**DESCRIPTION****EFFECTIVE DATE**

No active health concerns recorded

Inactive health concerns**DESCRIPTION****EFFECTIVE DATE**

No inactive health concerns recorded

Active Goals**DESCRIPTION****EFFECTIVE DATE**

No active goals recorded

Inactive Goals**DESCRIPTION****EFFECTIVE DATE**

No inactive goals recorded

Subjective

Reporting some shooting pain lasting anywhere from minutes to hours. Current analgesic regimen continues to provide good relief that improves her ability to function. No new adverse events reported from current therapy. Her function is reported to improve with pain relief such that she can walk, stand, shower, dress, light housekeeping and making of her meals. No changes reported in medical health.

Current IT pump: Morphine 31.881 mg/day/ 683.17 mcg/day clonidine, bupivacaine 6.3763mg/day.

Pain: Improved Worse Unchanged.

Location: Low Back Radiating to Left hip Right hip Left lower extremity Right lower extremity Anterior Lateral Posterior to Thigh to Foot.

Pain Intensity: 1-10 scale: 4-5 /10..

Percentage of relief: 0-100% relief 70 % relief.

Pattern: Increases with activity Improves with rest .

Mood: reports some anxiety

Sleep: nonrestorative

Function: stable.

REVIEW OF SYSTEMS:

General: Denies fatigue, weakness, weight gain, sweats, fevers, chills, loss of appetite, or general decline.

Head: Denies headaches, vertigo, injury, facial pain.
Eyes: Denies blurred vision, pain, redness, diplopia, does not wear corrective lenses.
Ears: Denies hearing loss.
Nose: Denies epistaxis, coryza, obstruction, discharge.
Mouth: Denies dental difficulties, gingival bleeding, use of dentures, hoarseness, snoring.
Neck: Denies stiffness, pain, tenderness, noted masses.
Respiratory: Denies dyspnea, wheezing, hemoptysis, cough.
Cardiac: Denies chest pains, palpitations, syncope, orthopnea, peripheral edema.
Gastrointestinal: Denies dysphagia, abdominal pains, bowel habit changes, emesis, melena.
GU: Denies urinary urgency, dysuria, hematuria, hesitation, Incontinence, or urgency.
Gyn: Denies change in menses, dysmenorrhea, vaginal discharge, pelvic pain.
Musculoskeletal: Denies pain in muscles or joints, limitation of range of motion, paresthesia or numbness.
Neurologic: Denies weakness, tremor, seizures, changes in mentation, ataxia.
Psychiatric: Denies depression, anxiety, panic attacks, changes in sleep habits, changes in thought content, memory loss, concentration difficulties.

Past Medical History (Major events, hospitalizations, surgeries): L1-S1 fusion and Discectomy(1997), Vena Cava Filter (1997), Medtronic Pump (2001,2008, 2020).

Known allergies: NKDA.

Ongoing medical problems: Chronic pain, high cholesterol.

Current medications: simvastatin, ASA, spironolactone, Vitamin B

Family medical history: Diabetes, heart disease, Vit B deficiency.

Social history: Single with no children, smokes less than a pack a day, denies drinking or illegal drug use.

Objective

Shoulder Height Is Equal Left Is Elevated Right Is Elevated

Head Placement Is Normal Forward

Iliac Crest Height Is Equal Left Is Higher than Right Right Is higher than Left

There Is no lumbar shift

Thoracic kyphosis Is Increased Normal

Lumbar Lordosis Is Normal Decreased

Complaints of Axial Spine Pain In all lumbar planes of motion, Flexion, Extension, Sidebending Left, Right

LROM: Flexion 75 %, Extension 100 %, Side Bending Left 75 % Side Bending Right 75 %, Limited.

forward flexion to extension causes muscle spasm. Fluid continues to be felt around previous site.

Deep Tendon Reflex: Left KJ 0 1+ 2+ 3+ 4+, Right KJ 0 1+ 2+ 3+ 4+, Left AJ 0 1+ 2+ 3+ 4+, Right AJ 0 1+ 2+ 3+ 4+

Right Lower Extremity Strength: 4 /5 Right Ankle Dorsiflexors, 5 /5 EHL, 5/5 Right Knee Extensors, /5 Right Hip Flexors.

Left Lower Extremity Strength: 4 /5 Left Ankle Dorsiflexors, 4 /5 EHL, 5 /5 Left Knee Extensors, /5 Left Hip Flexors.

Left Straight Leg Raise: Seated Supine Negative Positive 30 degree 60 degree 90 degree

Right Straight Leg Raise: Seated Supine Negative Positive 30 degree 60 degree 90 degree

Sensation Intact to Touch

Gate: Normal Antalgic Cane or Walking Assistance.

Psychiatric

Judgment & Insight fair

Orientation to time, place and person: x3

Memory: good recent/remote

Mood and affect: : stable.

12/9/2021 Dr. Riley note review. .

Assessment

ICD 10 coding

M51.16 lumbar disc herniations with radicular symptoms

G89.29Chronic Pain

Z79.891 long term use of opiate therapy

Z79.899 long term drug therapy**Plan**

Low back pain is causally related to workers compensation injury of 3/28/1996

Work Status: off work permanent

Disability: permanent.

Dr. Riley's note reviewed.

Neuroglide techniques reviewed.

Pharmacologic Management. oxycontin 15 mg po q 12, lexapro 30 mg senna-s 2 po@hs, trazodone 75 mg , Gralise to 1200mg.,senna RA

ADDENDUM: Oxycontin (Extended Release Oxycodone) is medically necessary for the treatment of low back pain caused by Ms Iuvino's work related injury. Oxycontin has provided sufficient pain relief to allow her to complete her activities of daily functioning as evidenced in his functional evaluation. Carmella has no pain free times and per the medical treatment guidelines a long acting opioid is appropriate in these individuals. Please see F.2.C.ii page 48 : **A long-acting opioid for maintenance of pain relief and a short-acting opioid for limited rescue use when pain exceeds the routine level.**

Further, the guidelines clearly indicate that long term use is appropriate in individuals who have demonstrated positive effect and in whom the benefits outweigh the risk. Please see section F2.b.i: **Patients WHO ARE ON long-term opioids should not have their medications discontinued simply because they have not met the trial criteria or the criteria for safe long term opioid management detailed in this guideline. It should be noted that the New York Non-Acute Pain Medical Treatment Guidelines does not require the cessation of opioids for this subset of patients who have been on long-term opioid therapy.**

As a reminder patient has failed lumbar surgery, undergone regional injection, and physical therapy.

Oxycontin 15 mg po q 12 is compliant with the MME of 100mg or lower. She has had consistent urine toxes and accurate pill counts. Oxycodone is on the New York State Formulary and is appropriate to be on the Extended Release Oxycodone-Oxycontin due pain which is constant. Requesting 3 refills of 30 day supply.

ADDENDUM: Trazodone is medically necessary for treatment of neuropathic pain. Trazodone is a serotonin modulator drug similar to tricyclic antidepressants. Patient has been on this drug with benefit and without side effect. It is a generic drug.

Per the medical treatment guidelines: **F.1.d page 29 Medical Treatment Guidelines.**

It is suggested that patients with neuropathic pain be trialed

with a tricyclic medication initially, as low dose medication in

this category is frequently tolerated and performs sufficiently. Requesting 12 refills

ADDENDUM: Gralise an extended release gabapentin is medically necessary for treatment of Ms. Iuvino's lumbar radiculopathy (neuropathic pain). Patient is currently on trazodone which has been of benefit for burning components of pain but not lancinating components of pain. Patient has been trialed on immediate release gabapentin and found that it was not effective enough. Gralise has improved the neuropathic pain components due to her work related injury. **GABAPENTIN IS A SECOND LEVEL DRUG ON THE WORKERS COMP FORMULARY.**

F.1.d page 29 Medical Treatment Guidelines.

It is suggested that patients with neuropathic pain be trialed

with a tricyclic medication initially, as low dose medication in

this category is frequently tolerated and performs sufficiently.

If this fails, or if side effects are not tolerated, or a patient has

medical issues precluding the use of this class of drugs, other

appropriate medications can be tried. Second line drugs include the anti-convulsants gabapentin and

pregabalin. Third line drugs are the Serotonin Norepinephrine Reuptake

Inhibitors (SNRI) and topical lidocaine. Fourth line drugs are opioids, tramadol, and tapentadol. Requesting 12 refills

ADDENDUM: Senna is medically necessary for treatment of opioid induced constipation. The absence of this drug would likely cause a bowel obstruction and threatens the individual's life. This is a more cost effective drug than the new medications such as Movantik and Symproic. Requesting 12 refills

ADDENDUM: PATIENT HAS BEEN ON BRAND NAME LEXAPRO WITH BENEFIT FOR STABALIZING DEPRESSION RELATED TO HER CHRONIC LOW BACK PAIN. A TRIAL WAS DONE WITH THE GENERIC LEXAPRO AND FOUND TO BE NOT EFFECTIVE. BRAND NAME LEXAPRO IS MEDICALLY NECESSARY.

1/10/19: There had been a trial of gabapentin immediate release which was not as effective as the gralise. No plans to wean off Oxycontin. Judge ruled in patient favor. They need to understand that there are peripheral mu receptors that the oral drugs bind to. Intrathecal therapy does not penetrate all receptors. It is not unusual in severe pain cases to need both. Dr. Plunkett has retired and a new doctor at the same practice has taken over. She has been on the pump probably 19 years as well as oral meds. Over the years we have been able to decrease her oral medication substantially, however currently this is the dose she currently needs to be functional for her activities of daily living.

E-citalopram is medically necessary for treatment of depression related to low back injury and chronic pain. She has found that this has stabilized her mood. She has had no side effects. Depression caused by chronic pain is a common phenomenon in people who have chronic pain. Please authorize for a total of 12- 30 day refills.

Original Injury Questionnaire

Limitations of Activities:

The following items are about activities you might do during a typical day. Does your health now limit you in these activities? If so, how much?

Vigorous activities, such as running, lifting heavy objects, participating in strenuous sports.

yes, limited a lot yes limited a little No, not limited at all

Moderate activities, such as moving a table, pushing a vacuum cleaner, bowling or playing golf.

yes, limited a lot yes limited a little No, not limited at all

Lifting or carrying groceries

yes, limited a lot yes limited a little No, not limited at all

Climbing several flights of stairs

yes, limited a lot yes limited a little No, not limited at all

Climbing one flight of stairs

yes, limited a lot yes limited a little No, not limited at all

Bending, kneeling, or stooping

yes, limited a lot yes limited a little No, not limited at all

Walking more than a mile

yes, limited a lot yes limited a little No, not limited at all

Walking several blocks

yes, limited a lot yes limited a little No, not limited at all

Walking one block

yes, limited a lot yes limited a little No, not limited at all

Bathing or dressing yourself

yes, limited a lot yes limited a little No, not limited at all

Current Pain Questionnaire

Limitations of Activities:

The following items are about activities you might do during a typical day. Does your health now limit you in these activities? If so, how much?

Vigorous activities, such as running, lifting heavy objects, participating in strenuous sports.

yes, limited a lot yes limited a little No, not limited at all

Moderate activities, such as moving a table, pushing a vacuum cleaner, bowling or playing golf.

yes, limited a lot yes limited a little No, not limited at all

Lifting or carrying groceries

yes, limited a lot yes limited a little No, not limited at all

Climbing several flights of stairs

yes, limited a lot yes limited a little No, not limited at all

Climbing one flight of stairs

yes, limited a lot yes limited a little No, not limited at all

Bending, kneeling, or stooping [N/A]

yes, limited a lot yes limited a little No, not limited at all

Walking more than a mile

yes, limited a lot yes limited a little No, not limited at all

Walking several blocks

yes, limited a lot yes limited a little No, not limited at all

Walking one block

yes, limited a lot yes limited a little No, not limited at all

Bathing or dressing yourself

yes, limited a lot yes limited a little No, not limited at all

. Original Injury Pain Disability Index

A score of 0 means no disability at all and a score of 10 signifies that all of the activities in which you would normally be involved have been totally disrupted or prevented by your pain.

No Disability 0 1 2 3 4 5 6 7 8 9 10 Worst Disability

Family/Home Responsibilities: [9]

Refers to activities of the home and family. It includes chores or duties performed around the house (e.g. yard work) and errands or favors for other family members.

Recreation: [10]

This disability includes hobbies, sports, and other similar leisure time activities.

Social Activity: [10]

This category refers to activities, which involve participation with friends and acquaintances other than family members. It includes parties, theater, concerts, dining out, and other social functions.

Occupation: [10]

This category refers to activities that are part of or directly related to one's job. This includes non-paying jobs as well, such as that of a housewife or volunteer.

Sexual Behavior: [10]

This category refers to the frequency and quality of one's sex life.

Self Care: [9]

This category includes activities, which involve personal maintenance and independent daily living (e.g. taking a shower, driving and getting dressed etc.)

Life Support Activities: [8]

This category refers to basic life supporting behaviors such as eating, sleeping and breathing.

Current Pain Disability Index

A score of 0 means no disability at all and a score of 10 signifies that all of the activities in which you would normally be involved have been totally disrupted or prevented by your pain.

No Disability 0 1 2 3 4 5 6 7 8 9 10 Worst Disability

Family/Home Responsibilities: [5]

Refers to activities of the home and family. It includes chores or duties performed around the house (e.g. yard work) and errands or favors for other family members.

Recreation: [10]

This disability includes hobbies, sports, and other similar leisure time activities.

Social Activity: [8]

This category refers to activities, which involve participation with friends and acquaintances other than family members. It includes parties, theater, concerts, dining out, and other social functions.

Occupation: [5]

This category refers to activities that are part of or directly related to one's job. This includes non-paying jobs as well, such as that of a housewife or volunteer.

Sexual Behavior: [N/A]

This category refers to the frequency and quality of one's sex life.

Self Care: [3]

This category includes activities, which involve personal maintenance and independent daily living (e.g. taking a shower, driving and getting dressed etc.)

Life Support Activities: [3]

This category refers to basic life supporting behaviors such as eating, sleeping and breathing..

Adherence Monitoring

4/14/2021: opioid management agreement reviewed and signed

4/14/2021 COMM administered and scored at 2.

4/14/2021: SF 36 physical function administered and scored.: 18

Pill count:23 left

I have reviewed the patient prescription monitoring program in compliance with NYS law.

2/10/2022: urine tox via point of care + oxycodone and opioid, negative benzodiazepines, cocaine, amphetamines, methamphetamines. Urine sent for confirmation.

9/15/2021: urine tox via point of care + oxycodone and opioid, negative benzodiazepines, cocaine, amphetamines, methamphetamines. Urine sent for confirmation is consistent.

4/14/2021: urine tox via point of care + oxycodone and opioid, negative benzodiazepines, cocaine, amphetamines, methamphetamines. Urine sent for confirmation is consistent.

11/11/2020: urine tox via point of care + oxycodone and opioid, negative benzodiazepines, cocaine, amphetamines, methamphetamines. Urine sent for confirmation is consistent..

7/15/2020: urine tox via point of care + oxycodone and opioid, negative benzodiazepines, cocaine, amphetamines, methamphetamines. Urine sent for confirmation is consistent.

2/5/2020: urine tox via point of care + oxycodone and opioid, negative benzodiazepines, cocaine, amphetamines, methamphetamines. Urine sent for confirmation is consistent.

12/11/2019: urine tox via point of care + oxycodone and opioid, negative benzodiazepines, cocaine, amphetamines, methamphetamines. Urine sent for confirmation is consistent.

8/7/2019: urine tox via point of care + oxycodone and opioid, negative benzodiazepines, cocaine, amphetamines, methamphetamines. Urine sent for confirmation is consistent.

3/6/2019: urine tox via point of care + oxycodone and opioid, negative benzodiazepines, cocaine, amphetamines, methamphetamines. Urine sent for confirmation is consistent.

11/14/2018: urine tox via point of care + oxycodone and opioid, negative benzodiazepines, cocaine, amphetamines, methamphetamines. Urine sent for confirmation is consistent.

7/25/2018: urine tox via point of care + oxycodone and opioid, negative benzodiazepines, cocaine, amphetamines, methamphetamines. Urine sent for confirmation is consistent.

4/4/2018: urine tox via point of care + oxycodone and opioid, negative benzodiazepines, cocaine, amphetamines, methamphetamines. Urine sent for confirmation is consistent.

12/13/2017: urine tox via point of care + oxycodone and opioid, negative benzodiazepines, cocaine, amphetamines, methamphetamines. Urine sent for confirmation is consistent.

8/23/2017: urine tox via point of care + oxycodone and opioid, negative benzodiazepines, cocaine, amphetamines, methamphetamines. Urine sent for confirmation is consistent.

3/8/2017: urine tox via point of care + oxycodone and opioid, negative benzodiazepines, cocaine, amphetamines, methamphetamines. Urine sent for confirmation is consistent

11/23/2016 urine tox via point of care + oxycodone and opioid, negative benzodiazepines, cocaine, amphetamines, methamphetamines. Urine sent for confirmation is consistent

7/27/2016: urine tox via point of care + oxycodone and opioid, negative benzodiazepines, cocaine, amphetamines, methamphetamines. Urine sent for confirmation is consistent.

1/2016: urine tox via point of care + oxycodone and opioid, negative benzodiazepines, cocaine, amphetamines, methamphetamines. Urine sent for confirmation is consistent.

8/2015: urine tox via point of care + oxycodone and opioid, negative benzodiazepines, cocaine, amphetamines, methamphetamines. Urine sent for confirmation is consistent.

3/2015: urine tox via point of care + oxycodone and opioid, negative benzodiazepines, cocaine, amphetamines, methamphetamines. Consistent. Urine sent for confirmation-consistent

11/2014: urine tox consistent

5/2014 : urine tox consistent 11/14/2013: urine tox consistent

6/2013 urine tox. : CONSISTENT.

Prognosis: Good fair poor undetermined Treatment: pt counselling F/U : 2 4

Visit Time 15 mins 25 mins 40 -60 mins.

CC: Shuman Hua,MD, 295 EssJay Rd. Buffalo, NY 14221 Fax# 250-5910.

Dr.Robert Plunkett Fax-677-4038. WCB:89617137. DOI: 3/28/96. SSN: 081-66-4975.

"

Orders

LAB ORDERS

No orders attached to this encounter.

IMAGING ORDERS

No orders attached to this encounter.

Screenings/ Interventions/ Assessments

No screenings/interventions/assessments recorded.

Observations

No observations recorded.

Quality of care

Was diagnosis reconciliation completed?

No selection made

Was medication allergy reconciliation completed?

No selection made

Was medication reconciliation completed?

No selection made

No quality of care events recorded.

Care plan

No care plan recorded.

Request for Taxpayer Identification Number and Certification

► Go to www.irs.gov/FormW9 for instructions and the latest information.

Give Form to the requester. Do not send to the IRS.

Print or type.
See Specific Instructions on page 3.

1 Name (as shown on your income tax return). Name is required on this line; do not leave this line blank.

Ellen M Battista

2 Business name/disregarded entity name, if different from above

Pain Treatment Consultants of WNY

3 Check appropriate box for federal tax classification of the person whose name is entered on line 1. Check only one of the following seven boxes.



Individual/sole proprietor or single-member LLC

C Corporation

S Corporation

Partnership

Trust/estate



Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=Partnership) ►

Note: Check the appropriate box in the line above for the tax classification of the single-member owner. Do not check LLC if the LLC is classified as a single-member LLC that is disregarded from the owner unless the owner of the LLC is another LLC that is not disregarded from the owner for U.S. federal tax purposes. Otherwise, a single-member LLC that is disregarded from the owner should check the appropriate box for the tax classification of its owner.



Other (see instructions) ►

5 Address (number, street, and apt. or suite no.) See instructions.

646 North French Road, suite 7

6 City, state, and ZIP code

Amherst, NY 14228

7 List account number(s) here (optional)

4 Exemptions (codes apply only to certain entities, not individuals; see Instructions on page 3):

Exempt payee code (if any) _____

Exemption from FATCA reporting code (if any) _____

(Applies to accounts maintained outside the U.S.)

Requester's name and address (optional)

Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on line 1 to avoid backup withholding. For individuals, this is generally your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the instructions for Part I, later. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN*, later.

Social security number

			-				-				
--	--	--	---	--	--	--	---	--	--	--	--

Or

Employer identification number

8	1	-	0	5	8	5	6	8	0
---	---	---	---	---	---	---	---	---	---

Part II Certification

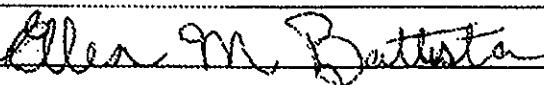
Under penalties of perjury, I certify that:

- The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me); and
- I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding; and
- I am a U.S. citizen or other U.S. person (defined below); and
- The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

Certification instructions. You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions for Part II, later.

Sign Here

Signature of U.S. person



Date ►

11/3/2021

General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

Future developments. For the latest information about developments related to Form W-9 and its instructions, such as legislation enacted after they were published, go to www.irs.gov/FormW9.

Purpose of Form

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) which may be your social security number (SSN), individual taxpayer identification number (ITIN), adoption taxpayer identification number (ATIN), or employer identification number (EIN), to report on an information return the amount paid to you, or other amount reportable on an information return. Examples of information returns include, but are not limited to, the following.

- Form 1099-INT (interest earned or paid)

- Form 1099-DIV (dividends, including those from stocks or mutual funds)
- Form 1099-MISC (various types of income, prizes, awards, or gross proceeds)
- Form 1099-B (stock or mutual fund sales and certain other transactions by brokers)
- Form 1099-S (proceeds from real estate transactions)
- Form 1099-K (merchant card and third party network transactions)
- Form 1098 (home mortgage interest), 1098-E (student loan interest), 1098-T (tuition)
- Form 1099-C (canceled debt)
- Form 1099-A (acquisition or abandonment of secured property)
Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN.

If you do not return Form W-9 to the requester with a TIN, you might be subject to backup withholding. See *What is backup withholding*, later.

PATIENT**Carmela Iuvino**

DOB 02/03/1965
AGE 57 yrs
SEX Female
PRN CI247771

FACILITY

Pain Treatment Consultants of WNY
T (716) 833-8184
F (716) 833-7746
646 N. French Rd
Suite 7
Buffalo, NY 14228

ENCOUNTER

NOTE TYPE SOAP Note
SEEN BY Ellen Battista ANP
DATE 04/20/2022
AGE AT DOS 57 yrs
Electronically signed by Ellen Battista
ANP at 05/19/2022 11:39 am

Chief complaint

low back and lower extremity pain

Vitals for this encounter

	04/20/22 1:14 PM
Pulse	62 bpm
Blood pressure	113/69 mmHg

Diagnoses

Was diagnosis reconciliation completed?

No selection made

Current	ACUITY	START	STOP
Displacement of lumbar Intervertebral disc without myelopathy	Chronic		
Lumbosacral radiculitis	Chronic		
Historical	ACUITY	START	STOP
No historical diagnoses			

Drug Allergies

Was medication allergy reconciliation completed?

No selection made

Active	SEVERITY/REACTIONS	ONSET
No drug allergies recorded		

Food Allergies

Active	SEVERITY/REACTIONS	ONSET
No food allergies recorded		

Environmental Allergies

Active	SEVERITY/REACTIONS	ONSET
No environmental allergies recorded		

Medications

Was medication reconciliation completed?

No selection made

Active	SIG	START/STOP	ASSOCIATED DX
Escitalopram Oxalate (Lexapro) 20 MG Oral Tablet	1 1/2 po qd	-	-
■ EScript (verified): 04/20/22 Prescriber: Ellen M Battista DNS,ANP SIG: 1 1/2 po qd Refills: 8 Quantity: 45			
■ EScript (Information requested): 04/06/21 Prescriber: Ellen M Battista DNS,ANP SIG: take 1 and 1/2 tablets by mouth once daily Refills: 11 Quantity: 45			
■ EScript (verified): 03/10/20 Prescriber: Ellen M Battista DNS,ANP SIG: take 1 & 1/2 tablets by mouth once daily Refills: 12 Quantity: 45			
■ EScript (verified): 07/10/19 Prescriber: Ellen M Battista DNS,ANP SIG: 1 1/2 po qd Refills: 6 Quantity: 45			
■ EScript (verified): 05/29/18 Prescriber: Ellen M Battista DNS,ANP SIG: 1 1/2 po qd Refills: 6 Quantity: 45			
■ EScript (verified): 02/22/18 Prescriber: Ellen M Battista DNS,ANP SIG: 1 1/2 po qd Refills: 6 Quantity: 45			
■ EScript (verified): 02/07/18 Prescriber: Ellen M Battista DNS,ANP SIG: 1 1/2 po qd Refills: 2 Quantity: 45			
Gabapentin (Once-Daily) (Gralise) 600 MG Oral Tablet	take 2 tablets by mouth once daily	-	-
■ EScript (verified): 09/08/21 Prescriber: Ellen M Battista DNS,ANP SIG: take 2 tablets by mouth once daily Refills: 11 Quantity: 60			
■ EScript (verified): 08/12/20 Prescriber: Ellen M Battista DNS,ANP SIG: take 2 tablets by mouth once daily Refills: 12 Quantity: 60			
■ EScript (verified): 02/05/20 Prescriber: Ellen M Battista DNS,ANP SIG: take 2 tablets by mouth once daily Refills: 6 Quantity: 60			
■ EScript (verified): 08/23/19 Prescriber: Ellen M Battista DNS,ANP SIG: take 2 tablets by mouth once daily Refills: 14 Quantity: 60			
■ EScript (verified): 07/25/18 Prescriber: Ellen M Battista DNS,ANP SIG: take 2 tablets by mouth once daily Refills: 13 Quantity: 60			
■ EScript (verified): 01/23/18 Prescriber: Ellen M Battista DNS,ANP SIG: take 2 tablets by mouth once daily Refills: 13 Quantity: 60			
Ibuprofen 600 MG Oral Tablet	1 po tid prn for 7 days	-	-
■ EScript (verified): 07/21/21 Prescriber: Ellen M Battista DNS,ANP SIG: 1 po tid prn for 7 days Refills: 0 Quantity: 21			
Oxycodone HCl (OxyCONTIN) 15 MG Oral Tablet ER 12 Hour Abuse-Deterrent	1 po q 12 MDD 30mg	-	-
■ EScript (verified): 07/28/22 Prescriber: Ellen M Battista DNS,ANP SIG: 1 po q 12 MDD 30mg Refills: 0 Quantity: 60			
■ EScript (verified): 06/23/22 Prescriber: Ellen M Battista DNS,ANP SIG: 1 po q 12 MDD 30mg Refills: 0 Quantity: 60			
■ EScript (verified): 05/26/22 Prescriber: Ellen M Battista DNS,ANP SIG: 1 po q 12 MDD 30mg Refills: 0 Quantity: 60			
■ EScript (verified): 04/20/22 Prescriber: Ellen M Battista DNS,ANP SIG: 1 po q 12 MDD 30mg Refills: 0 Quantity: 60			
■ EScript (verified): 03/17/22 Prescriber: Ellen M Battista DNS,ANP SIG: 1 po q 12 MDD 30mg Refills: 0 Quantity: 60			
■ EScript (verified): 02/10/22 Prescriber: Ellen M Battista DNS,ANP SIG: 1 po q 12 MDD 30mg Refills: 0 Quantity: 60			
■ EScript (verified): 01/19/22 Prescriber: Ellen M Battista DNS,ANP SIG: 1 po q 12 MDD 30mg Refills: 0 Quantity: 60			
■ EScript (refill request): 12/14/21 Prescriber: Ellen M Battista DNS,ANP SIG: 1 po q 12 MDD 30mg Refills: 0 Quantity: 60			
■ EScript (verified): 11/17/21 Prescriber: Ellen M Battista DNS,ANP SIG: 1 po q 12 MDD 30mg Refills: 0 Quantity: 60			
■ EScript (verified): 10/14/21 Prescriber: Ellen M Battista DNS,ANP SIG: 1 po q 12 MDD 30mg Refills: 0 Quantity: 60			
■ EScript (verified): 09/15/21 Prescriber: Ellen M Battista DNS,ANP SIG: 1 po q 12 MDD 30mg Refills: 0 Quantity: 60			
■ EScript (verified): 08/18/21 Prescriber: Ellen M Battista DNS,ANP SIG: 1 po q 12 MDD 30mg Refills: 0 Quantity: 60			
■ EScript (verified): 07/21/21 Prescriber: Ellen M Battista DNS,ANP SIG: 1 po q 12 MDD 30mg Refills: 0 Quantity: 60			
■ EScript (verified): 06/16/21 Prescriber: Ellen M Battista DNS,ANP SIG: 1 po q 12 MDD 30mg Refills: 0 Quantity: 60			
■ EScript (verified): 05/05/21 Prescriber: Ellen M Battista DNS,ANP SIG: 1 po q 12 MDD 30mg Refills: 0 Quantity: 60			
■ EScript (verified): 04/14/21 Prescriber: Ellen M Battista DNS,ANP SIG: 1 po q 12 MDD 30mg Refills: 0 Quantity: 60			
■ EScript (verified): 03/17/21 Prescriber: Ellen M Battista DNS,ANP SIG: 1 po q 12 MDD 30mg Refills: 0 Quantity: 60			
■ EScript (verified): 02/10/21 Prescriber: Ellen M Battista DNS,ANP SIG: 1 po q 12 MDD 30mg Refills: 0 Quantity: 60			
■ EScript (verified): 01/13/21 Prescriber: Ellen M Battista DNS,ANP SIG: 1 po q 12 MDD 30mg Refills: 0 Quantity: 60			
■ EScript (verified): 12/09/20 Prescriber: Ellen M Battista DNS,ANP SIG: 1 po q 12 MDD 30mg Refills: 0 Quantity: 60			
■ EScript (verified): 11/11/20 Prescriber: Ellen M Battista DNS,ANP SIG: 1 po q 12 MDD 30mg Refills: 0 Quantity: 60			

8/5/22, 11:30 AM

Encounter - Office Visit Date of service: 04/20/22 Patient: Carmela Iuvino DOB: 02/03/1965 PRN: CI247771

- EScript (verified): 10/16/20 Prescriber: Ellen M Battista DNS,ANP SIG: 1 po q 12 MDD 30mg Refills: 0 Quantity: 60
- EScript (cancelled): 10/15/20 Prescriber: Ellen M Battista DNS,ANP SIG: 1 po q 12 MDD 30mg Refills: 0 Quantity: 60
- EScript (verified): 09/16/20 Prescriber: Ellen M Battista DNS,ANP SIG: 1 po q 12 MDD 30mg Refills: 0 Quantity: 60
- EScript (verified): 08/12/20 Prescriber: Ellen M Battista DNS,ANP SIG: 1 po q 12 MDD 30mg Refills: 0 Quantity: 60
- EScript (verified): 07/15/20 Prescriber: Ellen M Battista DNS,ANP SIG: 1 po q 12 MDD 30mg Refills: 0 Quantity: 60
- EScript (verified): 06/10/20 Prescriber: Ellen M Battista DNS,ANP SIG: 1 po q 12 MDD 30mg Refills: 0 Quantity: 60
- EScript (verified): 05/13/20 Prescriber: Ellen M Battista DNS,ANP SIG: 1 po q 12 MDD 30mg Refills: 0 Quantity: 60
- EScript (verified): 04/08/20 Prescriber: Ellen M Battista DNS,ANP SIG: 1 po q 12 MDD 30mg Refills: 0 Quantity: 60
- EScript (verified): 03/11/20 Prescriber: Ellen M Battista DNS,ANP SIG: 1 po q 12 MDD 30mg Refills: 0 Quantity: 60
- EScript (verified): 02/05/20 Prescriber: Ellen M Battista DNS,ANP SIG: 1 po q 12 MDD 30mg Refills: 0 Quantity: 60
- EScript (verified): 01/08/20 Prescriber: Ellen M Battista DNS,ANP SIG: 1 po q 12 MDD 30mg Refills: 0 Quantity: 60
- EScript (verified): 12/11/19 Prescriber: Ellen M Battista DNS,ANP SIG: 1 po q 12 MDD 30mg Refills: 0 Quantity: 60
- EScript (verified): 11/13/19 Prescriber: Ellen M Battista DNS,ANP SIG: 1 po q 12 MDD 30mg Refills: 0 Quantity: 60
- EScript (verified): 10/16/19 Prescriber: Ellen M Battista DNS,ANP SIG: 1 po q 12 MDD 30mg Refills: 0 Quantity: 60
- EScript (verified): 09/11/19 Prescriber: Ellen M Battista DNS,ANP SIG: 1 po q 12 MDD 30mg Refills: 0 Quantity: 60
- EScript (verified): 08/07/19 Prescriber: Ellen M Battista DNS,ANP SIG: 1 po q 12 MDD 30mg Refills: 0 Quantity: 60
- EScript (verified): 07/16/19 Prescriber: Ellen M Battista DNS,ANP SIG: 1 po q 12 MDD 30mg Refills: 0 Quantity: 60
- EScript (verified): 07/12/19 Prescriber: Ellen M Battista DNS,ANP SIG: 1 po q 12 MDD 30mg Refills: 0 Quantity: 60
- EScript (verified): 07/10/19 Prescriber: Ellen M Battista DNS,ANP SIG: 1 po q 12 MDD 30mg Refills: 0 Quantity: 60
- EScript (verified): 06/05/19 Prescriber: Ellen M Battista DNS,ANP SIG: 1 po q 12 MDD 30mg Refills: 0 Quantity: 60

senna (Senna) 8.6 mg oral tablet

2 tablets @ hs

- EScript (Information requested): 08/25/21 Prescriber: Ellen M Battista DNS,ANP SIG: take 2 tablets by mouth at bedtime Refills: 11 Quantity: 60
- EScript (verified): 08/12/20 Prescriber: Ellen M Battista DNS,ANP SIG: 2 tablets @ hs Refills: 12 Quantity: 60
- EScript (verified): 02/28/20 Prescriber: Ellen M Battista DNS,ANP SIG: take 2 tablets by mouth at bedtime Refills: 6 Quantity: 60
- EScript (verified): 02/20/19 Prescriber: Ellen M Battista DNS,ANP SIG: 2 tablets @ hs Refills: 13 Quantity: 60
- EScript (verified): 02/07/18 Prescriber: Ellen M Battista DNS,ANP SIG: 2 tablets @ hs Refills: 12 Quantity: 60
- EScript (verified): 02/03/17 Prescriber: Ellen M Battista DNS,ANP SIG: 2 tablets @ hs Refills: 12 Quantity: 60
- EScript (verified): 07/26/16 Prescriber: Ellen M Battista DNS,ANP SIG: 2 tablets @ hs Refills: 13 Quantity: 60
- EScript (verified): 02/25/15 Prescriber: Ellen M Battista DNS,ANP SIG: 2 tablets @ hs Refills: 12 Quantity: 60
- Script (unknown): 12/22/11 Prescriber: Ellen M Battista DNS,ANP SIG: 2 tablets @ hs Refills: 11 Quantity: 60
- Script (unknown): 09/08/11 Prescriber: Ellen M Battista DNS,ANP SIG: 2 tablets @ hs Refills: 11 Quantity: 60
- Script (unknown): 05/26/10 Prescriber: Ellen M Battista DNS,ANP SIG: 2 tablets @ hs Refills: 4 Quantity: 60

Trazodone HCl (TraZODone HCl) 50 MG 1 1/2 po @ 7pm

Oral Tablet

- EScript (verified): 12/13/21 Prescriber: Ellen M Battista DNS,ANP SIG: take 1 and 1/2 tablets by mouth AT 7PM daily Refills: 11 Quantity: 45

202

- EScript (verified): 12/09/20 Prescriber: Ellen M Battista DNS,ANP SIG: 1 1/2 po @ 7pm Refills: 12 Quantity: 45

- EScript (verified): 07/15/20 Prescriber: Ellen M Battista DNS,ANP SIG: 1 1/2 po @ 7pm Refills: 5 Quantity: 45

- EScript (verified): 06/16/20 Prescriber: Ellen M Battista DNS,ANP SIG: take 1 tablet by mouth once daily AT 7 PM Refills: 5 Quantity: 30

- EScript (verified): 05/11/17 Prescriber: Ellen M Battista DNS,ANP SIG: 1 po @ 7pm Refills: 13 Quantity: 30

Immunizations

DATE	VACCINE	SOURCE	LOT NUMBER	EXPIRES	COMMENT
------	---------	--------	------------	---------	---------

No immunizations recorded for this patient.

Social history**TOBACCO USE**

RECORDED

No tobacco use history available for this patient

ALCOHOL USE

RECORDED

No alcohol use history available for this patient

SOCIAL HISTORY (FREE-TEXT)

Single with no children, smokes less than a pack a day, denies drinking or illegal drug use

FINANCIAL RESOURCES

RECORDED

No financial resources recorded for this patient

EDUCATION

RECORDED

No education recorded for this patient

PHYSICAL ACTIVITY

RECORDED

No physical activity available for this patient

NUTRITION HISTORY

RECORDED

No nutrition history available for this patient

STRESS

RECORDED

No stress available for this patient

SOCIAL ISOLATION AND CONNECTION

RECORDED

No social Isolation and connection available for this patient

EXPOSURE TO VIOLENCE

RECORDED

No exposure to violence history available for this patient

GENDER IDENTITY

No gender identity recorded for this patient

SEXUAL ORIENTATION

No sexual orientation recorded for this patient

Past medical history**MAJOR EVENTS**

L1-S1 fusion and Diskectomy(1997), Vena Cava Filter (1997), Medtronic Pump (2001,2008)

ONGOING MEDICAL PROBLEMS

Chronic pain, high cholesterol

ALLERGIES

NKDA

SOCIAL HISTORY

Single with no children, smokes less than a pack a day, denies drinking or illegal drug use

Family health history**DIAGNOSIS**

ONSET DATE

No Family health history recorded

FAMILY HEALTH HISTORY (FREE TEXT)

Diabetes, heart disease, Vit B deficiency

Advance Directive**DIRECTIVE****RECORDED**

No advance directives recorded for this patient.

Implantable devices

No implantable devices recorded

Active health concerns**DESCRIPTION****EFFECTIVE DATE**

No active health concerns recorded

Inactive health concerns**DESCRIPTION****EFFECTIVE DATE**

No Inactive health concerns recorded

Active Goals**DESCRIPTION****EFFECTIVE DATE**

No active goals recorded

Inactive Goals**DESCRIPTION****EFFECTIVE DATE**

No inactive goals recorded

Subjective

Reports that her rate was changed on IT pump at her request. She is having some minor headache with decrease rate. Low back pain is unchanged. Analgesic regimen continues to provide about 70% relief on average. No new adverse events reported from this regimen. She reports that function is improved with her pain relief to improve her ability to walk, stand, shower, dress, light housekeeping and making of her meals. No changes reported in medical health.

Current IT pump: Morphine 31.366 mg/day/672.130mcg/day clonidine, bupivacaine 6.2732mg/day. Report reviewed.

Pain: Improved Worse Unchanged.

Location: Low Back Radiating to Left hip Right hip Left lower extremity Right lower extremity Anterior Lateral Posterior to Thigh to Foot.

Pain Intensity: 1-10 scale: 4-5 /10. .

Percentage of relief: 0-100% relief 70 % relief.

Pattern: Increases with activity Improves with rest .

Mood: reports some anxiety

Sleep: nonrestorative

Function: stable.

REVIEW OF SYSTEMS:

General: Denies fatigue, weakness, weight gain, sweats, fevers, chills, loss of appetite, or general decline.

Head: Denies headaches, vertigo, injury, facial pain.
 Eyes: Denies blurred vision, pain, redness, diplopia, does not wear corrective lenses.
 Ears: Denies hearing loss.
 Nose: Denies epistaxis, coryza, obstruction, discharge.
 Mouth: Denies dental difficulties, gingival bleeding, use of dentures, hoarseness, snoring.
 Neck: Denies stiffness, pain, tenderness, noted masses.
 Respiratory: Denies dyspnea, wheezing, hemoptysis, cough.
 Cardiac: Denies chest pains, palpitations, syncope, orthopnea, peripheral edema.
 Gastrointestinal: Denies dysphagia, abdominal pains, bowel habit changes, emesis, melena.
 GU: Denies urinary urgency, dysuria, hematuria, hesitation, incontinence, or urgency.
 Gyn: Denies change in menses, dysmenorrhea, vaginal discharge, pelvic pain.
 Musculoskeletal: Denies pain in muscles or joints, limitation of range of motion, paresthesia or numbness.
 Neurologic: Denies weakness, tremor, seizures, changes in mentation, ataxia.
 Psychiatric: Denies depression, anxiety, panic attacks, changes in sleep habits, changes in thought content, memory loss, concentration difficulties.

Past Medical History (Major events, hospitalizations, surgeries): L1-S1 fusion and Discectomy(1997), Vena Cava Filter (1997), Medtronic Pump (2001,2008, 2020).

Known allergies: NKDA.

Ongoing medical problems: Chronic pain, high cholesterol.

Current medications: simvastatin, ASA, spironolactone, Vitamin B

Family medical history: Diabetes, heart disease, Vit B deficiency.

Social history: Single with no children, smokes less than a pack a day, denies drinking or illegal drug use.

Objective

Shoulder Height Is [x] Equal Left Is Elevated Right Is Elevated

Head Placement Is [x] Normal Forward

Iliac Crest Height is [x] Equal Left is Higher than Right Right is higher than Left

There is no lumbar shift

Thoracic Kyphosis is Increased [x] Normal

Lumbar Lordosis is Normal [x] Decreased

Complaints of Axial Spine Pain [x] In all lumbar planes of motion, Flexion, Extension, Sidebending Left, Right

LROM: Flexion 75_%, Extension 100_%, Side Bending Left _75_% Side Bending Right 75_%, Limited.

forward flexion to extension causes muscle spasm. Fluid continues to be felt around previous site.

Deep Tendon Reflex: Left KJ 0 1+ [x] 2+ 3+ 4+, Right KJ 0 1+ [x] 2+ 3+ 4+, Left AJ 0 1+ [x] 2+ 3+ 4+, Right AJ 0 1+ [x] 2+ 3+ 4+

Right Lower Extremity Strength: 4 /5 Right Ankle Dorsiflexors, 5 /5 EHL, 5 /5 Right Knee Extensors, /5 Right Hip Flexors.

Left Lower Extremity Strength: 4 /5 Left Ankle Dorsiflexors, 4 /5 EHL, 5 /5 Left Knee Extensors, /5 Left Hip Flexors.

Left Straight Leg Raise: [x] Seated Supine Negative [x] Positive 30 degree 60 degree [x] 90 degree

Right Straight Leg Raise: [x] Seated Supine Negative [x] Positive 30 degree 60 degree [x] 90 degree

2 Sensation Intact to Touch

Gage: Normal Antalgic [x] Cane or Walking Assistance.

Psychiatric

Judgment & Insight: fair

Orientation to time, place and person: x3

Memory: good recent/remote

Mood and affect: : stable.

12/9/2021 Dr. Riley note review. .

Assessment

ICD 10 coding

M51.16 lumbar disc herniations with radicular symptoms

G89.29 Chronic Pain

Z79.891 long term use of opiate therapy

Z79.899 long term drug therapy

Plan

Low back pain is causally related to workers compensation injury of 3/28/1996

Work Status: off work permanent

Disability: permanent.

Dr. Riley's note reviewed.

Neuroglide techniques reviewed.

Pharmacologic Management. oxycontin 15 mg po q 12, lexapro 30 mg, senna-s 2 po@hs, trazodone 75 mg, Gralise to 1200mg, senna RA

ADDENDUM: Oxycontin (Extended Release Oxycodone) is medically necessary for the treatment of low back pain caused by Ms Iuvino's work related injury. Oxycontin has provided sufficient pain relief to allow her to complete her activities of daily functioning as evidenced in his functional evaluation. Carmella has no pain free times and per the medical treatment guidelines a long acting opioid is appropriate in these individuals. Please see F.2.C.II page 48 : **A long-acting opioid for maintenance of pain relief and a short-acting opioid for limited rescue use when pain exceeds the routine level.**

Further, the guidelines clearly indicate that long term use is appropriate in individuals who have demonstrated positive effect and in whom the benefits outweigh the risk. Please see section F2.b.I: **Patients WHO ARE ON long-term opioids should not have their medications discontinued simply because they have not met the trial criteria or the criteria for safe long term opioid management detailed in this guideline. It should be noted that the New York Non-Acute Pain Medical Treatment Guidelines does not require the cessation of opioids for this subset of patients who have been on long-term opioid therapy.**

As a reminder patient has failed lumbar surgery, undergone regional injection, and physical therapy.

Oxycontin 15 mg po q 12 is compliant with the MME of 100mg or lower. She has had consistent urine toxes and accurate pill counts. Oxycodone is on the New York State Formulary and is appropriate to be on the Extended Release Oxycodone-Oxycontin due pain which is constant. Requesting 3 refills of 30 day supply.

ADDENDUM: Trazodone is medically necessary for treatment of neuropathic pain. Trazodone is a serotonin modulator drug similar to tricyclic antidepressants. Patient has been on this drug with benefit and without side effect. It is a generic drug.

Per the medical treatment guidelines: **F.1.d page 29 Medical Treatment Guidelines.**

It is suggested that patients with neuropathic pain be trialed

with a tricyclic medication initially, as low dose medication in

this category is frequently tolerated and performs sufficiently. Requesting 12 refills

ADDENDUM: Gralise an extended release gabapentin is medically necessary for treatment of Ms. Iuvino's lumbar radiculopathy (neuropathic pain). Patient is currently on trazodone which has been of benefit for burning components of pain but not lancinating components of pain. Patient has been trialed on immediate release gabapentin and found that it was not effective enough. Gralise has improved the neuropathic pain components due to her work related injury. **GABAPENTIN IS A SECOND LEVEL DRUG ON THE WORKERS COMP FORMULARY.**

F.1.d page 29 Medical Treatment Guidelines.

It is suggested that patients with neuropathic pain be trialed

with a tricyclic medication initially, as low dose medication in

this category is frequently tolerated and performs sufficiently.

If this fails, or if side effects are not tolerated, or a patient has

medical issues precluding the use of this class of drugs, other

appropriate medications can be tried. Second line drugs include the anti-convulsants gabapentin and

pregabalin. Third line drugs are the Serotonin Norepinephrine Reuptake

Inhibitors (SNRI) and topical lidocaine. Fourth line drugs are opioids, tramadol, and tapentadol. Requesting 12 refills

ADDENDUM: Senna is medically necessary for treatment of opioid induced constipation. The absence of this drug would likely cause a bowel obstruction and threatens the individual's life. This is a more cost effective drug than the new medications such as Movantik and Symprolc. Requesting 12 refills

ADDENDUM: PATIENT HAS BEEN ON BRAND NAME LEXAPRO WITH BENEFIT FOR STABALIZING DEPRESSION RELATED TO HER CHRONIC LOW BACK PAIN. A TRIAL WAS DONE WITH THE GENERIC LEXAPRO AND FOUND TO BE NOT EFFECTIVE. BRAND NAME LEXAPRO IS MEDICALLY NECESSARY.

1/10/19: There had been a trial of gabapentin immediate release which was not as effective as the gralise. No plans to wean off Oxycontin. Judge ruled in patient favor. They need to understand that there are peripheral mu receptors that the oral drugs bind to. Intrathecal therapy does not penetrate all receptors. It is not unusual in severe pain cases to need both. Dr. Plunkett has retired and a new doctor at the same practice has taken over. She has been on the pump probably 19 years as well as oral meds. Over the years we have been able to decrease her oral medication substantially, however currently this is the dose she currently needs to be functional for her activities of daily living.

E-citalopram is medically necessary for treatment of depression related to low back injury and chronic pain. She has found that this has stabilized her mood. She has had no side effects. Depression caused by chronic pain is a common phenomenon in people who have chronic pain. Please authorize for a total of 12- 30 day refills.

Original Injury Questionnaire

Limitations of Activities:

The following items are about activities you might do during a typical day. Does your health now limit you in these activities? If so, how much?

Vigorous activities, such as running, lifting heavy objects, participating in strenuous sports.

yes, limited a lot yes limited a little No, not limited at all

Moderate activities, such as moving a table, pushing a vacuum cleaner, bowling or playing golf.

yes, limited a lot yes limited a little No, not limited at all

Lifting or carrying groceries

yes, limited a lot yes limited a little No, not limited at all

Climbing several flights of stairs

yes, limited a lot yes limited a little No, not limited at all

Climbing one flight of stairs

yes, limited a lot yes limited a little No, not limited at all

Bending, kneeling, or stooping

yes, limited a lot yes limited a little No, not limited at all

Walking more than a mile

yes, limited a lot yes limited a little No, not limited at all

Walking several blocks

yes, limited a lot yes limited a little No, not limited at all

Walking one block

yes, limited a lot yes limited a little No, not limited at all

Bathing or dressing yourself

yes, limited a lot yes limited a little No, not limited at all

Current Pain Questionnaire

Limitations of Activities:

The following items are about activities you might do during a typical day. Does your health now limit you in these activities? If so, how much?

Vigorous activities, such as running, lifting heavy objects, participating in strenuous sports.

yes, limited a lot yes limited a little No, not limited at all

Moderate activities, such as moving a table, pushing a vacuum cleaner, bowling or playing golf.

yes, limited a lot yes limited a little No, not limited at all

Lifting or carrying groceries

yes, limited a lot yes limited a little No, not limited at all

Climbing several flights of stairs

yes, limited a lot yes limited a little No, not limited at all

Climbing one flight of stairs

yes, limited a lot yes limited a little No, not limited at all

Bending, kneeling, or stooping [NVA]

yes, limited a lot yes limited a little No, not limited at all

Walking more than a mile

yes, limited a lot yes limited a little No, not limited at all

Walking several blocks

yes, limited a lot yes limited a little No, not limited at all

Walking one block

yes, limited a lot yes limited a little No, not limited at all

Bathing or dressing yourself

yes, limited a lot yes limited a little No, not limited at all

. Original Injury Pain Disability Index

A score of 0 means no disability at all and a score of 10 signifies that all of the activities in which you would normally be involved have been totally disrupted or prevented by your pain.

No Disability 0 1 2 3 4 5 6 7 8 9 10 Worst Disability

Family/Home Responsibilities: [9]

Refers to activities of the home and family. It includes chores or duties performed around the house (e.g. yard work) and errands or favors for other family members.

Recreation: [10]

This disability includes hobbies, sports, and other similar leisure time activities.

Social Activity: [10]

This category refers to activities, which involve participation with friends and acquaintances other than family members. It includes parties, theater, concerts, dining out, and other social functions.

Occupation: [10]

This category refers to activities that are part of or directly related to one's job. This includes non-paying jobs as well, such as that of a housewife or volunteer.

Sexual Behavior: [10]

This category refers to the frequency and quality of one's sex life.

Self Care: [9]

This category includes activities, which involve personal maintenance and independent daily living (e.g. taking a shower, driving and getting dressed etc.)

Life Support Activities: [8]

This category refers to basic life supporting behaviors such as eating, sleeping and breathing.

Current Pain Disability Index

A score of 0 means no disability at all and a score of 10 signifies that all of the activities in which you would normally be involved have been totally disrupted or prevented by your pain.

No Disability 0 1 2 3 4 5 6 7 8 9 10 Worst Disability

Family/Home Responsibilities: [5]

Refers to activities of the home and family. It includes chores or duties performed around the house (e.g. yard work) and errands or favors for other family members.

Recreation: [10]

This disability includes hobbies, sports, and other similar leisure time activities.

Social Activity: [8]

This category refers to activities, which involve participation with friends and acquaintances other than family members. It includes parties, theater, concerts, dining out, and other social functions.

Occupation: [5]

This category refers to activities that are part of or directly related to one's job. This includes non-paying jobs as well, such as that of a housewife or volunteer.

Sexual Behavior: [N/A]

This category refers to the frequency and quality of one's sex life.

Self Care: [3]

This category includes activities, which involve personal maintenance and independent daily living (e.g. taking a shower, driving and getting dressed etc.)

Life Support Activities: [3]

This category refers to basic life supporting behaviors such as eating, sleeping and breathing.

Adherence Monitoring

4/20/2022: opioid management agreement reviewed and signed

4/20/2022 COMM administered and scored at 01.

4/20/2022: SF 36 physical function administered and scored.: 22

Pill count: 9 left

I have reviewed the patient prescription monitoring program in compliance with NYS law.

2/10/2022: urine tox via point of care + oxycodone and opioid, negative benzodiazepines, cocaine, amphetamines, methamphetamines. Urine sent for confirmation is consistent.

9/15/2021: urine tox via point of care + oxycodone and opioid, negative benzodiazepines, cocaine, amphetamines, methamphetamines. Urine sent for confirmation is consistent.

4/14/2021: urine tox via point of care + oxycodone and opioid, negative benzodiazepines, cocaine, amphetamines, methamphetamines. Urine sent for confirmation is consistent.

11/11/2020: urine tox via point of care + oxycodone and opioid, negative benzodiazepines, cocaine, amphetamines, methamphetamines. Urine sent for confirmation is consistent..

7/15/2020: urine tox via point of care + oxycodone and opioid, negative benzodiazepines, cocaine, amphetamines, methamphetamines. Urine sent for confirmation is consistent.

2/5/2020: urine tox via point of care + oxycodone and opioid, negative benzodiazepines, cocaine, amphetamines, methamphetamines. Urine sent for confirmation is consistent.

12/11/2019: urine tox via point of care + oxycodone and opioid, negative benzodiazepines, cocaine, amphetamines, methamphetamines. Urine sent for confirmation is consistent.

8/7/2019: urine tox via point of care + oxycodone and opioid, negative benzodiazepines, cocaine, amphetamines, methamphetamines. Urine sent for confirmation is consistent.

3/6/2019: urine tox via point of care + oxycodone and opioid, negative benzodiazepines, cocaine, amphetamines, methamphetamines. Urine sent for confirmation is consistent.

11/14/2018: urine tox via point of care + oxycodone and opioid, negative benzodiazepines, cocaine, amphetamines, methamphetamines. Urine sent for confirmation is consistent.

7/25/2018: urine tox via point of care + oxycodone and opioid, negative benzodiazepines, cocaine, amphetamines, methamphetamines. Urine sent for confirmation is consistent.

4/4/2018: urine tox via point of care + oxycodone and opioid, negative benzodiazepines, cocaine, amphetamines, methamphetamines. Urine sent for confirmation is consistent.

12/13/2017: urine tox via point of care + oxycodone and opioid, negative benzodiazepines, cocaine, amphetamines, methamphetamines. Urine sent for confirmation is consistent.

8/23/2017: urine tox via point of care + oxycodone and opioid, negative benzodiazepines, cocaine, amphetamines, methamphetamines. Urine sent for confirmation is consistent.

3/8/2017: urine tox via point of care + oxycodone and opioid, negative benzodiazepines, cocaine, amphetamines, methamphetamines. Urine sent for confirmation is consistent

11/23/2016 urine tox via point of care + oxycodone and opioid, negative benzodiazepines, cocaine, amphetamines, methamphetamines. Urine sent for confirmation is consistent

7/27/2016: urine tox via point of care + oxycodone and opioid, negative benzodiazepines, cocaine, amphetamines, methamphetamines. Urine sent for confirmation is consistent.

1/2016: urine tox via point of care + oxycodone and opioid, negative benzodiazepines, cocaine, amphetamines, methamphetamines. Urine sent for confirmation is consistent.

8/2015: urine tox via point of care + oxycodone and opioid, negative benzodiazepines, cocaine, amphetamines, methamphetamines. Urine sent for confirmation is consistent.

3/2015: urine tox via point of care + oxycodone and opioid, negative benzodiazepines, cocaine, amphetamines, methamphetamines. Consistent. Urine sent for confirmation-consistent

11/2014: urine tox consistent

5/2014 : urine tox consistent 11/14/2013: urine tox consistent.

6/2013 urine tox. : CONSISTENT.

Prognosis: Good fair poor undetermined Treatment: pt counselling F/U: 2 4
Visit Time 15 mins 25 mins 40-60 mins.

CC: Shuman Hua,MD, 295 Essjay Rd. Buffalo, NY 14221 Fax# 250-5910.

Dr.Robert Plunkett Fax-677-4038. WCB:89617137. DOI: 3/28/96. SSN: 081-66-4975.

"

Orders

LAB ORDERS

No orders attached to this encounter.

IMAGING ORDERS

No orders attached to this encounter.

Screenings/ Interventions/ Assessments

No screenings/interventions/assessments recorded.

Observations

No observations recorded.

Quality of care

Was diagnosis reconciliation completed?

No selection made

Was medication allergy reconciliation completed?

No selection made

Was medication reconciliation completed?

No selection made

No quality of care events recorded.

Care plan

No care plan recorded.

Request for Taxpayer Identification Number and Certification

► Go to www.irs.gov/FormW9 for instructions and the latest information.

Give Form to the requester. Do not send to the IRS.

Print or type. See Specific Instructions on page 3.	1 Name (as shown on your income tax return). Name is required on this line; do not leave this line blank.					
	Ellen M Battista					
	2 Business name/disregarded entity name, if different from above					
	Pain Treatment Consultants of WNY					
	3 Check appropriate box for federal tax classification of the person whose name is entered on line 1. Check only one of the following seven boxes.					
	<input checked="" type="checkbox"/> Individual/sole proprietor or <input type="checkbox"/> C Corporation <input type="checkbox"/> S Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Trust/estate <input type="checkbox"/> Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=Partnership) ► <small>Note: Check the appropriate box in the line above for the tax classification of the single-member owner. Do not check LLC if the LLC is classified as a single-member LLC that is disregarded from the owner unless the owner of the LLC is another LLC that is not disregarded from the owner for U.S. federal tax purposes. Otherwise, a single-member LLC that is disregarded from the owner should check the appropriate box for the tax classification of its owner.</small> <input type="checkbox"/> Other (see instructions) ►					
						4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3):
						<small>Exempt payor code (if any)</small> _____ <small>Exemption from FATCA reporting code (if any)</small> _____ <small>(Applies to accounts maintained outside the U.S.)</small>
5 Address (number, street, and apt. or suite no.) See instructions.			Requester's name and address (optional)			
646 North French Road, suite 7						
6 City, state, and ZIP code						
Amherst, NY 14228						
7 List account number(s) here (optional)						

Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on line 1 to avoid backup withholding. For individuals, this is generally your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the instructions for Part II, later. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN*, later.

Note: If the account is in more than one name, see the instructions for line 1. Also see *What Name and Number To Give the Requester* for guidelines on whose number to enter.

Social security number
-

Employer identification number									
8	1	-	0	5	8	5	6	8	0

Part II Certification

Under penalties of perjury, I certify that:

1. The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me); and
2. I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding; and
3. I am a U.S. citizen or other U.S. person (defined below); and
4. The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

Certification instructions. You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions for Part II, later.

Sign Here

Signature of U.S. person ►

Date ►

11/3/2021

General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

Future developments. For the latest information about developments related to Form W-9 and its instructions, such as legislation enacted after they were published, go to www.irs.gov/FormW9.

Purpose of Form

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) which may be your social security number (SSN), individual taxpayer identification number (ITIN), adoption taxpayer identification number (ATIN), or employer identification number (EIN), to report on an information return the amount paid to you, or other amount reportable on an information return. Examples of information returns include, but are not limited to, the following.

- Form 1099-INT (interest earned or paid)

- Form 1099-DIV (dividends, including those from stocks or mutual funds)
- Form 1099-MISC (various types of income, prizes, awards, or gross proceeds)
- Form 1099-B (stock or mutual fund sales and certain other transactions by brokers)
- Form 1099-S (proceeds from real estate transactions)
- Form 1099-K (merchant card and third party network transactions)
- Form 1098 (home mortgage interest), 1098-E (student loan interest), 1098-T (tuition)
- Form 1099-C (canceled debt)
- Form 1099-A (acquisition or abandonment of secured property)
Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN.

*If you do not return Form W-9 to the requester with a TIN, you might be subject to backup withholding. See *What is backup withholding*, later.*

PATIENT	FACILITY	ENCOUNTER
Carmela Iuvino	Pain Treatment Consultants of WNY	SOAP Note
DOB 02/03/1965	T (716) 833-8184	SEEN BY Ellen Battista ANP
AGE 57 yrs	F (716) 833-7746	DATE 05/26/2022
SEX Female	646 N. French Rd	AGE AT DOS 57 yrs
PRN CI247771	Suite 7	Electronically signed by Ellen Battista
	Buffalo, NY 14228	ANP at 06/22/2022 12:33 pm

Chief complaint

low back and lower extremity pain

Vitals for this encounter	
	05/26/22 4:05 PM
Pulse	65 bpm
Blood pressure	106/72 mmHg

Diagnoses

Was diagnosis reconciliation completed?

No selection made

Current	ACUITY	START	STOP
Displacement of lumbar intervertebral disc without myelopathy	Chronic		
Lumbosacral radiculitis	Chronic		
Historical	ACUITY	START	STOP
No historical diagnoses			

Drug Allergies

Was medication allergy reconciliation completed?

No selection made

Active	SEVERITY/REACTIONS	ONSET
No drug allergies recorded		

Food Allergies

Active	SEVERITY/REACTIONS	ONSET
No food allergies recorded		

Environmental Allergies

Active	SEVERITY/REACTIONS	ONSET
No environmental allergies recorded		

Medications

Was medication reconciliation completed?

No selection made

Active	SIG	START/STOP	ASSOCIATED DX
Escitalopram Oxalate (Lexapro) 20 MG Oral Tablet	1 1/2 po qd	-	-
■ EScript (verified): 04/20/22 Prescriber: Ellen M Battista DNS,ANP SIG: 1 1/2 po qd Refills: 8 Quantity: 45			
■ EScript (Information requested): 04/06/21 Prescriber: Ellen M Battista DNS,ANP SIG: take 1 and 1/2 tablets by mouth once daily Refills: 11 Quantity: 45			
■ EScript (verified): 03/10/20 Prescriber: Ellen M Battista DNS,ANP SIG: take 1 & 1/2 tablets by mouth once daily Refills: 12 Quantity: 45			
■ EScript (verified): 07/10/19 Prescriber: Ellen M Battista DNS,ANP SIG: 1 1/2 po qd Refills: 6 Quantity: 45			
■ EScript (verified): 05/29/18 Prescriber: Ellen M Battista DNS,ANP SIG: 1 1/2 po qd Refills: 6 Quantity: 45			
■ EScript (verified): 02/22/18 Prescriber: Ellen M Battista DNS,ANP SIG: 1 1/2 po qd Refills: 6 Quantity: 45			
■ EScript (verified): 02/07/18 Prescriber: Ellen M Battista DNS,ANP SIG: 1 1/2 po qd Refills: 2 Quantity: 45			
Gabapentin (Once-Daily) (Gralise) 600 MG Oral Tablet	take 2 tablets by mouth once daily	-	-
■ EScript (verified): 09/08/21 Prescriber: Ellen M Battista DNS,ANP SIG: take 2 tablets by mouth once daily Refills: 11 Quantity: 60			
■ EScript (verified): 08/12/20 Prescriber: Ellen M Battista DNS,ANP SIG: take 2 tablets by mouth once daily Refills: 12 Quantity: 60			
■ EScript (verified): 02/05/20 Prescriber: Ellen M Battista DNS,ANP SIG: take 2 tablets by mouth once daily Refills: 6 Quantity: 60			
■ EScript (verified): 08/23/19 Prescriber: Ellen M Battista DNS,ANP SIG: take 2 tablets by mouth once daily Refills: 14 Quantity: 60			
■ EScript (verified): 07/25/18 Prescriber: Ellen M Battista DNS,ANP SIG: take 2 tablets by mouth once daily Refills: 13 Quantity: 60			
■ EScript (verified): 01/23/18 Prescriber: Ellen M Battista DNS,ANP SIG: take 2 tablets by mouth once daily Refills: 13 Quantity: 60			
Ibuprofen 600 MG Oral Tablet	1 po tid prn for 7 days	-	-
■ EScript (verified): 07/21/21 Prescriber: Ellen M Battista DNS,ANP SIG: 1 po tid prn for 7 days Refills: 0 Quantity: 21			
Oxycodone HCl (OxyCONTIN) 15 MG Oral Tablet ER 12 Hour Abuse-Deterrent	1 po q 12 MDD 30mg	-	-
■ EScript (verified): 07/28/22 Prescriber: Ellen M Battista DNS,ANP SIG: 1 po q 12 MDD 30mg Refills: 0 Quantity: 60			
■ EScript (verified): 06/23/22 Prescriber: Ellen M Battista DNS,ANP SIG: 1 po q 12 MDD 30mg Refills: 0 Quantity: 60			
■ EScript (verified): 05/26/22 Prescriber: Ellen M Battista DNS,ANP SIG: 1 po q 12 MDD 30mg Refills: 0 Quantity: 60			
■ EScript (verified): 04/20/22 Prescriber: Ellen M Battista DNS,ANP SIG: 1 po q 12 MDD 30mg Refills: 0 Quantity: 60			
■ EScript (verified): 03/17/22 Prescriber: Ellen M Battista DNS,ANP SIG: 1 po q 12 MDD 30mg Refills: 0 Quantity: 60			
■ EScript (verified): 02/10/22 Prescriber: Ellen M Battista DNS,ANP SIG: 1 po q 12 MDD 30mg Refills: 0 Quantity: 60			
■ EScript (verified): 01/19/22 Prescriber: Ellen M Battista DNS,ANP SIG: 1 po q 12 MDD 30mg Refills: 0 Quantity: 60			
■ EScript (refill request): 12/14/21 Prescriber: Ellen M Battista DNS,ANP SIG: 1 po q 12 MDD 30mg Refills: 0 Quantity: 60			
2922 ■ EScript (verified): 11/17/21 Prescriber: Ellen M Battista DNS,ANP SIG: 1 po q 12 MDD 30mg Refills: 0 Quantity: 60			
■ EScript (verified): 10/14/21 Prescriber: Ellen M Battista DNS,ANP SIG: 1 po q 12 MDD 30mg Refills: 0 Quantity: 60			
■ EScript (verified): 09/15/21 Prescriber: Ellen M Battista DNS,ANP SIG: 1 po q 12 MDD 30mg Refills: 0 Quantity: 60			
■ EScript (verified): 08/18/21 Prescriber: Ellen M Battista DNS,ANP SIG: 1 po q 12 MDD 30mg Refills: 0 Quantity: 60			
■ EScript (verified): 07/21/21 Prescriber: Ellen M Battista DNS,ANP SIG: 1 po q 12 MDD 30mg Refills: 0 Quantity: 60			
■ EScript (verified): 06/16/21 Prescriber: Ellen M Battista DNS,ANP SIG: 1 po q 12 MDD 30mg Refills: 0 Quantity: 60			
■ EScript (verified): 05/05/21 Prescriber: Ellen M Battista DNS,ANP SIG: 1 po q 12 MDD 30mg Refills: 0 Quantity: 60			
■ EScript (verified): 04/14/21 Prescriber: Ellen M Battista DNS,ANP SIG: 1 po q 12 MDD 30mg Refills: 0 Quantity: 60			
■ EScript (verified): 03/17/21 Prescriber: Ellen M Battista DNS,ANP SIG: 1 po q 12 MDD 30mg Refills: 0 Quantity: 60			
■ EScript (verified): 02/10/21 Prescriber: Ellen M Battista DNS,ANP SIG: 1 po q 12 MDD 30mg Refills: 0 Quantity: 60			
■ EScript (verified): 01/13/21 Prescriber: Ellen M Battista DNS,ANP SIG: 1 po q 12 MDD 30mg Refills: 0 Quantity: 60			
■ EScript (verified): 12/09/20 Prescriber: Ellen M Battista DNS,ANP SIG: 1 po q 12 MDD 30mg Refills: 0 Quantity: 60			
■ EScript (verified): 11/11/20 Prescriber: Ellen M Battista DNS,ANP SIG: 1 po q 12 MDD 30mg Refills: 0 Quantity: 60			

8/5/22, 11:29 AM

Encounter - Office Visit Date of service: 05/26/22 Patient: Carmela Iuvino DOB: 02/03/1965 PRN: CI247771

- EScript (verified): 10/16/20 Prescriber: Ellen M Battista DNS,ANP SIG: 1 po q 12 MDD 30mg Refills: 0 Quantity: 60
- EScript (cancelled): 10/15/20 Prescriber: Ellen M Battista DNS,ANP SIG: 1 po q 12 MDD 30mg Refills: 0 Quantity: 60
- EScript (verified): 09/16/20 Prescriber: Ellen M Battista DNS,ANP SIG: 1 po q 12 MDD 30mg Refills: 0 Quantity: 60
- EScript (verified): 08/12/20 Prescriber: Ellen M Battista DNS,ANP SIG: 1 po q 12 MDD 30mg Refills: 0 Quantity: 60
- EScript (verified): 07/15/20 Prescriber: Ellen M Battista DNS,ANP SIG: 1 po q 12 MDD 30mg Refills: 0 Quantity: 60
- EScript (verified): 06/10/20 Prescriber: Ellen M Battista DNS,ANP SIG: 1 po q 12 MDD 30mg Refills: 0 Quantity: 60
- EScript (verified): 05/13/20 Prescriber: Ellen M Battista DNS,ANP SIG: 1 po q 12 MDD 30mg Refills: 0 Quantity: 60
- EScript (verified): 04/08/20 Prescriber: Ellen M Battista DNS,ANP SIG: 1 po q 12 MDD 30mg Refills: 0 Quantity: 60
- EScript (verified): 03/11/20 Prescriber: Ellen M Battista DNS,ANP SIG: 1 po q 12 MDD 30mg Refills: 0 Quantity: 60
- EScript (verified): 02/05/20 Prescriber: Ellen M Battista DNS,ANP SIG: 1 po q 12 MDD 30mg Refills: 0 Quantity: 60
- EScript (verified): 01/08/20 Prescriber: Ellen M Battista DNS,ANP SIG: 1 po q 12 MDD 30mg Refills: 0 Quantity: 60
- EScript (verified): 12/11/19 Prescriber: Ellen M Battista DNS,ANP SIG: 1 po q 12 MDD 30mg Refills: 0 Quantity: 60
- EScript (verified): 11/13/19 Prescriber: Ellen M Battista DNS,ANP SIG: 1 po q 12 MDD 30mg Refills: 0 Quantity: 60
- EScript (verified): 10/16/19 Prescriber: Ellen M Battista DNS,ANP SIG: 1 po q 12 MDD 30mg Refills: 0 Quantity: 60
- EScript (verified): 09/11/19 Prescriber: Ellen M Battista DNS,ANP SIG: 1 po q 12 MDD 30mg Refills: 0 Quantity: 60
- EScript (verified): 08/07/19 Prescriber: Ellen M Battista DNS,ANP SIG: 1 po q 12 MDD 30mg Refills: 0 Quantity: 60
- EScript (verified): 07/16/19 Prescriber: Ellen M Battista DNS,ANP SIG: 1 po q 12 MDD 30mg Refills: 0 Quantity: 60
- EScript (verified): 07/12/19 Prescriber: Ellen M Battista DNS,ANP SIG: 1 po q 12 MDD 30mg Refills: 0 Quantity: 60
- EScript (verified): 07/10/19 Prescriber: Ellen M Battista DNS,ANP SIG: 1 po q 12 MDD 30mg Refills: 0 Quantity: 60
- EScript (verified): 06/05/19 Prescriber: Ellen M Battista DNS,ANP SIG: 1 po q 12 MDD 30mg Refills: 0 Quantity: 60

senna (Senna) 8.6 mg oral tablet

2 tablets @ hs

- EScript (information requested): 08/25/21 Prescriber: Ellen M Battista DNS,ANP SIG: take 2 tablets by mouth at bedtime Refills: 11 Quantity: 60
- EScript (verified): 08/12/20 Prescriber: Ellen M Battista DNS,ANP SIG: 2 tablets @ hs Refills: 12 Quantity: 60
- EScript (verified): 02/28/20 Prescriber: Ellen M Battista DNS,ANP SIG: take 2 tablets by mouth at bedtime Refills: 6 Quantity: 60
- EScript (verified): 02/20/19 Prescriber: Ellen M Battista DNS,ANP SIG: 2 tablets @ hs Refills: 13 Quantity: 60
- EScript (verified): 02/07/18 Prescriber: Ellen M Battista DNS,ANP SIG: 2 tablets @ hs Refills: 12 Quantity: 60
- EScript (verified): 02/03/17 Prescriber: Ellen M Battista DNS,ANP SIG: 2 tablets @ hs Refills: 12 Quantity: 60
- EScript (verified): 07/26/16 Prescriber: Ellen M Battista DNS,ANP SIG: 2 tablets @ hs Refills: 13 Quantity: 60
- EScript (verified): 02/25/15 Prescriber: Ellen M Battista DNS,ANP SIG: 2 tablets @ hs Refills: 12 Quantity: 60
- Script (unknown): 12/22/11 Prescriber: Ellen M Battista DNS,ANP SIG: 2 tablets @ hs Refills: 11 Quantity: 60
- Script (unknown): 09/08/11 Prescriber: Ellen M Battista DNS,ANP SIG: 2 tablets @ hs Refills: 11 Quantity: 60
- Script (unknown): 05/26/10 Prescriber: Ellen M Battista DNS,ANP SIG: 2 tablets @ hs Refills: 4 Quantity: 60

Trazodone HCl (TraZODone HCl) 50 MG 1 1/2 po @ 7pm

Oral Tablet

- EScript (verified): 12/13/21 Prescriber: Ellen M Battista DNS,ANP SIG: take 1 and 1/2 tablets by mouth AT 7PM daily Refills: 11 Quantity: 45
- EScript (verified): 12/09/20 Prescriber: Ellen M Battista DNS,ANP SIG: 1 1/2 po @ 7pm Refills: 12 Quantity: 45
- EScript (verified): 07/15/20 Prescriber: Ellen M Battista DNS,ANP SIG: 1 1/2 po @ 7pm Refills: 5 Quantity: 45
- EScript (verified): 06/16/20 Prescriber: Ellen M Battista DNS,ANP SIG: take 1 tablet by mouth once daily AT 7 PM Refills: 5 Quantity: 30
- EScript (verified): 05/11/17 Prescriber: Ellen M Battista DNS,ANP SIG: 1 po @ 7pm Refills: 13 Quantity: 30

Immunizations

DATE	VACCINE	SOURCE	LOT NUMBER	EXPIRES	COMMENT
No immunizations recorded for this patient.					

Social history**TOBACCO USE****RECORDED**

No tobacco use history available for this patient

ALCOHOL USE**RECORDED**

No alcohol use history available for this patient

SOCIAL HISTORY (FREE-TEXT)

Single with no children, smokes less than a pack a day, denies drinking or illegal drug use

FINANCIAL RESOURCES**RECORDED**

No financial resources recorded for this patient

EDUCATION**RECORDED**

No education recorded for this patient

PHYSICAL ACTIVITY**RECORDED**

No physical activity available for this patient

NUTRITION HISTORY**RECORDED**

No nutrition history available for this patient

STRESS**RECORDED**

No stress available for this patient

SOCIAL ISOLATION AND CONNECTION**RECORDED**

No social isolation and connection available for this patient

EXPOSURE TO VIOLENCE**RECORDED**

No exposure to violence history available for this patient

GENDER IDENTITY

No gender identity recorded for this patient

SEXUAL ORIENTATION

No sexual orientation recorded for this patient

Past medical history**MAJOR EVENTS**

L1-S1 fusion and Diskectomy(1997), Vena Cava Filter (1997), Medtronic Pump (2001,2008)

ONGOING MEDICAL PROBLEMS

Chronic pain, high cholesterol

ALLERGIES

NKDA

SOCIAL HISTORY

Single with no children, smokes less than a pack a day, denies drinking or illegal drug use

Family health history**DIAGNOSIS****ONSET DATE**

No Family health history recorded

FAMILY HEALTH HISTORY (FREE TEXT)

Diabetes, heart disease, Vit B deficiency

Advance Directive**DIRECTIVE****RECORDED**

No advance directives recorded for this patient.

Implantable devices

No implantable devices recorded

Active health concerns**DESCRIPTION****EFFECTIVE DATE**

No active health concerns recorded

Inactive health concerns**DESCRIPTION****EFFECTIVE DATE**

No inactive health concerns recorded

Active Goals**DESCRIPTION****EFFECTIVE DATE**

No active goals recorded

Inactive Goals**DESCRIPTION****EFFECTIVE DATE**

No inactive goals recorded

Subjective

Low back and lower extremity pain are unchanged except when adjustor held medication approval and patient experienced increase pain and withdrawal. IT pump is now increased.

Analgesic regimen provided about 60% relief on average. No new adverse events reported from this regimen. She reports that function is improved with her pain relief to improve her ability to walk, stand, shower, dress, light housekeeping and making of her meals. No changes reported in medical health.

Current IT pump: Morphine 35mg/ml day/750mcg/ml/day clonidine, bupivacaine 7mg/ml day. Report reviewed.

Pain: Improved Worse Unchanged.

Location: Low Back Radiating to Left hip Right hip Left lower extremity Right lower extremity Anterior Lateral Posterior to Thigh to Foot.

Pain Intensity: 1-10 scale: 4-5 /10..

Percentage of relief: 0-100% relief 70 % relief.

Pattern: Increases with activity Improves with rest .

Mood: reports some anxiety

Sleep: nonrestorative

Function: stable.

REVIEW OF SYSTEMS:

General: Denies fatigue, weakness, weight gain, sweats, fevers, chills, loss of appetite, or general decline.

Head: Denies headaches, vertigo, injury, facial pain.

Eyes: Denies blurred vision, pain, redness, diplopia, does not wear corrective lenses.

Ears: Denies hearing loss.

Nose: Denies epistaxis, coryza, obstruction, discharge.

Mouth: Denies dental difficulties, gingival bleeding, use of dentures, hoarseness, snoring.

Neck: Denies stiffness, pain, tenderness, noted masses.

Respiratory: Denies dyspnea, wheezing, hemoptysis, cough.

Cardiac: Denies chest pains, palpitations, syncope, orthopnea, peripheral edema.

Gastrointestinal: Denies dysphagia, abdominal pains, bowel habit changes, emesis, melena.

GU: Denies urinary urgency, dysuria, hematuria, hesitation, incontinence, or urgency.

Gyn: Denies change in menses, dysmenorrhea, vaginal discharge, pelvic pain.

Musculoskeletal: Denies pain in muscles or joints, limitation of range of motion, paresthesia or numbness.

Neurologic: Denies weakness, tremor, seizures, changes in mentation, ataxia.

Psychiatric: Denies depression, anxiety, panic attacks, changes in sleep habits, changes in thought content, memory loss, concentration difficulties.

Past Medical History (Major events, hospitalizations, surgeries): L1-S1 fusion and Discectomy(1997), Vena Cava Filter (1997), Medtronic Pump (2001, 2008, 2020).

Known allergies: NKDA.

Ongoing medical problems: Chronic pain, high cholesterol.

Current medications: simvastatin, ASA, spironolactone, Vitamin B

Family medical history: Diabetes, heart disease, Vit B deficiency.

Social history: Single with no children, smokes less than a pack a day, denies drinking or illegal drug use.

Objective

Shoulder Height is [x] Equal Left is Elevated Right is Elevated

Head Placement is [x] Normal Forward

Iliac Crest Height is [x] Equal Left is Higher than Right Right is higher than Left

There is no lumbar shift

Thoracic kyphosis is Increased [x] Normal

Lumbar Lordosis is Normal [x] Decreased

Complains of Axial Spine Pain [x] In all lumbar planes of motion, Flexion, Extension, Sidebending Left, Right

LROM: Flexion 75 __%, Extension 100 __%, Side Bending Left _75 __% Side Bending Right 75 __%, Limited.

forward flexion to extension causes muscle spasm. Fluid continues to be felt around previous site.

Deep Tendon Reflex: Left KJ 0 1+ [x] 2+ 3+ 4+, Right KJ 0 1+ [x] 2+ 3+ 4+, Left AJ 0 1+ [x] 2+ 3+ 4+, Right AJ 0 1+ [x] 2+ 3+ 4+

Right Lower Extremity Strength: 4 /5 Right Ankle Dorsiflexors, 5 /5 EHL, 5/5 Right Knee Extensors, /5 Right Hip Flexors.

Left Lower Extremity Strength: 4 /5 Left Ankle Dorsiflexors, 4 /5 EHL, 5 /5 Left Knee Extensors, /5 Left Hip Flexors.

Left Straight Leg Raise: [x] Seated Supine Negative [x] Positive 30 degree 60 degree [x] 90 degree

Right Straight Leg Raise: [x] Seated Supine Negative [x] Positive 30 degree 60 degree [x] 90 degree

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Sensation intact to touch

Gate: Normal Antalgic [x] Cane or Walking Assistance.

Psychiatric

Judgment & Insight: fair

Orientation to time, place and person: x3

Memory: good recent/remote

Mood and affect: stable.

12/9/2021 Dr. Riley note review.

Assessment

ICD 10 coding

M51.16 lumbar disc herniations with radicular symptoms

G89.29Chronic Pain**Z79.891 long term use of opiate therapy****Z79.899 long term drug therapy****Plan**

Low back pain is causally related to workers compensation injury of 3/28/1996

Work Status: off work permanent

Disability: permanent.

Dr. Riley's note reviewed.

Neuroglide techniques reviewed.

Pharmacologic Management. oxycontin 15 mg po q 12, lexapro 30 mg, senna-s 2 po@hs, trazodone 75 mg , Gralise to 1200mg.,senna RA

ADDENDUM: Oxycontin (Extended Release Oxycodone) is medically necessary for the treatment of low back pain caused by Ms Iuvino's work related injury. Oxycontin has provided sufficient pain relief to allow her to complete her activities of daily functioning as evidenced in his functional evaluation. Carmella has no pain free times and per the medical treatment guidelines a long acting opioid is appropriate in these individuals. Please see F.2.C.ii page 48 : A long-acting opioid for maintenance of pain relief and a short-acting opioid for limited rescue use when pain exceeds the routine level.

Further, the guidelines clearly indicate that long term use is appropriate in individuals who have demonstrated positive effect and in whom the benefits outweigh the risk. Please see section F2.b.i: Patients WHO ARE ON long-term opioids should not have their medications discontinued simply because they have not met the trial criteria or the criteria for safe long term opioid management detailed in this guideline. It should be noted that the New York Non-Acute Pain Medical Treatment Guidelines does not require the cessation of opioids for this subset of patients who have been on long-term opioid therapy.

As a reminder patient has failed lumbar surgery, undergone regional injection, and physical therapy.

Oxycontin 15 mg po q 12 is compliant with the MME of 100mg or lower. She has had consistent urine toxes and accurate pill counts. Oxycodone is on the New York State Formulary and is appropriate to be on the Extended Release Oxycodone-Oxycontin due pain which is constant. Requesting 3 refills of 30 day supply.

ADDENDUM: Trazodone is medically necessary for treatment of neuropathic pain. Trazodone is a serotonin modulator drug similar to tricyclic antidepressants. Patient has been on this drug with benefit and without side effect. It is a generic drug.

Per the medical treatment guidelines: F.1.d page 29 Medical Treatment Guidelines.

It is suggested that patients with neuropathic pain be trialed with a tricyclic medication initially, as low dose medication in this category is frequently tolerated and performs sufficiently.

Patient is unable to take traditional tricyclic medications such as amitriptyline and nortriptyline as these cause bradycardia. Patient has a low pulse rate and amitriptyline caused even further lowering of heart rate (bradycardia). She has not had a problem with Trazodone. She has been on trazodone since 2012. Her current dose of 50mg of trazodone is lower than her dose in 2012 of 150mg. I am requesting ongoing approval of her Trazodone 50mg . Requesting 12 refills

202 ADDENDUM: Gralise an extended release gabapentin is medically necessary for treatment of Ms. Iuvino's lumbar radiculopathy (neuropathic pain) . Patient is currently on trazodone which has been of benefit for burning components of pain but not lancinating components of pain. Patient has been trialed on immediate release gabapentin and found that it was not effective enough Gralise has improved the neuropathic pain components due to her work related injury. GABAPENTIN IS A SECOND LEVEL DRUG ON THE WORKERS COMP FORMULARY.

F.1.d page 29 Medical Treatment Guidelines.

It is suggested that patients with neuropathic pain be trialed with a tricyclic medication initially, as low dose medication in this category is frequently tolerated and performs sufficiently.

If this fails, or if side effects are not tolerated, or a patient has medical issues precluding the use of this class of drugs, other appropriate medications can be tried. Second line drugs include the anti-convulsants gabapentin and pregabalin. Third line drugs are the Serotonin Norepinephrine Reuptake Inhibitors (SNRI) and topical lidocaine. Fourth line drugs are opioids, tramadol, and tapentadol. Please understand that the patient has failed immediate release gabapentin trials and gralise provided benefit to improved function and control of

radicular symptoms. She has been on this medication with approval since 2018. Notes reflect a use of much higher doses of total gabapentin of 1800mg which was ineffective as compared to 1200mg qd. Requesting 12 refills

ADDENDUM: Senna is medically necessary for treatment of opioid induced constipation. The absence of this drug would likely cause a bowel obstruction and threatens the individuals life. This is a more cost effective drug than the new medications such as Movantik and Symproct. Requesting 12 refills

ADDENDUM: PATIENT HAS BEEN ON BRAND NAME LEXAPRO WITH BENEFIT FOR STABALIZING DEPRESSION RELATED TO HER CHRONIC LOW BACK PAIN. A TRIAL WAS DONE WITH THE GENERIC LEXAPRO AND FOUND TO BE NOT EFFECTIVE. BRAND NAME LEXAPRO IS MEDICALLY NECESSARY.

1/10/19: There had been a trial of gabapentin immediate release which was not as effective as the gralise. No plans to wean off Oxycontin. Judge ruled in patient favor. They need to understand that there are peripheral mu receptors that the oral drugs bind to. Intrathecal therapy does not penetrate all receptors. It is not unusual in severe pain cases to need both. Dr. Plunkett has retired and a new doctor at the same practice has taken over. She has been on the pump probably 19 years as well as oral meds. Over the years we have been able to decrease her oral medication substantially, however currently this is the dose she currently needs to be functional for her activities of daily living.

Addendum : Patient has been on Lexapro due to depression related to chronic pain due to her lumbar injury. She has been on this drug since at least 2010. She had failed zoloft. Lexapro was found to stabilize her mood. We attempted in 2012 to place her on generic lexapro: e-citalopram and her mood became destabilized. Please remember when a drug is approved for generic status it only has to be similar to the brand name and not the same. The patient was returned to brand name Lexapro with stabilization of mood. Lexapro is medically necessary for treatment of depression related to low back injury and chronic pain. Depression caused by chronic pain is a common phenomenon in people who have chronic pain. *Patient is on 30mg per day of Lexapro. They do not manufacture a 30 mg tablet. The options to maintain the dose is either 3 tablets of 10 mg po qd or 1 1/2 of the 20mg tablet to equal the 30 mg. Generally speaking drugs are priced per tablet and not mg. As a result Lexapro 20mg tablet taken at 1 1/2 tablets to maintain her current 30 mg dose is a less expensive approach.* Please authorize for a total of 12-30 day refills.

Original Injury Questionnaire

Limitations of Activities:

The following items are about activities you might do during a typical day. Does your health now limit you in these activities? If so, how much?

Vigorous activities, such as running, lifting heavy objects, participating in strenuous sports.

yes, limited a lot yes limited a little No, not limited at all

Moderate activities, such as moving a table, pushing a vacuum cleaner, bowling or playing golf.

yes, limited a lot yes limited a little No, not limited at all

Lifting or carrying groceries

yes, limited a lot yes limited a little No, not limited at all

Climbing several flights of stairs

yes, limited a lot yes limited a little No, not limited at all

Climbing one flight of stairs

yes, limited a lot yes limited a little No, not limited at all

Bending, kneeling, or stooping

yes, limited a lot yes limited a little No, not limited at all

Walking more than a mile

yes, limited a lot yes limited a little No, not limited at all

Walking several blocks

yes, limited a lot yes limited a little No, not limited at all

Walking one block

yes, limited a lot yes limited a little No, not limited at all

Bathing or dressing yourself

yes, limited a lot yes limited a little No, not limited at all

Getting in and out of bed

yes, limited a lot yes limited a little No, not limited at all

Getting in and out of a car

yes, limited a lot yes limited a little No, not limited at all

Getting in and out of a chair

yes, limited a lot yes limited a little No, not limited at all

Getting in and out of a bathtub

yes, limited a lot yes limited a little No, not limited at all

Current Pain Questionnaire

Limitations of Activities:

The following items are about activities you might do during a typical day. Does your health now limit you in these activities? If so, how much?

Vigorous activities, such as running, lifting heavy objects, participating in strenuous sports.

yes, limited a lot yes limited a little No, not limited at all

Moderate activities, such as moving a table, pushing a vacuum cleaner, bowling or playing golf.

yes, limited a lot yes limited a little No, not limited at all

Lifting or carrying groceries

yes, limited a lot yes limited a little No, not limited at all

Climbing several flights of stairs

yes, limited a lot yes limited a little No, not limited at all

Climbing one flight of stairs

yes, limited a lot yes limited a little No, not limited at all

Bending, kneeling, or stooping (N/A)

yes, limited a lot yes limited a little No, not limited at all

Walking more than a mile

yes, limited a lot yes limited a little No, not limited at all

Walking several blocks

yes, limited a lot yes limited a little No, not limited at all

Walking one block

yes, limited a lot yes limited a little No, not limited at all

Bathing or dressing yourself

yes, limited a lot yes limited a little No, not limited at all

Original Injury Pain Disability Index

A score of 0 means no disability at all and a score of 10 signifies that all of the activities in which you would normally be involved have been totally disrupted or prevented by your pain.

No Disability 0 1 2 3 4 5 6 7 8 9 10 Worst Disability

Family/Home Responsibilities: [9]

Refers to activities of the home and family. It includes chores or duties performed around the house (e.g. yard work) and errands or favors for other family members.

Recreation: [10]

This disability includes hobbies, sports, and other similar leisure time activities.

Social Activity: [10]

This category refers to activities, which involve participation with friends and acquaintances other than family members. It includes parties, theater, concerts, dining out, and other social functions.

Occupation: [10]

This category refers to activities that are part of or directly related to one's job. This includes non-paying jobs as well, such as that of a housewife or volunteer.

Sexual Behavior: [10]

This category refers to the frequency and quality of one's sex life.

Self Care: [9]

This category includes activities, which involve personal maintenance and independent daily living (e.g. taking a shower, driving and getting dressed etc.)

Life Support Activities: [8]

This category refers to basic life supporting behaviors such as eating, sleeping and breathing.

Current Pain Disability Index

A score of 0 means no disability at all and a score of 10 signifies that all of the activities in which you would normally be involved have been totally disrupted or prevented by your pain.

No Disability 0 1 2 3 4 5 6 7 8 9 10 Worst Disability

Family/Home Responsibilities: [5]

Refers to activities of the home and family. It includes chores or duties performed around the house (e.g. yard work) and errands or favors for other family members.

Recreation: [10]

This disability includes hobbies, sports, and other similar leisure time activities.

Social Activity: [8]

This category refers to activities, which involve participation with friends and acquaintances other than family members. It includes parties, theater, concerts, dining out, and other social functions.

Occupation: [5]

This category refers to activities that are part of or directly related to one's job. This includes non-paying jobs as well, such as that of a housewife or volunteer.

Sexual Behavior: [N/A]

This category refers to the frequency and quality of one's sex life.

Self Care: [3]

This category includes activities, which involve personal maintenance and independent daily living (e.g. taking a shower, driving and getting dressed etc.)

Life Support Activities: [3]

This category refers to basic life supporting behaviors such as eating, sleeping and breathing. .

Adherence Monitoring

4/20/2022: opioid management agreement reviewed and signed

4/20/2022 CCMM administered and scored at 01.

4/20/2022: SF 36 physical function administered and scored.: 22

Pill count:9 left

I have reviewed the patient prescription monitoring program in compliance with NYS law.

5/26/2022: urine tox via point of care + oxycodone and opioid, negative benzodiazepines, cocaine, amphetamines, methamphetamines. Urine sent for confirmation.

2/10/2022: urine tox via point of care + oxycodone and opioid, negative benzodiazepines, cocaine, amphetamines, methamphetamines. Urine sent for confirmation is consistent.

9/15/2021: urine tox via point of care + oxycodone and opioid, negative benzodiazepines, cocaine, amphetamines, methamphetamines. Urine sent for confirmation is consistent.

4/14/2021: urine tox via point of care + oxycodone and opioid, negative benzodiazepines, cocaine, amphetamines, methamphetamines. Urine sent for confirmation is consistent.

11/11/2020: urine tox via point of care + oxycodone and opioid, negative benzodiazepines, cocaine, amphetamines, methamphetamines. Urine sent for confirmation is consistent..

7/15/2020: urine tox via point of care + oxycodone and opioid, negative benzodiazepines, cocaine, amphetamines, methamphetamines. Urine sent for confirmation is consistent.

2/5/2020: urine tox via point of care + oxycodone and opioid, negative benzodiazepines, cocaine, amphetamines, methamphetamines. Urine sent for confirmation is consistent.

12/11/2019: urine tox via point of care + oxycodone and opioid, negative benzodiazepines, cocaine, amphetamines, methamphetamines. Urine sent for confirmation is consistent.

8/7/2019: urine tox via point of care + oxycodone and opioid, negative benzodiazepines, cocaine, amphetamines, methamphetamines. Urine sent for confirmation is consistent.

3/6/2019: urine tox via point of care + oxycodone and opioid, negative benzodiazepines, cocaine, amphetamines, methamphetamines. Urine sent for confirmation is consistent.

11/14/2018: urine tox via point of care + oxycodone and opioid, negative benzodiazepines, cocaine, amphetamines, methamphetamines. Urine sent for confirmation is consistent.

7/25/2018: urine tox via point of care + oxycodone and opioid, negative benzodiazepines, cocaine, amphetamines, methamphetamines. Urine sent for confirmation is consistent.

4/4/2018: urine tox via point of care + oxycodone and opioid, negative benzodiazepines, cocaine, amphetamines, methamphetamines. Urine sent for confirmation is consistent.

12/13/2017: urine tox via point of care + oxycodone and opioid, negative benzodiazepines, cocaine, amphetamines,

methamphetamines. Urine sent for confirmation is consistent.

8/23/2017: urine tox via point of care + oxycodone and opioid, negative benzodiazepines, cocaine, amphetamines, methamphetamines. Urine sent for confirmation is consistent.

3/8/2017: urine tox via point of care + oxycodone and opioid, negative benzodiazepines, cocaine, amphetamines, methamphetamines. Urine sent for confirmation is consistent

11/23/2016 urine tox via point of care + oxycodone and opioid, negative benzodiazepines, cocaine, amphetamines, methamphetamines. Urine sent for confirmation is consistent

7/27/2016: urine tox via point of care + oxycodone and opioid, negative benzodiazepines, cocaine, amphetamines, methamphetamines. Urine sent for confirmation is consistent.

1/2016: urine tox via point of care + oxycodone and opioid, negative benzodiazepines, cocaine, amphetamines, methamphetamines. Urine sent for confirmation is consistent.

8/2015: urine tox via point of care + oxycodone and opioid, negative benzodiazepines, cocaine, amphetamines, methamphetamines. Urine sent for confirmation is consistent.

3/2015: urine tox via point of care + oxycodone and opioid, negative benzodiazepines, cocaine, amphetamines, methamphetamines.

Consistent. Urine sent for confirmation-consistent

11/2014: urine tox consistent

5/2014 : urine tox consistent 11/14/2013: urine tox consistent.

6/2013 urine tox. : CONSISTENT.

Prognosis: Good fair poor undetermined Treatment: pt counselling F/U: 2 4

Visit Time 15 mins 25 mins 40 -60 mins.

CC: Shuman Hua,MD, 295 Essjay Rd. Buffalo, NY 14221 Fax# 250-5910.

Dr.Robert Plunkett Fax-677-4038. WCB:89617137. DOI: 3/28/96. SSN: 081-66-4975.

..

Orders

LAB ORDERS

No orders attached to this encounter.

IMAGING ORDERS

No orders attached to this encounter.

Screenings/ Interventions/ Assessments

No screenings/interventions/assessments recorded.

Observations

- No observations recorded.

Quality of care

Was diagnosis reconciliation completed?

No selection made

Was medication allergy reconciliation completed?

No selection made

Was medication reconciliation completed?

No selection made

No quality of care events recorded.

Care plan

No care plan recorded.



8/5/2022

Request for Taxpayer Identification Number and Certification

► Go to www.irs.gov/FormW9 for instructions and the latest information.

Give Form to the requester. Do not send to the IRS.

Print or type.
See Specific Instructions on page 3.

1 Name (as shown on your income tax return). Name is required on this line; do not leave this line blank Ellen M Battista	
2 Business name/disregarded entity name, if different from above Pain Treatment Consultants of WNY	
3 Check appropriate box for federal tax classification of the person whose name is entered on line 1. Check only one of the following seven boxes. <input checked="" type="checkbox"/> Individual/sole proprietor or single-member LLC <input type="checkbox"/> C Corporation <input type="checkbox"/> S Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Trust/estate <input type="checkbox"/> Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=Partnership) ► P <small>Note: Check the appropriate box in the line above for the tax classification of the single-member owner. Do not check LLC if the LLC is classified as a single-member LLC that is disregarded from the owner unless the owner of the LLC is another LLC that is not disregarded from the owner for U.S. federal tax purposes. Otherwise, a single-member LLC that is disregarded from the owner should check the appropriate box for the tax classification of its owner.</small> <input type="checkbox"/> Other (see instructions) ►	
4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3): <small>Exempt payor code (if any) _____</small> <small>Exemption from FATCA reporting code (if any) _____</small> <small>Subject to account rules outside the U.S. _____</small>	
5 Address (number, street, and apt. or suite no.) See instructions. 646 North French Road, suite 7	Requester's name and address (optional)
6 City, state, and ZIP code Amherst, NY 14228	
7 List account number(s) here (optional)	

Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on line 1 to avoid backup withholding. For individuals, this is generally your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the instructions for Part I, later. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN*, later.

Note: If the account is in more than one name, see the instructions for line 1. Also see *What Name and Number To Give the Requester* for guidelines on whose number to enter.

Social security number		
[]	[]	[] - [] - [] [] [] []

or

Employer identification number									
[]	[]	-	[]	[]	[]	[]	[]	[]	[]

Part II Certification

Under penalties of perjury, I certify that:

1. The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me); and
2. I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding; and
3. I am a U.S. citizen or other U.S. person (defined below); and
4. The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

Certification instructions. You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions for Part II, later.

Sign Here

Signature of U.S. person

Date ►

11/3/2021

General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

Future developments. For the latest information about developments related to Form W-9 and its instructions, such as legislation enacted after they were published, go to www.irs.gov/FormW9.

Purpose of Form

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) which may be your social security number (SSN), individual taxpayer identification number (ITIN), adoption taxpayer identification number (ATIN), or employer identification number (EIN), to report on an information return the amount paid to you, or other amount reportable on an information return. Examples of information returns include, but are not limited to, the following.

- Form 1099-INT (interest earned or paid)

- Form 1099-DIV (dividends, including those from stocks or mutual funds)
- Form 1099-MISC (various types of income, prizes, awards, or gross proceeds)
- Form 1099-B (stock or mutual fund sales and certain other transactions by brokers)
- Form 1099-S (proceeds from real estate transactions)
- Form 1099-K (merchant card and third party network transactions)
- Form 1098 (home mortgage interest), 1098-E (student loan interest), 1098-T (tuition)
- Form 1099-C (canceled debt)
- Form 1099-A (acquisition or abandonment of secured property)
Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN.

*If you do not return Form W-9 to the requester with a TIN, you might be subject to backup withholding. See *What is backup withholding*, later.*

PATIENT	FACILITY	ENCOUNTER	
Carmela Iuvino	Pain Treatment Consultants of WNY	NOTE TYPE	SOAP Note
DOB 02/03/1965	T (716) 833-8184	SEEN BY	Ellen M Battista
AGE 57 yrs	F (716) 833-7746	DATE	DNS,ANP
SEX Female	646 N. French Rd	AGE AT DOS	07/28/2022
PRN CI247771	Suite 7		57 yrs
	Buffalo, NY 14228	Not signed	

Chief complaint

low back and lower extremity pain

Vitals for this encounter	
	07/28/22 3:32 PM
Pulse	67 bpm
Blood pressure	112/69 mmHg

Diagnoses

Was diagnosis reconciliation completed?

No selection made

Current	ACUITY	START	STOP
Displacement of lumbar intervertebral disc without myelopathy	Chronic		
Lumbosacral radiculitis	Chronic		
Historical	ACUITY	START	STOP
No historical diagnoses			

Drug Allergies

Was medication allergy reconciliation completed?

No selection made

Active	SEVERITY/REACTIONS	ONSET
No drug allergies recorded		

Food Allergies

	SEVERITY/REACTIONS	ONSET

Request for Taxpayer Identification Number and Certification

► Go to www.irs.gov/FormW9 for instructions and the latest information.

Give Form to the requester. Do not send to the IRS.

1 Name (as shown on your income tax return). Name is required on this line; do not leave this line blank

Ellen M Battista

2 Business name/disregarded entity name, if different from above

Pain Treatment Consultants of WNY

Print or type.
See Specific Instructions on page 3.

3 Check appropriate box for federal tax classification of the person whose name is entered on line 1. Check only one of the following seven boxes.

Individual/sole proprietor or single-member LLC

C Corporation

S Corporation

Partnership

Trust/estate

Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=Partnership) ►

Note: Check the appropriate box in the line above for the tax classification of the single-member owner. Do not check LLC if the LLC is classified as a single-member LLC that is disregarded from the owner unless the owner of the LLC is another LLC that is not disregarded from the owner for U.S. federal tax purposes. Otherwise, a single-member LLC that is disregarded from the owner should check the appropriate box for the tax classification of its owner.

Other (see instructions) ►

5 Address (number, street, and apt. or suite no.) See instructions.

646 North French Road, suite 7

6 City, state, and ZIP code

Amherst, NY 14228

7 List account number(s) here (optional)

4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3):

Exempt payee code (if any) _____

Exemption from FATCA reporting code (if any) _____

Applies to accounts maintained outside the U.S. _____

Requester's name and address (optional)

Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on line 1 to avoid backup withholding. For individuals, this is generally your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the instructions for Part I, later. For other entities, it is your employer identification number (EIN). If you do not have a number, see How to get a TIN, later.

Note: If the account is in more than one name, see the instructions for line 1. Also see What Name and Number To Give the Requester for guidelines on whose number to enter.

Social security number								
		-			-			

Employer identification number									
8	1	-	0	5	8	5	6	8	0

Part II Certification

Under penalties of perjury, I certify that:

1. The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me); and
2. I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding; and
3. I am a U.S. citizen or other U.S. person (defined below); and
4. The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

Certification instructions. You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions for Part II, later.

Sign Here Signature of U.S. person ►

Date ►

11/3/2021

General Instructions

2022-09-1

Section references are to the Internal Revenue Code unless otherwise noted.

Future developments. For the latest information about developments related to Form W-9 and its instructions, such as legislation enacted after they were published, go to www.irs.gov/FormW9.

Purpose of Form

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) which may be your social security number (SSN), individual taxpayer identification number (ITIN), adoption taxpayer identification number (ATIN), or employer identification number (EIN), to report on an information return the amount paid to you, or other amount reportable on an information return. Examples of information returns include, but are not limited to, the following.

- Form 1099-INT (interest earned or paid)

- Form 1099-DIV (dividends, including those from stocks or mutual funds)
- Form 1099-MISC (various types of income, prizes, awards, or gross proceeds)
- Form 1099-B (stock or mutual fund sales and certain other transactions by brokers)
- Form 1099-S (proceeds from real estate transactions)
- Form 1099-K (merchant card and third party network transactions)
- Form 1098 (home mortgage interest), 1098-E (student loan interest), 1098-T (tuition)
- Form 1099-C (canceled debt)
- Form 1099-A (acquisition or abandonment of secured property)

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN.

If you do not return Form W-9 to the requester with a TIN, you might be subject to backup withholding. See What is backup withholding, later.

PATIENT
Carmela Iuvino
 DOB 02/03/1965
 AGE 57 yrs
 SEX Female
 PRN CI247771

FACILITY
Pain Treatment Consultants of WNY
 T (716) 833-8184
 F (716) 833-7746
 646 N. French Rd
 Suite 7
 Buffalo, NY 14228

ENCOUNTER
 NOTE TYPE
 SEEN BY
 DATE
 AGE AT DOS
 Not signed

SOAP Note
 Ellen M Battista
 DNS, ANP
 07/28/2022
 57 yrs

Chief complaint

low back and lower extremity pain

Vitals for this encounter

	07/28/22 3:32 PM
Pulse	67 bpm
Blood pressure	112/69 mmHg

Diagnoses

Was diagnosis reconciliation completed?

No selection made

Current	ACUITY	START	STOP
Displacement of lumbar intervertebral disc without myelopathy	Chronic		
Lumbosacral radiculitis	Chronic		
Historical	ACUITY	START	STOP
No historical diagnoses			

Drug Allergies

Was medication allergy reconciliation completed?

No selection made

Active	SEVERITY/REACTIONS	ONSET
No drug allergies recorded		

Food Allergies

Active

No food allergies recorded

Active	SEVERITY/REACTIONS	ONSET
No food allergies recorded		

Environmental Allergies

Active

No environmental allergies recorded

Active	SEVERITY/REACTIONS	ONSET
No environmental allergies recorded		

Medications

Was medication reconciliation completed?

No selection made

Active	SIG	START/STOP	ASSOCIATED DX
Escitalopram Oxalate (Lexapro) 20 MG Oral Tablet	1 1/2 po qd	-	-
■ EScript (verified): 04/20/22 Prescriber: Ellen M Battista DNS,ANP SIG: 1 1/2 po qd Refills: 8 Quantity: 45			
■ EScript (information requested): 04/06/21 Prescriber: Ellen M Battista DNS,ANP SIG: take 1 and 1/2 tablets by mouth once daily Refills: 11 Quantity: 45			
■ EScript (verified): 03/10/20 Prescriber: Ellen M Battista DNS,ANP SIG: take 1 & 1/2 tablets by mouth once daily Refills: 12 Quantity: 45			
■ EScript (verified): 07/10/19 Prescriber: Ellen M Battista DNS,ANP SIG: 1 1/2 po qd Refills: 6 Quantity: 45			
■ EScript (verified): 05/29/18 Prescriber: Ellen M Battista DNS,ANP SIG: 1 1/2 po qd Refills: 6 Quantity: 45			
■ EScript (verified): 02/22/18 Prescriber: Ellen M Battista DNS,ANP SIG: 1 1/2 po qd Refills: 6 Quantity: 45			
■ EScript (verified): 02/07/18 Prescriber: Ellen M Battista DNS,ANP SIG: 1 1/2 po qd Refills: 2 Quantity: 45			
Gabapentin (Once-Daily) (Gralise) 600 MG Oral Tablet	take 2 tablets by mouth once daily	-	-
■ EScript (verified): 09/08/21 Prescriber: Ellen M Battista DNS,ANP SIG: take 2 tablets by mouth once daily Refills: 11 Quantity: 60			
■ EScript (verified): 08/12/20 Prescriber: Ellen M Battista DNS,ANP SIG: take 2 tablets by mouth once daily Refills: 12 Quantity: 60			
■ EScript (verified): 02/05/20 Prescriber: Ellen M Battista DNS,ANP SIG: take 2 tablets by mouth once daily Refills: 6 Quantity: 60			
■ EScript (verified): 08/23/19 Prescriber: Ellen M Battista DNS,ANP SIG: take 2 tablets by mouth once daily Refills: 14 Quantity: 60			
■ EScript (verified): 07/25/18 Prescriber: Ellen M Battista DNS,ANP SIG: take 2 tablets by mouth once daily Refills: 13 Quantity: 60			
■ EScript (verified): 01/23/18 Prescriber: Ellen M Battista DNS,ANP SIG: take 2 tablets by mouth once daily Refills: 13 Quantity: 60			
Ibuprofen 600 MG Oral Tablet	1 po tid prn for 7 days	-	-
■ EScript (verified): 07/21/21 Prescriber: Ellen M Battista DNS,ANP SIG: 1 po tid prn for 7 days Refills: 0 Quantity: 21			
Oxycodone HCl (OxyCONTIN) 15 MG Oral Tablet ER 12 Hour Abuse-Deterrent	1 po q 12 MDD 30mg	-	-
■ EScript (verified): 07/28/22 Prescriber: Ellen M Battista DNS,ANP SIG: 1 po q 12 MDD 30mg Refills: 0 Quantity: 60			
■ EScript (verified): 06/23/22 Prescriber: Ellen M Battista DNS,ANP SIG: 1 po q 12 MDD 30mg Refills: 0 Quantity: 60			
■ EScript (verified): 05/26/22 Prescriber: Ellen M Battista DNS,ANP SIG: 1 po q 12 MDD 30mg Refills: 0 Quantity: 60			
■ EScript (verified): 04/20/22 Prescriber: Ellen M Battista DNS,ANP SIG: 1 po q 12 MDD 30mg Refills: 0 Quantity: 60			
■ EScript (verified): 03/17/22 Prescriber: Ellen M Battista DNS,ANP SIG: 1 po q 12 MDD 30mg Refills: 0 Quantity: 60			
■ EScript (verified): 02/10/22 Prescriber: Ellen M Battista DNS,ANP SIG: 1 po q 12 MDD 30mg Refills: 0 Quantity: 60			
■ EScript (verified): 01/19/22 Prescriber: Ellen M Battista DNS,ANP SIG: 1 po q 12 MDD 30mg Refills: 0 Quantity: 60			
■ EScript (refill request): 12/14/21 Prescriber: Ellen M Battista DNS,ANP SIG: 1 po q 12 MDD 30mg Refills: 0 Quantity: 60			
2022 ■ EScript (verified): 11/17/21 Prescriber: Ellen M Battista DNS,ANP SIG: 1 po q 12 MDD 30mg Refills: 0 Quantity: 60			
■ EScript (verified): 10/14/21 Prescriber: Ellen M Battista DNS,ANP SIG: 1 po q 12 MDD 30mg Refills: 0 Quantity: 60			
■ EScript (verified): 09/15/21 Prescriber: Ellen M Battista DNS,ANP SIG: 1 po q 12 MDD 30mg Refills: 0 Quantity: 60			
■ EScript (verified): 08/18/21 Prescriber: Ellen M Battista DNS,ANP SIG: 1 po q 12 MDD 30mg Refills: 0 Quantity: 60			
■ EScript (verified): 07/21/21 Prescriber: Ellen M Battista DNS,ANP SIG: 1 po q 12 MDD 30mg Refills: 0 Quantity: 60			
■ EScript (verified): 06/16/21 Prescriber: Ellen M Battista DNS,ANP SIG: 1 po q 12 MDD 30mg Refills: 0 Quantity: 60			
■ EScript (verified): 05/05/21 Prescriber: Ellen M Battista DNS,ANP SIG: 1 po q 12 MDD 30mg Refills: 0 Quantity: 60			
■ EScript (verified): 04/14/21 Prescriber: Ellen M Battista DNS,ANP SIG: 1 po q 12 MDD 30mg Refills: 0 Quantity: 60			
■ EScript (verified): 03/17/21 Prescriber: Ellen M Battista DNS,ANP SIG: 1 po q 12 MDD 30mg Refills: 0 Quantity: 60			
■ EScript (verified): 02/10/21 Prescriber: Ellen M Battista DNS,ANP SIG: 1 po q 12 MDD 30mg Refills: 0 Quantity: 60			
■ EScript (verified): 01/13/21 Prescriber: Ellen M Battista DNS,ANP SIG: 1 po q 12 MDD 30mg Refills: 0 Quantity: 60			
■ EScript (verified): 12/09/20 Prescriber: Ellen M Battista DNS,ANP SIG: 1 po q 12 MDD 30mg Refills: 0 Quantity: 60			
■ EScript (verified): 11/11/20 Prescriber: Ellen M Battista DNS,ANP SIG: 1 po q 12 MDD 30mg Refills: 0 Quantity: 60			

8/5/22, 11:28 AM

Encounter - Office Visit Date of service: 07/28/22 Patient: Carmela Iuvino DOB: 02/03/1985 PRN: CI247771

- EScript (verified): 10/16/20 Prescriber: Ellen M Battista DNS,ANP SIG: 1 po q 12 MDD 30mg Refills: 0 Quantity: 60
- EScript (cancelled): 10/15/20 Prescriber: Ellen M Battista DNS,ANP SIG: 1 po q 12 MDD 30mg Refills: 0 Quantity: 60
- EScript (verified): 09/16/20 Prescriber: Ellen M Battista DNS,ANP SIG: 1 po q 12 MDD 30mg Refills: 0 Quantity: 60
- EScript (verified): 08/12/20 Prescriber: Ellen M Battista DNS,ANP SIG: 1 po q 12 MDD 30mg Refills: 0 Quantity: 60
- EScript (verified): 07/15/20 Prescriber: Ellen M Battista DNS,ANP SIG: 1 po q 12 MDD 30mg Refills: 0 Quantity: 60
- EScript (verified): 06/10/20 Prescriber: Ellen M Battista DNS,ANP SIG: 1 po q 12 MDD 30mg Refills: 0 Quantity: 60
- EScript (verified): 05/13/20 Prescriber: Ellen M Battista DNS,ANP SIG: 1 po q 12 MDD 30mg Refills: 0 Quantity: 60
- EScript (verified): 04/08/20 Prescriber: Ellen M Battista DNS,ANP SIG: 1 po q 12 MDD 30mg Refills: 0 Quantity: 60
- EScript (verified): 03/11/20 Prescriber: Ellen M Battista DNS,ANP SIG: 1 po q 12 MDD 30mg Refills: 0 Quantity: 60
- EScript (verified): 02/05/20 Prescriber: Ellen M Battista DNS,ANP SIG: 1 po q 12 MDD 30mg Refills: 0 Quantity: 60
- EScript (verified): 01/08/20 Prescriber: Ellen M Battista DNS,ANP SIG: 1 po q 12 MDD 30mg Refills: 0 Quantity: 60
- EScript (verified): 12/11/19 Prescriber: Ellen M Battista DNS,ANP SIG: 1 po q 12 MDD 30mg Refills: 0 Quantity: 60
- EScript (verified): 11/13/19 Prescriber: Ellen M Battista DNS,ANP SIG: 1 po q 12 MDD 30mg Refills: 0 Quantity: 60
- EScript (verified): 10/16/19 Prescriber: Ellen M Battista DNS,ANP SIG: 1 po q 12 MDD 30mg Refills: 0 Quantity: 60
- EScript (verified): 09/11/19 Prescriber: Ellen M Battista DNS,ANP SIG: 1 po q 12 MDD 30mg Refills: 0 Quantity: 60
- EScript (verified): 08/07/19 Prescriber: Ellen M Battista DNS,ANP SIG: 1 po q 12 MDD 30mg Refills: 0 Quantity: 60
- EScript (verified): 07/16/19 Prescriber: Ellen M Battista DNS,ANP SIG: 1 po q 12 MDD 30mg Refills: 0 Quantity: 60
- EScript (verified): 07/12/19 Prescriber: Ellen M Battista DNS,ANP SIG: 1 po q 12 MDD 30mg Refills: 0 Quantity: 60
- EScript (verified): 07/10/19 Prescriber: Ellen M Battista DNS,ANP SIG: 1 po q 12 MDD 30mg Refills: 0 Quantity: 60
- EScript (verified): 06/05/19 Prescriber: Ellen M Battista DNS,ANP SIG: 1 po q 12 MDD 30mg Refills: 0 Quantity: 60

senna (Senna) 8.6 mg oral tablet

2 tablets @ hs

- EScript (information requested): 08/25/21 Prescriber: Ellen M Battista DNS,ANP SIG: take 2 tablets by mouth at bedtime Refills: 11 Quantity: 60
- EScript (verified): 08/12/20 Prescriber: Ellen M Battista DNS,ANP SIG: 2 tablets @ hs Refills: 12 Quantity: 60
- EScript (verified): 02/28/20 Prescriber: Ellen M Battista DNS,ANP SIG: take 2 tablets by mouth at bedtime Refills: 6 Quantity: 60
- EScript (verified): 02/20/19 Prescriber: Ellen M Battista DNS,ANP SIG: 2 tablets @ hs Refills: 13 Quantity: 60
- EScript (verified): 02/07/18 Prescriber: Ellen M Battista DNS,ANP SIG: 2 tablets @ hs Refills: 12 Quantity: 60
- EScript (verified): 02/03/17 Prescriber: Ellen M Battista DNS,ANP SIG: 2 tablets @ hs Refills: 12 Quantity: 60
- EScript (verified): 07/26/16 Prescriber: Ellen M Battista DNS,ANP SIG: 2 tablets @ hs Refills: 13 Quantity: 60
- EScript (verified): 02/25/15 Prescriber: Ellen M Battista DNS,ANP SIG: 2 tablets @ hs Refills: 12 Quantity: 60
- Script (unknown): 12/22/11 Prescriber: Ellen M Battista DNS,ANP SIG: 2 tablets @ hs Refills: 11 Quantity: 60
- Script (unknown): 09/08/11 Prescriber: Ellen M Battista DNS,ANP SIG: 2 tablets @ hs Refills: 11 Quantity: 60
- Script (unknown): 05/26/10 Prescriber: Ellen M Battista DNS,ANP SIG: 2 tablets @ hs Refills: 4 Quantity: 60

Trazodone HCl (TrAZODone HCl) 50 MG

1 1/2 po @ 7pm

Oral Tablet

- EScript (verified): 12/13/21 Prescriber: Ellen M Battista DNS,ANP SIG: take 1 and 1/2 tablets by mouth AT 7PM daily Refills: 11 Quantity: 45
- EScript (verified): 12/09/20 Prescriber: Ellen M Battista DNS,ANP SIG: 1 1/2 po @ 7pm Refills: 12 Quantity: 45
- EScript (verified): 07/15/20 Prescriber: Ellen M Battista DNS,ANP SIG: 1 1/2 po @ 7pm Refills: 5 Quantity: 45
- EScript (verified): 06/16/20 Prescriber: Ellen M Battista DNS,ANP SIG: take 1 tablet by mouth once daily AT 7 PM Refills: 5 Quantity: 30
- EScript (verified): 05/11/17 Prescriber: Ellen M Battista DNS,ANP SIG: 1 po @ 7pm Refills: 13 Quantity: 30

Immunizations

DATE	VACCINE	SOURCE	LOT NUMBER	EXPIRES	COMMENT
No immunizations recorded for this patient.					

Social history**TOBACCO USE**

No tobacco use history available for this patient

RECORDED

ALCOHOL USE

No alcohol use history available for this patient

RECORDED

SOCIAL HISTORY (FREE-TEXT)

Single with no children, smokes less than a pack a day, denies drinking or illegal drug use

RECORDED

FINANCIAL RESOURCES

No financial resources recorded for this patient

RECORDED

EDUCATION

No education recorded for this patient

RECORDED

PHYSICAL ACTIVITY

No physical activity available for this patient

RECORDED

NUTRITION HISTORY

No nutrition history available for this patient

RECORDED

STRESS

No stress available for this patient

RECORDED

SOCIAL ISOLATION AND CONNECTION

No social Isolation and connection available for this patient

RECORDED

EXPOSURE TO VIOLENCE

No exposure to violence history available for this patient

RECORDED

GENDER IDENTITY

No gender identity recorded for this patient

SEXUAL ORIENTATION

No sexual orientation recorded for this patient

Past medical history**MAJOR EVENTS**

L1-S1 fusion and Diskectomy(1997), Vena Cava Filter (1997), Medtronic Pump (2001,2008)

ONGOING MEDICAL PROBLEMS

Chronic pain, high cholesterol

ALLERGIES

NKDA

SOCIAL HISTORY

Single with no children, smokes less than a pack a day, denies drinking or illegal drug use

Family health history**DIAGNOSIS**

No Family health history recorded

ONSET DATE

FAMILY HEALTH HISTORY (FREE TEXT)

Diabetes, heart disease, Vit B deficiency

Advance Directive**DIRECTIVE**

No advance directives recorded for this patient.

RECORDED**Implantable devices**

No implantable devices recorded

Active health concerns**DESCRIPTION**

No active health concerns recorded

EFFECTIVE DATE**Inactive health concerns****DESCRIPTION**

No inactive health concerns recorded

EFFECTIVE DATE**Active Goals****DESCRIPTION**

No active goals recorded

EFFECTIVE DATE**Inactive Goals****DESCRIPTION**

No Inactive goals recorded

EFFECTIVE DATE**Subjective**

Low back pain is unchanged. Analgesic regimen does improve ability to function. No new side effects reported. Function does improve with pain relief to items such as walking, sitting, standing, showering, dressing, making meals and light house keeping.

No changes in IT pump.

Current IT pump: Morphine 35mg/ml day/750mcg/ml/day clonidine, bupivacaine 7mg/ml day. Report reviewed.

Pain: Improved Worse Unchanged.

Location: Low Back Radiating to Left hip Right hip Left lower extremity Right lower extremity Anterior Lateral Posterior to Thigh to Foot.

Pain Intensity: 1-10 scale: 4-5 /10..

Percentage of relief: 0-100% relief 70 % relief.

Pattern: Increases with activity Improves with rest .

Mood: reports some anxiety

Sleep: nonrestorative

Function: stable.

REVIEW OF SYSTEMS:

General: Denies fatigue, weakness, weight gain, sweats, fevers, chills, loss of appetite, or general decline.

Head: Denies headaches, vertigo, injury, facial pain.

Eyes: Denies blurred vision, pain, redness, diplopia, does not wear corrective lenses.
 Ears: Denies hearing loss.
 Nose: Denies epistaxis, coryza, obstruction, discharge.
 Mouth: Denies dental difficulties, gingival bleeding, use of dentures, hoarseness, snoring.
 Neck: Denies stiffness, pain, tenderness, noted masses.
 Respiratory: Denies dyspnea, wheezing, hemoptysis, cough.
 Cardiac: Denies chest pains, palpitations, syncope, orthopnea, peripheral edema.
 Gastrointestinal: Denies dysphagia, abdominal pains, bowel habit changes, emesis, melena.
 GU: Denies urinary urgency, dysuria, hematuria, hesitation, incontinence, or urgency.
 Gyn: Denies change in menses, dysmenorrhea, vaginal discharge, pelvic pain.
 Musculoskeletal: Denies pain in muscles or joints, limitation of range of motion, paresthesia or numbness.
 Neurologic: Denies weakness, tremor, seizures, changes in mentation, ataxia.
 Psychiatric: Denies depression, anxiety, panic attacks, changes in sleep habits, changes in thought content, memory loss, concentration difficulties.

Past Medical History (Major events, hospitalizations, surgeries): L1-S1 fusion and Discectomy(1997), Vena Cava Filter (1997),

Medtronic Pump (2001, 2008, 2020).

Known allergies: NKDA.

Ongoing medical problems: Chronic pain, high cholesterol.

Current medications: simvastatin, ASA, spironolactone, Vitamin B

Family medical history: Diabetes, heart disease, Vit B deficiency.

Social history: Single with no children, smokes less than a pack a day, denies drinking or illegal drug use.

Objective

Shoulder Height Is [x] Equal Left Is Elevated Right Is Elevated

Head Placement Is [x] Normal Forward

Iliac Crest Height Is Equal Left Is Higher than Right Right Is higher than Left

There Is no lumbar shift

Thoracic kyphosis is Increased Normal

Lumbar Lordosis Is Normal Decreased

Complaints of Axial Spine Pain In all lumbar planes of motion, Flexion, Extension, Sidebending Left, Right

LROM: Flexion 75%, Extension 100%, Side Bending Left 75% Side Bending Right 75%, Limited.

forward flexion to extension causes muscle spasm. Fluid continues to be felt around previous site.

Deep Tendon Reflex: Left KJ 0 1+ 2+ 3+ 4+, Right KJ 0 1+ 2+ 3+ 4+, Left AJ 0 1+ 2+ 3+ 4+, Right AJ 0 1+

2+ 3+ 4+

Right Lower Extremity Strength: 4 /5 Right Ankle Dorsiflexors, 5 /5 EHL, 5 /5 Right Knee Extensors, /5 Right Hip Flexors.

Left Lower Extremity Strength: 4 /5 Left Ankle Dorsiflexors, 4 /5 EHL, 5 /5 Left Knee Extensors, /5 Left Hip Flexors.

Left Straight Leg Raise: Seated Supine Negative Positive 30 degree 60 degree 90 degree

Right Straight Leg Raise: Seated Supine Negative Positive 30 degree 60 degree 90 degree

Sensation Intact to Touch

Gate: Normal Antalgic Cane or Walking Assistance.

Psychiatric

Judgment & Insight: fair

Orientation to time, place and person: x3

Memory: good recent/remote

Mood and affect: stable.

12/9/2021 Dr. Riley note review.

Assessment

ICD 10 coding

M51.16 Lumbar disc herniations with radicular symptoms

G89.29 Chronic Pain

Z79.891 long term use of opiate therapy

Z79.899 long term drug therapy

.....
Plan

Low back pain is causally related to workers compensation injury of 3/28/1996

Work Status: off work permanent

Disability: permanent.

Dr. Riley's note reviewed.

Neuroglide techniques reviewed.

Pharmacologic Management. oxycontin 15 mg po q 12, lexapro 30 mg, senna-s 2 po@hs, trazodone 50 mg, Gralise to 1200mg., senna RA

(Gralise samples provided.)

ADDENDUM: Oxycontin (Extended Release Oxycodone) is medically necessary for the treatment of low back pain caused by Ms Iuvino's work related injury. Oxycontin has provided sufficient pain relief to allow her to complete her activities of daily functioning as evidenced in his functional evaluation. Carmella has no pain free times and per the medical treatment guidelines a long acting opioid is appropriate in these individuals. Please see F.2.C.II page 48 : A long-acting opioid for maintenance of pain relief and a short-acting opioid for limited rescue use when pain exceeds the routine level.

Further, the guidelines clearly indicate that long term use is appropriate in individuals who have demonstrated positive effect and in whom the benefits outweigh the risk. Please see section F2.b.I: Patients WHO ARE ON long-term opioids should not have their medications discontinued simply because they have not met the trial criteria or the criteria for safe long term opioid management detailed in this guideline. It should be noted that the New York Non-Acute Pain Medical Treatment Guidelines does not require the cessation of opioids for this subset of patients who have been on long-term opioid therapy.

As a reminder patient has failed lumbar surgery, undergone regional injection, and physical therapy.

Oxycontin 15 mg po q 12 is compliant with the MME of 100mg or lower. She has had consistent urine toxes and accurate pill counts. Oxycodone is on the New York State Formulary and is appropriate to be on the Extended Release Oxycodone-Oxycontin due pain which is constant. Requesting 3 refills of 30 day supply.

ADDENDUM: Trazodone is medically necessary for treatment of neuropathic pain. Trazodone is a serotonin modulator drug similar to tricyclic antidepressants. Patient has been on this drug with benefit and without side effect. It is a generic drug.

Per the medical treatment guidelines: F.1.d page 29 Medical Treatment Guidelines.

It is suggested that patients with neuropathic pain be trialed

with a tricyclic medication initially, as low dose medication in this category is frequently tolerated and performs sufficiently.

Patient is unable to take traditional tricyclic medications such as amitriptyline and nortriptyline as these cause bradycardia. Patient has a low pulse rate and amitriptyline caused even further lowering of heart rate (bradycardia). She has not had a problem with Trazodone. She has been on trazodone since 2012. Her current dose of 50mg of trazodone is lower than her dose in 2012 of 150mg. I am requesting ongoing approval of her Trazodone 50mg. Requesting 12 refills

ADDENDUM: Gralise an extended release gabapentin is medically necessary for treatment of Ms. Iuvino's lumbar radiculopathy (neuropathic pain) . Patient is currently on trazodone which has been of benefit for burning components of pain but not lancinating components of pain. Patient has been trialed on immediate release gabapentin and found that it was not effective enough Gralise has improved the neuropathic pain components due to her work related injury. GABAPENTIN IS A SECOND LEVEL DRUG ON THE WORKERS COMP FORMULARY.

F.1.d page 29 Medical Treatment Guidelines.

It is suggested that patients with neuropathic pain be trialed with a tricyclic medication initially, as low dose medication in this category is frequently tolerated and performs sufficiently.

If this fails, or if side effects are not tolerated, or a patient has medical issues precluding the use of this class of drugs, other appropriate medications can be tried. Second line drugs include the anti-convulsants gabapentin and pregabalin. Third line drugs are the Serotonin Norepinephrine Reuptake

Inhibitors (SNRI) and topical lidocaine. Fourth line drugs are opioids, tramadol, and tapentadol. Please understand that the patient has failed immediate release gabapentin trials and gralise provided benefit to improved function and control of radicular symptoms. She has been on this medication with approval since 2018. Notes reflect a use of much higher doses of total gabapentin of 1800mg which was ineffective as compared to 1200mg qd. Requesting 12 refills

ADDENDUM: Senna is medically necessary for treatment of opioid induced constipation. The absence of this drug would likely cause a bowel obstruction and threatens the individual's life. This is a more cost effective drug than the new medications such as Movantik and Symproic. Requesting 12 refills

ADDENDUM: PATIENT HAS BEEN ON BRAND NAME LEXAPRO WITH BENEFIT FOR STABALIZING DEPRESSION RELATED TO HER CHRONIC LOW BACK PAIN. A TRIAL WAS DONE WITH THE GENERIC LEXAPRO AND FOUND TO BE NOT EFFECTIVE. BRAND NAME LEXAPRO IS MEDICALLY NECESSARY.

1/10/19: There had been a trial of gabapentin immediate release which was not as effective as the generic. No plans to wean off Oxycontin. Judge ruled in patient favor. They need to understand that there are peripheral mu receptors that the oral drugs bind to. Intrathecal therapy does not penetrate all receptors. It is not unusual in severe pain cases to need both. Dr. Plunkett has retired and a new doctor at the same practice has taken over. She has been on the pump probably 19 years as well as oral meds. Over the years we have been able to decrease her oral medication substantially, however currently this is the dose she currently needs to be functional for her activities of daily living.

Addendum : Patient has been on Lexapro due to depression related to chronic pain due to her lumbar injury. She has been on this drug since at least 2010. She had failed zoloft. Lexapro was found to stabilize her mood. We attempted in 2012 to place her on generic lexapro: citalopram and her mood became destabilized. Please remember when a drug is approved for generic status it only has to be similar to the brand name and not the same. The patient was returned to brand name Lexapro with stabilization of mood. Lexapro is medically necessary for treatment of depression related to low back injury and chronic pain. Depression caused by chronic pain is a common phenomenon in people who have chronic pain. Patient is on 30mg per day of Lexapro. They do not manufacture a 30 mg tablet. The options to maintain the dose is either 3 tablets of 10 mg po qd or 1 1/2 of the 20mg tablet to equal the 30 mg. Generally speaking drugs are priced per tablet and not mg. As a result Lexapro 20mg tablet taken at 1 1/2 tablets to maintain her current 30 mg dose is a less expensive approach. Please authorize for a total of 12-30 day refills.

Original Injury Questionnaire

Limitations of Activities:

The following items are about activities you might do during a typical day. Does your health now limit you in these activities? If so, how much?

Vigorous activities, such as running, lifting heavy objects, participating in strenuous sports.

yes, limited a lot yes limited a little No, not limited at all

Moderate activities, such as moving a table, pushing a vacuum cleaner, bowling or playing golf.

yes, limited a lot yes limited a little No, not limited at all

Lifting or carrying groceries

yes, limited a lot yes limited a little No, not limited at all

Climbing several flights of stairs

yes, limited a lot yes limited a little No, not limited at all

Climbing one flight of stairs

yes, limited a lot yes limited a little No, not limited at all

Bending, kneeling, or stooping

yes, limited a lot yes limited a little No, not limited at all

Walking more than a mile

yes, limited a lot yes limited a little No, not limited at all

Walking several blocks

yes, limited a lot yes limited a little No, not limited at all

Walking one block

yes, limited a lot yes limited a little No, not limited at all

Bathing or dressing yourself

yes, limited a lot yes limited a little No, not limited at all

Current Pain Questionnaire

Limitations of Activities:

The following items are about activities you might do during a typical day. Does your health now limit you in these activities? If so, how much?

Vigorous activities, such as running, lifting heavy objects, participating in strenuous sports.

[] yes, limited a lot [] yes limited a little [] No, not limited at all

Moderate activities, such as moving a table, pushing a vacuum cleaner, bowling or playing golf.

[] yes, limited a lot [] yes limited a little [] No, not limited at all

Lifting or carrying groceries

[] yes, limited a lot [] yes limited a little [] No, not limited at all

Climbing several flights of stairs

[] yes, limited a lot [] yes limited a little [] No, not limited at all

Climbing one flight of stairs

[] yes, limited a lot [] yes limited a little [] No, not limited at all

Bending, kneeling, or stooping (N/A)

[] yes, limited a lot [] yes limited a little [] No, not limited at all

Walking more than a mile

[] yes, limited a lot [] yes limited a little [] No, not limited at all

Walking several blocks

[] yes, limited a lot [] yes limited a little [] No, not limited at all

Walking one block

[] yes, limited a lot [] yes limited a little [] No, not limited at all

Bathing or dressing yourself

[] yes, limited a lot [] yes limited a little [] No, not limited at all

. Original Injury Pain Disability Index

A score of 0 means no disability at all and a score of 10 signifies that all of the activities in which you would normally be involved have been totally disrupted or prevented by your pain.

No Disability 0 1 2 3 4 5 6 7 8 9 10 Worst Disability

Family/Home Responsibilities: [9]

Refers to activities of the home and family. It includes chores or duties performed around the house (e.g. yard work) and errands or favors for other family members.

Recreation: [10]

This disability includes hobbies, sports, and other similar leisure time activities.

Social Activity: [10]

This category refers to activities, which involve participation with friends and acquaintances other than family members. It includes parties, theater, concerts, dining out, and other social functions.

Occupation: [10]

This category refers to activities that are part of or directly related to one's job. This includes non-paying jobs as well, such as that of a housewife or volunteer.

Sexual Behavior: [10]

This category refers to the frequency and quality of one's sex life.

Self Care: [9]

This category includes activities, which involve personal maintenance and independent daily living (e.g. taking a shower, driving and getting dressed etc.)

Life Support Activities: [8]

This category refers to basic life supporting behaviors such as eating, sleeping and breathing.

Current Pain Disability Index

A score of 0 means no disability at all and a score of 10 signifies that all of the activities in which you would normally be involved have been totally disrupted or prevented by your pain.

No Disability 0 1 2 3 4 5 6 7 8 9 10 Worst Disability

Family/Home Responsibilities: [5]

Refers to activities of the home and family. It includes chores or duties performed around the house (e.g. yard work) and errands or favors for other family members.

Recreation: [10]

This disability includes hobbies, sports, and other similar leisure time activities.

Social Activity: [8]

This category refers to activities, which involve participation with friends and acquaintances other than family members. It includes parties, theater, concerts, dining out, and other social functions.

Occupation: [5]

This category refers to activities that are part of or directly related to one's job. This includes non-paying jobs as well, such as that of a housewife or volunteer.

Sexual Behavior: [N/A]

This category refers to the frequency and quality of one's sex life.

Self Care: [3]

This category includes activities, which involve personal maintenance and independent daily living (e.g. taking a shower, driving and getting dressed etc.)

Life Support Activities: [3]

This category refers to basic life supporting behaviors such as eating, sleeping and breathing.

This category refers to basic life supporting behaviors such as eating, sleeping and breathing.

Adherence Monitoring

4/20/2022: opioid management agreement reviewed and signed

4/20/2022 COMM administered and scored at 01.

4/20/2022: SF 36 physical function administered and scored.: 22

Pill count: 13 left

I have reviewed the patient prescription monitoring program in compliance with NYS law.

5/26/2022: urine tox via point of care + oxycodone and opioid, negative benzodiazepines, cocaine, amphetamines, methamphetamines. Urine sent for confirmation is consistent.

2/10/2022: urine tox via point of care + oxycodone and opioid, negative benzodiazepines, cocaine, amphetamines, methamphetamines. Urine sent for confirmation is consistent.

9/15/2021: urine tox via point of care + oxycodone and opioid, negative benzodiazepines, cocaine, amphetamines, methamphetamines. Urine sent for confirmation is consistent.

4/14/2021: urine tox via point of care + oxycodone and opioid, negative benzodiazepines, cocaine, amphetamines, methamphetamines. Urine sent for confirmation is consistent.

11/11/2020: urine tox via point of care + oxycodone and opioid, negative benzodiazepines, cocaine, amphetamines, methamphetamines. Urine sent for confirmation is consistent.

7/15/2020: urine tox via point of care + oxycodone and opioid, negative benzodiazepines, cocaine, amphetamines, methamphetamines. Urine sent for confirmation is consistent.

2/5/2020: urine tox via point of care + oxycodone and opioid, negative benzodiazepines, cocaine, amphetamines, methamphetamines. Urine sent for confirmation is consistent.

12/11/2019: urine tox via point of care + oxycodone and opioid, negative benzodiazepines, cocaine, amphetamines, methamphetamines. Urine sent for confirmation is consistent.

8/7/2019: urine tox via point of care + oxycodone and opioid, negative benzodiazepines, cocaine, amphetamines, methamphetamines. Urine sent for confirmation is consistent.

3/6/2019: urine tox via point of care + oxycodone and opioid, negative benzodiazepines, cocaine, amphetamines, methamphetamines. Urine sent for confirmation is consistent.

11/14/2018: urine tox via point of care + oxycodone and opioid, negative benzodiazepines, cocaine, amphetamines, methamphetamines. Urine sent for confirmation is consistent.

7/25/2018: urine tox via point of care + oxycodone and opioid, negative benzodiazepines, cocaine, amphetamines, methamphetamines. Urine sent for confirmation is consistent.

4/4/2018: urine tox via point of care + oxycodone and opioid, negative benzodiazepines, cocaine, amphetamines, methamphetamines. Urine sent for confirmation is consistent.

12/13/2017: urine tox via point of care + oxycodone and opioid, negative benzodiazepines, cocaine, amphetamines, methamphetamines. Urine sent for confirmation is consistent.

8/23/2017: urine tox via point of care + oxycodone and opioid, negative benzodiazepines, cocaine, amphetamines, methamphetamines. Urine sent for confirmation is consistent.

8/5/22, 11:28 AM

Encounter - Office Visit Date of service: 07/28/22 Patient: Carmela Iuvino DOB: 02/03/1985 PRN: CI247771

3/8/2017: urine tox via point of care + oxycodone and opioid, negative benzodiazepines, cocaine, amphetamines, methamphetamines. Urine sent for confirmation is consistent

11/23/2016 urine tox via point of care + oxycodone and opioid, negative benzodiazepines, cocaine, amphetamines, methamphetamines. Urine sent for confirmation is consistent

7/27/2016: urine tox via point of care + oxycodone and opioid, negative benzodiazepines, cocaine, amphetamines, methamphetamines. Urine sent for confirmation is consistent.

1/2016: urine tox via point of care + oxycodone and opioid, negative benzodiazepines, cocaine, amphetamines, methamphetamines. Urine sent for confirmation is consistent

8/2015: urine tox via point of care + oxycodone and opioid, negative benzodiazepines, cocaine, amphetamines, methamphetamines. Urine sent for confirmation is consistent

3/2015: urine tox via point of care + oxycodone and opioid, negative benzodiazepines, cocaine, amphetamines, methamphetamines. Consistent. Urine sent for confirmation-consistent

11/2014: urine tox consistent

5/2014 : urine tox consistent 11/14/2013: urine tox consistent.

6/2013 urine tox. : CONSISTENT.

Prognosis: Good fair poor undetermined Treatment: pt counselling F/U: 2 4
Visit Time 15 mins 25 mins 40 -60 mins.

CC: Shuman Hua,MD, 295 Essjay Rd. Buffalo, NY 14221 Fax# 250-5910.
Dr.Robert Plunkett Fax-677-4038. WCB:89617137. DOI: 3/28/96. SSN: 081-66-4975.

Orders

LAB ORDERS

No orders attached to this encounter.

IMAGING ORDERS

No orders attached to this encounter.

Screenings/ Interventions/ Assessments

No screenings/interventions/assessments recorded.

Observations

No observations recorded.

2022 Quality of care

Was diagnosis reconciliation completed?

No selection made

Was medication allergy reconciliation completed?

No selection made

Was medication reconciliation completed?

No selection made

No quality of care events recorded.

Care plan

No care plan recorded.



Workers' Compensation Board

PRIOR AUTHORIZATION REQUEST: MEDICATION

Listed below are details of a Prior Authorization Request (PAR) that was submitted to request a medication. In response to the claim administrator's Level 1 denial of all or part of the request, Ellen Battista has requested review by Level 2; parties will be notified of the outcome.

Note: If present, a Level 2 Insurer Response supersedes a Level 1 Insurer Response.

CLAIM INFORMATION

WCB Case #	Date of Injury	Claim Admin Claim #
89617137	03/28/1996	R9600445

Patient Name Iuvino, Carmella

Address 838 Robin Road
Amherst, NY 14228

SSN XXX-XX-4975

DOB 02/03/1965

Gender Female

Employer Name Sisters of Charity Hospital

Address 2157 Main Street
Buffalo, NY 14214

Insurer Name SISTERS OF CHARITY HOSPITAL OF
BUFFALO NY

Insurer ID W616502

Address 4600 EDMUNDSON RD
SAINT LOUIS, MO 63134

Claim Admin Name Sedgwick Claims Management Services, Inc.

Claim Admin ID T100083

Address

HEALTH CARE PROVIDER INFORMATION

Name Battista, Ellen Machamer

Address 3 Alran Drive
Williamsville, NY 14221

Type Nurse Practitioner in Adult Health

WCB Auth # N292345-6

NPI 1780770024

PRIOR AUTHORIZATION REQUEST DETAILS

1.

Medication (Name/Strength) Lexapro - 20 mg.
Quantity 30
Days Supply 30
Type of Drug Brand Name
Refills Requested 2
Type of Prescription New (Including Change in Dosage)
Route of Administration Oral/SL/Buccal

STATEMENT OF MEDICAL NECESSITY / SUPPORTING MEDICAL DOCUMENTATION

Statement of Medical Necessity: Patient has been on Lexapro due to depression related to chronic pain due to her lumbar injury. She has been on this drug since at least 2010. She had failed zoloft. Lexapro was found to stabilize her mood. We attempted in 2012 to place her on generic lexapro: e-citalopram and her mood became destabilized. Please remember when a drug is approved for generic status it only has to be similar to the brand name and not the same. The patient was returned to brand name Lexapro with stabilization of mood. Lexapro is medically necessary for treatment of depression related to low back injury and chronic pain. Depression caused by chronic pain is a common phenomenon in people who have chronic pain.

Supporting documentation was provided as a part of this request.

PROVIDER'S ATTESTATION

By submission of this request for prior authorization, I certify that my statements are true and correct, and I do not have a substantially similar request pending.

Provider Name Battista, Ellen Machamer

Date 10/24/2022

LEVEL 1 INSURER RESPONSE

1.	Authorization Requested		Insurer Response	
	Medication (Name/Strength)	Quantity	Denial Category	Denial Reason
	Lexapro - 20 mg.	30		Medical Reasons
	Days Supply	30		Requested Medication - does not match care plan
	Type of Drug	Brand Name		
	Refills Requested	2		
	Type of Prescription	New (Including Change in Dosage)		MD notes Lexapro is used for depression but the note states EE denies depression so guidelines are not met
	Route of Administration	Oral/SL/Buccal		

Claim Apportioned No

Name of the Reviewer Laurie Bell

Date 10/24/2022

Reviewer Title L1 Reviewer, RN

LEVEL 2 REVIEW REQUEST

Provides relevant clinical information (see below or attached) to support the Level 2 request for review, specifically addressing the issues raised in the Level 1 denial or partial approval:

Her work related low back pain has caused depression. This is a common problem with individuals with chronic pain. She has been placed on Lexapro which has been approved for years under workers comp. This has stabilized her mood. We have tried generic brand but this has not been as effective. We have been able to reduce her dose to 30mg qd. Lexapro is medically necessary for treatment of depression due to her low back pain.

Supporting documentation was provided as a part of this request.

Provider Name Battista, Ellen Machamer

Date 10/26/2022

PATIENT	FACILITY	ENCOUNTER	
Carmela Iuvino	Pain Treatment Consultants of WNY	NOTE TYPE	SOAP Note
DOB 02/03/1965	T (716) 833-8184	SEEN BY	Ellen M Battista
AGE 57 yrs	F (716) 833-7746	DATE	DNS,ANP
SEX Female	646 N. French Rd	AGE AT DOS	09/28/2022
PRN CI247771	Suite 7	Not signed	57 yrs
	Buffalo, NY 14228		

Chief complaint

low back and lower extremity pain

Patient identifying details and demographics

FIRST NAME	Carmela	SEX	Female	RACE	-
MIDDLE NAME	-	DATE OF BIRTH	02/03/1965	ETHNICITY	-
LAST NAME	Iuvino	DATE OF DEATH	-	PREF. LANGUAGE	-
SSN	-	PRN	CI247771	STATUS	Active patient

CONTACT INFORMATION

ADDRESS LINE 1	838 Robin Road	CONTACT BY	-
ADDRESS LINE 2	-	EMAIL	cmelina4iu@yahoo.com
CITY	Buffalo	HOME PHONE	(716) 580-7891
STATE	NY	MOBILE PHONE	(716) 580-7891
ZIP CODE	14228	OFFICE PHONE	-
		OFFICE EXTENSION	-

FAMILY INFORMATION

NEXT OF KIN	-	PATIENT'S MOTHER'S MAIDEN NAME	-
RELATION TO PATIENT	-		
PHONE	-		
ADDRESS	-		

Vitals for this encounter

	09/28/22
	4:14 PM
Pulse	53 bpm
Blood pressure	115/55 mmHg

Past medical history**MAJOR EVENTS**

L1-S1 fusion and Disketomy(1997), Vena Cava Filter (1997), Medtronic Pump (2001,2008)

ONGOING MEDICAL PROBLEMS

Chronic pain, high cholesterol

ALLERGIES

NKDA

SOCIAL HISTORY

Single with no children, smokes less than a pack a day, denies drinking or illegal drug use

Subjective

No changes reported in low back pain. Current analgesic regimen continues to improve her ability to function. No new side effects reported. Reports that function is improved with regimen to activities such as walking, sitting, standing, showering, dressing, making meals and light house keeping. No changes in IT pump. Current IT pump: Morphine 35mg/ml day/750mcg/ml/day clonidine, bupivacaine 7mg/ml day. Report reviewed. Medical health is unchanged.

Pain: Improved Worse Unchanged.

Location: Low Back Radiating to Left hip Right hip Left lower extremity Right lower extremity Anterior Lateral Posterior to Thigh to Foot.

Pain Intensity: 1-10 scale: 4-5 /10..

Percentage of relief: 0-100% relief 70 % relief.

Pattern: Increases with activity Improves with rest .

Mood: reports some anxiety

Sleep: nonrestorative

Function: stable.

REVIEW OF SYSTEMS:

General: Denies fatigue, weakness, weight gain, sweats, fevers, chills, loss of appetite, or general decline.

Head: Denies headaches, vertigo, injury, facial pain.

Eyes: Denies blurred vision, pain, redness, diplopia, does not wear corrective lenses.

Ears: Denies hearing loss.

Nose: Denies epistaxis, coryza, obstruction, discharge.

Mouth: Denies dental difficulties, gingival bleeding, use of dentures, hoarseness, snoring.

Neck: Denies stiffness, pain, tenderness, noted masses.

Respiratory: Denies dyspnea, wheezing, hemoptysis, cough.

Cardiac: Denies chest pains, palpitations, syncope, orthopnea, peripheral edema.

Gastrointestinal: Denies dysphagia, abdominal pains, bowel habit changes, emesis, melena.

GU: Denies urinary urgency, dysuria, hematuria, hesitation, incontinence, or urgency.

Gyn: Denies change in menses, dysmenorrhea, vaginal discharge, pelvic pain.

Musculoskeletal: Denies pain in muscles or joints, limitation of range of motion, paresthesia or numbness.

Neurologic: Denies weakness, tremor, seizures, changes in mentation, ataxia.

Psychiatric: Denies depression, anxiety, panic attacks, changes in sleep habits, changes in thought content, memory loss, concentration difficulties.

Past Medical History (Major events, hospitalizations, surgeries): L1-S1 fusion and Discectomy(1997), Vena Cava Filter (1997), Medtronic Pump (2001,2008, 2020).

Known allergies: NKDA.

Ongoing medical problems: Chronic pain, high cholesterol.

Current medications: simvastatin, ASA, spironolactone, Vitamin B

Family medical history: Diabetes, heart disease, Vit B deficiency.

Social history: Single with no children, smokes less than a pack a day, denies drinking or illegal drug use.

Objective

Shoulder Height is Equal Left is Elevated Right is Elevated

Head Placement is Normal Forward

Iliac Crest Height is Equal Left is Higher than Right Right is higher than Left

There is no lumbar shift

Thoracic kyphosis is Increased Normal

Lumbar Lordosis is Normal Decreased

Complains of Axial Spine Pain In all lumbar planes of motion, Flexion, Extension, Sidebending Left, Right

LROM: Flexion 75 %, Extension 100 %, Side Bending Left 75 % Side Bending Right 75 %, Limited.

forward flexion to extension causes muscle spasm. Fluid continues to be felt around previous site.

Deep Tendon Reflex: Left KJ 0 1+ 2+ 3+ 4+, Right KJ 0 1+ 2+ 3+ 4+, Left AJ 0 1+ 2+ 3+ 4+, Right AJ 0 1+ 2+ 3+ 4+

Right Lower Extremity Strength: 4 /5 Right Ankle Dorsiflexors,5 /5 EHL, 5/5 Right Knee Extensors, /5 Right Hip Flexors.

Left Lower Extremity Strength: 4 /5 Left Ankle Dorsiflexors,4 /5 EHL,5 /5 Left Knee Extensors, /5 Left Hip Flexors.

Left Straight Leg Raise: [x] Seated [] Supine []Negative [x] Positive [] 30 degree [] 60 degree [x] 90 degree

Right Straight Leg Raise: [x] Seated [] Supine []Negative [x] Positive [] 30 degree [] 60 degree [x] 90 degree

Sensation Intact to Touch

Gate: [] Normal [] Antalgic [x] Cane or Walking Assistance.

Psychiatric

Judgment & Insight: fair

Orientation to time, place and person: x3

Memory: good recent/remote

Mood and affect: : stable.

12/9/2021 Dr. Riley note review. .

Assessment

ICD 10 coding

M51.16 lumbar disc herniations with radicular symptoms

G89.29Chronic Pain

Z79.891 long term use of opiate therapy

Z79.899 long term drug therapy

...

Plan

Low back pain is causally related to workers compensation injury of 3/28/1996

Work Status: off work permanent

Disability: permanent.

Dr. Riley's note reviewed.

Pharmacologic Management. oxycontin 15 mg po q 12, lexapro 30 mg, senna-s 2 po@hs, trazodone 50 mg , ,senna RA (Gralise samples provided.)

ADDENDUM: Oxycontin (Extended Release Oxycodone) is medically necessary for the treatment of low back pain caused by Ms Iuvino's work related injury. Oxycontin has provided sufficient pain relief to allow her to complete her activities of daily functioning as evidenced in his functional evaluation. Carmella has no pain free times and per the medical treatment guidelines a long acting opioid is appropriate in these individuals. Please see F.2.C.ii page 48 : **A long-acting opioid for maintenance of pain relief and a short-acting opioid for limited rescue use when pain exceeds the routine level.**

Further, the guidelines clearly indicate that long term use is appropriate in individuals who have demonstrated positive effect and in whom the benefits outweigh the risk. Please see sectionF2.b.i: **Patients WHO ARE ON long-term opioids should not have their medications discontinued simply because they have not met the trial criteria or the criteria for safe long term opioid management detailed in this guideline. It should be noted that the New York Non-Acute Pain Medical Treatment Guidelines does not require the cessation of opioids for this subset of patients who have been on long-term opioid therapy.**

As a reminder patient has failed lumbar surgery, undergone regional injection, and physical therapy.

Oxycontin 15 mg po q 12 is compliant with the MME of 100mg or lower. She has had consistent urine toxes and accurate pill counts. Oxycodone is on the New York State Formulary and is appropriate to be on the Extended Release Oxycodone-Oxycontin due pain which is constant. Requesting 3 refills of 30 day supply.

Denial by adjuster: Denies based on opioid exceeds guidelines: Patient Oxycodone dose is 15 mg po q12 this is equivalent to 45 mg of Morphine. The guidelines state a maximum of 100mg. This dose is consistent with the guidelines.

Denial by adjuster: long term opioids not recommended. Response per guidelines: Please see F.2.C.ii page 48 : A long-acting opioid for maintenance of pain relief and a short-acting opioid for limited rescue use when pain exceeds the routine level. Please see sectionF2.b.i: Patients WHO ARE ON long-term opioids should not have their medications discontinued simply because they have not met the trial criteria or the criteria for safe long term opioid management detailed in this

guideline. It should be noted that the New York Non-Acute Pain Medical Treatment Guidelines does not require the cessation of opioids for this subset of patients who have been on long-term opioid therapy.

Denial by adjuster: medication for breakthrough pain not recommended: Response: patient is not on breakthrough medication. Further, NO sustained opioid drug is ever used for breakthrough pain.

ADDENDUM: Trazodone is medically necessary for treatment of neuropathic pain. Trazodone is a serotonin modulator drug similar to tricyclic antidepressants. Patient has been on this drug with benefit and without side effect. It is a generic drug.

Per the medical treatment guidelines: **F.1.d page 29 Medical Treatment Guidelines.**

It is suggested that patients with neuropathic pain be trialed with a tricyclic medication initially, as low dose medication in this category is frequently tolerated and performs sufficiently.

Patient is unable to take traditional tricyclic medications such as amitriptyline and nortriptyline as these cause bradycardia. Patient has a low pulse rate and amitriptyline caused even further lowering of heart rate (bradycardia). She has not had a problem with Trazodone. She has been on trazodone since 2012. Her current dose of 50mg of trazodone is lower than her dose in 2012 of 150mg. I am requesting ongoing approval of her Trazodone 50mg . Requesting 12 refills

ADDENDUM: Gralise an extended release gabapentin is medically necessary for treatment of Ms. Iuvino's lumbar radiculopathy (neuropathic pain) . Patient is currently on trazodone which has been of benefit for burning components of pain but not lancinating components of pain. Patient has been trialed on immediate release gabapentin and found that it was not effective enough Gralise has improved the neuropathic pain components due to her work related injury. GABAPENTIN IS A SECOND LEVEL DRUG ON THE WORKERS COMP FORMULARY.

F.1.d page 29 Medical Treatment Guidelines.

It is suggested that patients with neuropathic pain be trialed with a tricyclic medication initially, as low dose medication in this category is frequently tolerated and performs sufficiently.

If this fails, or if side effects are not tolerated, or a patient has medical issues precluding the use of this class of drugs, other appropriate medications can be tried. Second line drugs include the anti-convulsants gabapentin and pregabalin. Third line drugs are the Serotonin Norepinephrine Reuptake Inhibitors (SNRI) and topical lidocaine. Fourth line drugs are opioids, tramadol, and tapentadol. Please understand that the patient has failed immediate release gabapentin trials and gralise provided benefit to improved function and control of radicular symptoms. She has been on this medication with approval since 2018. Notes reflect a use of much higher doses of total gabapentin of 1800mg which was ineffective as compared to 1200mg qd. Requesting 12 refills

ADDENDUM: Senna is medically necessary for treatment of opioid induced constipation. The absence of this drug would likely cause a bowel obstruction and threatens the individuals life. This is a more cost effective drug then the new medications such as Movantik and Symproic. Without the senna patient will end up with life threatening constipation as a result of both her IT opioid as well as oral opioid. This is a standard of care for constipation related to her workers compensation low back injury. Requesting 12 refills

ADDENDUM: Her work related low back pain has caused depression. This is a common problem with individuals with chronic pain. She has been placed on Lexapro which has been approved for years under workers comp. This has stabilized her mood. We have tried generic brand but this has not been as effective. We have been able to reduce her dose to 30mg qd. Lexapro is medically necessary for treatment of depression due to her low back pain.

1/10/19: There had been a trial of gabapentin immediate release which was not as effective as the gralise. No plans to wean off Oxycontin. Judge ruled in patient favor. They need to understand that there are peripheral mu receptors that the oral drugs bind to. Intrathecal therapy does not penetrate all receptors. It is not unusual in severe pain cases to need both. Dr. Plunkett has retired and a new doctor at the same practice has taken over. She has been on the pump probably 19 years as well as oral meds. Over the years we have been able to decrease her oral medication substantially, however currently this is the dose she currently needs to be functional for her activities of daily living.

Addendum : Patient has been on Lexapro due to depression related to chronic pain **due to her lumbar injury. She has been on this drug since at least 2010. She had failed zoloft. Lexapro was found to stabilize her mood. We attempted in 2012 to place her on generic lexapro: e-citalopram and her mood became destabilized. Please remember when a drug is approved for generic status it only has to be similar to the brand name and not the same. The patient was returned to brand name Lexapro with stabilization of mood.** Lexapro is medically necessary for treatment of depression related to low back injury and chronic pain. Depression caused by chronic pain is a common phenomenon in people who have chronic pain. **Patient is on**

30mg per day of Lexapro. They do not manufacture a 30 mg tablet. The options to maintain the dose is either 3 tablets of 10 mg po qd or 1 1/2 of the 20mg tablet to equal the 30 mg. Generally speaking drugs are priced per tablet and not mg. As a result Lexapro 20mg tablet taken at 1 1/2 tablets to maintain her current 30 mg dose is a less expensive approach. Please authorize for a total of 12-30 day refills.

Original Injury Questionnaire

Limitations of Activities:

The following items are about activities you might do during a typical day. Does your health now limit you in these activities? If so, how much?

Vigorous activities, such as running, lifting heavy objects, participating in strenuous sports.

yes, limited a lot yes limited a little No, not limited at all

Moderate activities, such as moving a table, pushing a vacuum cleaner, bowling or playing golf.

yes, limited a lot yes limited a little No, not limited at all

Lifting of carrying groceries

yes, limited a lot yes limited a little No, not limited at all

Climbing several flights of stairs

yes, limited a lot yes limited a little No, not limited at all

Climbing one flight of stairs

yes, limited a lot yes limited a little No, not limited at all

Bending, kneeling, or stooping

yes, limited a lot yes limited a little No, not limited at all

Walking more than a mile

yes, limited a lot yes limited a little No, not limited at all

Walking several blocks

yes, limited a lot yes limited a little No, not limited at all

Walking one block

yes, limited a lot yes limited a little No, not limited at all

Bathing or dressing yourself

yes, limited a lot yes limited a little No, not limited at all

Current Pain Questionnaire

Limitations of Activities:

The following items are about activities you might do during a typical day. Does your health now limit you in these activities? If so, how much?

Vigorous activities, such as running, lifting heavy objects, participating in strenuous sports.

yes, limited a lot yes limited a little No, not limited at all

Moderate activities, such as moving a table, pushing a vacuum cleaner, bowling or playing golf.

yes, limited a lot yes limited a little No, not limited at all

Lifting of carrying groceries

yes, limited a lot yes limited a little No, not limited at all

Climbing several flights of stairs

yes, limited a lot yes limited a little No, not limited at all

Climbing one flight of stairs

yes, limited a lot yes limited a little No, not limited at all

Bending, kneeling, or stooping [N/A]

yes, limited a lot yes limited a little No, not limited at all

Walking more than a mile

yes, limited a lot yes limited a little No, not limited at all

Walking several blocks

yes, limited a lot yes limited a little No, not limited at all

Walking one block

yes, limited a lot yes limited a little No, not limited at all

Bathing or dressing yourself

yes, limited a lot yes limited a little No, not limited at all

. Original Injury Pain Disability Index

A score of 0 means no disability at all and a score of 10 signifies that all of the activities in which you would normally be involved have been totally disrupted or prevented by your pain.

No Disability 0 1 2 3 4 5 6 7 8 9 10 Worst Disability**Family/Home Responsibilities: [9]**

Refers to activities of the home and family. It includes chores or duties performed around the house (e.g. yard work) and errands or favors for other family members.

Recreation: [10]

This disability includes hobbies, sports, and other similar leisure time activities.

Social Activity: [10]

This category refers to activities, which involve participation with friends and acquaintances other than family members. It includes parties, theater, concerts, dining out, and other social functions.

Occupation: [10]

This category refers to activities that are part of or directly related to one's job. This includes non-paying jobs as well, such as that of a housewife or volunteer.

Sexual Behavior: [10]

This category refers to the frequency and quality of one's sex life.

Self Care: [9]

This category includes activities, which involve personal maintenance and independent daily living (e.g. taking a shower, driving and getting dressed etc.)

Life Support Activities: [8]

This category refers to basic life supporting behaviors such as eating, sleeping and breathing.

Current Pain Disability Index

A score of 0 means no disability at all and a score of 10 signifies that all of the activities in which you would normally be involved have been totally disrupted or prevented by your pain.

No Disability 0 1 2 3 4 5 6 7 8 9 10 Worst Disability**Family/Home Responsibilities: [5]**

Refers to activities of the home and family. It includes chores or duties performed around the house (e.g. yard work) and errands or favors for other family members.

Recreation: [10]

This disability includes hobbies, sports, and other similar leisure time activities.

Social Activity: [8]

This category refers to activities, which involve participation with friends and acquaintances other than family members. It includes parties, theater, concerts, dining out, and other social functions.

Occupation: [5]

This category refers to activities that are part of or directly related to one's job. This includes non-paying jobs as well, such as that of a housewife or volunteer.

Sexual Behavior: [N/A]

This category refers to the frequency and quality of one's sex life.

Self Care: [3]

This category includes activities, which involve personal maintenance and independent daily living (e.g. taking a shower, driving and getting dressed etc.)

Life Support Activities: [3]

This category refers to basic life supporting behaviors such as eating, sleeping and breathing. .

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Adherence Monitoring

4/20/2022: opioid management agreement reviewed and signed

4/20/2022 COMM administered and scored at 01.

4/20/2022: SF 36 physical function administered and scored.: 22

Pill count:21 left

I have reviewed the patient prescription monitoring program in compliance with NYS law.

9/1/2022: urine tox via point of care + oxycodone and opioid, negative benzodiazepines, cocaine, amphetamines, methphetamines. Urine sent for confirmation is consistent.

5/26/2022: urine tox via point of care + oxycodone and opioid, negative benzodiazepines, cocaine, amphetamines, methphetamines. Urine sent for confirmation is consistent.

2/10/2022: urine tox via point of care + oxycodone and opioid, negative benzodiazepines, cocaine, amphetamines, methphetamines. Urine sent for confirmation is consistent.

9/15/2021: urine tox via point of care + oxycodone and opioid, negative benzodiazepines, cocaine, amphetamines, methphetamines. Urine sent for confirmation is consistent.

4/14/2021: urine tox via point of care + oxycodone and opioid, negative benzodiazepines, cocaine, amphetamines, methphetamines. Urine sent for confirmation is consistent.

11/11/2020: urine tox via point of care + oxycodone and opioid, negative benzodiazepines, cocaine, amphetamines, methphetamines. Urine sent for confirmation is consistent..

7/15/2020: urine tox via point of care + oxycodone and opioid, negative benzodiazepines, cocaine, amphetamines, methphetamines. Urine sent for confirmation is consistent.

2/5/2020: urine tox via point of care + oxycodone and opioid, negative benzodiazepines, cocaine, amphetamines, methphetamines. Urine sent for confirmation is consistent.

12/11/2019: urine tox via point of care + oxycodone and opioid, negative benzodiazepines, cocaine, amphetamines, methphetamines. Urine sent for confirmation is consistent.

8/7/2019: urine tox via point of care + oxycodone and opioid, negative benzodiazepines, cocaine, amphetamines, methphetamines. Urine sent for confirmation is consistent.

3/6/2019: urine tox via point of care + oxycodone and opioid, negative benzodiazepines, cocaine, amphetamines, methphetamines. Urine sent for confirmation is consistent.

11/14/2018: urine tox via point of care + oxycodone and opioid, negative benzodiazepines, cocaine, amphetamines, methphetamines. Urine sent for confirmation is consistent.

7/25/2018: urine tox via point of care + oxycodone and opioid, negative benzodiazepines, cocaine, amphetamines, methphetamines. Urine sent for confirmation is consistent.

4/4/2018: urine tox via point of care + oxycodone and opioid, negative benzodiazepines, cocaine, amphetamines, methphetamines. Urine sent for confirmation is consistent.

12/13/2017: urine tox via point of care + oxycodone and opioid, negative benzodiazepines, cocaine, amphetamines, methphetamines. Urine sent for confirmation is consistent.

8/23/2017: urine tox via point of care + oxycodone and opioid, negative benzodiazepines, cocaine, amphetamines, methphetamines. Urine sent for confirmation is consistent.

3/8/2017: urine tox via point of care + oxycodone and opioid, negative benzodiazepines, cocaine, amphetamines, methphetamines. Urine sent for confirmation is consistent

11/23/2016 urine tox via point of care + oxycodone and opioid, negative benzodiazepines, cocaine, amphetamines, methphetamines. Urine sent for confirmation is consistent

7/27/2016: urine tox via point of care + oxycodone and opioid, negative benzodiazepines, cocaine, amphetamines, methphetamines. Urine sent for confirmation is consistent.

1/2016: urine tox via point of care + oxycodone and opioid, negative benzodiazepines, cocaine, amphetamines, methphetamines. Urine sent for confirmation is consistent.

8/2015: urine tox via point of care + oxycodone and opioid, negative benzodiazepines, cocaine, amphetamines, methphetamines. Urine sent for confirmation is consistent.

3/2015: urine tox via point of care + oxycodone and opioid, negative benzodiazepines, cocaine, amphetamines, methphetamines. Consistent. Urine sent for confirmation-consistent

11/2014: urine tox consistent

5/2014 : urine tox consistent 11/14/2013: urine tox consistent.

6/2013 urine tox. : CONSISTENT.

Prognosis: Good fair poor undetermined Treatment: pt counselling F/U : 2 4

Visit Time 15 mins 25 mins 40 -60 mins.

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Dr.Robert Plunkett Fax-677-4038. WCB:89617137. DOI: 3/28/96. SSN: 081-66-4975.

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