

# COMPREHENSIVE SPINE & PAIN INSTITUTE

Northern Arizona Pain Management Center

3847 N Country Club Drive, Suite 101 | Flagstaff, AZ 86004

Phone: (928) 555-0771 | Fax: (928) 555-0772

---

## PATIENT DEMOGRAPHICS

---

**Patient Name:** Johnson, Robert Michael

**Date of Birth:** November 3, 1968 (Age: 55 years)

**Medical Record Number:** CSPI-2024-5419

**Date of Service:** September 19, 2024

**Insurance:** Medicare Part B | ID: 9KL-WX-7264A

## CHIEF COMPLAINT

---

Chronic right lower extremity pain, request for peripheral nerve stimulation evaluation.

## HISTORY OF PRESENT ILLNESS

---

Mr. Johnson is a 55-year-old male presenting with chronic right lower extremity pain of 6 years duration. Pain began in 2018 following a workplace injury (fall from ladder, approximately 8-foot fall) resulting in right hip and femur trauma.

Initial injury consisted of right femoral shaft fracture which was surgically managed with intramedullary rod placement at outside facility. Fracture healed appropriately per orthopedic records. However, patient developed persistent pain in right lateral thigh and lower leg following recovery from fracture. Pain described as burning, shooting, electricshock quality, primarily affecting distribution of lateral femoral cutaneous nerve and sciatic nerve. Baseline intensity 7/10, worsening to 9/10 with walking or prolonged standing.

Associated symptoms include numbness and tingling in right lateral thigh, occasional right foot drop symptoms, and significantly impaired ambulation. Patient uses cane for mobility assistance. Pain has resulted in inability to return to work (construction industry).

**Treatment History:**

- Gabapentin: Titrated to 1800mg/day over 18 months (2019-2020), provided moderate relief initially but became less effective over time
- Pregabalin: 150mg BID for 8 months (2021), minimal improvement
- Duloxetine: 60mg daily for 6 months (2022), discontinued due to nausea
- Physical therapy: Two courses (2019, 2021) - 8-10 weeks each, limited sustained benefit
- Epidural steroid injections: 4 separate series (lumbar) between 2019-2022, temporary relief only (2-4 weeks)
- Radiofrequency ablation: Attempted at L4-L5, L5-S1 facets (2023), no significant benefit
- TENS unit: Daily use, minimal relief

Patient inquires about peripheral nerve stimulation targeting the affected nerves in right lower extremity based on research he has conducted.

**PAST MEDICAL HISTORY**

---

- Chronic pain syndrome, right lower extremity (6 years)
- Right femoral shaft fracture, status post ORIF with IM rod (2018)
- Hypertension
- Type 2 Diabetes Mellitus (A1c 7.8% - suboptimal control)
- Hyperlipidemia
- Depression
- History of cocaine use disorder (see social history)
- Hepatitis C (treated 2016, achieved SVR)

**SURGICAL HISTORY**

---

- Right femur ORIF with intramedullary rod placement (2018)
- Appendectomy (1995)

**CURRENT MEDICATIONS**

---

- Gabapentin 600mg three times daily
- Metformin 1000mg twice daily
- Lisinopril 20mg daily
- Atorvastatin 40mg at bedtime

- Sertraline 100mg daily
- Aspirin 81mg daily

## ALLERGIES

---

No known drug allergies

## SOCIAL HISTORY

---

**Tobacco:** Former smoker, quit 2019 (20 pack-year history)

**Alcohol:** Reports drinking 4-6 beers daily, states this helps with pain management

**Substance Use:** Patient reports history of cocaine use from ages 25-45 (1993-2013).

States he has been "clean" for over 10 years. However, when questioned directly, admits to "occasional" cocaine use at social gatherings, most recently approximately 3 weeks ago.

Denies IV drug use. Also reports marijuana use several times per week for pain relief (lives in state where recreational marijuana is legal).

**Occupation:** Construction worker - on disability since 2018 due to injury. Previously worked as framing carpenter.

**Living Situation:** Divorced (2020), lives alone. Has two adult children with limited contact. Reports feeling isolated.

## REVIEW OF SYSTEMS

---

**Constitutional:** Denies fever, chills. Reports poor sleep due to pain.

**Musculoskeletal:** Positive for chronic right lower extremity pain as described. Uses cane for ambulation.

**Neurological:** Positive for numbness, tingling, occasional foot drop in right lower extremity. Denies headaches, seizures.

**Psychiatric:** History of depression, currently on treatment. Acknowledges frustration and occasional hopelessness related to chronic pain. Denies active suicidal ideation but admits to passive thoughts "sometimes wishing pain would just end." All other systems reviewed and negative.

## PHYSICAL EXAMINATION

**Vital Signs:** BP 142/88, HR 84, RR 16, Temp 98.2°F, Weight 210 lbs, Height 5'11"

**General:** Alert and oriented x3, appears somewhat disheveled, mildly agitated affect

**Musculoskeletal - Right Lower Extremity:** Well-healed surgical scar right lateral thigh. Ambulates with single-point cane. Antalgic gait noted. Allodynia present along right lateral thigh (lateral femoral cutaneous nerve distribution). Straight leg raise test positive on right at 45 degrees.

**Neurological:** Cranial nerves II-XII intact. Motor: Right lower extremity shows 4/5 strength in foot dorsiflexion, 5/5 in other muscle groups. Left lower extremity 5/5 throughout. Sensation: Decreased sensation to light touch and pinprick in right lateral thigh and lateral leg. Deep tendon reflexes: Right ankle reflex diminished compared to left (1+ vs 2+). Patellar reflexes 2+ bilaterally.

## DIAGNOSTIC STUDIES

**MRI Lumbar Spine (06/2024):** Mild degenerative disc disease L4-L5, L5-S1. Small broadbased disc bulge L5-S1 without significant central canal or foraminal stenosis. No nerve root compression identified.

**MRI Right Femur (03/2024):** Intramedullary rod in place, appropriate positioning. Healed fracture site. No hardware complications or osteomyelitis.

**EMG/NCS Right Lower Extremity (05/2024):** Evidence of chronic right L5 radiculopathy. Mild sciatic neuropathy. Lateral femoral cutaneous nerve conduction shows prolonged latency suggestive of meralgia paresthetica.

## URINE DRUG SCREEN

**Date Collected:** September 3, 2024

**Specimen Type:** Random urine

**Method:** Immunoassay with GC/MS confirmation

Substance	Result	Reference Range
-----------	--------	-----------------

Cocaine metabolite (Benzoylecgonine)	<b>POSITIVE (342 ng/mL)</b>	Negative <150 ng/mL
THC (Marijuana)	<b>POSITIVE (78 ng/mL)</b>	Negative <50 ng/mL
Gabapentin	Positive (consistent with prescription)	N/A
Opiates	Negative	Negative
Amphetamines	Negative	Negative
Benzodiazepines	Negative	Negative

### **PRESCRIPTION DRUG MONITORING PROGRAM (PDMP) REVIEW**

---

**Date Reviewed:** September 19, 2024

PDMP query shows patient receiving controlled substance prescriptions (gabapentin) from this practice only. No other controlled substance prescriptions from other providers in past 12 months. No evidence of "doctor shopping" for controlled substances.

### **PSYCHOLOGICAL EVALUATION**

---

**Date:** September 3, 2024

**Evaluator:** Dr. Mark Williams, Licensed Psychologist

**Location:** Flagstaff Behavioral Health Associates

#### **Evaluation Summary:**

Patient underwent psychological evaluation for consideration of interventional pain procedures. Clinical interview revealed significant psychosocial stressors including chronic pain, unemployment, divorce, and social isolation. Patient demonstrates mild-moderate depression (BDI-II: 24).

**Critical Findings:** During interview, patient disclosed recent cocaine use (3 weeks prior to evaluation) and regular marijuana use. UDS performed same day confirmed cocaine and THC positive results. Patient minimized substance use initially but eventually acknowledged ongoing issues with cocaine when confronted with positive test results.

**Psychologist's Recommendation:** *"Patient is NOT currently an appropriate candidate for invasive pain procedures including neuromodulation. Active substance abuse (cocaine, alcohol, marijuana) presents significant risk for poor outcomes and potential complications.*

*Patient requires substance abuse treatment and establishment of sustained sobriety before consideration of advanced interventional procedures. Recommend referral to addiction medicine and substance abuse counseling. Patient should be re-evaluated after minimum 612 months of documented sobriety and engagement in substance abuse treatment program."*

**Psychological Clearance Status:** **NOT CLEARED** for peripheral nerve stimulation or other advanced interventional procedures at this time.

## ASSESSMENT

---

**Primary Diagnosis:** G57.10 - Meralgia paresthetica, unspecified lower limb

G57.01 - Lesion of sciatic nerve, right lower limb

M79.661 - Pain in right lower leg

M79.651 - Pain in right thigh

**Secondary Diagnoses:**

F14.20 - Cocaine use disorder, moderate (active)

F10.20 - Alcohol use disorder, moderate

F32.1 - Major depressive disorder, single episode, moderate