NORTHWEST FACIAL PAIN & HEADACHE SPECIALISTS

Seattle Neuroscience Center

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PATIENT INFORMATION

Patient Name: Patterson, Gregory Allen

Date of Birth: April 14, 1963 (Age: 61 years)

Medical Record Number: NWFP-2024-7856

Date of Service: September 21, 2024

Insurance: Medicare Part B | ID: 6MN-TY-4751B

CHIEF COMPLAINT

Chronic right supraorbital facial pain following traumatic injury, refractory to conservative management.

HISTORY OF PRESENT ILLNESS

Mr. Patterson is a 61-year-old male presenting with chronic right-sided supraorbital and frontal facial pain of 5 years duration. Pain began in September 2019 following a workplace accident in which he struck the right side of his forehead against a metal beam while working in a warehouse.

Initial injury resulted in significant forehead laceration requiring 12 stitches in emergency department. Following wound healing, patient developed persistent neuropathic pain in right supraorbital region (V1 distribution of trigeminal nerve). Pain is described as constant burning, stabbing, and electric-shock sensations along right eyebrow and forehead region, radiating toward right temple.

Current pain characteristics:

- Baseline intensity: 7-8/10
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- Exacerbations to 9-10/10 with cold exposure, wind, or light touch to affected area
- Constant daily pain with minimal pain-free periods
- Severe allodynia - cannot tolerate light touch, hair brushing, or wearing hats/caps

Occasional brief episodes of lancinating "ice pick" pain lasting seconds

Functional impact is significant. Patient reports difficulty with outdoor activities due to wind triggering pain, avoids social situations, and has sleep disturbance (awakened by pain when inadvertently touching forehead during sleep). He has been unable to return to warehouse work and is currently on long-term disability.

Comprehensive Treatment History:

Pharmacological Interventions:

- Carbamazepine: Titrated to 600mg BID over 8 months (2020) - provided approximately 40% pain reduction but developed intolerable dizziness and nausea, discontinued
- Oxcarbazepine: 600mg BID for 10 months (2020-2021) - insufficient pain relief (less effective than carbamazepine)
- Gabapentin: Titrated to maximum dose 1200mg TID for 12 months (2021-2022) modest benefit initially (30% improvement) but plateaued, currently on reduced dose
- Pregabalin: 150mg BID for 6 months (2022) - no significant additional benefit over gabapentin
- Topiramate: 100mg BID for 5 months (2023) - minimal improvement, discontinued due to cognitive side effects
- Duloxetine: 60mg daily for 4 months (2023) - insufficient relief
- Topical lidocaine: Daily application, provides minimal temporary relief

Interventional Procedures:

- Supraorbital nerve blocks: Performed 5 separate times between 2020-2024
  - First series (March 2020): Significant relief for 3 weeks
  - Second series (July 2020): Relief approximately 2 weeks
  - Third series (January 2021): Relief less than 2 weeks
  - Fourth series (August 2022): Minimal relief (less than 1 week)
  - Fifth series (March 2024): Relief approximately 10 days
- Botox injections: Two treatment cycles (2022, 2023) targeting supraorbital region no sustained benefit

Additional Therapies:

- Physical therapy: 8 weeks (2021) - gentle massage, desensitization techniques, limited improvement
- Acupuncture: 12 sessions (2022) - no benefit
- Biofeedback: 10 sessions (2023) - helpful for stress management but pain unchanged

PAST MEDICAL HISTORY

- Right supraorbital neuralgia, post-traumatic (2019-present)
- History of traumatic forehead laceration, right (September 2019)
- Hypertension (well-controlled)
- Hyperlipidemia
- Osteoarthritis, bilateral knees

CURRENT MEDICATIONS

- Gabapentin 800mg three times daily
- Lisinopril 20mg daily
- Atorvastatin 40mg at bedtime
- Aspirin 81mg daily
- Acetaminophen 1000mg TID PRN

ALLERGIES

Sulfa drugs (rash)

SOCIAL HISTORY

Tobacco: Never smoker
Alcohol: Rare social drinker (1-2 drinks per month)
Illicit Drugs: Denies any history of illicit drug use
Occupation: Warehouse supervisor - on disability since 2020 due to chronic pain
Marital Status: Married, wife is supportive
Living Situation: Lives with wife in single-family home, no children at home (3 adult children)
Education: Associate's degree in business management

REVIEW OF SYSTEMS

Constitutional: Denies fever, chills, weight changes. Reports fatigue related to chronic pain and poor sleep quality.
HEENT: Positive for right facial pain as described. Denies vision changes, hearing loss, sinus symptoms.
Neurological: Positive for right supraorbital facial pain and allodynia. Denies headaches separate from the facial pain, weakness, numbness elsewhere, seizures.
Psychiatric: Denies depression, anxiety, or other psychiatric symptoms. Expresses frustration with persistent pain but maintains positive outlook.
All other systems reviewed and negative.

PHYSICAL EXAMINATION

Vital Signs: BP 126/78 mmHg, HR 70 bpm, RR 14, Temp 98.3°F, Weight 182 lbs

General: Well-groomed, alert and oriented x3, cooperative, in no acute distress

Head: Normocephalic, atraumatic. Well-healed scar visible on right forehead, approximately 4cm in length, above right eyebrow.

Face/Cranial Nerves:

- Marked tenderness to palpation along right supraorbital nerve at supraorbital notch
- Positive Tinel's sign elicited with gentle percussion over right supraorbital nerve
- Severe allodynia present - light touch with cotton swab to right forehead/supraorbital region reproduces sharp pain (patient rates 9/10) No allodynia
- on left forehead or other facial regions
- Cranial nerve examination: CN II-XII intact bilaterally
- No facial weakness or asymmetry
- Corneal reflexes intact bilaterally

Neurological: Alert, appropriate mood and affect. Motor strength 5/5 throughout all extremities. Sensation intact to light touch except as noted above (right supraorbital allodynia). Deep tendon reflexes 2+ and symmetric bilaterally. Gait normal. No cerebellar signs.

DIAGNOSTIC STUDIES

CT Head without contrast (10/2019): Performed in emergency department following initial trauma. No acute intracranial abnormality. No skull fracture. Soft tissue swelling right forehead.

MRI Brain with and without contrast (03/2021): No intracranial mass, hemorrhage, or acute infarct. Normal brain parenchyma. Specifically, no evidence of tumor or vascular compression affecting trigeminal nerve. Ophthalmic division (V1) of right trigeminal nerve appears normal on imaging. Small amount of scarring noted in right frontal soft tissues consistent with prior trauma.

High-resolution MRI focused on trigeminal nerve (08/2024): Thin-slice dedicated trigeminal nerve imaging. No neurovascular compression, tumor, or structural abnormality identified affecting right trigeminal nerve or its branches. Supraorbital nerve not well visualized on MRI (too small) but no concerning findings in surrounding structures.

PSYCHOLOGICAL EVALUATION STATUS

> **NOTE:** Psychological evaluation was scheduled with Dr. Amanda Richards, Clinical Psychologist, for August 30, 2024. Patient's chart note from 9/15/2024 states: "Patient called to reschedule psych eval as he had family emergency (mother hospitalized). Rescheduled for 10/5/2024."
>
> At time of this clinic visit (9/21/2024), formal psychological evaluation has not yet been completed. Patient confirms appointment is scheduled for 10/5/2024 and plans to keep this appointment.
>
> **Brief Screening in Clinic Today:** Patient appears psychologically stable during interview. Denies depression, anxiety, or substance abuse. Good family support. Appropriate understanding of chronic pain condition. However, comprehensive formal evaluation with standardized assessment tools has not been performed.

ASSESSMENT

Primary Diagnosis: G50.1 - Atypical facial pain, right side / Post-traumatic supraorbital neuralgia

Additional Diagnosis: S01.81XD - Laceration without foreign body of other part of head, subsequent encounter

Mr. Patterson is a 61-year-old male with well-established chronic post-traumatic supraorbital neuralgia affecting the right V1 (ophthalmic) distribution of the trigeminal nerve. Pain has persisted for 5 years following significant forehead trauma with laceration. His condition represents a classic presentation of peripheral trigeminal neuropathic pain following trauma.

He has undergone extensive conservative treatment including multiple medication trials (anticonvulsants, gabapentinoids, SNRIs), physical therapy, and repeated supraorbital nerve blocks with progressively diminishing benefit. Despite aggressive multimodal therapy, pain remains severe (7-8/10 baseline) with significant functional impairment including inability to work.

Peripheral nerve stimulation targeting the right supraorbital nerve is an appropriate consideration for this patient given:

- Chronic pain duration >3 months (5 years documented) - ✓
- Extensive failure of conservative treatments - ✓
- No surgical contraindications (healthy, controlled HTN, no infections) - ✓
- Covered indication (trigeminal branch - supraorbital nerve - for post-traumatic neuropathic pain) per LCD L37360 - ✓
- Patient education provided and informed consent discussion completed today - ✓

Outstanding Requirements:

Formal psychological evaluation with comprehensive assessment and clearance for neuromodulation therapy is required per Medicare LCD L37360 coverage criteria but has not yet been completed. Patient has appointment scheduled for 10/5/2024.

PATIENT EDUCATION AND COUNSELING

Comprehensive discussion held with patient regarding peripheral nerve stimulation of the right supraorbital nerve as potential treatment option. Detailed information provided regarding:

- Mechanism of action: Electrical stimulation of supraorbital nerve to modulate pain signals
- Trial procedure: Percutaneous placement of small electrode near supraorbital nerve, 5-7 day trial with external generator
- Success criteria: ≥50% pain reduction and/or improved function
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Risks: Infection (<2%), lead migration (5-8%), inadequate pain relief, bleeding, temporary increased pain

- Benefits: Potential for significant sustained pain relief, reduced medication needs, improved function
- Alternatives: Continued medical management, repeat nerve blocks, surgical neurectomy (high risk of anesthesia dolorosa)
- If trial successful (≥50% improvement), permanent implant would be considered

Patient demonstrates excellent understanding of the procedure, risks, benefits, and alternatives. He has realistic expectations - understands complete pain elimination is unlikely but seeks meaningful improvement to resume some activities and reduce pain intensity. Written educational materials provided.

Explained that formal psychological evaluation is required before proceeding and patient confirms he has appointment scheduled for 10/5/2024.

PHYSICIAN ASSESSMENT AND RECOMMENDATION

Mr. Patterson presents with chronic post-traumatic supraorbital neuralgia of 5 years duration with inadequate response to comprehensive conservative treatment. He is an appropriate candidate for peripheral nerve stimulation trial targeting the right supraorbital nerve from a medical standpoint.

Attending Physician: Dr. Catherine L. Park, MD, PhD
Board Certifications: Neurology, Headache Medicine, Pain Medicine
NPI: 9012345678
Medical License: WA-MD-67890
Date: September 21, 2024
Electronic Signature: Catherine L. Park, MD, PhD

Note: Authorization request to be submitted upon receipt of psychological evaluation clearance.