THE STATE OF SOUTH CAROLINA
In the Court of Appeals

APPEAL FROM SOUTH CAROLINA WORKERS COMPENSATION COMMISSION

Full Commission

WCC File Number 1401730
Appellate Case No. 2018-001553

RECEIVED
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SC Court of Appeals

Carl E. Lucas, Employee ..... Respondent,

v.

RNDC of South Carolina, Employer
and Hartford Indemnity, Carrier, ... Appellants.

RECORD ON APPEAL

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INDEX

Orders

Single Commission Order dated December 7, 2017 3

Full Commission Order affirming Single Commission Order dated July 23, 2018 15

Pleadings

PHB and APA of Claimant dated June 1, 2017 26

PHB and APA of Defendants dated May 31, 2017 30

Transcripts

Transcript of June 13, 2017 Hearing 33

Other Documents

Grounds of Appeal 65

Employee's Accident/Injury Report dated January 16, 2014 66

Detailed Investigation dated June 20, 2015 68

Detailed Investigation dated October 16, 2015 74

Medicals

Lexington Occupation Health 83

Palmetto Imaging 101

First Physical Therapy 103

Dr. Thomas Armsey 151

Lexington Family Practice 172

The Pain Center 280

Lexington Brain & Spine 370
J. Adger Brown, MD Reports 373

Advanced Pain Therapy 385

Dr. William Felmly 386

Lexington Medical Center 392

Lexington Cardiology 453

Richland County EMS 474

Columbia Rehab Clinic FCE 478

Vocational Rehabilitation 491

Lexington County School District 1 Exit Interview 492

Certificate of Counsel 493

ORDER
OF
THE SOUTH CAROLINA WORKERS' COMPENSATION COMMISSION
WCC FILE NO. 1401730

Carl E. Lucas, Employee, Claimant,

vs.

RNDC Of South Carolina, Employer, and

Sedgwick Claims Management Services, Inc., Carrier, Defendants.

Hearing:	Held in York County, South Carolina on June 13, 2017.
Appearances:	Claimant represented by Elizabeth McMahon Pentz, Esquire, of McWhirter, Bellinger, & Associates, P.A. Defendants represented by Kay G. Crowe, Esquire, of Barnes, Alford, Stork, and Johnson, LLP.
Purpose of Hearing:	To determine issues as set forth in S.C. Reg. 67-601 as well as the Forms 50 and 51, and 21 and any other issues which may have timely come before the Commissioner.
Decision and Order:	By the Honorable Aisha Taylor, Commissioner.
Filed:	December 6, 2017

STIPULATIONS

The parties stipulate to the following matters:

1. The Commission has jurisdiction to hear the matters presented;
2. Proper venue is Lexington County, but the parties agree to be heard in York County;
3. The parties had notice of the June 13, 2017, hearing scheduled for, and were represented by counsel;
4. The average weekly wage is $793.53 and the compensation rate is $529.04.
5. The Commission's file and the Administrative Procedures Act submissions are a part of the record.

CLAIMANT'S APA SUBMISSIONS

APA #	MEDICAL PROVIDER	DATES	PAGES
1	Lexington Occupational Health	1/17/2014 – 1/28/2014	1-18
2	Palmetto Imaging	2/3/2014	19-20
3	First Physical Therapy	2/4/2014 – 5/16/2014	21-69
4	Thomas D. Armsey, II, M.D.	2/17/2014 – 9/16/2014	70-90
5	Lexington Family Practice Michael P. Harris, M.D.	2/27/2014 – 1/3/2017	91-159
6	The Pain Center	10/6/2014 – 10/25/2016	160-249
7	Lexington Brain and Spine Institute	3/10/2016	250-252
8	J. Adger Brown, Jr., MA, CDMS	5/26/2016	253-262
9	Lexington Medical Center	12/5/2016-12/15/2016	263-298
10	Lexington Cardiology Dr. Mitchell Jacocks	12/9/2016-2/1/2017	299-325
11	J. Adger Brown, Jr., MA, CDMS	3/4/2017	468-469
12	Pain Management Associates Irmo	3/7/2017-4/25/2017	470-481
13	Richland County EMS	3/26/2017	482-484
14	Lexington Medical	3/26/2017	485-500

EXHIBITS **501-525**

A. Outstanding Mileage and Co-Pays to be reimbursed

B. July 29, 2016, Functional Capacity Evaluation [HRG TR.5:4-19] Submitted by agreement

K. Vocational Rehabilitation **501-502**

L. Colonial Life **503-506**

M. Lexington County School District One Exit Interview **507**

N. Disability Determination Services **508**

O. Lexington Medical Center Bills	**6/14/2015-3/26/2017**	**509-513**
P. Lexington Cardiology Bills	**12/5/2016-3/31/2017**	**514-517**
Q. Lexington County EMS Bills	**12/5/2016-3/26/2017**	**518**
R. Lexington Radiology Associates Bills	**12/5/2017-3/26/2017**	**519-522**
S. Lexington Family Practice West Bill	**12/8/2016**	**523**
T. Life Watch Bill	**12/27/2017**	**524**
U. Richland County EMS	**3/26/2017**	**525**

DEFENDANT'S APA SUBMISSIONS

TAB #	NAME OF PHYSICIAN/OTHER	DATE OF REPORT	NO. OF PAGES
12	Lexington Family Practice	1/28/13-1/2/14	340-378
13	Advanced Pain Therapies	1/6/13	379
14	Lexington Occupational Health	1/17/14	380-383
15	Dr. William Felmly	5/12/15-3/9/16	384-390
16	Disability Documentation	12/13/16	391-393
17	Pain Management Associates Irmo	2/6/17-2/24/17	394-406
	EXHIBITS		**NO. OF PAGES**
B	May 6, 2015 Consent Order		407-409
C	Index of Emails – Trying to Obtain Treatment Per 5/6/2015 Consent Order		410-431

D	Outstanding Mileage and Co-Pays to be Reimbursed		432-445
E	Employee's Accident/Injury Report		446-447
F	Detailed Investigation		448-451
G	Detailed Investigation		452-454
H	Detailed Investigation		455-458
I	Email		459
J	Deposition Transcript of Dr. Ryan Kraft		460-467

STATEMENT OF THE CASE

This case has a lengthy procedural history. Carl E. Lucas ("Claimant") suffered alleged compensable injuries by accident on January 17, 2014, to his back, bilateral legs, bilateral hips, bilateral feet. Subsequently, he developed depression, insomnia and erectile dysfunction. The Claimant filed a March 1, 2016, hearing Form 50 for additional medical treatment in the form of a second opinion. The Defendants filed March 28, 2016, Form 51 with the back listed as the only body part. However, in a May 6, 2015, consent order the Defendants accepted the depression and insomnia which obligated the carrier to pay for treatment. The Defendants filed an April 27, 2016, Form 21 hearing request. The Claimant responded with a Form 22 requesting mediation. The parties mediated this case on June 27, 2016. While the Form 70 noted the mediation ended with an impasse, the parties executed a consent order September 23, 2016. The Claimant signed a Form 17 to discontinue temporary total disability benefits and the Defendants agreed to send the Claimant for a Functional Capacity Evaluation. The Defendants filed another Form 21 on January 30, 2017. Through several scheduling attempts, this hearing was held in York County on June 13, 2017.

The Claimant asserted that he was at maximum medial improvement on October 16, 2015, pursuant to authorized treating physician Ryan Krafft, M.D., Pain Center of Irmo, March 18, 2016, deposition [DEF. EXB. J; pg. 460-467]. From this time to present, the Claimant received ongoing pain management at the Pain Center of Irmo treatment. [CL. APA 6].

On December 5, 2016, the Claimant suffered a syncope episode. After testing by a cardiologist, Mitchell W. Jacocks, M.D., he determined that the Claimant did not suffer cardio issues. However, Dr. Jacocks provided February 17, 2017, correspondence that Claimant's syncope episodes were causally related to the ongoing back pain. [HRG. TR.6:4-19]. Therefore, the Defendants should be ordered to pay all past and ongoing medical bills causally related to the Claimant's syncope treatment including, but not limited to, Lexington Medical Center, Lexington County EMS, and Dr. Jacocks. [HRG. TR.6:25 – 7:8].

The Claimant requested that the Commission order the Defendants to pay for therapy [*aqua*], a back brace, and pads for the Claimant's tens unit. These items were previous requested and never approved. [HRG. TR. 7:8-12].

Finally, the Claimant asserted that he was permanently and totally disabled, and alternatively suffered a wage loss. [HRG. TR. 7:14 – 9:4].

The Defendants asserted that the Claimant was at maximum medical improvement pursuant to Scott B. Boyd, M.D. and that Dr. Boyd's rating "reflects his disability." [HRG. TR. 9:9-13; CL. APA7]. The Defendants argued that the Claimant's varied background and experience, including store manager, demonstrated there are "things that he could continue to do." [HRG. TR. 9:14-16]. Further, Dr. Jacocks' evaluation and all subsequent treatment should be denied as causally related. [HRG. TR. 9:16 - 10:4]. Defendants admitted that some Dodge medicals would be covered via pain management prescribed medications and "those have been paid on an ongoing basis." [HRG. TR. 10:4-10]. "We deny that there is any other medical care causally related to his on-the-job injury that needs to be paid on a continuing basis." [HRG. TR. 10:10-12]. The Claimant signed a Form 17, thus "he is not being paid at this time." [HRG. TR. 10:13-14].

EVIDENCE OF THE CASE

The Court heard the testimony of the only witness, Carl E. Lucas, Claimant and received all medical records and exhibits presented.

The Commissioner heard the Claimant's testimony, a fifty (50) year old male. He was last employed by Lexington School District One August 2016 until December 5, 2016, as a bus driver. [HRG. TR. 11:22 – 12:2]. Previously he worked for RNDC (*Employer*) October 1, 2012, through shortly after his January 17, 2014, on the job accident, as a delivery driver to restaurants and liquor stores which required driving, stooping, standing, lifting, and straining. [HRG. TR. 12::4-24]. The Claimant returned to work full duty after his April 30, 2013, accepted hernia workers' compensation claim. [HRG. TR. 12:25 – 13:17]. After, the Claimant lifted liquor boxes January 17, 2014, and injured his back, the Carrier authorized multiple [medical] facilities [HRG. TR. 13:18 – 14:18]. However, the Carrier did not authorize a tens unit, a replacement back brace, and aqua-robotics therapy. [HRG. TR. 14:19 – 16:4].

The Claimant testified that he had trouble receiving authorization for causally related medication ordered by authorized treating physician Michael P. Harris, M.D. [HRG. TR. 16:12 – 17:21].

The Claimant stated that his work experience included store manager, wrecker driver, and tractor work. [HRG. TR. 17:22 – 18:23]. He also attempted to sell grills at the Barnyard Flea Market. [HRG. TR. 18:24 – 19:14]. The Claimant testified that he obtained a bus driver position after RNDC did not call him back. [HRG. TR. 19:15 - 18]. He was forced to resign after syncope episodes and subsequent treatment. [HRG. TR. 19:19 -20:17]. The Claimant's current problems are erectile dysfunction, depression, restless legs, sleep, low back pain, and syncope episodes.

[HRG. TR. 20:18-23]. Because of the permanent disability, housework and yardwork are problematic. [HRG. TR. 20:24 – 21:8].

The Claimant attested that the Lexington County School District One paid approximately $10.00 - $11.00 per hour. [HRG. TR. 21:9-11]. The Claimant resigned pursuant to "extreme syncope episodes, my back" and Dr. Jacocks' no driving work restriction. [HRG. TR. 21:12 - 21]. Finally, the Claimant testified that workers' compensation was responsible for causally related medical bills and mileage. [HRG. TR. 21:25 – 22:4]. Finally, the Claimant maintained that he needed to continue causally related medical treatment. [HRG. TR. 22:5-7].

On direct examination, the Claimant testified that he graduated high school where he obtained automobile shop technical training. [HRG. TR. 22:16 – 23:5]. He re-confirmed he was a tow truck driver/business owner. [HRG. TR. 23:6-17]. The Claimant confirmed he was an over the road truck driver, re-confirmed as an assistant store manager, and grading/clearing. [HRG. TR. 23:19 – 24:17]. The Claimant recited the January 17, 2014, accident facts as related to the April 30, 2013, hernia workers' compensation claim. [HRG. TR. 24:18 – 27:22]. Further, he attested to pre-existing conditions. [HRG. TR. 28:11 – 30:7]. However, the January 17, 2014, on the job accident aggravated his back. [HRG. TR. 31:2-10].

The undersigned Commissioner has carefully reviewed all the evidence submitted in this case and concludes that the employee, Carl E. Lucas, sustained an injury by accident arising out of and in the course of his employment on January 17, 2014, to his back resulting in syncope episodes and psychological overlay because of said injury. Further the undersigned Commissioner believes the Claimant, at the time of the hearing, reached maximum medical improvement and is permanent and totally disabled. A record such as is necessary for decision was made of the

proceedings in this matter, and after a careful consideration and study of all the evidence, the following Findings of Fact are accordingly made:

FINDINGS OF FACT

Based on a review of the evidence presented, as well as a personal observation of the Claimant's demeanor and the entire record, there is substantial and reliable probative evidence to support the following Findings of Fact:

1. Claimant sustained admitted compensable injuries to his lower back and psyche including depression and insomnia per prior Consent Order.
2. I find Claimant's onset of syncope episodes is causally related to Claimant's work injury. This finding is based on the preponderance of the evidence as a whole including the medical opinion of Dr. Jacocks, Claimant's treating cardiologist, who opined Claimant's syncope episodes were a physical reaction of Claimant's back pain. [CL. APA 10].
3. I find Defendants are liable for all of Claimant's medical treatment with Dr. Jacocks that was directly related to the syncope episodes including the tests that Dr. Jacocks performed to make a formal diagnosis. [CL. EXH. O, P, Q, R].
4. I find Claimant is permanently and totally disabled pursuant to Section 42-9-10 as a result of his injuries to his back, psyche, and syncope episodes. This finding is based on the preponderance of the evidence as a whole including the unrefuted vocational analysis of Adger Brown, who initially opined this was a wage loss claim, but changed his opinion to permanent and total disability after Claimant's onset of syncope episodes.

5. Claimant is entitled to the commuted value of 500 weeks of benefits less any amounts previously paid to the Claimant in the form of temporary benefits.
6. Claimant is entitled to lifetime medical treatment for his causally-related injuries pursuant to Section 42-15-60.
7. Claimant is entitled to a lump-sum payment of his award.
8. Claimant is entitled to James v. Anne's SSA apportionment language.
9. No hearing costs are assessed.
10. That all parties to this proceeding are subject to and bound by the terms and provisions of the S.C Workers' Compensation Act, as amended, with Carl E. Lucas, as the Claimant; RNDC Of South Carolina as the Employer; and Sedgwick Claims Management Services, Inc. as the Carrier.

CONCLUSIONS OF LAW

Accordingly, as is provided in Section 42-17-40 of the South Carolina Code of Laws, 1976 (as amended), this Commissioner "shall hear the parties at issue and their representatives and witnesses and shall determine the dispute in a summary manner." S.C. Code Ann. §42-17-40(A). This Commissioner determines the following:

1. S.C. Code Ann. §42-1-120 of the South Carolina Code of Laws, 1976 (as amended), defines the term "disability" as meaning "incapacity because of injury to earn the wages which the employee was receiving at the time of injury in the same or any other employment." S.C. Code Ann. §42-1-120.

2. S.C. Code Ann. §42-1-160 of the South Carolina Code of Laws, 1976 (as amended), states that "injury" and "personal injury" are defined as "injury by accident arising out of and in the course of employment". S.C. Code Ann. §42-1-160(a). Section 42-1-160 of the South Carolina Code provides:

> "[i]n medically complex cases, an employee shall establish by medical evidence that the injury arose in the course of employment. For purposes of this subsection, "medically complex cases" means sophisticated cases requiring highly scientific procedures or techniques for diagnosis or treatment excluding MRIs, CAT scans, x-rays, or other similar diagnostic techniques." S.C. Code Ann. §42-1-160(e).

Furthermore, Section 42-1-160 of the South Carolina Code stipulates that, "[a]s used in this section, "medical evidence" means expert opinion or testimony stated to a reasonable degree of medical certainty, documents, records, or other material that is offered by a licensed health care provider." S.C. Code Ann. §42-1-160(g).

3. S.C. Code Ann. §42-9-10 of the South Carolina Code of Laws, 1976 (as amended). "Amount of compensation for total disability; what constitutes total disability. (A) When the incapacity for work resulting from an injury is total, the employer shall pay, or cause to be paid, as provided in this chapter, to the injured employee during the total disability a weekly compensation equal to sixty-six and two-thirds percent of his average weekly wages. In no case may the period covered by the compensation exceed five hundred (500) weeks except as provided in subsection (C)." S.C. Code Ann. §42-9-10 (A). Inability to perform services other than those "so limited in quality, dependability, or quantity that a reasonable stable market for them does not exist." Wynn v. Peoples Natural Gas Co., 238 S.C.1 (1961).

4. Finally, S.C. Code Ann. §42-15-60 of the South Carolina Code of Laws, 1976 (as amended), requires Defendants to authorize causally-related medical treatment. S.C. Code Ann. §42-15-60. Claimant is entitled to additional medical treatment necessary to lessen the period of disability. S.C. Code Ann. §42-15-60; Dodge v. Bruccoli, Clark, and Layman, Inc., 514 S.E.2d 593 (S.C.App. 1999). Claimant bears the burden of proving entitlement to benefits under the Act. Crisp v. SouthCo., Inc., 401 S.C. 627 (2013) (citing Clade v. Champion Labs., 330 S.C. at 11, 496 S.E.2d at 857). For good cause shown, the Commission may in their discretion, order additional medical, surgical, or other treatment. Clark v. Aiken County Government, 620 S.E.2d 99 (S.C.App. 2005).

ORDER

IT IS THEREFORE ORDERED that the Employer, RNDC Of South Carolina, and the Carrier, Sedgwick Claims Management Services, Inc., shall pay all previous Dr. Jacocks' treatment and bills, plus all Dr. Jacocks' lifetime causally related treatment and bills.

IT IS FURTHER ORDERED that the Employer, RNDC Of South Carolina, and the Carrier, Sedgwick Claims Management Services, Inc., shall pay all other remaining and lifetime causally related medical, hospital, surgical, doctors', nurses' bills, and other modalities of treatment recommended by the authorized treating physicians from the date of injury arising out of and in the course of his employment on January, 17, 2014, pursuant to S.C. Code Ann. §42-15-60, including but certainly not limited to the immediate authorization or previously unauthorized tens unit, replacement back brace, and aqua therapy.

IT IS FURTHER ORDERED that the Employer, RNDC Of South Carolina, and the Carrier, Sedgwick Claims Management Services, Inc., shall pay the Claimant the commuted value of permanent and total disability.

No hearing costs are assessed in this instance.

AND IT IS SO ORDERED.

S.C. WORKERS' COMPENSAITON COMMISION

Commissioner Aisha Taylor

CERTIFICATE OF SERVICE

This is to certify the undersigned has this date served this order in the above entitled action upon all parties to this cause by sending an electronic copy hereof by electronic mail addressed to the attorney or attorneys for said parties or by depositing a copy hereof, postage paid, in the United States certified mail addressed to any unrepresented party.

December 7, 2017

By: Renee Smith, Administrative Assistant to Commissioner Taylor

APPELLATE PANEL DECISION AND ORDER

OF THE

SOUTH CAROLINA WORKERS' COMPENSATION COMMISSION

W.C.C. FILE NO: 1401730

Carl E. Lucas — EMPLOYEE, CLAIMANT/APPELLANT

VS.

RNDC Of South Carolina — EMPLOYER,

AND

Hartford Indemnity — CARRIER, DEFENDANTS/RESPONDENTS

Appellate Panel Review held in Columbia, South Carolina, on March 19, 2018 per notices timely and properly served upon all parties of interest.

Appellate Panel Decision and Order Filed:

July 23, 2018

APPEARANCES: Claimant/Appellant represented by Elizabeth M. Pentz, Esquire

Defendants/Respondents represented by Kay G. Crowe, Esquire

STATEMENT OF THE CASE

A hearing was held before Commissioner Aisha Taylor on June 13, 2017. This case has a lengthy procedural history. Carl E. Lucas ("Claimant") suffered alleged compensable injuries by accident on January 17, 2014, to his back, bilateral legs, bilateral hips, bilateral feet. Subsequently, he developed depression, insomnia and erectile dysfunction. The Claimant filed a March 1, 2016, hearing Form 50 for additional medical treatment in the form of a second opinion. The Defendants filed March 28, 2016, Form 51 with the back listed as the only body part. However, in a May 6, 2015, consent order the Defendants accepted the depression and insomnia which obligated the carrier to pay for treatment. The Defendants filed an April 27, 2016, Form 21 hearing request. The Claimant responded with a Form 22 requesting mediation. The parties mediated this case on June 27, 2016. While the Form 70 noted the mediation ended with an impasse, the parties executed a consent order September 23, 2016. The Claimant signed a Form 17 to discontinue temporary total disability benefits and the Defendants agreed to send the Claimant for a Functional Capacity Evaluation. The Defendants filed another Form 21 on January 30, 2017. Through several scheduling attempts, this hearing was held in York County on June 13, 2017.

The Claimant asserted that he was at maximum medial improvement on October 16, 2015, pursuant to authorized treating physician Ryan Krafft, M.D., Pain Center of Irmo, March 18, 2016, deposition [DEF. EXB. J; pg. 460-467]. From this time to present, the Claimant received ongoing pain management at the Pain Center of Irmo treatment. [CL. APA 6].

On December 5, 2016, the Claimant suffered a syncope episode. After testing by a cardiologist, Mitchell W. Jacocks, M.D., he determined that the Claimant did not suffer cardio issues. However, Dr. Jacocks provided February 17, 2017, correspondence that Claimant's syncope episodes were causally related to the ongoing back pain. [HRG. TR.6:4-19]. Therefore, the Defendants should be ordered to pay all past and ongoing medical bills causally related to the Claimant's syncope treatment including, but not limited to, Lexington Medical Center, Lexington County EMS, and Dr. Jacocks. [HRG. TR.6:25 – 7:8].

The Claimant requested that the Commission order the Defendants to pay for therapy [*aqua*], a back brace, and pads for the Claimant's tens unit. These items were previously requested and never approved. [HRG. TR. 7:8-12].

Finally, the Claimant asserted that he was permanently and totally disabled, and alternatively suffered a wage loss. [HRG. TR. 7:14 – 9:4].

The Defendants asserted that the Claimant was at maximum medical improvement pursuant to Scott B. Boyd, M.D. and that Dr. Boyd's rating "reflects his disability." [HRG. TR. 9:9-13; CL. APA7]. The Defendants argued that the Claimant's varied background and experience, including store manager, demonstrated there are "things that he could continue to do." [HRG. TR. 9:14-16]. Further, Dr. Jacocks' evaluation and all subsequent treatment should be denied as causally related. [HRG. TR. 9:16 - 10:4]. Defendants admitted that some Dodge medicals would be covered via pain management prescribed medications and "those have been paid on an ongoing basis." [HRG. TR. 10:4-10]. "We deny that there is any other medical care causally related to his on-the-job injury that needs to be paid on a continuing basis." [HRG. TR. 10:10-12]. The Claimant signed a Form 17, thus "he is not being paid at this time." [HRG. TR. 10:13-14].

SINGLE COMMISSIONER'S FINDINGS OF FACT

1. Claimant sustained admitted compensable injuries to his lower back and psyche including depression and insomnia per prior Consent Order.

2. I find Claimant's onset of syncope episodes is causally related to Claimant's work injury. This finding is based on the preponderance of the evidence as a whole including the medical opinion of Dr. Jacocks, Claimant's treating cardiologist, who opined Claimant's syncope episodes were a physical reaction of Claimant's back pain. [CL. APA 10].

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4. I find Claimant is permanently and totally disabled pursuant to Section 42-9-10 as a result of his injuries to his back, psyche, and syncope episodes. This finding is based on the preponderance of the evidence as a whole including the unrefuted vocational analysis of Adger Brown, who initially opined this was a wage loss claim, but changed his opinion to permanent and total disability after Claimant's onset of syncope episodes.

5. Claimant is entitled to the commuted value of 500 weeks of benefits less any amounts previously paid to the Claimant in the form of temporary benefits.

6. Claimant is entitled to lifetime medical treatment for his causally-related injuries pursuant to Section 42-15-60.

7. Claimant is entitled to a lump-sum payment of his award.

8. Claimant is entitled to James v. Anne's SSA apportionment language.

9. No hearing costs are assessed.

10. That all parties to this proceeding are subject to and bound by the terms and provisions of the S.C Workers' Compensation Act, as amended, with Carl E. Lucas, as the Claimant; RNDC Of South Carolina as the Employer; and Sedgwick Claims Management Services, Inc. as the Carrier.

CONCLUSIONS OF LAW

1. S.C. Code Ann. §42-1-120 of the South Carolina Code of Laws, 1976 (as amended), defines the term "disability" as meaning "incapacity because of injury to earn the wages which the employee was receiving at the time of injury in the same or any other employment." S.C. Code Ann. §42-1-120.

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Furthermore, Section 42-1-160 of the South Carolina Code stipulates that, "[a]s used in this section, "medical evidence" means expert opinion or testimony stated to a reasonable degree of medical certainty, documents, records, or other material that is offered by a licensed health care provider." S.C. Code Ann. §42-1-160(g).

3. S.C. Code Ann. §42-9-10 of the South Carolina Code of Laws, 1976 (as amended). "Amount of compensation for total disability; what constitutes total disability.

(A) When the incapacity for work resulting from an injury is total, the employer shall pay, or cause to be paid, as provided in this chapter, to the injured employee during the total disability a weekly compensation equal to sixty-six and two-thirds percent of his average weekly wages. In no case may the period covered by the compensation exceed five hundred (500) weeks except as provided in subsection (C)." S.C. Code Ann. §42-9-10 (A). Inability to perform services other than those "so limited in quality, dependability, or quantity that a reasonable stable market for them does not exist." Wynn v. Peoples Natural Gas Co., 238 S.C.1 (1961).

4. Finally, S.C. Code Ann. §42-15-60 of the South Carolina Code of Laws, 1976 (as amended), requires Defendants to authorize causally-related medical treatment. S.C. Code Ann. §42-15-60. Claimant is entitled to additional medical treatment necessary to lessen the period of disability. S.C. Code Ann. §42-15-60; Dodge v. Bruccoli, Clark, and Layman, Inc., 514 S.E.2d 593 (S.C.App. 1999). Claimant bears the burden of proving entitlement to benefits under the Act. Crisp v. SouthCo., Inc., 401 S.C. 627 (2013) (citing Clade v. Champion Labs., 330 S.C. at 11, 496 S.E.2d at 857). For good cause shown, the Commission may in their discretion, order additional medical, surgical, or other treatment. Clark v. Aiken County Government, 620 S.E.2d 99 (S.C.App. 2005).

EVIDENCE OF THE CASE

The Single Commissioner heard the testimony of the only witness, Carl E. Lucas, Claimant and received all medical records and exhibits presented.

The Single Commissioner heard the Claimant's testimony, a fifty (50) year old male. He was last employed by Lexington School District One August 2016 until December 5, 2016, as a bus driver. [HRG. TR. 11:22 – 12:2].

Previously he worked for RNDC (*Employer*) October 1, 2012, through shortly after his January 17, 2014, on the job accident, as a delivery driver to restaurants and liquor stores which required driving, stooping, standing, lifting, and straining. [HRG. TR. 12::4-24]. The Claimant returned to work full duty after his April 30, 2013, accepted hernia workers' compensation claim. [HRG. TR. 12:25 – 13:17]. After, the Claimant lifted liquor boxes January 17, 2014, and injured his back, the Carrier authorized multiple [medical] facilities [HRG. TR. 13:18 – 14:18].

However, the Carrier did not authorize a tens unit, a replacement back brace, and aqua-robotics therapy. [HRG. TR. 14:19 – 16:4].

The Claimant testified that he had trouble receiving authorization for causally related medication ordered by authorized treating physician Michael P. Harris, M.D. [HRG. TR. 16:12 – 17:21].

The Claimant stated that his work experience included store manager, wrecker driver, and tractor work. [HRG. TR. 17:22 – 18:23]. He also attempted to sell grills at the Barnyard Flea Market. [HRG. TR. 18:24 – 19:14]. The Claimant testified that he obtained a bus driver position after RNDC did not call him back. [HRG. TR. 19:15 - 18]. He was forced to resign after syncope episodes and subsequent treatment. [HRG. TR. 19:19 -20:17]. The Claimant's current problems are erectile dysfunction, depression, restless legs, sleep, low back pain, and syncope episodes. [HRG. TR. 20:18-23]. Because of the permanent disability, housework and yardwork are problematic. [HRG. TR. 20:24 – 21:8].

The Claimant attested that the Lexington County School District One paid approximately $10.00 - $11.00 per hour. [HRG. TR. 21:9-11].

The Claimant resigned pursuant to "extreme syncope episodes, my back" and Dr. Jacocks' no driving work restriction. [HRG. TR. 21:12 - 21]. Finally, the Claimant testified that workers' compensation was responsible for causally related medical bills and mileage. [HRG. TR. 21:25 – 22:4]. Finally, the Claimant maintained that he needed to continue causally related medical treatment. [HRG. TR. 22:5-7].

On direct examination, the Claimant testified that he graduated high school where he obtained automobile shop technical training. [HRG. TR. 22:16 – 23:5]. He re-confirmed he was a tow truck driver/business owner. [HRG. TR. 23:6-17]. The Claimant confirmed he was an over the road truck driver, re-confirmed as an assistant store manager, and grading/clearing. [HRG. TR. 23:19 – 24:17]. The Claimant recited the January 17, 2014, accident facts as related to the April 30, 2013, hernia workers' compensation claim. [HRG. TR. 24:18 – 27:22]. Further, he attested to pre-existing conditions. [HRG. TR. 28:11 – 30:7]. However, the January 17, 2014, on the job accident aggravated his back. [HRG. TR. 31:2-10].

FULL COMMISSION FINDINGS OF FACT AND CONCLUSIONS OF LAW

FINDINGS OF FACTS

1. Claimant sustained admitted compensable injuries to his lower back and psyche including depression and insomnia per prior Consent Order.

2. We find Claimant's onset of syncope episodes is causally related to Claimant's work injury. This finding is based on the preponderance of the evidence as a whole including the medical opinion of Dr. Jacocks, Claimant's treating cardiologist, who opined Claimant's syncope episodes were a physical reaction of Claimant's back pain. [CL. APA 10].

3. We find that the Appellants are liable for all causally related treatment only provided by Dr. Jacocks including the diagnostic testing performed to make a formal diagnosis. [CL. EXH. O, P, Q, R].

4. We find Claimant is permanently and totally disabled pursuant to Section 42-9-10 as a result of his injuries to his back, psyche, and syncope episodes. This finding is based on the preponderance of the evidence as a whole including the unrefuted vocational analysis of Adger Brown, who initially opined this was a wage loss claim, but changed his opinion to permanent and total disability after Claimant's onset of syncope episodes.

5. Claimant is entitled to the commuted value of 500 weeks of benefits less any amounts previously paid to the Claimant in the form of temporary benefits.

6. Claimant is entitled to lifetime medical treatment for his causally-related injuries pursuant to Section 42-15-60.

7. Claimant is entitled to a lump-sum payment of his award.

8. Claimant is entitled to James v. Anne's SSA apportionment language.

9. No hearing costs are assessed.

10. That all parties to this proceeding are subject to and bound by the terms and provisions of the S.C Workers' Compensation Act, as amended, with Carl E. Lucas, as the Claimant; RNDC Of South Carolina as the Employer; and Sedgwick Claims Management Services, Inc. as the Carrier.

CONCLUSIONS OF LAW

1. S.C. Code Ann. §42-1-120 of the South Carolina Code of Laws, 1976 (as amended), defines the term "disability" as meaning "incapacity because of injury to earn the wages which the employee was receiving at the time of injury in the same or any other employment." S.C. Code Ann. §42-1-120.

2. S.C. Code Ann. §42-1-160 of the South Carolina Code of Laws, 1976 (as amended), states that "injury" and "personal injury" are defined as "injury by accident arising out of and in the course of employment". S.C. Code Ann. §42-1-160(a). Section 42-1-160 of the South Carolina Code provides:

"[i]n medically complex cases, an employee shall establish by medical evidence that the injury arose in the course of employment. For purposes of this subsection, "medically complex cases" means sophisticated cases requiring highly scientific procedures or techniques for diagnosis or treatment excluding MRIs, CAT scans, x-rays, or other similar diagnostic techniques." S.C. Code Ann. §42-1-160(e).

Furthermore, Section 42-1-160 of the South Carolina Code stipulates that, "[a]s used in this section, "medical evidence" means expert opinion or testimony stated to a reasonable degree of medical certainty, documents, records, or other material that is offered by a licensed health care provider." S.C. Code Ann. §42-1-160(g).

3. S.C. Code Ann. §42-9-10 of the South Carolina Code of Laws, 1976 (as amended). "Amount of compensation for total disability; what constitutes total disability. (A) When the incapacity for work resulting from an injury is total, the employer shall pay, or cause to be paid, as provided in this chapter, to the injured employee during the total disability a weekly compensation equal to sixty-six and two-thirds percent of his average weekly wages. In no case may the period covered by the compensation exceed five hundred (500) weeks except as provided in subsection (C)." S.C. Code Ann. §42-9-10 (A). Inability to perform services other than those "so limited in quality, dependability, or quantity that a reasonably stable market for them does not exist." Wynn v. Peoples Natural Gas Co., 238 S.C.1 (1961).

4. Finally, S.C. Code Ann. §42-15-60 of the South Carolina Code of Laws, 1976 (as amended), requires Defendants to authorize causally-related medical treatment. S.C. Code Ann. §42-15-60.

Claimant is entitled to additional medical treatment necessary to lessen the period of disability. S.C. Code Ann. §42-15-60; Dodge v. Bruccoli, Clark, and Layman, Inc., 514 S.E.2d 593 (S.C.App. 1999). Claimant bears the burden of proving entitlement to benefits under the Act. Crisp v. SouthCo., Inc., 401 S.C. 627 (2013) (citing Clade v. Champion Labs., 330 S.C. at 11, 496 S.E.2d at 857). For good cause shown, the Commission may in their discretion, order additional medical, surgical, or other treatment. Clark v. Aiken County Government, 620 S.E.2d 99 (S.C.App. 2005).

ORDER

IT IS HEREBY ORDERED, ADJUDGED AND DECREED that the preponderance of the evidence supports a finding that the Decision and Order of the Single Commissioner is **AFFIRMED WITH AMENDMENTS.**

IT IS FURTHER ORDERED that payment of Dr. Jacocks' bills is limited to only those causally related to treatment.

AND IT IS SO ORDERED

S.C. WORKERS COMPENSATION COMMISSION FULL PANEL

Commissioner R. Michael Campbell
For the Appellate Panel

WE CONCUR:

Commissioner T. Scott Beck

Commissioner Susan S. Barden

Date: _____
Columbia, South Carolina

South Carolina Workers' Compensation Commission
1333 Main Street, Suite 500
P.O. BOX 1715
Columbia, SC 29202-1715
(803) 737-5739 www.wcc.sc.gov

PRE-HEARING BRIEF
WCC File No: 1401730

Claimant's Name:	Carl E. Lucas	Employer's Name:	RNDC Of South Carolina
Address:	[redacted]	Address:	410 Foster Brothers Dr.
City:	[redacted] State: [redacted] Zip: [redacted]	City:	West Columbia State: SC Zip: 29172
Home Phone:	[redacted] Work Phone:	Carrier:	Sedgwick Claims Management Services, Inc.
Preparer's Name:	Elizabeth M. Pentz	Preparer's Phone #:	[redacted]

A claim for workers' compensation benefits is made based on the following grounds:
☒ Injury ☐ Illness ☐ Repetitive Trauma

1. Compensation Rate: $494.54 2. AWW: $741.77 **Date of Injury:** 1/17/2014
3. Type of injury and body part(s): Back, bilateral legs, bilateral feet, bilateral hips, depression, insomnia, erectile dysfunction
4. Facts in controversy: Whether Claimant is at MMI; Whether Claimant is entitled to further medical care; Claimant denied that the Carrier is entitled to credit for any ttd payments; Whether Claimant is entitled to payment of all past causally related medical bills mileage and prescriptions; Whether Claimant is entitled to an award pursuant to S.C. Code Ann. 42-9-10 or 42-9-20; Whethe Claimant is entitled to *Dodge* medicals – Dr. Krafft, whether Claimant is entitled to lifetime causally related medical care; Whethe Claimant is entitled to *James v. Anne's Inc.* language in the order.
5. Legal issues involved: S.C. Code Ann. §42-9-10; 42-9-20; 42-9-30; §42-9-30(21); §42-9-301; §42-15-60; S.C. Reg. 67-1605; *Dodg v. Bruccoli*, 334 S.C. 574, 514 S.E.2d 593 (S.C. App. 1999); *Dykes v. Daniel Construction*, 262 S.C. 98, 202 S.E.2d 646 (1974), *Jame v. Anne's Inc.*, Op. No. 26762 (S.C. Sup. Ct. filed Oct. 25, 2010) (Shearouse Adv. Sh. No. 43 at 14); *Utica Mohawk*, and all othe applicable statutes, regulations, and caselaw.
6. Unusual aspects: Claimant back pain caused additional medical problems since date of original hearing.
7. Witnesses (designate if expert): *Claimant, Carl E. Lucas; Claimant Spouse, Lindy Lucas. Claimant also reserves the right to call any and all witnesses designated by the Defendants and all other witnesses as needed.
8. Exhibits: Outstanding Mileage and Co-Pays to be Reimbursed,Lexington Medical Center, Richland County EMS, Pain Management, Vocationa Rehabalitation, Colonial Life, Lexington County Shool District Exit Interview, Disability Determination Services, Lexinton Medical Center Bills, Lexingto Cardiolgy Bills, Lexington County EMS, Richland County EMS, Lexington Radiolgy Associates Bill, Lexington Family Practice West Bill, Life Watch Bill.
9. Medical evidence (indicate report pursuant to R.67-612; deposition or appearance): Pursuant to APA Submissions.
10. Name, address, and specialty, if any, of the treating physician: Thomas D. Armsey, II, M.D., Midlands Orthopaedics, 1910 Blanding Street, Columbia, SC 29201. Family physician; Michael P. Harris, M.D., Lexington Family Practice – West Columbia, 3314 Platt Springs Road, West Columbia, SC 29170-2247; Ryan T. Krafft, D.O., The Pain Center, 7021 St. Andrews Rd., Suite 1, Irmo, SC 29212
11. Impairment rating(s); body part(s); physician and date of opinion: 8%; lumbar spine; Scott B. Boyd, M.D.; 03/10/2016.
12. I am amending my Form 50/51 in the following manner: N/A

☒ **Mediation**
- ☐ a. Mediation is requested to be ordered pursuant to Reg. 67-1801 B.
- ☒ b. Mediation is required pursuant to Reg. 67-1802.
- ☐ c. Mediation is requested by consent of the Parties pursuant to Reg. 67-1803.
- ☐ d. Mediation has been conducted by a duly qualified mediator and resulted in an impasse.

Questions regarding mediation may be submitted to mediation@wcc.sc.gov.

I verify that the contents of this form are accurate and true to the best of my knowledge. I certify that I served this document pursuant to S.C. Reg. 67-211 by delivering a copy to Kay G. Crowe, Esq., Barnes Alford Stork & Johnson, LLP, 1613 Main St., P.O. Box 8448, Columbia, SC 29202 on the ____ day of June, 2017, By: ☒ first class postage; ☐ certified mail; ☐ personal service.

Signature: [redacted] Email: liz@mcwhirterlaw.com

Date of hearing: June 1, 2017 Time needed for hearing: 1 hour

Questions about the use of this form should be directed to the Jurisdictional Commissioner. Refer to Regulations 67-204 through 67-211 and Regulations 67-601 through 67-615; as well as Regulation 67- 1801. File this form an proof of service on the opposing party according to R. 67-611 and R.67-212. Do not send medical reports. *Commissioners reserve the right to admit expert witnesses at hearings.

STATE OF SOUTH CAROLINA
BEFORE THE SC WORKERS' COMPENSATION COMMISSION
WCC FILE NO: 1401730

Carl E. Lucas Claimant, -vs- RNDC of South Carolina, Employer, -and- Sedgwick CMS, Inc., Carrier, Defendants.	)	**SUPPLEMENTAL** NOTICE OF SUBMISSION OF WRITTEN EXPERT REPORTS AS DIRECT EVIDENCE ON ON BEHALF OF THE CLAIMANT

TO: SC Workers' Compensation Commission and Kay G. Crowe, Attorney for Defendants:

YOU ARE HEREBY NOTIFIED that Claimant, pursuant to the provisions of the South Carolina Workers' Compensation Act and South Carolina Code Section 1-23-330 (1976, as amended), herewith submits the following expert reports as direct evidence on behalf of Claimant, to wit:

APA #	MEDICAL PROVIDER	DATES	PAGES
1	Lexington Occupational Health	1/17/2014 – 1/28/2014	1-18
2	Palmetto Imaging	2/3/2014	19-20
3	First Physical Therapy	2/4/2014 – 5/16/2014	21-69
4	Thomas D. Armsey, II, M.D.	2/17/2014 – 9/16/2014	70-90
5	Lexington Family Practice Michael P. Harris, M.D.	2/27/2014 – 1/3/2017	91-159
6	The Pain Center	10/6/2014 – 10/25/2016	160-249
7	Lexington Brain and Spine Institute	3/10/2016	250-252
8	J. Adger Brown, Jr., MA, CDMS	5/26/2016	253-262
9	Lexington Medical Center	12/5/2016-12/15/2016	263-298
10	Lexington Cardiology Dr. Mitchell Jacocks	12/9/2016-2/1/2017	299-325
11	**J. Adger Brown, Jr., MA, CDMS**	**3/4/2017**	**468-469**

12	**Pain Management Associates Irmo**	**3/7/2017-4/25/2017**	470-482
13	**Richland County EMS**	**3/26/2017**	483-484
14	**Lexington Medical**	**3/26/2017**	485-499

EXHIBITS **500-522**

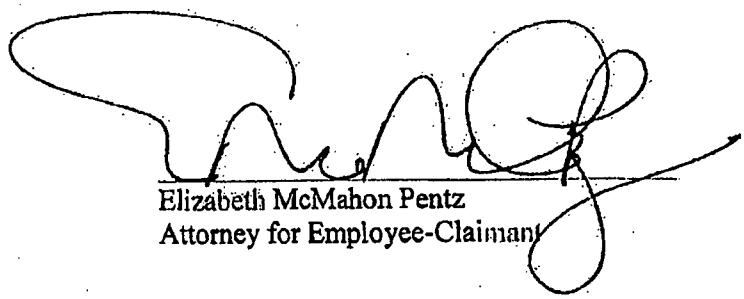
A. Outstanding Mileage and Co-Pays to be reimbursed

K. Vocational Rehabilitation		**501-501**
L. Colonial Life		**502-504**
M. Lexington County School District One Exit Interview		**505**
N. Disability Determination Services		**506**
O. Lexington Medical Center Bills	**6/14/2015-3/26/2017**	**507-511**
P. Lexington Cardiology Bills	**12/5/2016-3/31/2017**	**512-515**
Q. Lexington County EMS Bills	**12/5/2016-3/26/2017**	**516**
R. Lexington Radiology Associates Bills	**12/5/2017-3/26/2017**	**517-519**
S. Lexington Family Practice West Bill	**12/8/2016**	**520**
T. Life Watch Bill	**12/27/2017**	**521**
U. Richland County EMS	**3/26/2017**	**522**

YOU ARE FURTHER NOTIFIED that you have the right of cross-examination and, should you desire to exercise said right, you are to forthwith schedule the deposition of any of the experts whose reports are submitted for the purposes of cross-examination.

YOU ARE FURTHER NOTIFIED that the originals of the documents referred to herein or photocopies received from said experts are being herewith forwarded to the South Carolina Workers' Compensation Commission for insertion in the South Carolina Workers' Compensation Commission's file and inclusion into evidence on behalf of the employee-claimant.

YOU ARE FURTHER NOTIFIED that the following witnesses may be called on behalf of Claimant: Claimant, Lindy Lucas. Claimant reserves the right to call any and all witnesses designated by the Defendants.



Elizabeth McMahon Pentz
Attorney for Employee-Claimant

June 01, 2017

South Carolina Workers' Compensation Commission
1612 Marion St.
P.O. BOX 1715
Columbia, SC 29202-1715
(803) 737-5739
www.wcc.sc.gov

PRE-HEARING BRIEF
WCC File No: 1401730

Claimant's Name:	Carl E. Lucas	Employer's Name:	Republic National Distributing Company
Address:	[redacted]	Address:	410 Foster Brothers Drive
City:	[redacted] State: [redacted] Zip: [redacted]	City:	West Columbia State: SC Zip: 29172
Home Phone:	[redacted] Work Phone: ( ) -	Carrier:	Hartford Accident & Indemnity Co.
Preparer's Name:	Kay Gaffney Crowe	Preparer's Phone #:	(803) 799-1111

A claim for workers' compensation benefits is made based on the following grounds:
☒ Injury ☐ Illness ☐ Repetitive Trauma

1. Compensation Rate: 494.54 2. AWW: $741.77 **Date of Injury:** 1/17/2014
3. Type of injury and body part(s): Low back strain. Initial report was abdominal pain after doing usual job.
4. Facts in controversy: TTD is stopped as Claimant signed a Form 17. Issues now are extent and future medicals.
5. Legal issues involved: MMI and application of Dodge.
6. Unusual aspects: Dr. Kraft who was the physician authorized by order of the Commission opines that Mr. Lucas is at MMI. He has not provided a rating. Dr. Femley found no impairment and that Claimant could return to full duty on 10/15/2014. Dr. Boyd rated at 8% of lumbar spine.
7. Witnesses (designate if expert):* David Peterson, PI, James Reese, PI, Derrin Cooper
8. Exhibits: Refusal of Dr. Westerkam, Detailed Investigations
9. Medical evidence (indicate report pursuant to R.67-612; deposition or appearance):
   See APA
10. Name, address, and specialty, if any, of the treating physician: Pain Management Associates Irmo
    7021 St. Andrews Road, Suite 1, Columbia, SC 29212
11. Impairment rating(s); body part(s); physician and date of opinion: Dr. Femley 10/15/2014 0%. Dr. Boyd 3/10/2016 8% lumbar spine
12. I am amending my Form 50/51 in the following manner:

☒ **Mediation**
- ☐ a. Mediation is requested to be ordered pursuant to Reg. 67-1801 B.
- ☐ b. Mediation is required pursuant to Reg. 67-1802.
- ☐ c. Mediation is requested by consent of the Parties pursuant to Reg. 67-1803.
- ☒ d. Mediation has been conducted by a duly qualified mediator and resulted in an impasse.

Questions regarding mediation may be submitted to **mediation@wcc.sc.gov.**

I verify the contents of this form are accurate and true to the best of my knowledge.

I certify I have served this document pursuant to Reg. 67-211 by delivering a copy to Elizabeth Pentz, Esquire address 119 East Main Street, Lexington, SC 29072 on the 31st day of May 2017 by; ☒ first class postage ☐ certified mail ☐ personal service.

Signature: Kay G. Crowe Email: kay@basjlaw.com
Date of hearing: May 31, 2017 Time needed for hearing: 1 Hour

Questions about the use of this form should be directed to the Jurisdictional Commissioner. Refer to Regulations 67-204 through 67-211 and Regulations 67-601 through 67-615; as well as Regulation 67- 1801. File this form and proof of service on the opposing party according to R.67-611 and R.67-212. Do not send medical reports. * Commissioners reserve the right to admit expert witnesses at hearings.

STATE OF SOUTH CAROLINA

BEFORE THE S.C. WORKERS' COMPENSATION COMMISSION

WCC FILE NO. 1401730

Carl E. Lucas, Claimant, v. Republic National Distributing Company, Employer, and Hartford Accident & Indemnity Co., Carrier, Defendants.	)	**APA MEDICAL AND NOTICE OF WITNESSES**

TO: SOUTH CAROLINA WORKERS' COMPENSATION COMMISSION AND ELIZABETH MCMAHON PENTZ, ESQUIRE:

YOU ARE HEREBY NOTIFIED THAT THE Defendants, pursuant to the provisions of the South Carolina Workers' Compensation Act and South Carolina Code Section 1-23-330, (1976, as amended), herewith submits the following medical reports as direct evidence on behalf of the Defendants, to-wit:

TAB #	NAME OF PHYSICIAN/OTHER	DATE OF REPORT	NO. OF PAGES
12	Lexington Family Practice	1/28/13-1/2/14	340-378
13	Advanced Pain Therapies	1/6/13	379
14	Lexington Occupational Health	1/17/14	380-383
15	Dr. William Felmly	5/12/15-3/9/16	384-390
16	Disability Documentation	12/13/16	391-393
17	Pain Management Associates Irmo	2/6/17-2/24/17	394-406
	EXHIBITS		**NO. OF PAGES**
B	May 6, 2015 Consent Order		407-409
C	Index of Emails – Trying to Obtain Treatment Per 5/6/2015 Consent Order		410-431

D	Outstanding Mileage and Co-Pays to be Reimbursed		432-445
E	Employee's Accident/Injury Report		446-447
F	Detailed Investigation		448-451
G	Detailed Investigation		452-454
H	Detailed Investigation		455-458
I	Email		459
J	Deposition Transcript of Dr. Ryan Kraft		460-467

YOU ARE FURTHER HEREBY NOTIFIED that you have the right of cross-examination; and, should you desire to exercise said right, you are to forthwith schedule the depositions of any of the physicians, whose reports are submitted, for the purposes of cross-examination.

YOU ARE FURTHER NOTIFIED that the originals of the documents referred to herein, or photocopies received from said physicians/others, will be moved into evidence at the time of the hearing to be held before the South Carolina Workers' Compensation Commission, for insertion in the file of the South Carolina Workers' Compensation Commission and inclusion into evidence on behalf of the employer-defendant.

YOU ARE FURTHER NOTIFIED that the following witnesses may be called on behalf of the Defendants:

1. David Peterson, PI
2. James Reese, PI
3. Derrin Cooper

Respectfully Submitted,

Kay Gaffney Crowe
Barnes, Alford, Stork & Johnson, LLP
1613 Main Street
Post Office Box 8448
Columbia, SC 29202-8448

May 31, 2017

SOUTH CAROLINA WORKERS' COMPENSATION COMMISSION
COLUMBIA, SOUTH CAROLINA
WCC FILE NO. 1401730

EMPLOYEE/CLAIMANT: **CARL LUCAS**

EMPLOYER: **REPUBLIC NATIONAL DISTRIBUTING CO.**

INSURER: **HARTFORD ACCIDENT & INDEMNITY CO.**

SOUTH CAROLINA WORKERS' COMPENSATION HEARING

PURSUANT TO NOTICE OF WORKERS' COMPENSATION HEARING, THE WITHIN HEARING WAS TAKEN ON THE 13TH DAY OF JUNE, 2017, COMMENCING AT THE HOUR OF 10:49 A.M., IN ROCK HILL, SOUTH CAROLINA, BEFORE THE HONORABLE AISHA TAYLOR, ATTENDED BY COUNSEL AS FOLLOWS:

JAN L. WHITWORTH
VERBATIM REPORTER

JAN L. WHITWORTH
WHITWORTH COURT REPORTING
POST OFFICE BOX 551
ROEBUCK, S.C. 29376
(864)494-2705

APPEARANCES

ELIZABETH M. PENTZ, ESQUIRE, OF THE FIRM
MCWHIRTER BELLINGER & ASSOCIATES
119 E. MAIN STREET
LEXINGTON, SOUTH CAROLINA 29072

ATTORNEY FOR THE EMPLOYEE/CLAIMANT,

KAY GAFFNEY CROWE, ESQUIRE, OF THE FIRM
BARNES ALFORD STORK & JOHNSON, L.L.P.
POST OFFICE BOX 8448
COLUMBIA, SOUTH CAROLINA 29202

ATTORNEY FOR THE EMPLOYER/INSURER.

PURSUANT TO NOTICE OF HEARING, THE WITHIN HEARING WAS TAKEN BY THE ABOVE-NAMED COURT REPORTER, A NOTARY PUBLIC FOR THE STATE OF SOUTH CAROLINA, IN ROCK HILL, SOUTH CAROLINA.

* * * * * * * * * * * * * * * *

BY COMMISSIONER TAYLOR:

TODAY IS TUESDAY JUNE 13TH, 2017. WE ARE HERE IN WORKERS' COMPENSATION FILE NUMBER 1401730. THIS IS THE CLAIM OF MR. CARL LUCAS WHO IS PRESENT HERE TODAY AND REPRESENTED BY MS. ELIZABETH PENTZ. THE EMPLOYER IS REPUBLIC NATIONAL DISTRIBUTING -- I GUESS, DISTRIBUTING COMPANY, AND THE CARRIER IS HARTFORD ACCIDENT AND INDEMNITY COMPANY. BOTH THE EMPLOYER AND CARRIER ARE REPRESENTED TODAY BY MS. KAY GAFFNEY CROWE. WE ARE SET TODAY ON THE CLAIMANT'S FORM 50 AS WELL AS THE EMPLOYER AND CARRIER'S FORM 21.

I WILL ALLOW THE PARTIES TO PUT DETAILED POSITION STATEMENTS ON THE RECORD; HOWEVER, PRIOR TO DOING SO, ARE THERE ANY OBJECTIONS TO APAs, JURISDICTION, VENUE, OR ANY OTHER ITEMS? MS. PENTZ?

BY MS. PENTZ:

NO OBJECTIONS.

BY COMMISSIONER TAYLOR:

OKAY, MS. CROWE?

BY MS. CROWE:

NO, MA'AM.

BY COMMISSIONER TAYLOR:

BEFORE GOING ON THE RECORD, WE DID HAVE A PREHEARING CONFERENCE WITH THE PARTIES TO JUST OUTLINE SOME OF THE ISSUES. IT IS MY UNDERSTANDING THAT THERE IS AN F.C.E. REPORT THAT THE CLAIMANT WISHES TO INTRODUCE INTO EVIDENCE THAT WAS NOT INCLUDED IN THE ORIGINAL APA SUBMISSIONS; HOWEVER, IT IS -- I GUESS IT WAS AUTHORIZED BY THE EMPLOYER/CARRIER. IS THERE ANY OBJECTION TO THIS RECORD COMING IN?

BY MS. CROWE:

NO, MA'AM.

BY COMMISSIONER TAYLOR:

OKAY. SO, THIS WILL BE MARKED AS CLAIMANT'S EXHIBIT "B."

(COURT REPORTER MARKS DOCUMENT CLAIMANT'S EXHIBIT B, RETAINED IN THE COMMISSION FILE)

BY COMMISSIONER TAYLOR:

ALL RIGHT. THE PARTIES HAVE STIPULATED THAT THE CLAIMANT HAS AN AVERAGE WEEKLY WAGE OF $703.53, WHICH YIELDS A COMPENSATION RATE OF $529.05.

MS. PENTZ, YOUR POSITION STATEMENT, PLEASE.

BY MS. PENTZ:

THANK YOU, COMMISSIONER. THE CLAIMANT'S POSITION IS HE IS IN FACT AT MAXIMUM MEDICAL IMPROVEMENT. DR. CRAFT, WHO IS THE AUTHORIZED-TREATING PAIN MANAGEMENT PHYSICIAN WAS DEPOSED IN THE SPRING OF 2016 AND IDENTIFIED AN M.M.I. DATE OF OCTOBER OF 2015 WITH ONGOING MEDICATIONS AND TREATMENT BY THE PAIN MANAGEMENT PROGRAM. MR. LUCAS HAD CONTINUED TO RECEIVE THAT TREATMENT, AND HE DOES GO ONCE A MONTH; HOWEVER, IN THE ENSUING TIME, HE HAS HAD ADDITIONAL ISSUES, WHICH STILL RELATE BACK TO HIS BACK PAIN. IN DECEMBER, HE STARTED HAVING SYNCOPE EPISODES IN ADDITION TO THE ACCEPTED LOW BACK, THE DEPRESSION AND THE INSOMNIA. HE WOULD GET THIS WEIRD FEELING AND THEN WOULD PASS WOULD, WHICH DR. JACOCKS IS THE TREATING CARDIOLOGIST DID A SERIES OF TESTS AND DETERMINED, AND WE HAVE SUBMITTED FOR REVIEW, A CAUSATION STATEMENT AS REQUIRED BY THE STATUTE THAT IT IS CAUSALLY RELATED, THE RESULT OF HIS BACK PAIN. DR. JACOCKS ALSO IDENTIFIES IN THAT LETTER THAT BLOOD PRESSURE MEDICATION IS WARRANTED. NOW, WE AGREE MR. LUCAS HAD SOME BLOOD PRESSURE ISSUES PRIOR TO THAT EVER HAPPENING; HOWEVER, THERE'S BEEN SOME TWEAKING AND A LITTLE BIT OF CHANGING IN HIS BLOOD PRESSURE MEDICATION, AND WE REQUEST THAT ALL THE TREATMENT

THAT DR. JACOCKS HAS DONE TO DATE IS PAID FOR BY THE CARRIER PRIMARILY BECAUSE DR. JACOCKS NEEDED TO DO THOSE TESTS TO RULE OUT CARDIAC ISSUES, AND AS I STATED, SUBSEQUENTLY FOUND THAT THE BACK PAIN ISSUE IS WHAT WAS ACTUALLY GOING ON, A VAGAL RESPONSE TO THE PAIN. THERE ARE SOME OUTSTANDING -- WE HAVE INCLUDED AS PART OF THE APAs EXHIBITS, OUTSTANDING MEDICAL BILLS THAT NEED TO BE PAID. I BELIEVE THERE MAY BE SOME THERAPY AND A BACK BRACE, AND MR. LUCAS WILL TESTIFY TO THAT, A TENS UNIT HAS BEEN ISSUED, AND HE NEEDED SOME PADS. I DON'T THINK THOSE ITEMS HAVE BEEN APPROVED. SO, ALL CAUSALLY RELATED MEDICAL TREATMENT, WE ARE REQUESTING THAT THAT IS IN FACT PAID FOR BY THE CARRIER. THE CLAIMANT'S POSITION IS THAT "A," HE IS PERMANENTLY AND TOTALLY DISABLED. WE SECURED A VOCATIONAL REHABILITATION EXPERT REPORT IN THE SPRING OF 2016 BY ADGER BROWN. MR. BROWN AT THAT TIME DETERMINED THAT AN F.C.E. WAS REALLY NECESSARY FOR HIM TO MAKE HIS FINAL CONCLUSIONS. THAT F.C.E. WAS DONE AND APPROVED BY WORKERS' COMP JULY 29TH OF 2016 AND SUBMITTED TO MR. BROWN FOR HIS FINAL OPINIONS. HE INDICATED AT THAT TIME THAT MR. LUCAS HAD SUFFERED A WAGE LOSS IN THE AMOUNT OF $12 AN HOUR, WHATEVER THAT CALCULATION MAY BE. SUBSEQUENTLY AS I REFERRED TO EARLIER, IT'S

TAKEN A WHILE FOR US TO GET TO THIS POINT, AND MR. LUCAS, OF COURSE, HAS CONTINUED TO TREAT AND CONTINUED TO SUFFER FROM THE BACK PAIN. DR. JACOCKS HAS IN FACT PROHIBITED MR. LUCAS FROM DRIVING. EVEN THOUGH MR. BROWN STATED THAT HE HAD SUFFERED A WAGE LOSS, MR. LUCAS TOOK IT UPON HIMSELF, WENT OUT, FOUND A JOB, AND HE WILL TESTIFY TODAY HE WAS DRIVING A BUS FOR ONE OF THE LEXINGTON SCHOOL DISTRICTS AT $10.35 PER HOUR. THEREFORE, IF THE COMMISSION DOES NOT FIND THAT HE IS TOTALLY AND PERMANENTLY DISABLED, BASED UPON THE SUBSEQUENT OCCURRENCE, THE SYNCOPE EPISODES THAT HE HAD, WE WOULD REQUEST THAT YOU FIND HE HAS IN FACT SUFFERED A WAGE LOSS, AND THAT IS VERY MUCH SUPPORTED BY THE FACT, AND THIS IS AN UNUSUAL SITUATION, IN THAT MR. LUCAS ACTUALLY RETURNED TO WORK BEFORE WE HAVE EVER BEEN ABLE TO COME TO A FINAL HEARING. SO, HOPEFULLY, THAT DOES GIVE THE COMMISSIONER SOME DIRECTION. WE THINK THAT IT'S OUTSIDE THE SCOPE OF A SCHEDULED MEMBER. HE DID RECEIVE A ZERO IMPAIRMENT FROM DR. FELMLY, AND DR. ARMSEY NEVER RATED HIM. DR. CRAFT WOULD NOT RATE HIM, AND MY OFFICE SENT MR. LUCAS TO SEE DR. SCOTT BOYD, WHO ASSIGNED AN EIGHT PERCENT PERMANENT IMPAIRMENT TO HIS BACK; HOWEVER, AS A RESULT OF THAT BACK INJURY,

ONGOING PAIN, THE DEPRESSION AND THE INSOMNIA, THE AGGREGATE TOTAL, WE THINK, AND MR. BROWN AGREES OR SUGGESTS, THAT BECAUSE OF THE SYNCOPE EPISODES, THAT IT MAY TAKE HIM COMPLETELY OUT OF THE WORKFORCE. THANK YOU, COMMISSIONER.

BY COMMISSIONER TAYLOR:

THANK YOU. MS. CROWE.

BY MS. CROWE:

YES, MA'AM, THANK YOU. IT IS THE POSITION OF THE CARRIER THAT THE CLAIMANT IS AT M.M.I. THAT HE WAS ASSIGNED AN EIGHT PERCENT RATING TO HIS LUMBAR SPINE BY DR. BOYD, AND THAT THAT RATING REFLECTS HIS DISABILITY. IT IS OUR POSITION THAT HIS BACKGROUND AND HIS WORK EXPERIENCE IS QUITE VARIED AND INCLUDES JOBS LIKE STORE MANAGER AND THINGS THAT HE COULD CONTINUE TO DO. WE DENY THAT ALL OF DR. JACOCKS' EVALUATION SHOULD BE CAUSALLY CONNECTED, AND I WOULD CALL YOUR ATTENTION TO PAGE, BEGINNING AT 299, WHERE DR. JACOCKS' REPORT IS, AND DR. JACOCKS LISTS AS HIS ACTIVE PROBLEMS 15 ACTIVE PROBLEMS, AND THE FIRST IS AN ABNORMAL STRESS E.K.G. IN HIS DISCUSSION OF WHAT HIS PLAN IS, WHICH IS ON PAGE 302, HE TALKS ABOUT ALL OF HIS CARDIAC RISKS DUE TO HIS WEIGHT, HIS DIABETES AND HIS ABNORMAL E.K.G., AND THE NEED THEREFORE FOR THE CATHETERIZATION. SO, AS YOU READ

THE REPORTS OF DR. JACOCKS' MEDICAL, HE IS NOT RELATING THE NEED FOR ALL OF THAT CARE TO THE SYNCOPAL EPISODES, AND WE WOULD DENY THAT WE ARE RESPONSIBLE FOR THOSE. WE BELIEVE THAT THERE IS SOME DODGE MEDICAL, WHICH WOULD BE COVERED IN THIS CASE, AND WE BELIEVE WE HAVE CONTINUED TO PROVIDE IT THROUGH CONTINUING TO ALLOW HIM TO SEE PAIN MANAGEMENT AND PAIN -- THOSE DRUGS THAT PAIN MANAGEMENT PRESCRIBED, AND THOSE HAVE BEEN PAID ON AN ONGOING BASIS. WE DENY THAT THERE IS ANY OTHER MEDICAL CARE CAUSALLY RELATED TO HIS ON-THE-JOB INJURY THAT NEEDS TO BE PAID ON A CONTINUING BASIS, AND FOR THE PURPOSES OF MY STOP PAY, HE HAS SIGNED A 17, SO HE IS NOT BEING PAID AT THIS TIME.

BY COMMISSIONER TAYLOR:

ALL RIGHT, THANK YOU. MADAM COURT REPORTER, WILL YOU PLEASE SWEAR MR. LUCAS.

BY THE COURT REPORTER:

SIR, IF YOU CAN RAISE YOUR RIGHT HAND, PLEASE.

* * * * * * * * * * * * * * * * *

THE WITNESS WAS DULY SWORN TO TELL THE TRUTH, THE WHOLE TRUTH, AND NOTHING BUT THE TRUTH CONCERNING THE MATTER HEREIN:

CARL LUCAS

BEING FIRST DULY SWORN, TESTIFIED ON HIS OATH AS FOLLOWS:

BY THE COURT REPORTER:

THANK YOU.

BY COMMISSIONER TAYLOR:

AND, MR. LUCAS, BEFORE YOU TESTIFY, I JUST WANT YOU TO UNDERSTAND I HAVE ALL OF YOUR MEDICAL RECORDS IN FRONT OF ME AS WELL. SOMETIMES I LIKE TO REVIEW THE MEDICAL RECORDS WHILE YOU ARE TESTIFYING SO IT WILL GIVE ME A COMPLETE PICTURE. SO, IF I DON'T MAKE A LOT OF EYE CONTACT, IT'S BECAUSE I'M READING YOUR MEDICAL RECORDS, OKAY?

BY THE CLAIMANT:

THAT'S FINE.

BY COMMISSIONER TAYLOR:

ALL RIGHT, THANK YOU. MS. PENTZ.

BY MS. PENTZ:

THANK YOU, COMMISSIONER.

DIRECT EXAMINATION BY MS. PENTZ:

Q. MR. LUCAS, HOW OLD ARE YOU TODAY?

A. FIFTY.

Q. ARE YOU MARRIED?

A. YES.

Q. WHAT IS THE LAST JOB THAT YOU HAD?

A. LEXINGTON SCHOOL DISTRICT ONE.

Q. WHAT DID YOU DO FOR THEM?

A. I WAS A BUS DRIVER.

Q. HOW LONG?
A. FROM AUGUST OF 2016 TO DECEMBER THE 5TH.
Q. AND WE'RE GOING TO TALK A LITTLE BIT MORE ABOUT THAT. PRIOR TO THE SCHOOL DISTRICT, WHAT WAS THE LAST JOB THAT YOU HAD?
A. R.N.D.C.
Q. OKAY. AND WHAT DID YOU DO FOR R.N.D.C.?
A. I WAS A DELIVERY DRIVER FOR RESTAURANTS AND LIQUOR STORES.
Q. AND PAINT JUST BRIEFLY A LITTLE BIT BETTER PICTURE OF WHAT THAT INVOLVED PHYSICALLY FOR COMMISSIONER TAYLOR.
A. THAT'S PHYSICALLY DRIVING, STOOPING, STANDING, REPEAT OF LIFTING, STRAINING.
Q. WHAT DID YOU HAVE TO LIFT?
A. CASES OF LIQUOR, RED BULL, STUFF LIKE THAT.
Q. YOU WORKED FULL TIME FOR R.N.D.C.?
A. YES, I DID.
Q. OKAY. NOW, YOU -- HOW LONG DID YOU WORK FOR THEM?
A. OCTOBER THE 1ST, 2012.
Q. UNTIL YOUR SECOND ACCIDENT IN ---
A. YES.
Q. --- JANUARY 2014; IS THAT CORRECT?
A. YES.
Q. NOW, YOU HAD AN ACCIDENT APRIL 30TH OF 2013. THAT

WAS YOUR FIRST ACCIDENT WITH R.N.D.C.?
A. YES.
Q. AND WHAT HAPPENED WITH THAT ACCIDENT?
A. THAT WAS A -- I CALL IT THE BELLY BUTTON, HERNIA, AND LOWER BACK PAINS.
Q. DID YOU HAVE SURGERY?
A. I DID FOR THE HERNIA.
Q. NOW, DID WORKERS' COMP ACCEPT THAT ACCIDENT?
A. YES.
Q. HOW LONG WERE YOU OUT OF WORK?
A. NINE WEEKS.
Q. AND DID YOU GO BACK TO WORK FOR R.N.D.C.?
A. YES.
Q. DID YOU GO BACK TO YOUR REGULAR JOB?
A. YES.
Q. FULL TIME?
A. YES.
Q. YOU HAD AN ACCIDENT JANUARY 17TH, 2014, WHICH IS THE ACCIDENT WE ARE HERE ABOUT TODAY; IS THAT RIGHT?
A. YES.
Q. AND WHAT HAPPENED BRIEFLY JANUARY 17TH, 2014?
A. I WAS PICKING UP BOXES OF LIQUOR AND PULLED MY BACK OUT AGAIN.
Q. DID YOUR EMPLOYER SEND YOU FOR MEDICAL TREATMENT?
A. NOT RIGHT AWAY, NO.

Q. BUT THEY DID SEND YOU FOR TREATMENT, IS THAT RIGHT?
A. YES.
Q. YOU TREATED AT SEVERAL FACILITIES INCLUDING LEXINGTON OCCUPATIONAL HEALTH AND HAD AN M.R.I.; IS THAT RIGHT?
A. YES.
Q. NOW, WORKERS' COMP HAS SENT YOU FOR TREATMENT TO DR. ARMSEY; IS THAT CORRECT?
A. YES.
Q. DR. FELMLY?
A. YES.
Q. OKAY. AND YOU'VE HAD PHYSICAL THERAPY?
A. YES.
Q. DID THE PHYSICAL THERAPY HELP?
A. AS BEST AS IT COULD.
Q. WHAT DO YOU MEAN BY THAT?
A. IT WAS MY UNDERSTANDING THAT I WAS AT -- I WAS AT A PLATEAU. I COULDN'T DO MUCH MORE.
Q. WAS THERE ANY OTHER THERAPY ORDERED THAT YOU DID NOT RECEIVE?
A. IF I REMEMBER CORRECTLY, IT WAS THE TENS UNIT ALONG WITH A BACK BRACE AND THE AQUA-ROBOTICS THERAPY, IF I REMEMBER CORRECTLY.
Q. WHAT PHYSICIAN ORDERED THE BACK BRACE?
A. THOMAS ARMSEY GOT ME THE BACK BRACE.

Q. ARE YOU IN NEED OF A BACK BRACE NOW?
A. YES.
Q. OKAY. WHAT HAPPENED TO THE OTHER BACK BRACE?
A. IT BROKE.
Q. DID THE PHYSICIANS AT THE PAIN CENTER ORDER YOU A NEW ONE?
A. YES.
Q. OKAY. WHEN DID THAT HAPPEN?
A. I CAN'T REMEMBER THE DATE, BUT IT'S BEEN SOME TIME. I'VE BEEN ASKING FOR IT FOR QUITE SOME TIME.
Q. OKAY. FAIR ENOUGH. WHAT ABOUT THE TENS UNIT, WHEN WERE YOU ISSUED A TENS UNIT?
A. DURING THE FIRST PHYSICAL THERAPIST AND THEN WHEN ONE DAY IT JUST STOPPED. I COULDN'T GET THE PADS FOR IT.
Q. HAVE YOU REQUESTED THROUGH MY OFFICE ---
A. YES.
Q. --- FOR NEW PADS FOR YOUR UNIT?
A. YES.
Q. HAVE YOU RECEIVED THOSE YET?
A. NO.
Q. OKAY. AND WHAT ABOUT THE AQUA THERAPY, I BELIEVE YOU SAID?
A. I HAVE NOT RECEIVED THAT EITHER.
Q. WHO ORDERED THE AQUA THERAPY?

A. PAIN MANAGEMENT.
Q. THE PAIN MANAGEMENT PHYSICIAN THAT WAS AUTHORIZED BY WORKERS' COMP?
A. YES.
Q. OKAY. WHY ARE YOU NOT WORKING FOR ---
BY MS. PENTZ:
WELL, STRIKE THAT.
DIRECT EXAMINATION RESUMED BY MS. PENTZ:
Q. LET ME ASK YOU. DID YOU DEVELOP SUBSEQUENT PROBLEMS OTHER THAN YOUR BACK DURING THIS CLAIM?
A. I'M NOT UNDERSTANDING.
Q. DID YOU TREAT WITH DR. HARRIS, YOUR FAMILY DOCTOR --
-
A. YES.
Q. --- FOR OTHER ISSUES ---
A. YES.
Q. --- THAT WERE RELATED TO THIS CLAIM?
A. YES.
Q. AND WHAT WERE THOSE ISSUES?
A. MY RESTLESS LEGS AND DEPRESSION.
Q. ALL RIGHT. ARE YOU RECEIVING MEDICATION FROM DR. HARRIS?
A. YES.
Q. IS WORKERS' COMP PAYING FOR THAT MEDICATION?
A. YES.

Q. OKAY. DO YOU HAVE ANY TROUBLE RECEIVING THAT MEDICATION?

A. YES.

Q. OKAY. AND WHAT KIND OF TROUBLE DO YOU HAVE?

A. WHEN IT'S TIME TO BE REFILLED. THEY HAVE TO CALL IT IN, AND IT TAKES FIVE TO NINE, FOURTEEN BUSINESS DAYS BEFORE THEY CAN GET ME AN OKAY TO GET MY MEDICINE.

Q. SO, CURRENTLY, YOUR CURRENT AUTHORIZED-TREATING PHYSICIANS ARE WHATEVER DOCTORS ARE AT THE PAIN CENTER; IS THAT RIGHT?

A. YES.

Q. AS WELL AS DR. HARRIS FOR THE DEPRESSION?

A. YES.

Q. DO YOU HAVE ANY SLEEP ISSUES THAT ARE RELATED TO YOUR CLAIM?

A. YES, I'M ON TWO DIFFERENT MEDICATIONS FOR SLEEP.

Q. OKAY. AND WORKERS' COMP IS PAYING FOR THOSE MEDICATIONS?

A. YES, I BELIEVE THEY ARE. I'M PRETTY SURE THEY ARE, BECAUSE I HAVEN'T PAID FOR THEM.

Q. OKAY. NOW, LET'S TALK ABOUT YOUR WORK HISTORY.

A. OKAY.

Q. BEFORE YOU WORKED FOR R.N.D.C., WHAT OTHER TYPES OF WORK HAVE YOU DONE?

A. I WAS A STORE MANAGER.
Q. HOW LONG WERE YOU ---
A. ASSISTANT STORE MANAGER, EXCUSE ME.
Q. HOW LONG WERE YOU A STORE MANAGER?
A. ABOUT A YEAR.
Q. HAVE YOU DONE ANY STORE MANAGEMENT WORK BEFORE THAT TIME?
A. NO.
Q. HOW ABOUT SINCE THAT TIME?
A. I WAS THE OWNER OF MY OWN WRECKER SERVICE.
Q. HOW LONG DID YOU HAVE YOUR OWN WRECKER SERVICE?
A. FROM 2001 -- NO, 2002 TO 2008.
Q. DID YOU ACTUALLY DRIVE THE WRECKERS?
A. YES.
Q. SO, YOU DID MORE THAN JUST SUPERVISE PEOPLE THAT YOU EMPLOYED?
A. THAT'S CORRECT.
Q. WHAT OTHER BUSINESSES HAVE YOU HAD OF YOUR OWN?
A. I'VE TRIED TO DO, LIKE, TRACTOR WORK, BUT I DIDN'T GET ANYWHERE WITH THAT.
Q. AND WHY IS THAT?
A. IT JUST DIDN'T GO OFF TOO WELL, PLUS ALL MY TIME WAS TAKEN UP WITH R.N.D.C. WORKING ALL THE TIME.
Q. HAVE YOU TRIED TO SELL ITEMS AT THE U.S. FLEA MARKET?

A. YES, I HAVE.
Q. OR, I'M SORRY, THE BARNYARD FLEA MARKET; IS THAT RIGHT?
A. YES.
Q. OKAY. WHAT ITEMS DID YOU HAVE FOR SALE AT THE BARNYARD FLEA MARKET?
A. I BOUGHT PALLETS OF GRILLS AND HAD MY WIFE AND MY SON PUT THEM TOGETHER, AND WE WOULD TAKE THEM TO THE FLEA MARKET, AND I WOULD TRY TO -- TRY TO SELL IT, BUT IT WAS UNBEARABLE TO DO. I COULDN'T DO ANY LIFTING OR ANYTHING LIKE THAT, SO IT -- I DIDN'T -- IT DIDN'T PAN OUT WORKING WITH THAT.
Q. HOW LONG DID YOU TRY THAT TYPE OF BUSINESS?
A. LIKE A MONTH-AND-A-HALF.
Q. OKAY. NOW, AFTER YOU LEFT R.N.D.C. OR THEY DIDN'T CALL YOU BACK, YOU EVENTUALLY GOT A JOB AT THE SCHOOL DISTRICT?
A. CORRECT.
Q. WHAT HAPPENED THAT YOU ARE NO LONGER WORKING FOR THE SCHOOL DISTRICT NOW?
A. I PASSED OUT AFTER I FINISHED MY MORNING ROUTE.
Q. AND THAT HAPPENED DECEMBER 5TH OF 2016?
A. DECEMBER 5TH, YES.
Q. HAVE YOU HAD SUBSEQUENT INCIDENTS?
A. YES.

Q. HOW MANY -- AND THESE ARE SYNCOPE EPISODES?
A. THESE ARE SYNCOPE EPISODES, YES.
Q. HOW MANY EPISODES HAVE YOU HAD SINCE DECEMBER 5TH?
A. FIVE OR SIX.
Q. AND YOU'VE BEEN TREATING WITH DR. JACOCKS FOR THOSE INCIDENTS?
A. YES.
Q. ARE YOU CONTINUING TO TREAT WITH HIM?
A. I HAVEN'T SEEN HIM AS A FOLLOW UP, BECAUSE I WAS SUPPOSED TO BE THERE TODAY, BUT TODAY'S COURT DATE, SO I HAD TO MAKE IT FOR A FOLLOWING TIME.
Q. BUT YOU ARE STILL TREATING WITH HIM?
A. I AM STILL TREATING WITH HIM, YES.
Q. OKAY. WHAT, IF ANY, KIND OF MEDICATIONS IS HE PRESCRIBING FOR YOU?
A. HE'S GOT ME DOING WHATEVER PAIN MANAGEMENT IS DOING. HE'S GOT -- I'M ON OXYCODONE AND MY OTHER MEDICINE.
Q. OKAY. WHAT KIND OF PROBLEMS ARE YOU STILL HAVING?
A. I STILL HAVE E.D., DEPRESSION, RESTLESS LEGS; THEY JUMP ALL THE TIME. I'M HAVING A HARD TIME SLEEPING EVEN WITH THE MEDICATION. I STILL HAVE LOW BACK PAINS REAL BAD, AND I'M GETTING -- DOING THE PASSING OUT.
Q. DO YOU ATTEMPT TO DO SOME ACTIVITY AT HOME LIKE HOUSEWORK, YARD WORK?

A. I'VE TRIED TO CLEAN THE HOUSE. IT WAS TOO PAINFUL TO VACUUM THE FLOOR. I CAN'T HARDLY -- I HAD A HARD TIME BENDING DOWN DOING THE DISHES, BECAUSE WE HAVE A DISHWASHER. I CAN'T STAND FOR LONG PERIODS OF TIME. ALL I WANT TO DO IS SLEEP BECAUSE I'M IN PAIN. SO, YOU KNOW, I USED TO DO ALL THE YARD WORK. I CAN'T DO THE YARD WORK, BECAUSE THE VIBRATION OF THE LAWNMOWER. NOW, I'VE TRIED, BUT I CAN'T.

Q. OKAY. WHEN YOU WERE WITH THE SCHOOL DISTRICT, HOW MUCH WERE YOU EARNING PER HOUR?

A. ELEVEN, TEN/ELEVEN DOLLARS, SOMETHING LIKE THAT.

Q. OKAY. AND HOW DID YOU COME TO NOT BEING EMPLOYED BY THEM? DID YOU RESIGN?

A. I HAD TO MEDICALLY RESIGN DUE TO THE EXTREME SYNCOPES AND MY BACK.

Q. OKAY. NOW, THAT'S SOMETHING THAT DR. JACOCKS DETERMINED?

A. YES.

Q. OKAY. DID HE ACTUALLY ADVISE YOU OR RECOMMEND THAT YOU NOT DRIVE?

A. YES, HE TOLD ME POINT BLANK "DON'T DRIVE."

Q. HAVE YOU EVER DRIVEN FOR ANOTHER COMPANY OTHER THAN R.N.D.C.?

A. YES.

Q. DO YOU STILL HAVE OUTSTANDING MEDICAL BILLS?

A. YES.
Q. OKAY. DO YOU HAVE OUTSTANDING MILEAGE REIMBURSEMENTS THAT HAVE NOT BEEN PAID?
A. YES.
Q. DO YOU STILL FEEL THE NEED TO CONTINUE YOUR TREATMENT WITH PAIN MANAGEMENT AND DR. JACOCKS?
A. YES.

BY MS. PENTZ:

I HAVE NO OTHER QUESTIONS AT THIS TIME, COMMISSIONER.

BY COMMISSIONER TAYLOR:

OKAY, THANK YOU. MS. CROWE.

BY MS. CROWE:

YES.

CROSS EXAMINATION BY MS. CROWE:

Q. YOU GRADUATED FROM LEXINGTON HIGH SCHOOL IN 1986; IS THAT CORRECT?
A. YES, MA'AM.
Q. OKAY. AND THEN FOR SEVERAL YEARS OUT OF HIGH SCHOOL, YOU WORKED IN AN AUTOMOBILE BODY SHOP?
A. THAT'S CORRECT.
Q. OKAY. AND DID YOU ACQUIRE A TECHNICAL DEGREE IN BODY SHOP WORK OR BODY WORK?
A. IT WAS VOCATIONAL, YES.
Q. OKAY. SO, WHAT VOCATIONAL DEGREE DID YOU GET?

A. IT'S NOT A DEGREE. IT WAS THROUGH VOCATIONAL TRAINING THROUGH HIGH SCHOOL.

Q. OKAY. AND DO YOU REMEMBER THE NAME OF THE CERTIFICATE YOU GOT?

A. NO, IT'S AUTO BODY CLASS.

Q. OKAY. AND THEN FOLLOWING THAT, YOU WORKED AS A TOW TRUCK DRIVER; IS THAT CORRECT?

A. THAT'S CORRECT.

Q. OKAY. AND THEN YOU OPENED YOUR OWN BUSINESS AND RAN YOUR OWN BUSINESS FROM 2002 TO 2008; IS THAT CORRECT?

A. THAT'S CORRECT.

Q. AND DO YOU STILL HAVE THERE PARKED AT YOUR HOUSE A TOW TRUCK?

A. NO.

Q. OKAY. WHEN DID YOU GET RID OF YOUR LAST TOW TRUCK?

A. 2008.

Q. OKAY. AND YOU THEN WERE OUT OF WORK FOR A PERIOD OF TIME, AND THEN YOU WENT TO WORK AS AN OVER-THE-ROAD TRUCK DRIVER FOR PANTHER?

A. NO, I WENT STRAIGHT TO PANTHER SEPTEMBER ---

Q. OKAY.

A. --- OF 2008.

Q. AND YOU WORKED THERE FOR HOW LONG?

A. UP TO 2011 -- YEAH, 2011, I THINK IT WAS.

Q. AND THEN YOU WORKED AS AN ASSISTANT MANAGER FOR AN ADULT SUPERSTORE FOR ABOUT A YEAR; IS THAT CORRECT?

A. NOT PROUD OF IT, BUT, YES.

Q. OKAY. AND THEN YOU CAME TO WORK FOR NATIONAL DISTRIBUTING COMPANY IN OCTOBER 2012?

A. YES.

Q. YOU WORKED UNTIL -- AND WHILE YOU WERE THERE IN 2013, YOU ALSO OPENED A NEW BUSINESS AS A GRADING AND GROUND CLEARING CALLED EDDIE'S TRACTOR WORKS; IS THAT CORRECT?

A. IT NEVER WENT ANYWHERE. I DID SIDE WORK, TRIED TO DO SIDE WORK, BUT IT NEVER PANNED OUT.

Q. OKAY. DID YOU DO JOBS CLEARING LAND IN 2013?

A. I CANNOT REMEMBER IF IT'S 2013 OR 2012.

Q. AND DO YOU -- HAVE YOU DISSOLVED THAT BUSINESS OR DONE ANYTHING TO CLOSE IT?

A. IT NEVER WAS -- IT WAS NEVER A BUSINESS.

Q. OKAY. AND YOU CAME BACK FROM YOUR HERNIA, AND YOU WERE BACK AT WORK FROM THAT, AND DID YOU -- WHEN YOU REPORTED YOUR INJURY IN JANUARY 2014, DID YOU TELL THE EMPLOYER -- DID YOU FILE A WRITTEN FIRST REPORT OF INJURY? DO YOU REMEMBER THAT?

A. WHATEVER PAPERWORK THEY REQUIRED, ---

Q. OKAY.

A. --- I DID DO IT THROUGH MY SUPERVISOR.

Q. OKAY. LET ME SHOW YOU THIS DOCUMENT, AND IT LOOKS LIKE IT'S GOT YOUR SIGNATURE ON THE BOTTOM.

BY COMMISSIONER TAYLOR:

WHAT PAGE IS THAT?

BY MS. CROWE:

THAT IS NUMBER 446.

BY COMMISSIONER TAYLOR:

THANK YOU.

CROSS EXAMINATION RESUMED BY MS. CROWE:

Q. IS THAT YOUR SIGNATURE?

A. IT LOOKS LIKE IT.

Q. AND IT'S DATED 1/17/2014.

A. THAT'S THE DATE THAT THEY DID THE PAPERWORK.

Q. OKAY. AND WHAT YOU SAID WAS "NOTHING WAS -- WHAT COULD HAVE BEEN DONE TO PREVENT YOUR INJURY? NOTHING WAS - NOTHING. WAS UNDER DOCTOR'S ORDERS AND CARE AND WAS NOT ABLE TO HEAL," AND THEN YOU INDICATE THAT THIS JANUARY EVENT WAS FROM YOUR MARCH 2013 INJURY; IS THAT CORRECT?

A. THAT WAS THE HERNIA, YES.

Q. OKAY. WHAT EXACTLY WERE YOU DOING IN JANUARY 2014 WHEN YOU EXPERIENCED THE ONSET OF THE BACK PAIN?

A. DELIVERING PRODUCT FOR R.N.D.C.

Q. WELL, I UNDERSTAND THAT, BUT I MEAN, THAT INVOLVES DRIVING A TRUCK, UNLOADING A TRUCK, ROLLING IN A

HANDCART, DIFFERENT ACTIONS. WHAT SPECIFIC ITEM WERE YOU DOING?

A. I CAN'T TELL YOU A SPECIFIC ITEM, BUT I WAS LIFTING HEAVY BOXES.

Q. OKAY. WAS THERE ANY DIFFERENCE BETWEEN THE BOXES THAT DAY AND ANY OTHER DAY YOU WERE WORKING THERE?

A. THEY ALL WEIGH DIFFERENT.

Q. OKAY. DO YOU KNOW IF YOU WERE LIFTING IT OR PUTTING IT DOWN? WAS IT ON A HAND TRUCK? DO YOU KNOW EXACTLY WHAT YOU WERE DOING?

A. ALL I KNOW IS I'VE HAD BACK PAIN SINCE THE HERNIA.

Q. OKAY. SO, IN YOUR MIND, THIS BACK PAIN YOU'RE HAVING NOW ALL GOES BACK TO THE APRIL 2013 HERNIA?

A. IT'S NOT IN MY MIND, NO.

Q. OKAY. IT IS IN YOUR BELIEF?

A. I WOULD SAY, YOU KNOW, WHEN I GOT HURT THE FIRST TIME, THEY DID NOTHING FOR MY BACK INJURY, AND THEY FIXED THE HERNIA. THEY PUT ME RIGHT BACK TO WORK. I DID FULL FORCE WORK, AND THEN I PULLED MY BACK AGAIN. I KEPT TELLING THEM I WAS HAVING PAIN ON MY SIDE RIGHT AROUND THE ABDOMINAL AREA IN MY BACK.

Q. OKAY.

A. AND THAT'S WHAT HAPPENED.

Q. OKAY. AND THE HERNIA INJURY, YOU WERE MAKING A DELIVERY AT A LIQUOR STORE IN HILTON HEAD; IS THAT

RIGHT?

A. THAT'S CORRECT.

Q. AND YOU WERE UNLOADING A CASE OF LIQUOR FROM YOUR TRUCK, AND YOUR BOXES WERE ABOVE YOUR HEAD, AND YOU REACHED OVER YOUR HEAD TO PULL A BOX OUT OF THE MIDDLE OF A STACK; IS THAT CORRECT?

A. THAT'S CORRECT.

Q. OKAY. AND THAT WAS AN ACT THAT YOU REPEATEDLY DID, AND IT WAS PART OF YOUR REGULAR JOB; IS THAT CORRECT?

A. NOT NECESSARILY, NO.

Q. OKAY.

A. WHAT -- LET ME CLARIFY THAT. WHEN THEY LOADED THE TRUCK TO GET MORE BOXES ON, THEY PUT IT ABOVE OUR HEADS INSTEAD OF KEEPING IT DOWN IN THE MIDDLE, AND AS I'M TRAVELING FROM R.N.D.C. TO HILTON HEAD ON THE INTERSTATE WITH ALL THE BUMPS, THE BOXES HAD FORCED ITS WAY DOWN AND BOWED OUT THE SIDES OF THE TRUCK. SO, THE EASIEST WAY TO GET THE BOX UNDONE IS TAKE THE ONE FROM THE MIDDLE AREA TO TRY TO LOOSEN IT UP SO IT WILL BRING THE INSIDE IN, AND THAT'S WHEN I GOT HURT.

Q. OKAY. DO YOU KNOW HOW MANY DIFFERENT SESSIONS OF PHYSICAL THERAPY YOU HAVE HAD?

A. I BELIEVE IT'S 41 OR 42.

Q. AND DO YOU BELIEVE THAT ANY OF THE PHYSICAL THERAPY THAT YOU HAD PROVIDED ANY BENEFIT TO YOU?
A. ACCORDING TO WHAT I WAS TOLD TO THE DOCTOR, I WAS AT A PLATEAU AND WASN'T GETTING ANY BETTER.
Q. OKAY. DO YOU AGREE THAT AT THE TIME OF YOUR DEPOSITION, YOU TOLD US THAT YOU DIDN'T THINK THE PHYSICAL THERAPY HELPED YOU AT ALL?
A. I DIDN'T THINK SO.
Q. OKAY. AND YOU ---
A. BUT I COULD HAVE BEEN WRONG.
Q. YOU SAW DR. -- DR. HARRIS WAS ALREADY YOUR TREATING DOCTOR, AND YOU WERE SEEING HIM BEFORE THIS EVENT IN 2014 FOR A VARIETY OF PROBLEMS; IS THAT CORRECT?
A. I HAD DIABETES AND HIGH BLOOD PRESSURE THAT WAS CONTROLLED.
Q. OKAY. AND I BELIEVE YOU HAD ALSO COMPLAINED TO HIM OF BODY ACHES, DIARRHEA, COLD -- YOU KNOW, A VARIETY OF SYMPTOMS TO HIM BEFORE THIS ACCIDENT EVER OCCURRED; IS THAT CORRECT?
A. THAT, I DON'T REMEMBER.
Q. OKAY. DO YOU REMEMBER YOU HAD HAD A C.T. OF YOUR KIDNEY BEFORE THIS EVER HAPPENED, AND YOU HAD SOME WORKUP FOR YOUR HIGH BLOOD PRESSURE?
A. I DON'T REMEMBER ANY OF THAT, BUT...
Q. OKAY. HOW LONG HAD YOU BEEN A PATIENT OF DR. HARRIS

-- I MEAN, DR. HARRIS BEFORE THIS ACCIDENT?

BY MS. PENTZ:

OBJECTION, COMMISSIONER. I'M NOT SURE OF THE RELEVANCE OF THIS LINE OF QUESTIONING. I MEAN, WE ARE NOT CLAIMING ANY OTHER CONDITION TREATMENT THAT HE RECEIVED FROM DR. HARRIS OTHER THAN THE ACCEPTED DEPRESSION AND INSOMNIA.

BY COMMISSIONER TAYLOR:

OKAY. MS. CROWE.

BY MS. CROWE:

YES, THIS SORT OF FOLDS INTO WHAT DR. JACOCKS IS TALKING ABOUT, BECAUSE THIS IS PAGE 340; IT'S A VISIT TO DR. HARRIS BEFORE THIS EVENT, AND HE DIAGNOSES HIM AT THAT POINT IN TIME AS HAVING ESOPHAGEAL REFLEX, HEMATURIA, HYPERCHOLESTEROLEMIA.

BY COMMISSIONER TAYLOR:

OKAY.

BY MS. CROWE:

THE HYPOGONADISM, WHICH WAS HIS ERECTILE DYSFUNCTION, THAT HE TOLD US A LITTLE BIT ABOUT, SLEEP APNEA ALREADY AND THE DIABETES.

BY COMMISSIONER TAYLOR:

OKAY. IT'S OVERRULED. I THINK IT'S RELATED.

BY MS. CROWE:

IT'S PART OF THAT.

CROSS EXAMINATION RESUMED BY MS. CROWE:

Q. DO YOU REMEMBER BEING TREATED FOR THOSE PROBLEMS I JUST LISTED BY DR. HARRIS BEFORE YOU EVER HAD THE JANUARY 2014 ACCIDENT?

A. NO.

Q. OKAY.

A. I DON'T REMEMBER ANY OF THAT.

BY MS. CROWE:

THAT'S ALL THE QUESTIONS I HAVE.

BY COMMISSIONER TAYLOR:

OKAY. MS. PENTZ.

BY MS. PENTZ:

JUST BRIEFLY, COMMISSIONER.

BY COMMISSIONER TAYLOR:

SURE.

RE-DIRECT EXAMINATION BY MS. PENTZ:

Q. MR. LUCAS, WHAT TYPE OF AUTO BODY WORK DID YOU DO; WHAT DID THAT PHYSICALLY INVOLVE?

A. THAT -- DOING SANDING, REPAIR THE BODY PANELS AND STUFF LIKE THAT AND PAINT.

Q. IT SOUNDS PHYSICAL; IS IT?

A. YEAH.

Q. IS THAT SOMETHING YOU THINK YOU COULD DO NOW?

A. NO.

Q. HOW LONG DID YOU DO THAT TYPE OF WORK?

A. I DID IT OFF AND ON FOR ABOUT TEN YEARS.
Q. OKAY. AFTER YOUR ACCIDENT JANUARY 17TH, 2014, DID THAT INCIDENT MAKE YOUR BACK WORSE?
A. I'M SORRY, I DIDN'T UNDERSTAND YOU.
Q. THAT'S OKAY. WHEN YOU GOT HURT JANUARY 17TH, 2014, YOUR SECOND ACCIDENT, ---
A. YES.
Q. --- DID THAT MAKE YOUR BACK WORSE?
A. YES.
Q. OKAY.

BY MS. PENTZ:

I HAVE NO FURTHER QUESTIONS.

BY COMMISSIONER TAYLOR:

OKAY, ALL RIGHT. MS. CROWE.

BY MS. CROWE:

NOTHING FURTHER.

BY COMMISSIONER TAYLOR:

ALL RIGHT. THANK YOU. FOR THE RECORD, ARE THERE ANY OTHER WITNESSES FOR THE CLAIMANT?

BY MS. PENTZ:

NO OTHER WITNESSES FOR THE CLAIMANT, COMMISSIONER. THANK YOU.

BY COMMISSIONER TAYLOR:

ALL RIGHT. MS. CROWE, DO YOU WANT A MOMENT TO SPEAK WITH YOUR CLIENT?

BY MS. CROWE:

NO, WE'RE FINE.

BY COMMISSIONER TAYLOR:

OKAY.

BY MS. CROWE:

WE RELY ON THE MEDICAL EVIDENCE AND THE OTHER DOCUMENTS PRESENTED IN THE APAs.

BY COMMISSIONER TAYLOR:

OKAY. AND FOR THE RECORD, I DO WANT TO READ IN THE DOCUMENTS THAT WE HAVE, QUITE A FEW. FOR THE CLAIMANT, I HAVE APA NUMBERS ONE THROUGH FOURTEEN, WHICH ARE PAGES 1 THROUGH 522. I ALSO HAVE EXHIBITS "A" AND EXHIBITS "K" THROUGH "U" WITH THE ADDITION OF EXHIBIT "B," WHICH WAS ADMITTED INTO THE RECORD TODAY.

FOR THE DEFENDANTS, I HAVE APA NUMBERS 12 THROUGH 17, WHICH ARE PAGES 340 THROUGH 406, WHICH I GUESS ARE INCORPORATED INTO THE FIRST NUMBERS I READ EARLIER, BUT I ALSO HAVE EXHIBITS "B" THROUGH "J," WHICH WOULD BE PAGES 407 THROUGH 467. I UNDERSTAND THERE MAY BE SOME OVERLAP DUE TO THE SUPPLEMENTAL SUBMISSIONS, BUT WE WILL JUST HAVE EACH PARTY UPLOAD THEIR INDIVIDUAL APAs AND EXHIBITS INTO THE RECORD. MS. PENTZ, I DID MARK EXHIBIT "B," BUT I ATTACHED IT TO THE BACK, SO JUST UPLOAD IT AS A COMPLETE SET.

BY MS. PENTZ:

OKAY.

BY COMMISSIONER TAYLOR:

THAT CONCLUDES THIS MATTER. THANK YOU VERY MUCH.

(THERE BEING NO FURTHER QUESTIONS, THIS HEARING WAS CONCLUDED AT THE HOUR OF 11:21 A.M.)

Carl E. Lucas v. Republic National Distributing Company
WCC File No.1401730
Our File No. 102.20196

GROUNDS OF APPEAL

1. The Single Commissioner erred in finding that the Claimant's syncope was causally related to his work injury the error being that this medical link is not supported by the evidence.

2. The Single Commissioner erred in finding that the carrier was responsible for the bills of Dr. Jacocks the error being that this treatment was not related to this injury and was not authorized.

3. The Single Commissioner erred in finding that claimant was totally and permanently disabled the error being that this is not supported by the evidence.

4. The Single Commissioner erred in finding that the claimant is entitled to the commuted value of 500 weeks of compensation less any amounts previously paid in the form of temporary benefits without making a specific finding of the appropriateness of a commuted award to this claimant and without considering all prior benefits paid to this claimant by this employer or prior employers.

5. The Single Commissioner erred in concluding that the Claimant was entitled to a lump sum award without making any specific findings of fact to support this conclusion.

6. The Single Commissioner erred in concluding that the Claimant was entitled to James v. Anne's language without making any specifics findings of fact as to why this language is applicable or in what form that can be done under the facts of this case.

7. The Single Commissioner erred in concluding that the Claimant is entitled to life time causally related medical care the error being that this is based on the erroneous finding of permanent and total disability.

8. The Single Commissioner erred in finding that the claimant had met his burden of proof to establish a permanent disability.

9. The Single Commissioner erred in ignoring the clear, consistent, objective evidence presented at the hearing, which showed that the Claimant was not totally and permanently disabled.

EMPLOYEE'S ACCIDENT/INJURY REPORT

(Fill in each blank)

(Eddie)

Employee Name: Carl Edward Lucas

Social Security Number: [redacted] Job Title: Driver

Date of Accident: 1-16-14 Time Occurred: _____ Date Reported: 1-16-14

Where did Accident/Injury take place? Work

Describe in your own words how accident/injury occurred:

This was from March 2013 Injury.

What could you have done to prevent your injury?

Nothing was under Doctors orders, and care, and was not able To Heal.

In your opinion, what steps should be taken to prevent a similar accident/injury?

In my ~~opinion~~ personal opinion I was put Back into Work Too Early. After Surgery.

Comments:

Employee's Signature: Carl Edward Lucas

Today's Date: 1-17-14

If more room is needed, please use other side of this form

[redacted]

SUPERVISOR'S ACCIDENT INVESTIGATION REPORT

Facility Name: RNDC. Date: 16 Jan 2014

Time of Accident: _____ AM _____ PM

Name of Person Injured: Eddie Lucas. Job Title: Driver

Site Where Accident Occurred: _____

Equipment or Property Damaged: _____

Accident Date: 16 Jan 2014 ( ) Lost Time From _____ to _____
( ) No Lost Time

Description of Accident:
On Thursday 16 Jan 2014 Eddie called complaining about pain in his abdomen area. H.R. made an appointment with Lex occupational for Friday 17 Jan 2014.

Cause of Accident: (Check one and Describe)

Unsafe Accident ( ) (Ex: Employee could have prevented it)

Unsafe Condition ( ) (Ex: Caused by another employee, weather, visitor, contractor, etc.)

Site Condition ( ) (Ex: Uneven floor, cracked tile, poor lighting, etc.)

Defective Equipment ( ) (Ex: Any broken appliance, furniture, etc.)

Failure to follow instructions ( )

Action taken to prevent recurrence:

Supervisor Signature: D. Cooper

Administrator Signature: _____

Copies: original in employee's file
1129)

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Sedgwick
1230 E. Diehl Road
Suite 300
Naperville, IL 60563

Sedgwick Contact: Jeff Gordon
Phone: [redacted]
Fax: [redacted]

REQUESTOR INFORMATION

Contact: Gina Schoen	**Company:** Sedgwick
Address: [redacted]	**Insured:** Republic National Distributing Company
	Claim #: 301416367340001

PROVIDED INFORMATION

Name: Carl Lucas	**Date of Birth:** [redacted]
Address: [redacted]	**Date of Loss:** 01/17/14
Injury: Back	**FACTS ID #:** [redacted]

ASSIGNMENT REQUEST

We received this assignment on June 11, 2015, and were requested to conduct 2 days of surveillance on Carl Lucas to determine his level of activity.

SUMMARY OF EFFORTS

On **Saturday, June 20, 2015**, we conducted surveillance from 7:30 a.m. to 3:30 p.m. During that time, we did not observe any outside activity on your subject's part. Our efforts were completed for the day.

On **Saturday, July 11, 2015**, we conducted surveillance from 7:15 a.m. to 3:15 p.m. Upon our arrival, we observed the blue Chevrolet Equinox, parked on the driveway. We noted that the garage doors were closed and that is was possible for vehicles to be parked at the rear of the home out of view. Parked in front of the mobile home, which appears to be addressed [redacted] was a tan Chevrolet pick-up truck. We then canvassed flea markets in the Lexington area; however, we did not observe your subject or any vehicles associated with him to be present. We noted that Mr. Lucas appeared to have deleted his Facebook posts and pictures from June 13th and June 17th, which had indicated that he was selling of BBQ grills at flea markets. We returned to the residence. Upon our arrival, we observed your subject as he drove a riding lawn mower a short distance out of the outbuilding/shed then dismounted from the mower and walked out of view toward the rear of the mobile home. We noted that he appeared to walk with a limp at that time. Shortly thereafter, an unidentified female who had been standing in front of the shed appeared to become suspicious. At that time, we departed from the area in an effort not to arouse further suspicions. Throughout the late morning and early afternoon we

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continued to conduct periodic spot checks of the front of the residence; however, we did not observe any outside activity on the part Mr. Lucas. Our efforts were completed for the day.

PRELIMINARY INVESTIGATION

Database Information

We conducted a database search using your subject's provided information. Upon doing so, we found your subject's most recent address was listed on file as [redacted]

Telephone

We conducted a check of telephone listings using the provided number [redacted] which we found listed to Verizon Wireless in Columbia, South Carolina.

We conducted a check of telephone listings using your subject's personal information and did not find any published listing on file.

Property Ownership

Referencing the addresses found listed to your subject we conducted a check of property ownership records in Lexington County, South Carolina. Upon contacting the Recorder of Deeds and Assessor's offices, we obtained the following information:

State:
County:
Parcel ID:
Property Type:
Site Address:

Owner Name:
Mailing Address:
Land Value:
Building Value:

[redacted]

Residential Assessment

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[redacted]

DETAILED INVESTIGATION

Physical Description

Mr. Lucas may be described as a 47 year-old male.

Saturday, June 20, 2015

Investigator: D. Peterson

7:30 a.m. We proceeded to the Lucas residence. Upon our arrival, we observed a blue Chevrolet Equinox, bearing a temporary license plate, parked on the driveway. We noted that the garage doors were closed and that it was possible for vehicles to be parked at the rear of the home out of view. Parked at the rear of the mobile home, which appears to be addressed [redacted] was an unidentified white sedan.

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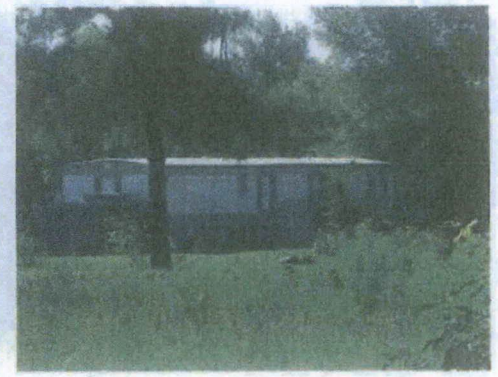

Due to the rural location of the residence, we established a surveillance position a short distance away to monitor your subject's most likely avenue of departure. Subsequently, it was not possible to observe activity around the property. Due to multiple avenues of departure, it was possible for Ms. Lucas to depart without our knowledge.

9:40 a.m. We conducted a spot check of the residence and observed an unidentified female as she departed the area driving a white Chevrolet pick-up truck, bearing South Carolina license plate number [redacted] We noted that the Chevrolet Equinox remained parked on the driveway.

11:00 a.m. We located your subject's Facebook page: [redacted] and found posts Mr. Lucas made on Saturday, June 13, 2015 and Wednesday, June 17, 2015 that indicated he was selling BBQ grills at an unidentified flea market. We then canvassed local flea markets in an effort to possibly locate your subject.

12:10 p.m. We located the flea market that Mr. Lucas attended on June 17, 2015; US 1 Metro Flea Market located at 3500 Augusta Road in Lexington, South Carolina. We then canvassed the market on foot; however, we did observe your subject or any vehicles associated with him to be present. We then returned to the residence.

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1:48 p.m. Upon our arrival, we observed a maroon Saturn sedan, bearing no rear license plate was parked on the driveway. We noted that the Chevrolet Equinox was no longer present.

Throughout the afternoon we continued to conduct periodic spot checks of the front of the residence and observed the Saturn parked on the driveway; however, we did not observe any outside activity.

3:30 p.m. When no activity had been observed on the part of your subject, we completed our investigative efforts for the day.

Saturday, July 11, 2015

Investigator: D. Peterson

7:15 a.m. We returned to the Lucas residence. Upon our arrival, we observed the blue Chevrolet Equinox, parked on the driveway. We noted that the garage doors were closed and that it was possible for vehicles to be parked at the rear of the home out of view. Parked in front of the mobile home, which appears to be addressed [redacted] was a tan Chevrolet pick-up truck.

During a previous surveillance, we located your subject's Facebook page: [redacted] and found posts Mr. Lucas made on Saturday, June 13th and Wednesday, June 17th, 2015 that indicated he was selling BBQ grills at an unidentified flea

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market. We noted that the posts appeared to have been deleted from his Facebook page. However, we canvassed local flea markets in an effort to possibly locate your subject.

9:22 a.m. When we did not observe your subject or any vehicles associated with him to be present at any of the flea markets we canvassed, we returned to the residence. Upon our arrival, we obtained video of Mr. Lucas as he drove a riding lawn mower a short distance out of the outbuilding/shed then dismounted from the mower and walked out of view toward the rear of the mobile home. We noted that he appeared to walk with a limp at that time. Shortly thereafter, an unidentified female who had been standing in front of the shed appeared to become suspicious of our vehicle. At that time, we departed from the area in an effort not to arouse further suspicions.

Due to the rural location of the residence, we established a surveillance position a short distance away to monitor your subject's most likely avenue of departure. Subsequently, it was not possible to observe activity around the property. Due to multiple avenues of departure, it was possible for Ms. Lucas to depart without our knowledge.

Throughout the late morning and early afternoon we continued to conduct periodic spot checks of the front of the residence; however, we did not observe any outside activity on the part Mr. Lucas.

3:15 a.m. Our investigative efforts were completed for the day.

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Sedgwick
1230 E. Diehl Road
Suite 300
Naperville, IL 60563

Sedgwick Contact: Kelvin Brodie
Phone: [redacted]
Fax:

Contact: Gina Schoen	**Company:** Sedgwick CMS
Address: [redacted]	**Insured:** 4609 Republic National Distributing Company
	Claim #: 301416367340001

PROVIDED INFORMATION

Name: Carl Lucas	**Date of Birth:** [redacted]
Address: [redacted]	**Date of Loss:** January 17 2014
Injury: Back	

ASSIGNMENT REQUEST

The following investigative tasks were requested:

1. Conduct two eight hour days of surveillance.
2. Observe and document all CLAIMANT activity.
3. Determine if CLAIMANT is working another job.

PHOTOS OF CLAIMANT

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SUMMARY OF EFFORTS

The Investigator assessed information provided by the client, database search results, and all prior investigative reports. The CLAIMANT'S residence and neighborhood were then mapped out for familiarization and possible points of egress. A preliminary file was built and surveillance efforts were coordinated. The Investigator also conducted some public internet searches for any information associated with the CLAIMANT.

On **Friday, October 16, 2015,** surveillance was conducted from 9:00 A.M. to 2:00 P.M. at the CLAIMANT'S doctor's appointment located at The Pain Center, 2071 St. Andrews Road, Irmo, South Carolina, 29063. The Investigator arrived and commenced surveillance. The Investigator arrived and commenced surveillance. The Pain Center is located within the Urgent Care Medical Park at the left end of the Campus Parking lot and identified by a large blue sign on the front of the establishment. No CLAIMANT activity was observed. A suitable platform for surveillance was established within direct view of the front ingress and parking lot. The Investigator exited the surveillance vehicle to enter the Pain Center for covert surveillance to identify the CLAIMANT and document his arrival. The Investigator obtained covert video using his Apple I-Phone 6 as a Caucasian male 48 years of age entered the Pain Center waiting area and approach the sign in window and identify himself verbally as the CLAIMANT. The male matched the description of the CLAIMANT and will be referred to as the CLAIMANT from this point forward as the CLAIMANT for reporting purposes. The CLAIMANT was wearing a pair of bib overalls and appeared to be wear in black back brace partially visible at the rear of his bib overalls. No cane or crutches or other medical devices were observed. The CLAIMANT ambulates with a slight limp within the Pain Center waiting room as he ambulated to a chair to sit down and use his cell phone. The CLAIMANT was overheard as he stated that workers compensation has not paid all of his bills and he was attempting to get authorization for massage therapy but the provider was 75 miles away from his residence which was not reasonable. The Investigator returned to the surveillance vehicle to resume surveillance and attempt to identify the CLAIMANT'S mode of transportation. The Investigator sent a text message to the case manager. The Investigator called the Client. The Client dispatched written consent for video and photo`s obtained within the medical establishment to be attached with the report and video media. The CLAIMANT exited the Doctors office ambulating at a rapid pace with a slight limp ambulating without a cane or crutch or other medical device and entered a Cadillac SUV displaying [SC vehicle license plate number [redacted] registered to the CLAIMANT, however, the vehicle registration is assigned to a 1983 Chevy C-10 Truck. The Investigator was unable to activate video prior to the CLAIMANT reaching the driver's door due to the short distance from the egress and the CLAIMANT'S rapid pace. The CLAIMANT departed the area and mobile surveillance was initiated. The CLAIMANT arrived at the residence entered the garage and departed the investigators field of vision as the garage door closed. The residence is located in rural Lexington County and is a traditional, single level, brick, single family residence with double bay, double door garage attached on the right end of the residence. A burgundy sedan was backed into place in the driveway unattended. A large gray box was located in the front yard close to the residence with the word Deliveries spray painted on the front. Window blinds and doors were closed. Surveillance was continued along the CLAIMANT'S egress route. The Investigator called the case manager. The Investigator called the Client. A video spot check of the residence was

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conducted documenting no CLAIMANT activity observed. Surveillance was terminated as directed by the Client due to the CLAIMANT restricting his activities to within the residence. The Investigator departed the area enroute to his base of operations.

The video obtained documents the CLAIMANT ambulating within the waiting room of the Pain Center doctor's appointment without the use of a cane or crutch or other medical device. The CLAIMANT was also videotaped speaking to sign in personnel, using a cell phone, and operating a motor vehicle and sitting in a chair.

On **Monday, October 19, 2015** surveillance was conducted from 8:19 A.M. to 2:20 P.M. at the CLAIMANT'S residence located at [redacted] The Investigator arrived and commenced surveillance effort. The residence is located in rural Lexington County and is a traditional, single level, brick, single family residence with double bay, double door garage attached on the right end of the residence. A burgundy sedan was backed into place in the driveway unattended. A large gray box was located in the front yard close to the residence with the word. Deliveries spray painted on the front. Window blinds and doors were closed. Due to the extreme rural layout of the land surveillance was continued from a location along the CLAIMANT'S egress route. A video spot check of the residence was obtained with further investigative canvassing along the Patterson Road (dirt road) located within close proximity to the right of the CLAIMANT'S residence. The Investigator observed the CLAIMANT traveling along the dirt road in the same direction as the surveillance vehicle and pulled up to the stop sign directly behind the Investigators vehicle. The Investigator turned left onto Pat Road while the CLAIMANT turned right onto Pat Road then turned right onto his unpaved driveway and parked directly behind the CLAIMANT'S residence. Surveillance was continued from a location along the CLAIMANT'S egress route. The Investigator called the case manager. The Investigator left a voice message for the Client. Multiple video spot checks of the residence were conducted throughout the surveillance assignment documenting no further exterior CLAIMANT activity observed. Surveillance was terminated as directed by the Client due to the CLAIMANT restricting his activities to within the residence. The Investigator departed the area en route to his base of operations.

No CLAIMANT video was obtained.

Kelvin W. Brodie
Senior Case Manager
Sedgwick SIU
Toll Free: [redacted]
Direct: [redacted]
Fax: [redacted]
www.sedgwicksiu.com
[redacted]

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KWB: dm

VIDEO SNIPPET

Friday October 16, 2015:
https://ww2.eni-g4s.com/g4s.web.tools/DirectDocViewer.aspx?id=DEE65403-4CAA-4668-A544-A78A6A6825E6

PRELIMINARY INVESTIGATION

Name: Carl Lucas	**Registered Vehicle:** Not Found
Social Security #: [redacted]	**Date of Birth:** [redacted]
Current Address: [redacted] (Jul 1996 – Oct 2015)	**Reverse Phone Trace:** Name: Lucas, Carl Address: [redacted] Phone Number: [redacted] Phone Type: Mobile Carrier: Sprint Spectrum
Prior Address(es): [redacted] (Apr 2003 - 2014) [redacted] (Dec 1987 - Apr 2009) [redacted] (Apr 1991 - Apr 2007)	

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1230 E. Diehl Rd • Suite 300 • Naperville IL 60563
TEL: 855.395.6055 FAX: 630.718.6262
Sedgwick Claims Management Services, Inc.
State license information available upon request

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1230 E. Diehl Rd • Suite 300 • Naperville IL 60563
TEL: 855.395.6055 FAX: 630.718.6262
Sedgwick Claims Management Services, Inc.
State license information available upon request

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DETAILED INVESTIGATION

Friday
October 16, 2015

2071 St. Andrews Road
Irmo, South Carolina, 29063

8:00 A.M.
The Investigator departed his base of operations enroute to the case assignment.

9:00 A.M.
The Investigator arrived and commenced surveillance. The Pain Center is located within the Urgent Care Medical Park at the left end of the Campus Parking lot and identified by a large blue sign on the front of the establishment. No CLAIMANT activity was observed. A suitable platform for surveillance was established within direct view of the front ingress and parking lot.

9:45 A.M.
The Investigator exited the surveillance vehicle to enter the Pain Center for covert surveillance to identify the CLAIMANT and document his arrival.

10:00 A.M.
The Investigator obtained covert video as a Caucasian male 48 years of age entered the Pain Center waiting area and approach the sign in window and identify himself verbally as the CLAIMANT. The male matched the description of the CLAIMANT and will be referred to as the CLAIMANT from this point forward as the CLAIMANT for reporting purposes. The CLAIMANT was wearing a pair of bib overalls and appeared to be wear in black back brace partially visible at the rear of his bib overalls. No cane or crutches or other medical devices were observed. The CLAIMANT ambulates with a slight limp within the Pain Center waiting room as he ambulated to a chair to sit down and use his cell phone. The CLAIMANT was overheard as he stated that workers compensation has not paid all of his bills and he was attempting to get authorization for massage therapy but the provider was 75 miles away from his residence which was not reasonable. The Investigator returned to the surveillance vehicle to resume surveillance and attempt to identify the CLAIMANTS mode of transportation. **(VIDEO OBTIANED)**

10:17 A.M.
The Investigator returned to the surveillance vehicle to resume surveillance and attempt to identify the CLAIMANTS mode of transportation.

10:30 A.M.
The Investigator sent a text message to the case manager.

1230 E. Diehl Rd • Suite 300 • Naperville IL 60563
TEL: 855.395.6055 FAX: 630.718.6262
Sedgwick Claims Management Services, Inc.
State license information available upon request

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10:45 A.M.
The Investigator called the Client. The Client dispatched written consent to the case manager for video and photo`s obtained within the medical establishment to be attached with the report and video media.

10:53 A.M.
The CLAIMANT exited the Doctors office ambulating at a rapid pace with a slight limp ambulating without a cane or crutch or other medical device and entered a Cadillac SUV displaying [SC vehicle license plate number [redacted] registered to the CLAIMANT, however, the vehicle registration is assigned to a 1983 Chevy C-10 Truck. The Investigator was unable to activate video prior to the CLAIMANT reaching the driver's door due to the short distance from the egress and the CLAIMANTS rapid pace. The CLAIMANT departed the area and mobile surveillance was initiated. **(VIDEO OBTAINED)**

11:00 A.M.
A video Time integrity shot was conducted while on mobile surveillance.

11:08 A.M.
A video Time integrity shot was conducted while on mobile surveillance.

11:30 A.M.
The Investigator called the Client. An email was dispatched to the case manager authorizing the use of video and photo`s obtained within the doctor's office.

11:44 A.M.
The Investigator documented the CLAIMANTS arrival at residence. The CLAIMANT entered the pre-opened garage door and entered and closed the garage door departing the Investigators field of vision.

12:02 P.M.
A video time shot was obtained.

12:23 P.M.
A video spot check of the residence was obtained. No CLAIMANT activity was observed. Surveillance was continued from a location along the CLAIMANTS egress route.

1:00 P.M.
A video Time integrity shot was conducted.

1:45 P.M.
The Investigator called the case manager.

1:50 P.M.
The Investigator called the Client.

1:55 P.M.
The Investigator called the G4S tag Team.

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2:00 P.M.
A video spot check of the residence was conducted documenting no CLAIMANT activity observed. Surveillance was terminated as directed by the Client due to the CLAIMANT restricting his activities to within the residence. The Investigator departed the area en route to his base of operations.

* * *

Monday
October 19, 2015

[redacted]

7:14 A.M.
The Investigator departed his base of operations en route to the case assignment.

8:19 A.M.
The Investigator arrived and commenced surveillance effort. The residence is located in rural Lexington County and is a traditional, single level, brick, single family residence with double bay, double door garage attached on the right end of the residence. A burgundy sedan was backed into place in the driveway unattended. A large gray box was located in the front yard close to the residence with the word Deliveries spray painted on the front. Window blinds and doors were closed. Due to the extreme rural layout of the land surveillance was continued from a location along the CLAIMANTS egress route.

8:53 A.M.
The Lexington County Sheriff's Department was notified of the Investigators activity within their jurisdiction. [redacted]

9:00 A.M.
A video time shot was obtained.

9:39 A.M.
A video spot check of the residence was obtained with further investigative canvassing along the [redacted] Road (dirt road) located within close proximity to the right of the CLAIMANTS residence. The Investigator observed the CLAIMANT traveling along the dirt road in the same direction as the surveillance vehicle and pulled up to the stop sign directly behind the Investigators vehicle. The Investigator turned left onto [redacted] while the CLAIMANT turned right onto [redacted] then turned right onto his unpaved driveway and parked directly behind the CLAIMANTS residence. Surveillance was continued from a location along the CLAIMANTS egress route.

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9:58 A.M.
A video spot check of the residence was obtained. No CLAIMANT activity was observed. Surveillance was continued from a location along the CLAIMANTS egress route.

11:00 A.M.
A video time shot was obtained.

12:00 P.M.
A video time shot was obtained.

12:24 P.M.
The Investigator called the case manager to provide an update. Surveillance will continue to 2:20 P.M. or CLAIMANT activity occurs.

12:32 P.M.
A voice message was left for the Client.

1:00 P.M.
A video time shot was obtained.

2:00 P.M.
A video spot check of the residence was obtained. No CLAIMANT activity was observed. Surveillance was continued from a location along the CLAIMANTS egress route.

2:20 P.M.
Video spot check of the residence was obtained documenting the front ingress open. No CLAIMANT activity was observed. Surveillance was terminated as directed by the case manager due to the CLAIMANT restricting his activities to within the residence. The Investigator departed the area en route to his base of operations.

* * *

Sedgwick SIU investigators make reasonable efforts to positively identify the CLAIMANT without compromising the confidential nature of the investigation. We certify that any surveillance video and report are a true and accurate representation of the details of the investigation. Notwithstanding Sedgwick SIU's best efforts, there may be occasions where someone other than the intended CLAIMANT is documented. It is important that you review any video to ensure the individual depicted is in fact the intended CLAIMANT.

1230 E. Diehl Rd • Suite 300 • Naperville IL 60563
TEL: 855.395.6055 FAX: 630.718.6262
Sedgwick Claims Management Services, Inc.
State license information available upon request

300 West Dunbar Road
West Columbia, SC 29170
803-755-3337

Injury Management Report

Name:	Lucas, Carl E	Injury ID:	2
Patient ID:	[redacted] D.O.B.: [redacted]	Injury Date:	1/16/2014
Injury:	987.6 Toxic effects, chlorine gas		
		Days Lost:	0
Clinic Status:	Light Duty as of: 1/17/2014	Days Lt Duty:	1
File Status:	Open	Estimated on:	1/20/2014
Company:	Republic National Distributing	Next Appt:	1/27/2014
Ins. Co:	Sedgwick CMS	Provider:	Donna Padgett, APN,ACNP
Claim No:		Treatment:	Work Comp Follow-up Visit

Treatments

1/17/2014 14:00 WCI Time Out: 16:07 Appt. Type Code: WCI

Practitioner: Donna Padgett, APN,ACNP
Treatment: Work Comp Initial Visit
Comment: Light duty
Restrictions:
PATIENT: LUCAS, CARL
[redacted]
DATE OF BIRTH: [redacted]

WORKER'S COMPENSATION FOLLOWUP VISIT

DATE OF VISIT: 01/17/2014

DATE OF INJURY: April 30, 2013

SUBJECTIVE: This patient returns today complaining of significant low back pain and persistent abdominal pain status post umbilical hernia repair. Patient was seen here back in April 2013, complaining of abdominal pain and low back pain after repetitive lifting at work. He was treated conservatively for the back pain with heat, rest and exercises. He was determined to a have an umbilical hernia and he states back in May he had surgery to repair that umbilical hernia. He states he was out of work for 12 weeks. He states he had a difficult recovery. He states after his surgery he had persistent acute pain in the abdominal wall in the area of the surgery. He states the surgeon could not find any problems, they even did a CAT scan eventually, surgeon could not find any problems with the repair and the surgeon told him all he could offer was pain management. He returned the patient back to work without any restrictions. He states he never heard any more about pain management and he states since he has gone back to work that the abdominal discomfort has persisted and now he is having acute back pain. He states he thinks he is having back pain because when he went back to work lifting he was trying to protect his abdomen because it was sore and so he was modifying the way he was lifting. He also states that he has been doing repetitive heavy lifting and working anywhere from 10-14 hour days. He states that now the abdominal pain is better, he still has it, it is not as acute as he was having and he still has soreness to the right side of his abdomen that kind of radiates around his abdomen, but his most acute pain is in his low back. He states his entire back will hurt, it starts in his low back and radiates up. He denies any bladder or bowel problems. He denies any pain or weakness in his legs. He states he is having difficulty sleeping and by the end of his work day he is just in acute pain, misery. He feels like he went back to work too soon and by trying to protect his abdomen he has flared up his back again. He

Name: Lucas, Carl E Injury ID: 2

Patient ID: [redacted] D.O.B.: [redacted] Injury Date: 1/16/2014

Injury: 987.6 Toxic effects, chlorine gas

Treatments

states the doctor will not give him any pain medicine, he has been taking only Advil. He ranks his pain today a 10/10 and states that he is just miserable and does not know how long he can try to continue working with this type of pain.

DRUG ALLERGIES: PENICILLIN.

CURRENT MEDICATIONS: Advil and metformin.

OBJECTIVE:
GENERAL: Patient walks into the exam room, sits apparently comfortably in a bedside chair. He appears to be uncomfortable, but certainly he does not have any signs of acute pain. He is able to sit comfortably and talk to me throughout the whole conversation. I can tell he appears to be more upset than he is in acute pain today. Again, he just over and over talks about how they sent him back to work too soon and how they will not modify his work and they are working him so hard. Again, he sits comfortably in a bedside chair, he is able to get in and out of the chair a little slowly, but without any difficulty. Patient is able to get on the exam table without any problems. He reclines slowly, but without any difficulty. He is able to lay flat. VITAL SIGNS: Blood pressure 142/86, pulse 80, respirations 16, patient is afebrile, temperature 97.7. ABDOMEN: Examination of his abdomen reveals well healed surgical area, there is absolutely no bulging, his abdomen looks great. On palpation to the abdomen there are no palpable masses or anything that I feel abnormal and he is not particularly tender to pain to palpation anywhere in his abdomen. MUSCULOSKELETAL: Patient has full range of motion of his hips. He complains of pain in his back with straight leg raises, no radicular pain. He has excellent strength in his lower extremities, can dorsiflex and plantar flex against resistance. Patient is able to come to an upright position, he does so slowly and grimaces some, but he is able to do so with minimal assistance. Examination of his back reveals tenderness to palpation over the entire lower thoracic, upper lumbar area. No palpable tightness or spasm. He just complains of generalized tenderness over his back. Patient is able to stand and stand upright. He states it is uncomfortable to do so. He is able to flex to about 75-80 degrees, complains of a lot of discomfort in his lower back with flexion, but he is able to maintain the flexion. He comes up to an upright position slowly, but without a lot of difficulty. He is able to extend. He does not complain of significant pain with extension, in fact he states that actually feels better. He can laterally flex, rotate his upper body, complains of discomfort in his back, but has no difficulty doing those maneuvers. Definitely no neurological deficits noted. Patient does not guard or protect his stomach with any movements to test his back.

DIAGNOSIS: Exacerbation of back pain status post injury April 30, 2013.

PLAN: At this point, I am not going to deal with the patient's abdominal pain, he is following his surgeon, his surgeon has already said everything is fine with that and today that seemed not to be a big issue with him. As far his back pain, he does appear to be uncomfortable, however, based on my exam, I think this is all muscular in nature. Patient was complaining of back pain back in April. He states while he was recovering from his surgery his back got better. However, he states due to the nature of his surgery he was unable to do any exercises, not a whole lot of activity for 12 weeks, then he returned to work. He also states he gained some weight during that time. Indeed, when he was here back in May, he weighed 217, he now weighs 230. I feel that during the recovery of his surgery he became greatly deconditioned and then they returned him to work full duty, not only has he been working full duty, he has been working a lot of overtime. States very rarely works an 8 hour day, usually more 12-14, he states even occasionally 16 hour days. I think also due to his stomach discomfort he has probably not been lifting appropriately in an effort to protect his stomach and therefore the exacerbation of back pain. At this point, I think we needs to address the back. I have spoken to him about the type of work he does

Name: Lucas, Carl E Injury ID: 2

Patient ID: [redacted] D.O.B.: [redacted] Injury Date: 1/16/2014

Injury: 987.6 Toxic effects, chlorine gas

Treatments

with repetitive heavy lifting going to have to require him to have good strong core strength, with all these issues in his back, his abdomen, he is going to have problems with his back if he does not lift appropriately and do something to strengthen his core. I want to get an MRI just to rule out anything going on in his back since he has been complaining of back pain since May. I expect the MRI to be basically normal. I really believe this is all muscular and mechanical back pain. I would like to go ahead and get physical therapy approved and aggressively rehab him in therapy. I have discussed with him the absolute necessity of him trying to lose some weight, both for his abdomen and for his back and that he needs to talk with his primary care provider and determine a weight loss plan. At this point, I think long hours are definitely contributing to the back pain, not only is he probably doing repetitive lifting, but he is getting exhausted and again that is contributing to the back pain. I would recommend, while we are modifying his work duties, that we also limit his work hours. My recommendation for work activities at this point is no lifting, pushing, pulling more than 20 pounds, no prolonged sitting, standing, very limited bending, twisting, stooping and squatting. He is to walk and stretch frequently. He should not do any prolonged sitting. He can drive 45 minutes to an hour at a time, 3-4x daily. At this point, I think we should limit his work days to 8-10 hours and I have also talked to him about back exercises, right now he is working on flexion exercises. Encouraged him to use heat to his back 15-20 minutes, 2-3x daily, do his exercises 2-3x daily, until we can get him into physical therapy. The abdomen should not be an issue, the doctor has released him for his abdomen, so I want to get real aggressive with the abdominal exercises. Also, if he continues to have problems he should followup with his doctor about pain management for the abdomen. Like I said today the abdomen did not really seem to be an issue it is more his back. I given him a prescription for Relafen 750 mg, he will take 1 b.i.d. with food. I have given him a prescription for Skelaxin to take during the day, he can 800 mg in the morning, 800 mg at night. He understands Skelaxin should not cause sedation. He has taken it in the past. If it causes any sedation he should break it in half. I have given him Zanaflex at night to see if this will help with the back discomfort and help him rest. I have talked to the patient about pain management, I told him that I want to address the issues that are causing the pain and I think if we do that the pain will resolve. I have given him a prescription for tramadol. I told him that I am going to be very strict and limited with the amount of pain medicine I give him because I think the issues is his deconditioning and if he does the things I ask him to do his pain will be less. I have given him a prescription for tramadol 50 mg, he can take 1-2 at bedtime. If he has acute pain he has that as a backup, but I am really going to be strict on how much pain medicine I give him at this time. I really want to focus on the rehab and the exercises and less just on pain medicine. I did attempt to call his employer, I attempted to contact Shannon in HR, I am not aware of who the safety person is there, as they have a new one. I left a message and asked her to call me back, so that we could discuss this treatment plan with them. He states that he is committed to trying to get in shape, lose weight and really cooperate with the exercise program and physical therapy. Patient will return here in 10 days, he will return sooner if his pain exacerbates, he has any problems with the medicines or he has any new symptoms. I did also discuss with the patient that I did not see any need at this point to take him out of work, in fact I thought that would be counterproductive. I think he needs to be up, he needs to be active, he just does not need to do a lot of heavy lifting, twisting and prolonged sitting and probably not repetitive overtime. Patient verbalizes understanding of all discharge instructions and agreement with treatment plan.

CURRENT WORK CAPACITY: Modified duty.

FOLLOWUP APPOINTMENT: January 27, 2014.

Name: Lucas, Carl E

Patient ID: [redacted] D.O.B.: [redacted]

Injury ID: 2

Injury Date: 1/16/2014

Injury: 987.6 Toxic effects, chlorine gas

Treatments

DONNA PADGETT, NP

DP/Doc#: [redacted]

Occupational HEALTH
A Lexington Medical Center Physician Practice

300 West Dunbar Road
West Columbia, SC 29170
(803) 755-3337
FAX: (803) 955-2225

LUCAS, CARL
SS#: [redacted] DOB: [redacted]
CO: Republic National Distributing

Referral Form

Date: 11/7/14

Patient Name: _____ SSN: _____

Home Phone: _____ Work Phone: _____ Mobile: _____

Reason for Referral: low back pain

Referral to: MRI

Referred by: (Provider Signature) DBPadgett ACNP

Previous Treatment / Test: Neg xray 05/13

Appointment Date: _____ Time: _____ ☐ A.M. ☐ P.M.

FAX Date: _____ Time: _____ ☐ A.M. ☐ P.M.

Patient Notified: _____ By: _____

NOTES: MRI w/s spine

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LUCAS, CARI
SS#: [redacted] DOB: [redacted]
CO: Republic National Distributing

Referral Form

Date: 1/17/14

Patient Name: _____ SSN: _____

Home Phone: _____ Work Phone: _____ Mobile: _____

Reason for Referral: low back pain

Referral to: Physical Therapy

Referred by: (Provider Signature) DBPadgett ACNP

Previous Treatment / Test: _____

Appointment Date: _____ Time: _____ ☐ A.M. ☐ P.M.

FAX Date: _____ Time: _____ ☐ A.M. ☐ P.M.

Patient Notified: _____ By: _____

NOTES: Evaluate/treat x 6 visits

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LUCAS, CARL
SS#: [redacted] DOB: [redacted]
CO: Republic National Distributing

1-17-14

Return to Work Recommendations

Date of visit: 1/17/14 **Date of Injury:** ~~4/30/13~~ ☐ Work Related ☐ Not Work Related

Diagnosis: Exacerbation of back pain s/p injury 4/30/13

Work Status: May Return to work on: 1/17/14 ☐ No work restrictions

☐ **Return to work with the following restrictions:**

- ☐ No lifting, pushing or pulling more than 30 lbs
- ☐ No prolonged sitting or standing Change positions frequently
- ☐ No overhead use of ☐ Right ☐ Left arm
- ☐ No climbing
- ☐ No running or jumping
- ☐ Sedentary work only – sitting only (clerical duties)
- ☐ **Out of work.** The employees can not work the following dates:
- ☐ No repetitive bending, twisting, stooping or squatting
- ☐ No tight gripping or pulling using
- ☐ ~~Restricted walking~~
- ☐ ~~No driving or operating machinery~~
- ☐ Limited use of
- ☐ No use of

Comments: MRI when approved by WC
Physical Therapy when approved
Discuss weight loss plan c PCP

Injury Care

- ☐ Use moist heat to affected area for 15-20 minutes 2-3 times per day
- ☐ Use ice packs to affected area for _____ minutes every _____ hour(s) for _____ day(s)
- ☐ Use ice to affected area after exercise
- ☐ Exercises as instructed 2-3 times per day
  - ☐ Written instructions given
- ☐ Elevate
- ☐ Wear _____ splint as directed. Remove _____ per day and exercise as directed.

Medication Comments (Take the following medications as directed.)

Your employer will tell you where to have your prescriptions filled if needed.

	Name	Dose	Prescribed For	Take with Food	Causes Sedation
1.	Relafen		@ directed		
2.	Skelaxin		@ directed		
3.	Zanaflex		@ bedtime		
4.					

Do not drive or operate machinery if you are taking medication that causes sedation. If you have any problems after taking these medications, please call my medical staff. Ibuprofen for severe pain only

Wound Care

- ☐ Keep bandage clean and dry ☐ Do not take bath or swim
- ☐ May shower:
- ☐ Wound care _____ times per day. Clean with _____ and apply X _____ days.
- ☐ Keep eye patch as directed. May remove :

Education: Patient given written information on:

Follow Up on Date: 1/27/13 Time: 900 AM

If you have any questions or concerns call 755-3337 during our normal business hours: Monday – Friday, 8:00 a.m. to 5:00 p.m. If you need medical attention after hours, please go to any LMC Urgent Care or LMC Emergency Room. Any work restrictions are in effect until patient is re-evaluated at LMC Occupational Health.

☐ **A referral has been made to:** **Your appointment is Date:** **Time:**

☐ **You have reached maximum medical improvement and need no further treatment. Contact your employer before returning. Your employer will schedule any further appointments.**

I understand the above instructions and what to do for my follow-up care. I have received a copy of these instructions for myself and my employer.

Employee: Carl E Lucas [redacted] Physician/NP

7181-662-3 (Rev. 9/12)

Occupational HEALTH
A Lexington Medical Center Physician Practice

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LUCAS, CARL
SS#: [redacted] DOB: [redacted]
CO: Republic National Distributing

Nursing Care Record

Date of Patient Visit: 1/17/14 Medical Office Technician: [illegible]

Injury Date: 1-17-14 Injury Time: ☐ A.M. ☐ P.M.	Arrival Time: 230 ☐ A.M. ☒ P.M.	Manner of Arrival: ☒ AMB ☐ WC
Patient Description of Injury: 5 months after 3/13 hernia operation at Starfield and abdominal pain. C/o pain to (R) abdominal area that radiates to back	Weight: 220 Temperature: 97.7	Pulse: 80 Resp.: 16
	BP: 142/86	LMP: na
	Allergies: PCN	Medications: Advil Metformin
Last Tetanus: unknown		
Significant Previous Injuries/Illnesses: 3/2013 abdominal hernia mesh surg — may out of work 10 weeks — pulling [illegible]	Present Job Type: drives/delivery Does Job Involve Lifting: ☒ Yes ☐ No Have you reported to work today?: ☒ Yes ☐ No What shift do you work? days Hours of shift? Hour 6am 5a-7pm	

PAIN ASSESSMENT

Location: (R) abdominal area to back Is this a new pain?: ☐ Yes ☐ No Is this a change in pain?: ☐ Yes ☐ No

QUALITY OF PAIN:
☐ Aching ☐ Cramping ☐ Prickling ☐ Dull ☐ Burning ☒ Radiating ☐ Sharp
☐ Throbbing ☐ Other: _____

SCALE OF PAIN:
0 1 2 3 4 5 6 7 8 9 (10)
Least to Severe

ORDERS

PROVIDER ASSESSMENT

Provisional Diagnosis(es): 2x45 Contusion of back pain s/p injury 4/30/13

Physician/NP Signature: [signature] ACNP

Date: 1/17/14 Time: _____ ☐ A.M. ☐ P.M.

☐ Follow-up visit to clinic in _____
☒ Referral to MRI LPT 1/27/13
☐ Restated 698598
☐ ICD-9 Code _____
☐ Called Employer _____

Occupational HEALTH
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(803) 755-3337
FAX: (803) 955-2225

557 Columbia Avenue
Chapin, SC 29036
(803) 932-0645
FAX: (803) 932-0646

LUCAS, CARL
SS#: [redacted] DOB: [redacted]
CO: Republic National Distributing

Pain History / Worker's Comp Initial Visit

Date of injury/onset of pain ?

Briefly describe what you think caused the pain Going Back To Work Too Soon After my operation.

Have you ever had pain like this before? ☑ Yes ☐ No If yes, when? March of 2013

Were you seen by a specialist? ☐ Ortho ☐ Chiropractor ☐ Neurosurgeon ☐ Other

What tests have you done in the past for this problem? ☐ X-ray ☐ MRI ☐ Other

Is the pain constant? ☑ Yes ☐ No

Does the pain radiate (move)? ☑ Yes ☐ No If yes, where? Back and Right side

Is there numbness and/or tingling? ☐ Yes ☑ No If yes, where?

Does the pain keep you awake at night? ☑ Yes ☐ No

Does the pain keep you from doing your normal activities? ☑ Always ☐ Sometimes ☐ Occasionally ☐ Never

What makes the pain worse? ☐ Walking/Moving ☐ Standing ☐ Sitting ☐ Driving ☐ Coughing ☐ Lifting ☐ Climbing ☐ Lying Down ☐ Exercise ☐ Other All of the Above

What makes the pain better? ☐ Heat ☐ Ice ☐ Walking/Moving ☐ Sitting ☐ Medication ☐ Other

Do you have any of these symptoms? ☐ Bladder problems ☐ Bowel Problems ☐ Fever ☐ Weakness ☐ Total numbness ☐ Other N/A

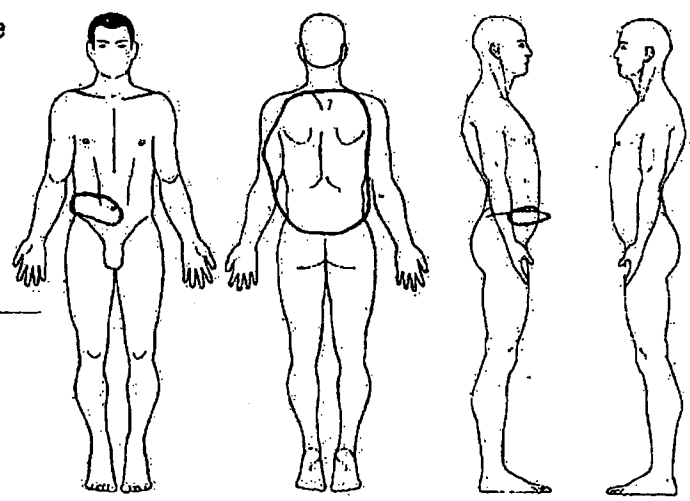
Rate your pain today from 0 to 10 (0 is no pain, 1 is very little pain (discomfort) and 10 is severe (unbearable pain).

0 1 2 3 4 5 6 7 8 9 (10)+

What word best describes your pain?

☐ Aching ☐ Throbbing ☐ Electric ☐ Shooting
☐ Sharp ☐ Stabbing ☐ Crushing ☐ Pressure
☐ Burning ☐ Pins and Needles (Tingling)
☐ Other

On the diagram to the right, please mark exactly where you are experiencing pain or other symptoms. Mark all areas affected.



[redacted] Carl E Lucas [redacted] 1-7-14

Occupational HEALTH
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LUCAS, CARL
SS#: [redacted] DOB: [redacted]
CO: Republic National Distributing

Medical Assessment Form

Please complete the following questions and briefly explain all "yes" responses.
Accurate medical history will aid our staff in performing a proper occupational health examination.

	Yes	No	If yes, please explain
Had an operation/been hospitalized	X		operation 2013 (Hernia)
Been seriously injured		X	
Been treated for back problems/back injury		X	
Received compensation for a work related injury	X		
Received a pension for disability		X	
Been treated for a nervous or mental disorder (medications, hospitalization, etc)		X	
Been refused employment, forced to leave a job, rejected for military service, refused a driver's license or refused life insurance for health reasons		X	

	Yes	No	If yes, please explain
Chronic back pain			
Loss of hand or foot		X	
Problems/cramps with feet or legs		X	
Problem using arms, hands or fingers		X	
Arm, shoulder or neck pain	X		Now.
Carpal tunnel syndrome		X	
Knee pain or "trick knee"		X	
Arthritis or joint problems		X	
Numbness in hands, feet, arms or legs		X	
Skin problems, lesions, scars		X	
Head injury, paralysis, weakness, dizziness, fainting		X	
Frequent or severe headaches/migraines		X	
Loss of memory, periods of unconsciousness		X	
Epilepsy, seizure, convulsions		X	
Shortness of breath when resting or walking		X	
Asthma or wheezing		X	
Lung problems		X	
History of positive skin test for TB.		X	*If yes, please answer the three questions below.*
– When?			
– Was treatment for the TB test given?			
– When was your last CXR?			
Problems wearing a respirator/special breathing mask		X	
Chest pain/angina		[redacted]	

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Heart problems – heart attack/heart disease		X	
High/low blood pressure		X	Controlled.
Anemia or other blood disorder, excessive bleeding		X	
Varicose veins		X	
Diabetes	X		Type #2
Stomach or intestinal problems	X		
Hernia	X		Operation 2014
Tumor, growth, cyst or cancer		X	
Depression or excessive worry		X	
Nervous or mental problems		X	
Frequent trouble sleeping	X		Pain.
Drug or alcohol problem		X	
Vision problems/hearing aid		X	
Fear of heights or confined spaces		X	
Do you smoke? How long? How much?		X	
Have you smoked before? If so, when did you quit?		X	

☒ Right handed ☐ Left handed

Current Medications	Adverse Reaction to Medications

What is the date of your last menstrual period	
Date of last breast exam. Was it normal or abnormal?	
Date of last pap smear. Was it normal or abnormal?	

If a man please answer the following:	Date:
Do you have a history of prostate problems?	NO
Date of last prostate exam. Was it normal or abnormal?	

I authorize LMC Occupational Health to release a report of my examination to the company for which the examination is being conducted. I also release LMC Occupational Health form all claims and damages in connection with furnishing the report to the said company.

Carl E Lucas — Patient Signature

1-17-14 — Date

[redacted] — Physician/NP Signature

Date

Time ☐ A.M. ☐ P.M.

exington Medical Center Occupational He
300 West Dunbar Road
West Columbia, SC 29170
803-755-3337

Injury Management Report

Name:	Lucas, Carl E	Injury ID:	2
Patient ID:	[redacted] D.O.B.: [redacted]	Injury Date:	1/17/2014
Injury:	724.2 Pain, Lower back		
		Days Lost:	0
Clinic Status:	Light Duty as of: 1/17/2014	Days Lt Duty:	8
File Status:	Open	Estimated on:	1/29/2014
Company:	Republic National Distributing		
Ins. Co:	Sedgwick CMS		
Claim No:	[redacted]		

Treatments

1/28/2014 10:30 WCF Time Out: 11:35 Appt. Type Code: WCF

Practitioner: Donna Padgett, APN,ACNP
Treatment: Work Comp Follow-up Visit
Comment: Light duty
Restrictions:
PATIENT: LUCAS, CARL
[redacted]
DATE OF BIRTH: [redacted]

WORKER'S COMPENSATION FOLLOWUP VISIT

DATE OF VISIT: 01/28/2014

DATE OF INJURY: 01/17/2014

DIAGNOSIS: Low back pain, thoracolumbar.

WORK RESTRICTIONS: No lifting, pushing, pulling more than 10 pounds. No prolonged sitting or standing. No climbing, running, or jumping. No bending, twisting, stooping, and squatting. Walk and stretch frequently. Drive 45 minutes only twice a day. No commercial driving. Limit the work day to 8 hours.

SUBJECTIVE: This patient returns today for followup of low back pain. The patient states he has not had any improvement since I saw him last. He states the Zanaflex did not help him sleep at all. He states he would go to sleep for about an hour and then wake up and be wide awake. He felt the medicine had actually been keeping him awake rather than sleeping. He states he has been taking the tramadol but that barely takes the edge off his pain and is not helping. He has been taking the Relafen and Skelaxin and using a heating pad. He states the heat feels good and he has already worn out one heating pad and is on his second heating pad. He states he is sleeping on the heating pad and when it cuts off he turns it back on because the heat seems to be the only thing that helps. He states he has been working. He did call in yesterday and today. He states that the pain was just too bad. He states when he first went back to work they told him he was not to drive, not to lift, and that he was going to be in training only. He seemed to do okay that day and then they put him back on driving. He states he is back to 12-14 hour days. He states he is not lifting, pushing or pulling, but he has to sit. He drives about 45 minutes, gets out and walks around. He states he has to do a lot of standing if he is not driving and that all of this just makes

Name: Lucas, Carl E
Patient ID: [redacted] D.O.B.: [redacted]
Injury: 724.2 Pain, Lower back
Injury ID: 2
Injury Date: 1/17/2014

Treatments

his back worse. He has been trying to do the exercises, taking the medication; but just states that he has reached his maximum tolerance and that he is just hurting all the time. He states he has a little bit of pain radiating around his right side, but he is not having a lot of discomfort in his abdomen or around his umbilicus which is where his original pain was. He ranks his discomfort in his back a 9/10, describes sharp pain starting in the lower thoracic area going down the lumbar area. It is more centralized and then radiates out into the right side. He denies any numbness, tingling, weakness in his legs. He denies any bladder or bowel problems.

DRUG ALLERGIES: PENICILLIN.

CURRENT MEDICATIONS: Metformin, Skelaxin, Zanaflex, Relafen, and tramadol.

OBJECTIVE:
VITAL SIGNS: Blood pressure 152/90, pulse 84, respirations 14. The patient is afebrile with a temperature of 98.2.
MUSCULOSKELETAL: The patient walks into the exam room without any difficulty. He sits comfortably in a bedside chair. He does not seem to be quite as upset and irritable as he was last visit, not quite as uncomfortable. He is able to get in and out of the chair without any problems. Examination of his back, he is tender directly over his spine and the lower thoracic/upper lumbar area. No true point tenderness, but it all seems to be localized over the spine and in the immediate paraspinal muscles bilaterally, more on the right than the left. The patient has full range of motion of his back. He can flex forward about 70-75 degrees. He complains of discomfort in his lower back. He is able to come upright. When he is almost directly upright, he complains of some discomfort and then discomfort with extension. No acute discomfort, but just discomfort. No problem with lateral flexion, upper body rotation. The patient is assisted onto the bedside table. He has difficulty reclining, complaining of pain. Once he is reclined, he seems to be relatively comfortable. Straight leg raise causes discomfort in his lower back. He can flex almost 70 degrees both sides. Denies any numbness, tingling, weakness in his legs. He can plantarflex and dorsiflex, has good reflexes bilaterally. No neurological deficits noted.

DIAGNOSIS: Low back pain, thoracolumbar.

PLAN: This patient is just adamant that he cannot work. He states that he is just miserable all the time. He is asking for stronger pain medicines and just adamant that he cannot work. At this point, I think it would behoove us to probably go ahead and refer him to a back specialist. I have requested an MRI. I have requested physical therapy. He states he has not heard anything about either one of those. Hopefully those will be approved and scheduled shortly, but I think it is time to just cut to the chase and have a back specialist see him because I think it is going to be difficult to get him back to work otherwise. He states that he was told they were going to adhere to his restrictions but they have not been. I have modified his work restrictions again. No lifting, pushing, pulling more than 10 pounds. No prolonged sitting or standing. No climbing, running, or jumping. No bending, twisting, stooping, and squatting. He is to walk and stretch frequently. Drive 45 minutes only twice a day. No commercial driving. Limit the work day to 8 hours. I hope that his employers will try to adhere to this. Certainly maybe we could see some improvement if they do. I have also modified his medications. Because he did not tolerate the Zanaflex, we are going to stop that. I will give him Valium instead. I have written a prescription for Valium 10 mg. He will take one at bedtime to help him relax and sleep. Valium 10 mg (#20). I have also given him Vicodin 5/300 (#30). He will take 1-2 q.8 h p.r.n. severe pain. I have stressed to the patient that I am going to be very stingy with narcotics with him. I do not think this is going to be a short-term problem. This has been going on since May and interventions do not seem to be helping, so I told him I did not want him to get dependent on pain medicines. I certainly do not want him

Name: Lucas, Carl E
Patient ID: [redacted] D.O.B.: [redacted]
Injury: 724.2 Pain, Lower back
Injury ID: 2
Injury Date: 1/17/2014

Treatments

to be in pain, but I want us to be more aggressive in trying to figure out what is going on. I will give him Vicodin, but I expect him to be very stingy taking the Vicodin and taking it only if he is having severe pain. Hopefully if we can start the therapy and do some other interventions he will need less pain medicines. We will contact the worker's compensation adjustor and get approval for ortho. I would like him to see one of the back specialists. There are only a few to choose from, so hopefully we can get that approved and scheduled shortly. The patient verbalizes understanding of all discharge instructions and agreement with treatment plan. Apparently patient missed work yesterday and called in today. He has asked me for a work excuse for both days. I told him I cannot give retroactive work restrictions. He did not call me yesterday. In fact, he had an appointment yesterday and he states he missed it because he was asleep. Because he did not call or contact me at all yesterday, I told him I cannot give him an excuse for yesterday. Because I am changing his medications, I will excuse him for the rest of the day, but he will have to go back to work tomorrow with the restrictions I gave him. The patient verbalizes understanding of all information given to him.

CURRENT WORK CAPACITY: Modified duty. Followup appointment. Out of work today, 01/28/2014. Return to work 01/29/2014, modified duty. Followup appointment with ortho when appointment scheduled. MRI and CT when approved and scheduled.

DONNA PADGETT, NP

DP/Doc#: [redacted]

Occupational HEALTH
A Lexington Medical Center Physician Practice

300 West Dunbar Road
West Columbia, SC 29170
(803) 755-3337
FAX: (803) 955-2225

LUCAS, CARL
SS#: [redacted] DOB: [redacted]
CO: Republic National Distributing

Return to Work Recommendations

Date of visit: 11/25/14 **Date of injury:** 7/17/14 ☒ Work Related ☐ Not Work Related

Diagnosis: Low back pain thoracolumbar

Work Status: May Return to work on: 1/29/14 ☐ No work restrictions

☒ **Return to work with the following restrictions:**

- ☒ No lifting, pushing or pulling more than 10 lbs
- ☒ No prolonged sitting or standing/Change positions frequently
- ☐ No overhead use of ☐ Right ☐ Left arm
- ☒ No climbing
- ☐ No running or jumping
- ☐ Sedentary work only – sitting only (clerical duties)
- ☐ Out of work. The employees can not work the following dates:
- ☒ No repetitive bending, twisting, stooping or squatting
- ☐ No tight gripping or pulling using
- ☒ Restricted walking Walk/stretch frequent
- ☒ No driving or operating machinery May drive 45min 2x da
- ☐ Limited use of
- ☐ No use of

1/25/15 limit work day to 8 hours

Comments: Referral to back specialist (ortho) when approved
MRI when approved & scheduled WFC
PT when approved & scheduled

Injury Care

- ☒ Use moist heat to affected area for 15-20 minutes 2-3 times per day
- ☐ Use ice packs to affected area for _____ minutes every _____ hour(s) for _____ day(s)
- ☐ Use ice to affected area after exercise
- ☒ Exercises as instructed 2-3 times per day
  - ☐ Written instructions given
- ☒ Elevate
- ☐ Wear _____ splint as directed. Remove _____ per day and exercise as directed.

Medication Comments (Take the following medications as directed.)

Your employer will refill your prescription(s) as listed if needed.

	Name	Dose	Prescribed For	Take with Food	Causes Sedation
1.	Relafen				
2.	Skelaxin				
3.	Vallum at bedtime				
4.					

Stop Zanaflex

Do not drive or operate machinery if you are taking medication that causes sedation. If you have any problems after taking these medications, please do not hesitate to Return for severe worsening

Wound Care

- ☐ Keep bandage clean and dry ☐ Do not take bath or swim
- ☐ May shower:
- ☐ Wound care _____ times per day. Clean with _____ and apply X _____ days.
- ☐ Keep eye patch as directed. May remove :

Education: Patient given written information on:

Follow Up

on Date: Time:

If you have any questions or concerns call 755-3337 during our normal business hours: Monday – Friday, 8:00 a.m. to 5:00 p.m. If you need medical attention after hours, please go to any LMC Urgent Care or LMC Emergency Room. Any work restrictions are in effect until patient is re-evaluated at LMC Occupational Health.

☒ **A referral has been made to:** Ortho **Your appointment is Date:** Time:

☐ **You have reached maximum medical improvement and need no further treatment. Contact your employer before returning. Your employer will schedule any further appointments.**

I understand the above instructions and what to do for my follow-up care. I have received a copy of these instructions for myself and my employee.

Employee: Carl E Lucas [redacted]ysician/AP: Donald Rodgers PA-C

Lexington Medical Center

Occupational HEALTH
A Lexington Medical Center Physician Practice

300 West Dunbar Road
West Columbia, SC 29170
(803) 755-3337
FAX: (803) 955-2225

LUCAS, CARL
SS#: [redacted] DOB: [redacted]
CO: Republic National Distributing

Nursing Care Record

Date of Patient Visit: 1/28/14 Medical Office Technician: [illegible]

Injury Date: 1/17/14	Injury Time: ☐ A.M. ☐ P.M.	Arrival Time: 1045 ☒ A.M. ☐ P.M.	Manner of Arrival: ☒ AMB ☐ WC
Patient Description of Injury: FU- ~~Exacerbation~~ exacarbation of back pain status post injury 2013, 4/10, pt denies any improvement, % sharp pain to lowback		Weight: 230 Temperature: 98.2	Pulse: 84 Resp.: 16
		BP: 152 190	LMP: na
		Allergies: PCN	Medications: Metformin Skelaxin Zanaflex Relafen
Last Tetanus: unknown			
Significant Previous Injuries/Illnesses:		Present Job Type: driver/delivery Does Job Involve Lifting: ☒ Yes ☐ No Have you reported to work today?: ☐ Yes ☒ No What shift do you work? day? Hours of shift?	

PAIN ASSESSMENT

Location: lowback Is this a new pain?: ☐ Yes ☐ No Is this a change in pain?: ☐ Yes ☐ No

QUALITY OF PAIN:
☐ Aching ☐ Cramping ☐ Prickling ☐ Dull ☐ Burning ☐ Radiating ☒ Sharp
☐ Throbbing ☐ Other:

SCALE OF PAIN:
0 1 2 3 4 5 6 7 8 (9) 10
Least to Severe

ORDERS

PROVIDER ASSESSMENT

Provisional Diagnosis(es): Low back pain (Thoraco/lumbar)

Physician/NP Signature: [signature]
Date: 1/28/14 Time: _____ ☐ A.M. ☐ P.M.

☐ Follow-up visit to clinic in _____
☐ Referral to _____
☐ Dictated 129979
☐ ICD-9 Code _____
☐ Called Employer _____

Occupational HEALTH
A Lexington Medical Center Physician Practice

300 West Dunbar Road
West Columbia, SC 29170
(803) 755-3337
FAX: (803) 955-2225

LUCAS, CARL
SS#: [redacted] DOB: [redacted]
CO: Republic National Distributing

Referral Form

Date: 1/28/14

Patient Name: _____ SSN: _____

Home Phone: _____ Work Phone: _____ Mobile: _____

Reason for Referral: low back pain

Referral to: Ortho Donna Padgett NP

Referred by: (Provider Signature) _____

Previous Treatment / Test: Xray L/S spine 5/8/13 Negative
Schedule Travel requested MRI / PT

Appointment Date: _____ Time: _____ ☐ A.M. ☐ P.M.

FAX Date: _____ Time: _____ ☐ A.M. ☐ P.M.

Patient Notified: _____ By: _____

NOTES: Needs to see back specialist

Occupational health
Lexington Medical Center
A Lexington Medical Center
Physician Practice

300 West Dunbar Road
West Columbia, SC 29170
(803) 755-3337 FAX: (803) 955-2225

557 Columbia Avenue
Chapin, SC 29036
(803) 932-0645 FAX: (803) 932-0646

LUCAS, CARL
SS#: [redacted] DOB: [redacted]
CO: Republic National Distributing

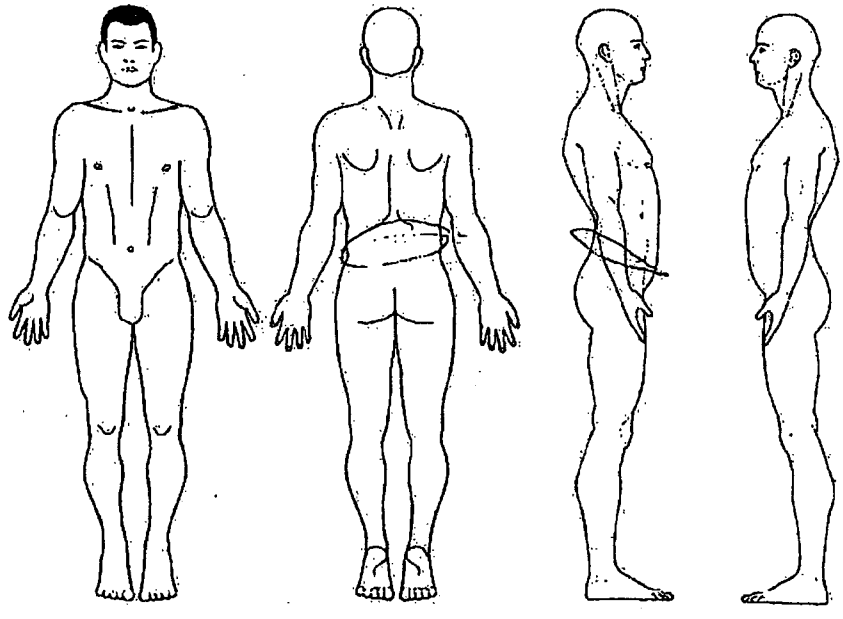
Pain History (follow up visit)

1. Rate your pain from 0 to 10 (0 is no pain, 1 is very little pain (discomfort) and 10 is severe (unbearable pain).

   Rate your pain today:

   0 1 2 3 4 5 6 7 8 (9) 10

   On the diagram to the right, please mark exactly where you are experiencing pain. Mark all areas affected.



2. What word best describes your pain?

☐ Aching ☐ Throbbing ☐ Electric ☐ Shooting ☒ Sharp ☐ Stabbing ☐ Crushing
☐ Pressure ☐ Burning ☐ Pins and Needles (tingling) ☐ Other_____

3. Is the pain constant? ☒ Yes ☐ No

4. Does the pain (radiate) move? ☐ Yes ☒ No Where:_____

5. Does the pain keep you up at night? ☒ Yes ☐ No ☐ Sometimes

6. Does the pain keep you from doing your normal activities? ☐ Always ☒ Sometimes ☐ Occasionally ☐ Never

7. Is there any improvement in your pain since the last visit? ☐ Yes ☒ No

8. What is helping with your pain? ☒ Medication ☒ Exercise ☐ PT ☐ Rest ☒ Heat ☐ Ice ☐ Other_____

9. What makes the pain worse? ☒ Walking ☒ Standing ☒ Sitting ☐ Driving ☐ Lifting ☐ Climbing ☐ Lying Down
☐ Exercise ☐ Other All of the Above

10. Any other problems:_____

Patient Signature: Carl E Lucas [redacted] Date: 01/29/14

SOUTH CAROLINA DIAGNOSTIC IMAGING
Palmetto Imaging West Columbia
2997 Sunset Boulevard, W. Columbia, SC 29169
p: (803) 936-0223 f: (803) 936-0229

PATIENT: LUCAS, CARL
DOB: [redacted]
MRN:
PHONE:
PHYSICIAN: DANA A RAWL, MD
EXAM DATE: 02/03/2014

EXAM: MR-Lumbar Spine Without Contrast

REASON FOR EXAM: lbp, sciatica

TECHNIQUE: Fat and water-weighted images are acquired in the short and long axis.

FINDINGS: The conus of the cord terminates at the L1 level. No mass formation of the conus or cauda equina.

Discs of the T11-12, T12-L1, and L1-L2 levels demonstrates mild desiccation and height loss with no significant neural effacement.

The L2-L3 disc is desiccated with mild height loss. A shallow concentric spondylotic disc bulge with a superimposed right foraminal protrusion. Disc disease combined with facet arthropathy to produce mild biforaminal stenosis on the right greater than left.

The L3-L4 disc is desiccated with mild height loss. A concentric spondylotic disc bulge has a superimposed right foraminal protrusion. Disc disease combined with shallow endplate osteophytes and bilateral facet arthropathy produces mild biforaminal stenosis on the right greater than left.

The L4-5 disc is desiccated with mild height loss. A concentric spondylotic disc bulge combines with facet arthropathy to produce mild biforaminal stenosis. Minimal erosive changes of the facets are noted. In addition, there is a small amount of juxta-articular soft tissue swelling. Minimal edematous change noted between the L3-4 interspinous ligaments. This finding can have an association with back pain.

The L5-S1 disc is desiccated with mild height loss. A concentric spondylotic disc bulge has a superimposed left paramedian annular fissure. Disc disease combines with facet arthropathy to produce mild biforaminal stenosis.

No spondylolisthesis or significant pars defects are present.

Visualized retroperitoneum, abdomen and pelvis demonstrate no distinct abnormality.

CONCLUSION:
1. Mild spondylosis on the left greater than right at L2-3 and L3-4.
2. Bulky arthropathy of the L4-5 facet joints, as above.

Zachary Kilpatrick, MD

[redacted]

PATIENT: LUCAS, CARL
DOB: [redacted]
EXAM: MR-Lumbar Spine Without Contrast
EXAM DATE: 02/03/2014

ZK/ll
DD: 02/04/2014 09:12 A
DT: 02/04/2014 09:30 A
Accession#: 08-1781654 VS#: 11732414 CS#: 672967
cc:

Electronically Signed and Reviewed by Zachary Kilpatrick, MD 02/04/2014 11:12 A

[redacted]

FIRST PHYSICAL THERAPY CORA Rehabilitation Clinics

Lumbar Discharge Summary

05/16/2014

First Physical Therapy LLC - Lexington - First PT
108 Palmetto Park
Lexington, SC 290727969
phone: (803) 359-2323 fax: (803) 359-2331

Name: LUCAS, CARL			FOR WORK COMP ONLY
[redacted]		DOB: [redacted]	Case Manager: Medrisk Case Manager
Onset Date: 01/17/2014	Surgery Date: 6/3/2013	Eval Date: 2/4/2014	Occupation: Truck Driver / Employer: Republic National Distributing
Ref MD: Dr Thomas Armsey II		Sex: M	Status: light duty / Last Day:
Medical Dx: 7242 - LOW BACK PAIN			
Treatment Dx:			

Patient attended 42 visits from evaluation.
Discharge Criteria: Return to physician
Should the patient continue with Home Program as prescribed, the prognosis is good.
Patient is independent with Home Exercise Program.
Patient is compliant with Home Exercise Program.

Eval PDC: sedentary-light
Current PDC: light
Job Req PDC: medium

Motion AROM (* indicates with pain)	Initial Eval (2014-02-04)	Re-Assess (2014-03-21)	Re-Assess (2014-04-04)	Re-Assess (2014-04-14)	Re-Assess (2014-04-28)	Re-Assess (2014-05-12)	Re-Assess (2014-05-16)
Flexion	*50%	*75%	*75%	*75	*75%	75%	
Extension	*50%	*66%	*75%	*90	*90%	90%	
Side Bend	L: *66% R: *66%	L: *75% R: *75%	L: *90% R: *90%	L: *95% R: *95%	L: *95% R: *95%	L: 95% R: 95%	
Rotation	L: *75% R: *75%	L: *90% R: *90%	L: *95% R: *95%	L: *95% R: *95%	L: *95% R: *95%	L: 95% R: 95%	
Hip Flexion (L2)	L: wfl R: wfl						
Muscle/ Motion Strength	**Initial Eval (2014-02-04)**	**Re-Assess (2014-03-21)**	**Re-Assess (2014-04-04)**	**Re-Assess (2014-04-14)**	**Re-Assess (2014-04-28)**	**Re-Assess (2014-05-12)**	**Re-Assess (2014-05-16)**
Flexion	4-/5	4/5	4/5	4+/5	4+/5	4+/5	
Extension	4-/5	4/5	4/5	4+/5	4+/5	4+/5	
Side Bend	L: 4-/5 R: 4-/5	L: 4/5 R: 4/5	L: 4/5 R: 4/5	L: 4+/5 R: 4+/5	L: 4+/5 R: 4+/5	L: 4+/5 R: 4+/5	
Rotation	L: 4-/5 R: 4-/5	L: 4+/5 R: 4+/5	L: 4+/5 R: 4+/5	L: 4+/5 R: 4+/5	L: 4+/5 R: 4+/5	L: 4+/5 R: 4+/5	

Functional Status & Goals

Activity	Current	At Eval	Job Req.	Description of Current Level of Function
Driving	frequent	occasional	frequent	POV (not comercial truck)
Lifting/Carrying 10-20 lbs.	occasional	occasional	frequent	up to 20 lbs for up to 5 mins
Work specific tasks	unable	occasional	constant	Pt reports work requires 100% to return

Short Term Goals (04/25/2014)

- Independence with Home Program - Met: 100%
- Increase ROM - wfl Met: 80%
- Increase Strength - 1/2 grade Met: 80%
- Decrease Muscle Guarding - to none Met: 90%
- Decrease - 3/10 max pain Met: 75%

Long Term Goals (04/30/2014)

- Incr. work score for Driving to frequent Met: 75%
- Incr. work score for Lifting/Carrying 10-20 lbs. to frequent Met: 75%
- Incr. work score for Work specific tasks to constant Met: 50%

* Pt to continue HEP while taking a "break from PT" MD f/ 6/9/14. Pt reports he may be returning to PT at that time? *

Recommendations

	Treatment Code	Description	Units	
	97110	THERAPEUTIC EXERCISE	3	
	97014	ELECTRICAL STIM, UNATTEN	1	

Anthony Brundage, PT, License # PT2581 — Date: 5/16/2014

Signature: [signature]

Physician Signature: [redacted] — Date:

Aug. 7. 2014 4:32PM No. 8475 P. 10

First Physical Therapy - Lexington - Exercise Log
Patient: Carl Lucas
Eval Date: 2-4-14
Diagnosis: LOW BACK PAIN

	5-2-14	5-5-14	5-7-14	5-9-14
Visit #	*36*	*37*	*38*	*39*
Therapeutic Exercises	*50 mins*	*50 min*	*50 mins*	*50 mins*
Bike	10 mins L4	10 mins L4	10 mins L4	10 mins L4
to improve strength: UBE (standing)	12 mins L3	12 mins L3	12 mins L3	12 mins L3
to improve strength: Step ups 6"	50 each LE	50 each LE	50 each LE	50 each LE
to improve ROM: Core stretch	3 mins	3 mins	3 mins	3 mins
to improve strength: Rebounder Chest pass)	3 mins Blue		3 mins Blue	3 mins Blue
to improve strength: Tra	10/10sec			
to improve strength: Tra and March	15 each LE			15 each LE
to improve ROM: DKC	10/5sec	10/5sec	10/5sec	10/5sec
to improve strength: PPT	10/10sec	10/10sec	10/10sec	10/10sec
to improve strength: Bridges with Ball	10	10	10	10
Therapeutic Activities		*10 mins*	*10 mins*	
to improve lifting: knee to shldr		2-5 lbs x 5 mins	2-5 lbs x 5 mins	
to improve lifting: Box lift ground to waist		20 lbs x 5 mins	20 lbs x 5 mins	

Aug. 7. 2014 4:34PM No. 8475 P. 15

Midlands Orthopaedics PA • 2989 St[illegible]t Blvd, WEST COLUMBIA SC 29169-3[illegible]

ATT = Gt

LUCAS, CARL E (Id #[redacted], dob: [redacted]

Claim 30141636

Referral Order

05/12/2014

To Provider	From Provider
Phone: Fax:	THOMAS ARMSEY, MD MOPA_Gregg 1910 Blanding Street COLUMBIA, SC 29201-3520 Phone: (803) 256-4107 Fax: (803) 988-8115

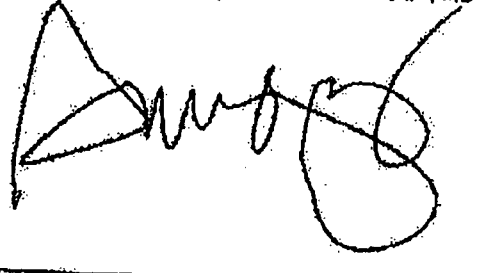
Referral Order Information

Diagnosis	Low back pain ICD-9: 724.2: Lumbago
Order Name	PHYSICAL THERAPY BACK REFERRAL
Notes	TENS unit

Patient Information

Patient Name	LUCAS, CARL E
Sex - DOB - Age	M [redacted]
Address	[redacted]
Phone	H: M: [redacted]
ery Insurance	SEDGWICK Policy Holder: REPUBLIC NATIONAL DISTRIBUTING CO
ry Insurance	None recorded.

Electronically Signed by: THOMAS ARMSEY, MD



THOMAS ARMSEY, MD

[redacted]

N

Aug. 7, 2014 4:33PM

FIRST PHYSICAL THERAPY
CORA Rehabilitation Clinics

Lumbar Progress Note

05/12/2014

First Physical Therapy LLC - Lexington - First PT
108 Palmetto Park
Lexington, SC 290727969
phone: (803) 359-2323 fax: (803) 359-2331

Name: LUCAS, CARL	FOR WORK COMP ONLY
[redacted] DOB: [redacted]	Case Manager: Medrisk Case Manager
Onset Date: 01/17/2014 Surgery Date: 6/3/2013 Eval Date: 2/4/2014	Occupation: Truck Driver Employer: Republic National Distributing
Ref MD: Dr Thomas Armsey II Sex: M	Status: light duty Last Day:
Medical Dx: 7242 - LOW BACK PAIN Treatment Dx:	

Patient attended 40 visits from evaluation.

Eval PDC: sedentary-light
Current PDC: light
Job Req PDC: medium

Motion AROM (* indicates with pain)	Initial Eval (2014-02-04)	Re-Assess (2014-03-07)	Re-Assess (2014-03-21)	Re-Assess (2014-04-04)	Re-Assess (2014-04-14)	Re-Assess (2014-04-28)	Re-Assess (2014-05-12)
Flexion	*50%	*75%	*75%	*75%	*75	*75%	75%
Extension	*50%	*66%	*66%	*75%	*90	*90%	90%
Side Bend	L: *66% R: *66%	L: *75% R: *75%	L: *75% R: *75%	L: *90% R: *90%	L: *95% R: *95%	L: *95% R: *95%	L: 95% R: 95%
Rotation	L: *75% R: *75%	L: *90% R: *90%	L: *90% R: *90%	L: *95% R: *95%	L: *95% R: *95%	L: *95% R: *95%	L: 95% R: 95%
Hip Flexion (L2)	L: wfl R: wfl						
Muscle/ Motion Strength	**Initial Eval (2014-02-04)**	**Re-Assess (2014-03-07)**	**Re-Assess (2014-03-21)**	**Re-Assess (2014-04-04)**	**Re-Assess (2014-04-14)**	**Re-Assess (2014-04-28)**	**Re-Assess (2014-05-12)**
Flexion	4-/5	4/5	4/5	4/5	4+/5	4+/5	4+/5
Extension	4-/5	4/5	4/5	4/5	4+/5	4+/5	4+/5
Side Bend	L: 4-/5 R: 4-/5	L: 4/5 R: 4/5	L: 4/5 R: 4/5	L: 4/5 R: 4/5	L: 4+/5 R: 4+/5	L: 4+/5 R: 4+/5	L: 4+/5 R: 4+/5
Rotation	L: 4-/5 R: 4-/5	L: 4+/5 R: 4+/5	L: 4+/5 R: 4+/5	L: 4+/5 R: 4+/5	L: 4+/5 R: 4+/5	L: 4+/5 R: 4+/5	L: 4+/5 R: 4+/5

Palpation: No palpable pain

Posture: Pt tends to guard s/p lifting activities/extened endurance type activities.

Flexibility: near wfl's

Gait: nearing norm.

FUNCTIONAL STATUS & GOALS

Activity	Current	At Eval	Job Req.	Description of Current Level of Function
Driving	frequent	occasional	frequent	POV (not comercial vech)
Lifting/Carrying 10-20 lbs.	occasional	occasional	frequent	20lbs safely for up to 5 mins f/b rest.
Work specific tasks	unable	occasional	constant	pt reports unable to return until he is 100%.

Short Term Goals: 04/25/2014	Long Term Goals: 04/30/2014
Independence with Home Program - Met: 100%	Incr. work score for Driving to frequent Met: 75%
Increase ROM - wfl Met: 80%	Incr. work score for Lifting/Carrying 10-20 lbs. to frequent Met: 75%
Increase Strength - 1/2 grade Met: 80%	Incr. work score for Work specific tasks to constant Met: 50%
Decrease Muscle Guarding - to none Met: 90%	
Decrease - 3/10 max pain Met: 75%	

Pt appears to be reaching a plateAu at this time. Pt is independent w/HEP Mr Lucas has 2 visits remaining on current wkc auth/Rx, please advise as to continue care.

Recommendations

Follow up with physician
Continue therapy 3 times per week for 1 weeks,

New plan of care

[redacted]

Hot pack/Cold pack
Therapeutic Exercise

FIRST PHYSICAL THERAPY
CORA Rehabilitation Clinics

Lumbar Progress Note

05/12/2014

First Physical Therapy LLC - Lexington - First PT
108 Palmetto Park
Lexington, SC 290727969
phone: (803) 359-2323 fax: (803) 359-2331

Name: LUCAS, CARL			FOR WORK COMP ONLY
[redacted]	DOB: [redacted]		Case Manager: Medrisk Case Manager
Onset Date: 01/17/2014	Surgery Date: 6/3/2013	Eval Date: 2/4/2014	Occupation: Truck Driver / Employer: Republic National Distributing
Ref MD: Dr Thomas Armsey II		Sex: M	
Medical Dx: 7242 - LOW BACK PAIN			Status: light duty / Last Day:
Treatment Dx:			

Manual Therapy
Electrical stimulation
Self care / Home management training
Therapeutic activities

	Treatment Code	Description	Units	
	97110	THERAPEUTIC EXERCISE	2	
	97014	ELECTRICAL STIM, UNATTEN	1	

Anthony Brundage, PT, License # PT2581 — Date: 5/12/2014

Signature:

I have reviewed this plan of treatment and recertify a continuing need for services.

Physician Signature: — Date: 05-12-14

Dr Thomas Armsey II

Thank you for this referral and your continued support of CORA Health Services, Inc.
Should you have any questions, please feel free to contact me at (803) 359-2323.

[redacted]

Additional Treatment Authorization

DATE:	04-22-2014		
TO:	First Physical Therapy - Lexington	**FAX:**	(803) 359-2331
FROM:	MedRisk Customer Support	**PHONE:**	(803) 359-2323
PATIENT:	Carl Lucas	**Case ID:**	[redacted]

Claimant Name:	Carl Lucas
Claim #:	301416367340001
Body Part(s):	Lumbar
Type of Service:	Physical Therapy
Additional # of Visits Authorized:	12
Total Number of Visits Authorized (Including IE):	42
DATE AUTHORIZATION RECEIVED:	04/22/2014
Notes:	

Based on your clinical assessment and supporting documentation, Carl Lucas is approved to receive 12.0 additional visits for treatment.

Please call MedRisk at 800-225-9675 with the dates and times scheduled for these additional visits.

If Carl Lucas does not attend these additional visits or reschedules any of these appointments, please contact MedRisk as soon as possible by phone, fax or email:

Phone: 800-225-9675
Fax: 855-806-9754

Remember, as a network provider, you are required to send MedRisk all bills and documentation associated with this patient's care. Payment for services will be in accordance with your MedRisk Provider Agreement.

Please send all bills to:

MedRisk EPO
PO Box 14229
Lexington, KY 40512

- *Treating Provider must immediately report any issues of patient non-compliance.*
- *Authorization does not guarantee payment. The claims payer has final determination of medical necessity of proposed services or treatment and claim liability*
- *Medical Necessity determinations concerning proposed medical care are determined by the claims payer or the utilization review organization. For the purposes of this notification, MedRisk is not operating as a licensed or registered utilization review agent.*

MedRisk Proprietary

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Thank you for your cooperation.

Midlands Orthopaedics PA • 1910 B. ...ling Street, COLUMBIA SC 29201-3520

LUCAS, CARL E (id # [redacted] dob: [redacted]

Referral Order

04/16/2014

To Provider	From Provider
Phone: Fax:	THOMAS ARMSEY, MD MOPA_West Columbia 2989 Sunset Blvd WEST COLUMBIA, SC 29169-3497 Phone: (803) 256-4107 Fax: (803) 454-3136

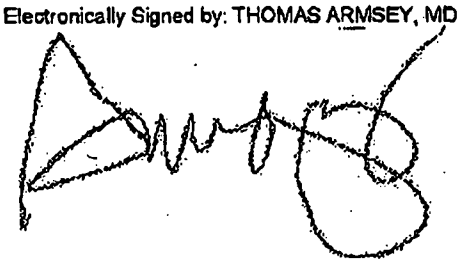
Referral Order Information

Diagnosis	Low back pain ICD-9: 724.2: Lumbago
Order Name	PHYSICAL THERAPY BACK REFERRAL
Notes	continue current therapy Dx: low back pain/ lumbar strain/ radiculitis 2-3xweek/6 weeks

Patient Information

Patient Name	LUCAS, CARL E
Sex, DOB, Age	M [redacted] 47 YR
Address	[redacted]
Phone	H: M: [redacted]
Primary Insurance	None recorded.
Secondary Insurance	None recorded.

Electronically Signed by: THOMAS ARMSEY, MD



THOMAS ARMSEY, MD

[redacted]

Aug. 7. 2014 4:35PM No. 8475 P. 17

First Physical Therapy - Lexington - Exercise Log
Patient: Carl Lucas
Eval Date: 2-4-14
Diagnosis: LOW BACK PAIN

	4-9-14	4-11-14	4-14-14	4-16-14
Visit #	26	27	28	29
Therapeutic Exercise	45 min	46 min	50 min	55 min
Bike	10 mins L4	10 mins L4	10 mins L4	10 mins L4
to improve strength: UBE (standing)	12 mins L3	12 mins L3	12 mins L3	12 mins L3
to improve strength: Step ups 6"	50 each LE	50 each LE	50 each LE	50 each LE
to improve ROM: Core stretch	3 mins	3 mins	3 mins	3 mins
to improve strength: Rebounder Chest pass)	3 mins Yellow	3 mins Yellow	3 mins Yellow	3 mins Yellow
to improve strength: Tra	10/10sec	10/10sec	10/10sec	10/10sec
to improve strength: Tra and March	15 each LE	15 each LE	15 each LE	15 each LE
to improve ROM: DKC	10/5sec	10/5sec	10/5sec	10/5sec
to improve strength: PPT	10/10sec	10/10sec	10/10sec	10/10sec
to improve strength: Bridges with Ball	10	10	10	10
Modalities				
E-stim	IFC w/CP L/S - 15 min.	IFC w/CP L/S - 15 min.	IFC w/CP L/S - 15 min.	

Aug. 7. 2014 4:36PM No. 8475 P. 21

First Physical Therapy - Lexington - Exercise Log
Patient: Carl Lucas
Eval Date: 2-4-14
Diagnosis: LOW BACK PAIN

	4-7-14	4-9-14	4-11-14	4-14-14
Visit #	25	26	27	28
Therapeutic Exercise: [ ] 45 min [ ] 30 min [ ] 15 min				
Bike	10 mins L4	10 mins L4	10 mins L4	10 mins L4
to improve strength: UBE (standing)	12 mins L3	12 mins L3	12 mins L3	12 mins L3
to improve strength: Step ups 6"	35 each LE	50 each LE	50 each LE	50 each LE
to improve ROM: Core stretch	3 mins	3 mins	3 mins	3 mins
to improve strength: Rebounder Chest pass)	2 mins Yellow	3 mins Yellow	3 mins Yellow	3 mins Yellow
to improve strength: Tra	10/10sec	10/10sec	10/10sec	10/10sec
to improve strength: Tra and March	15 each LE	15 each LE	15 each LE	15 each LE
to improve ROM: DKC	10/6sec	10/5sec	10/5sec	10/5sec
to improve strength: PPT	10/10sec	10/10sec	10/10sec	10/10sec
to improve strength: Bridges with Ball	10	10	10	10
Modalities: [ ] Ice [ ] Heat				
E-stim	IFC w/CP L/S - 15 min.	IFC w/CP L/S - 15 min.	IFC w/CP L/S - 15 min.	IFC w/CP L/S - 15 min.

Aug. 7. 2014 4:37PM No. 8475 P. 22

FIRST PHYSICAL THERAPY
CORA Rehabilitation Clinics

Lumbar Progress Note

04/14/2014

First Physical Therapy LLC - Lexington - First PT
108 Palmetto Park
Lexington, SC 290727969
phone: (803) 359-2323 fax: (803) 359-2331

Name: LUCAS, CARL			FOR WORK COMP ONLY
[redacted]		DOB: [redacted]	Case Manager: Medrisk Case Manager
Onset Date: 01/17/2014	Surgery Date: 6/3/2013	Eval Date: 2/4/2014	Occupation: Truck Driver / Employer: Republic National Distributing
Ref MD: Dr Thomas Armsey II		Sex: M	Status: light duty / Last Day:
Medical Dx: 7242 - LOW BACK PAIN Treatment Dx:			
Patient attended 28 visits from evaluation.			Eval PDC: sedentary-light Current PDC: light Job Req PDC: medium

Motion AROM (* indicates with pain)	Initial Eval (2014-02-04)	Re-Assess (2014-02-20)	Re-Assess (2014-03-07)	Re-Assess (2014-03-21)	Re-Assess (2014-04-04)	Re-Assess (2014-04-14)	
Flexion	*50%	*66%	*75%	*75%	*75%	*75	
Extension	*50%	*50	*66%	*66%	*75%	*90	
Side Bend	L: *66% R: *66%	L: *75 R: *75%	L: *75% R: *75%	L: *75% R: *75%	L: *90% R: *90%	L: *95% R: *95%	
Rotation	L: *75% R: *75%	L: *75% R: *75%	L: *90% R: *90%	L: *90% R: *90%	L: *95% R: *95%	L: *95% R: *95%	
Hip Flexion (L2)	L: wfl R: wfl						
Muscle/ Motion Strength	**Initial Eval (2014-02-04)**	**Re-Assess (2014-02-20)**	**Re-Assess (2014-03-07)**	**Re-Assess (2014-03-21)**	**Re-Assess (2014-04-04)**	**Re-Assess (2014-04-14)**	
Flexion	4-/5	4/5	4/5	4/5	4/5	4+/5	
Extension	4-/5	4-/5	4/5	4/5	4/5	4+/5	
Side Bend	L: 4-/5 R: 4-/5	L: 4/5 R: 4/5	L: 4/5 R: 4/5	L: 4/5 R: 4/5	L: 4/5 R: 4/5	L: 4+/5 R: 4+/5	
Rotation	L: 4-/5 R: 4-/5	L: 4/5 R: 4/5	L: 4+/5 R: 4+/5	L: 4+/5 R: 4+/5	L: 4+/5 R: 4+/5	L: 4+/5 R: 4+/5	

Posture: Improved (pt continues to guard s/p extended lifting activities)

Flexibility: Improving, but still limited

Gait: Improved, still has occassional antalgic GT, especially s/p extended lifting activities.

FUNCTIONAL STATUS & GOALS

Activity	Current	At Eval	Job Req.	Description of Current Level of Function
Driving	frequent	occasional	frequent	POV, PLOF Truck driver
Lifting/Carrying 10-20 lbs.	frequent	occasional	frequent	Difficulty @ 15 lbs, PLOF not an issue
Work specific tasks	occasional	occasional	constant	Truck driver, PLOF full duty.

Short Term Goals - 04/18/2014	Long Term Goals - 04/30/2014
Independence with Home Program - Met: 100%	Incr. work score for Driving to frequent Met: 75%
Increase ROM - wfl Met: 75%	Incr. work score for Lifting/Carrying 10-20 lbs. to frequent Met: 50%
Increase Strength - 1/2 grade Met: 75%	Incr. work score for Work specific tasks to constant Met: 33%
Decrease Muscle Guarding - to none Met: 90%	
Decrease - 3/10 max pain Met: 75%	

Pt has made slow progress for the majority of the time he has been in PT. Lifting activities are still an issue secondary to pain/cramping. Pt has 2 visits remaining on current wkc auth/POC. PLEASE ADVISE as to continued care/plan for Mr Lucas.

Recommendations

Follow up with physician

New plan of care

Therapeutic Exercise
Electrical stimulation
Self care / Home management training
Therapeutic activities

[redacted]

FIRST PHYSICAL THERAPY
CORA Rehabilitation Clinics

Lumbar Progress Note

04/14/2014

First Physical Therapy LLC - Lexington - First PT
108 Palmetto Park
Lexington, SC 290727969
phone: (803) 359-2323 fax: (803) 359-2331

Name: LUCAS, CARL			FOR WORK COMP ONLY
[redacted]		DOB: [redacted]	Case Manager: Medrisk Case Manager
Onset Date: 01/17/2014	Surgery Date: 6/3/2013	Eval Date: 2/4/2014	Occupation: Truck Driver / Employer: Republic National Distributing
Ref MD: Dr Thomas Armsey II		Sex: M	Status: light duty / Last Day:
Medical Dx: 7242 - LOW BACK PAIN			
Treatment Dx:			

	Treatment Code	Description	Units	
	97110	THERAPEUTIC EXERCISE	3	
	97014	ELECTRICAL STIM, UNATTEN	1	

Anthony Brundage, PT, License # PT2581 — Date: 4/14/2014

Signature:

I have reviewed this plan of treatment and recertify a continuing need for services.

Physician Signature: — Date: 4.14.14

Dr Thomas Armsey II

Thank you for this referral and your continued support of CORA Health Services, Inc.
Should you have any questions, please feel free to contact me at (803) 359-2323.

[redacted]

First Physical Therapy • Lexington • Exercise Log
Patient: Carl Lucas
Eval Date: 2-4-14
Diagnosis: LOW BACK PAIN

	4-4-14	4-7-14	4-9-14	4-11-14
Visit #	24	25	26	27
Therapeutic Exercise	45 min	45 min	45 min	45min
Bike	10 mins L4	10 mins L4	10 mins L4	10 mins L4
to improve strength: UBE (standing)	10 mins L3	12 mins L3	12 mins L3	12 mins L3
to improve strength: Step ups 6"	35 each LE	35 each LE	50 each LE	50 each LE
to improve ROM: Core stretch	3 mins	3 mins	3 mins	3 mins
to improve strength: Rebounder Chest pass)	2 mins Yellow	2 mins Yellow	3 mins Yellow	3 mins Yellow
to improve strength: Tra	10/10sec	10/10sec	10/10sec	10/10sec
to improve strength: Tra and March	15 each LE	15 each LE	15 each LE	15 each LE
to improve ROM: DKC	10/5sec	10/5sec	10/5sec	10/5sec
to improve strength: PPT	10/10sec	10/10sec	10/10sec	10/10sec
to improve strength: Bridges with Ball	10	10	10	10
Modalities				
E-stim	IFC w/CP L/S - 15 min.	IFC w/CP L/S - 15 min.	IFC w/CP L/S - 15 min.	IFC w/CP L/S - 15 min.

Aug. 7. 2014 4:37PM No. 8475 P. 23

First Physical Therapy - Lexington - Exercise Log
Patient: Carl Lucas
Eval Date: 2-4-14
Diagnosis: LOW BACK PAIN

	4-2-14	4-4-14	4-7-14	4-9-14
Visit #	23	24	25	26
Therapeutic Exercises	45 min	45 min	45 min	45 min
Bike	10 mins L4	10 mins L4	10 mins L4	10 mins L4
to improve strength: UBE (standing)	10 mins L3	10 mins L3	12 mins L3	12 mins L3
to improve strength: Step ups 6"	35 each LE	35 each LE	35 each LE	50 each LE
to improve ROM: Core stretch	3 mins	3 mins	3 mins	3 mins
to improve strength: Tra	10/10sec	10/10sec	10/10sec	10/10sec
to improve strength: Tra and March	15 each LE	15 each LE	15 each LE	15 each LE
to improve ROM: DKC	10/5sec	10/5sec	10/5sec	10/5sec
to improve strength: PPT	10/10sec	10/10sec	10/10sec	10/10sec
to improve strength: Bridges with Ball	10	10	10	10
to improve strength: Rebounder Chest pass)		2 mins Yellow	2 mins Yellow	3 mins Yellow
Modalities				
E-stim	IFC w/MHP L/S - 15 min.	IFC w/CP L/S - 15 min.	IFC w/CP L/S - 15 min.	IFC w/CP L/S - 15 min.

Aug. 7. 2014 4:37PM No. 8475 P. 24

First Physical Therapy - Lexington - Exercise Log
Patient: Carl Lucas
Eval Date: 2-4-14
Diagnosis: LOW BACK PAIN

	3-31-14	4-2-14	4-4-14	4-7-14
Visit #	22	23	24	25
Therapeutic Exercise	40 min	40 min	40 min	45 min
Bike	10 mins L4	10 mins L4	10 mins L4	10 mins L4
to improve strength: UBE (standing)	10 mins L3	10 mins L3	10 mins L3	12 mins L3
to improve strength: Step ups 6"	35 each LE	35 each LE	35 each LE	35 each LE
to improve ROM: Core stretch	3 mins	3 mins	3 mins	3 mins
to improve strength: Tra	10/10sec	10/10sec	10/10sec	10/10sec
to improve strength: Tra and March	15 each LE	15 each LE	15 each LE	15 each LE
to improve ROM: DKC	10/5sec	10/5sec	10/5sec	10/5sec
to improve strength: PPT	10/10sec	10/10sec	10/10sec	10/10seo
to improve strength: Bridges with Ball		10	10	10
to improve strength: Rebounder Chest pass) -			2 mins Yellow	2 mins Yellow
Therapeutic Activities	15 min			
to improve lifting: knee to shldr	2-5 lbs x 10 mins			
to improve lifting: Box lift ground to waist	15 lbs x 5 mins			
Modalities				
E-stim		IFC w/MHP L/S - 15 min.	IFC w/CP L/S - 15 min.	IFC w/CP L/S - 15 min.

Aug. 7. 2014 4:38PM No. 8475 P. 25

First Physical Therapy - Lexington - Exercise Log
Patient: Carl Lucas
Eval Date: 2-4-14
Diagnosis: LOW BACK PAIN

	3-28-14	3-31-14	4-2-14	4-4-14
Visit #	21	22	23	24
Therapeutic Exercise	45 min	40 min	45 min	45 min
Bike	10 mins L4	10 mins L4	10 mins L4	10 mins L4 ✓
to improve ROM: HS Stretch supine	HEP			
to improve ROM: LTR	HEP			
to improve ROM: PPT	HEP			
to improve ROM: SKC	HEP			
to improve strength: Bridges	HEP			
to improve strength: Mini Squats	HEP			
to improve strength: UBE (standing)	10 mins L3	10 mins L3	10 mins L3	10 mins L3 ✓
to improve strength: Step ups 6"	30	35 each LE	35 each LE	35 each LE ✓
to improve ROM: Core stretch	3 mins	3 mins	3 mins	3 mins ✓
to improve strength: Rebounder Chest pass)	2 mins Yellow			2 mins Yellow
to improve strength: Tra		10/10sec	10/10sec	10/10sec ✓
to improve strength: Tra and March		15 each LE	15 each LE	15 each LE ✓
to improve ROM: DKC		10/5sec	10/5sec	10/5sec ✓
to improve strength: PPT		10/10sec	10/10sec	10/10sec ✓
to improve strength: Bridges with Ball			10	10 ✓
Therapeutic Activity	15 min	15 min		
to improve lifting: knee to shldr	2-5 lbs x 10 mins	2-5 lbs x 10 mins		
to improve lifting: Box lift ground to waist	15 lbs x 5 mins	15 lbs x 5 mins		
Modalities				
E-stim			IFC w/MHP L/S - 15 min.	IFC w/CP L/S - 15 min.

Dennis JOE

Aug. 7. 2014 4:38PM No. 8475 P. 26

First Physical Therapy - Lexington - Exercise Log
Patient: Carl Lucas
Eval Date: 2-4-14
Diagnosis: LOW BACK PAIN

	3-26-14	3-28-14	3-31-14	4-2-14
Visit #	20	21	22	23
Therapeutic Exercise	20 mins	6 mins	6 mins	6 mins
Bike	10 mins L4	10 mins L4	10 mins L4	10 mins L4 ✓
to improve ROM: HS Stretch supine	5 x 20"	HEP		
to improve ROM: LTR	5 x 20"	HEP		
to improve ROM: PPT	10 x 10"	HEP		
to improve ROM: SKC	5 x 20"	HEP		✓
to improve strength: Bridges	30	HEP		
to improve strength: Mini Squats	30	HEP		
to improve strength: UBE (standing)	10 mins L3	10 mins L3	10 mins L3	10 mins L3
to improve strength: Step ups 6"	30	30	35 each LE	35 each LE ✓
to improve ROM: Core stretch	3 mins	3 mins	3 mins	3 mins ✓
to improve strength: Rebounder Chest pass)		2 mins Yellow		
to improve strength: Tra			10/10sec	10/10sec
to improve strength: Tra and March			15 each LE	15 each LE
to improve ROM: DKC			10/5sec	10/5sec
to improve strength: PPT			10/10sec	10/10sec
to improve strength: Bridges with Ball				10
Therapeutic Activity	10 mins	10 mins	10 mins	10 mins
to improve lifting: knee to shldr	2-5 lbs x 10 mins	2-5 lbs x 10 mins	2-5 lbs x 10 mins	
to improve lifting: Box lift ground to waist		15 lbs x 5 mins	15 lbs x 5 mins	
Modalities				
E-stim				IFC w/MHP L/S - 15 min.

Aug. 7. 2014 4:38PM No. 8475 P. 27

First Physical Therapy - Lexington - Exercise Log
Patient: Carl Lucas
Eval Date: 2-4-14
Diagnosis: LOW BACK PAIN

	3-17-14	3-19-14	3-21-14	3-24-14
Visit #	*16*	*17*	*18*	*19*
Therapeutic Exercise	*55 min*	*55 min*	*55 min*	*50 min*
Bike	10 mins L3	10 mins L4	10 mins L4	10 mins L4
to improve ROM: HS stretch supine	5 x 20"	5 x 20"	5 x 20"	5 x 20"
to improve ROM: LTR	5 x 20"	5 x 20"	5 x 20"	5 x 20"
to improve ROM: PPT	10 x 10"	10 x 10"	10 x 10"	10 x 10"
to improve ROM: SKC	5 x 20"	5 x 20"	5 x 20"	5 x 20"
to improve strength: Bridges	30	30	30	30
to improve strength: Mini Squats	30	30	30	30
to improve strength: UBE (standing)	10 mins L2	10 mins L2	10 mins L2	10 mins L2
to improve strength: Step ups 6"	30	30	30	30
to improve ROM: Core stretch	3 mins	3 mins	3 mins	3 mins
Therapeutic Activity				*10 min*
to improve lifting: knee to shldr				2-5 lbs x 10 mins

LJ

Aug. 7. 2014 4:42PM No. 8475 P. 36

First Physical Therapy - Lexington - Exercise Log
Patient: Carl Lucas
Eval Date: 2-4-14
Diagnosis: LOW BACK PAIN

	3-24-14	3-26-14	3-28-14	3-31-14	
Visit #	*19*	*20*	*21*	*22*	
Therapeutic Exercise	*60 min*	*50min*	*45min*	*40 min*	
Bike	10 mins L4	10 mins L4	10 mins L4	10 mins L4	✓
to improve ROM: HS Stretch supine	5 x 20"	5 x 20"	HEP		
to improve ROM: LTR	5 x 20"	5 x 20"	HEP		
to improve ROM: PPT	10 x 10"	10 x 10"	HEP		
to improve ROM: SKC	5 x 20"	5 x 20"	HEP		✓
to improve strength: Bridges	30	30	HEP		
to improve strength: Mini Squats	30	30	HEP		
to improve strength: UBE (standing)	10 mins L2	10 mins L3	10 mins L3	10 mins L3	
to improve strength: Step ups 6"	30	30	30	35 each LE	✓
to improve ROM: Core stretch	3 mins	3 mins	3 mins	3 mins	✓
to improve strength: Rebounder Chest pass)			2 mins Yellow		
to improve strength: Tra				10/10sec	✓
to improve strength: Tra and March				15 each LE	✓
to improve ROM: DKC				10/5sec	✓
to improve strength: PPT				10/10sec	✓
Therapeutic Activities	*10 min*	*10 min*	*15 min*	*15 min*	
to improve lifting: knee to shldr	2-5 lbs x 10 mins	2-5 lbs x 10 mins	2-5 lbs x 10 mins	2-5 lbs x 10 mins	
to improve lifting: Box lift ground to waist			15 lbs x 5 mins	15 lbs x 5 mins	

BOB 2x10 ✓

Aug. 7. 2014 4:39PM No. 8475 P. 28

First Physical Therapy - Lexington - Exercise Log
Patient: Cari Lucas
Eval Date: 2-4-14
Diagnosis: LOW BACK PAIN

	3-21-14	3-24-14	3-26-14	3-28-14
Visit #	*18*	*19*	*20*	*21*
Therapeutic Exercise	55 mins	50 mins	50 mins	45 mins
Bike	10 mins L4	10 mins L4	10 mins L4	10 mins L4
to improve ROM: HS Stretch supine	5 x 20"	5 x 20"	5 x 20"	HEP
to improve ROM: LTR	5 x 20"	5 x 20"	5 x 20"	HEP
to improve ROM: PPT	10 x 10"	10 x 10"	10 x 10"	HEP
to improve ROM: SKC	5 x 20"	5 x 20"	5 x 20"	HEP
to improve strength: Bridges	30	30	30	HEP
to improve strength: Mini Squats	30	30	30	HEP
to improve strength: UBE (standing)	10 mins L2	10 mins L2	10 mins L3	10 mins L3
to improve strength: Step ups 6"	30	30	30	30 ✓
to improve ROM: Core stretch	3 mins	3 mins	3 mins	3 mins ✓
to improve strength: Rebounder Chest pass)				2 mins Yellow
Therapeutic Activity	10 mins	10 mins	10 mins	15 mins
to improve lifting: knee to shldr		2-5 lbs x 10 mins	2-5 lbs x 10 mins	2-5 lbs x 10 mins
to improve lifting: Box lift ground to waist				15 lbs x 5 mins

Ball Bridges

Prone Press-ups

Aug. 7. 2014 4:39PM No. 8475 P. 29

First Physical Therapy - Lexington - Exercise Log
Patient: Carl Lucas
Eval Date: 2-4-14
Diagnosis: LOW BACK PAIN

	3-14-14	*3-17-14*	*3-19-14*	*3-21-14*
Visit #	*15*	*16*	*17*	*18*
Therapeutic Exercise	*55 min*	*55 min*	*55 min*	*55 min*
Pt Education/HEP instruction	5 mins			
Bike	10 mins L3	10 mins L3	10 mins L4	10 mins L4
to improve ROM: HS Stretch supine	5 x 20"	5 x 20"	5 x 20"	5 x 20"
to improve ROM: LTR	5 x 20"	5 x 20"	5 x 20"	5 x 20"
to improve ROM: PPT	10 x 10"	10 x 10"	10 x 10"	10 x 10"
to improve ROM: SKC	5 x 20"	5 x 20"	5 x 20"	5 x 20"
to improve strength: Bridges	30	30	30	30
to improve strength: Mini Squats	30	30	30	30
to improve strength: UBE (standing)	10 mins L1.5	10 mins L2	10 mins L2	10 mins L2
to improve strength: Step ups 6"	30	30	30	30
to improve ROM: Core stretch	3 mins	3 mins	3 mins	3 mins

Aug. 7. 2014 4:42PM No. 8475 P. 37

From Zfaxer.fax Fri 28 Mar 2014 08:21:34 AM EDT Page 1 of 1

MedRisk

Additional Treatment Authorization

DATE: 03-28-2014
TO: First Physical Therapy
FROM: Christina Hyatt
PATIENT: Carl Lucas

FAX: (803) 359-2331
PHONE: (803) 359-2323
Case ID: [redacted]

Claimant Name:	Carl Lucas
Claim #:	301416367340001
Body Part(s):	Lumbar
Type of Service:	Physical Therapy
Additional # of Visits Authorized:	12
Total Number of Visits Authorized (Including IE):	30
Notes:	

Based on your clinical assessment and supporting documentation, Carl Lucas is approved to receive 12.0 additional visits for treatment.

Please call MedRisk at 800-225-9675 x1235 with the dates and times scheduled for these additional visits.

If Carl Lucas does not attend these additional visits or reschedules any of these appointments, please contact MedRisk as soon as possible by phone, fax or email:

Phone: 800-225-9675 x1235
Fax: 855-806-9754
Email: chyatt@medrisknet.com

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Please send all bills to:

MedRisk EPO
PO Box 14229
Lexington, KY 40512

** Treating Provider must immediately report any issues of patient non-compliance.*
** Authorization does not guarantee payment. The claims payer has final determination of medical necessity of proposed services or treatment and claim liability*
** Medical Necessity determinations concerning proposed medical care are determined by the claims payer or the utilization review organization. For the purposes of this notification, MedRisk is not operating as a licensed or registered utilization review agent.*

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Thank you for your cooperation.

[redacted]

SX-a5ea000000EpvAAE

Aug. 7. 2014 4:39PM No. 8475 P. 30

Sedgwick
P O Box 14515,
Lexington, KY 405124515

sedgwick

03/27/2014

First Physical Therapy, PT
108 Palmetto Park Blvd
LEXINGTON, SC 29072

Claimant: CARL LUCAS
Claims Payor: Sedgwick Claims Management Services, Inc. ("Sedgwick")
Adjustor: Gina Schoen
Claims File #: 301416367340001

Employer: REPUBLIC NATIONAL DISTRIBUTING COMPANY
Writing Co.: Hartford Accident and Indemnity Company
Date of Injury: 1/17/2014
Date of Birth: [redacted]

This correspondence pertains to the review of the following health care service:

Specific Request: Lumbar Spine: Physical Therapy 2-3 x weekly / 6 weeks / medically certified by Nurse

Category	Reference #	Units Requested	Certified Units	Start Date	End Date
Physical Therapy	1316940	12	12	3/27/2014	5/16/2014

Lumbar Spine: Physical Therapy 2-3 x weekly / 6 weeks / medically certified by Nurse

The medical provider, injured worker and workers' compensation claims adjuster have been notified that this specific service meets established criteria for medical necessity ONLY based on the information presented by the medical provider.

This review applies only to the specific service listed. Additional services require separate review.

This is a review for medical necessity only. This does not guarantee that benefits will be payable under Workers Compensation coverage. Benefit payments are always subject to a determination by the claims adjuster at the time the service was rendered. Contact the claims adjuster for an explanation of coverage.

Debra Axelsen, RN, BSN
Case Specialist
[redacted]

CC:Thomas Armsey II
CARL LUCAS

No. 8475 P. 31
Aug. 7. 2014 4:40PM

First Physical Therapy - Lexington - Exercise Log
Patient: Carl Lucas
Eval Date: 2-4-14
Diagnosis: LOW BACK PAIN

	3-19-14	*3-21-14*	*3-24-14*	*3-26-14*
Visit #	*17*	*18*	*19*	*20*
Therapeutic Exercise	*55 min*	*55 min*	*50 min*	*50 min*
Bike	10 mins L4	10 mins L4	10 mins L4	10 mins L4
to improve ROM: HS Stretch supine	5 x 20"	5 x 20"	5 x 20"	5 x 20"
to improve ROM: LTR	5 x 20"	5 x 20"	5 x 20"	5 x 20"
to improve ROM: PPT	10 x 10"	10 x 10"	10 x 10"	10 x 10"
to improve ROM: SKC	5 x 20"	5 x 20"	5 x 20"	5 x 20"
to improve strength: Bridges	30	30	30	30
to improve strength: Mini Squats	30	30	30	30
to improve strength: UBE (standing)	10 mins L2	10 mins L2	10 mins L2	10 mins L3
to improve strength: Step ups 6"	30	30	30	30
to improve ROM: Core stretch	3 mins	3 mins	3 mins	3 mins
Therapeutic Activity			*5 min*	*5 min*
to improve lifting: knee to shldr			2-5 lbs x 10 mins	2-5 lbs x 10 mins

Aug. 7. 2014 4:40PM No. 8475 P. 32

Midlands Orthopaedics PA - 1013 Lake Murray Blvd, IRMO,SC 29063-2824

LUCAS, CARL E (id # [redacted], dob: [redacted])

Referral Order

03/17/2014

To Provider	From Provider
Phone: Fax:	THOMAS ARMSEY, MD MOPA_Irmo 1013 Lake Murray Blvd IRMO, SC 29063-2824 Phone: (803) 256-4107 Fax: (803) 461-2510

Referral Order Information

Diagnosis	Low back pain ICD-9: 724.2: Lumbago
Order Name	Orders Included: 1 Low back pain ICD-9: 724.2: Lumbago • PHYSICAL THERAPY BACK REFERRAL Schedule Within: provider's discretion Note to Provider: ROM lumbar spine, core abdominal & paraspinal muscle strengthening, hamstring stretching. Include modalities. May do aquatic therapy as part of treatment. Dx: low back pain/ lumbar strain/ radiculitis 2-3xweek/6 weeks
Notes	ROM lumbar spine, core abdominal & paraspinal muscle strengthening, hamstring stretching. Include modalities. May do aquatic therapy as part of treatment. Dx: low back pain/ lumbar strain/ radiculitis 2-3xweek/6 weeks

Patient Information

Patient Name	LUCAS, CARL E
Sex / DOB / SS#	M[redacted]
Address	[redacted]
Phone #	H:[redacted] M:
Primary Insurance	None recorded.
Secondary Insurance	None recorded.

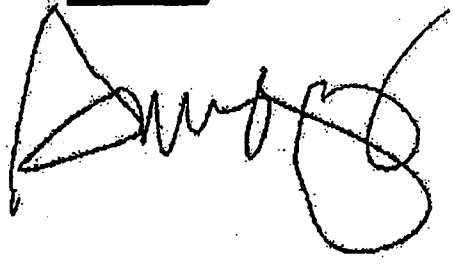
Electronically Signed by: THOMAS ARMSEY, MD

[redacted]

Aug. 7. 2014 4:41PM https://epahealth.com/7388/9/clinicals/printclinicalpaperform.asp?... No. 8475 P. 34/4

Midlands Orthopaedics PA • 1013 Lake Murray Blvd. IRMO SC 29063-2824

LUCAS, CARL E (Id #[redacted], dob: [redacted]



THOMAS ARMSEY, MD

[redacted]

[redacted]

FIRST PHYSICAL THERAPY
CORA Rehabilitation Clinics

Lumbar Daily Note

03/17/2014

First Physical Therapy LLC - Lexington - First PT
108 Palmetto Park
Lexington, SC 290727969
phone: (803) 359-2323 fax: (803) 359-2331

Name: LUCAS, CARL			FOR WORK COMP ONLY
[redacted]		DOB: [redacted]	Case Manager: Medrisk Case Manager
Onset Date: 01/17/2014	Surgery Date: 6/3/2013	Eval Date: 2/4/2014	Occupation: Truck Driver / Employer: Republic National Distributing
Ref MD: Dr Thomas Armsey II		Sex: M	Status: light duty / Last Day:
Medical Dx: 7242 - LOW BACK PAIN			Cur PDC: light / JobReq PDC: medium
Treatment Dx:			

SUBJECTIVE:

Patient reports feeling worse today
Out of my pain meds, and imflam meds. Going to see MD for more meds and f/u appt today.

Patient Reports Pain 9/10

OBJECTIVE:

See exercise log for exercises and procedures performed today.

Lumbar Function	AROM (* Indicates with pain)		Strength		
Flexion	*75%		4/5		
Extension	*66%		4/5		
	R	L	R	L	
Side Bend	*75%	*75%	4/5	4/5	
Rotation	*90%	*90%	4+/5	4+/5	

Palpation: Minimal palpable pain L/S region (nonspecific)	
Posture: Improving, less guarded.	
Flexibility: Continues to improve	
Gait: Improved, still antalgic (intermit)	

ASSESSMENT:

Pt to MD, for meds refill and to "check in" with his MDPt has made progress (slowly) and appears motivated to maximize rehab potential and attain highest possible functional level. Pt appears compliant w/HEP and MD instructions. Pt presently has 3 visits remaining on current Rx
PLEASE ADVISE AS TO CONTINUED CARE FOR THIS PT.
Response to Intervention: tol fair at current level.

FUNCTIONAL STATUS & GOALS

Activity	Current	At Eval	Job Req.	Description of Current Level of Function
Driving	frequent	occasional	frequent	Driving POV is improved. (easy entry/exit, short duration trips)
Work specific tasks	occasional	occasional	constant	Improving lift/drive capabilities

Short Term Goals - 03/18/2014	Long Term Goals - 04/08/2014
Increase ROM - wfl Met: 75%	Incr. work score for Driving to frequent Met: 50%
Increase Strength - 1/2 grade Met: 50%	Incr. work score for Work specific tasks to constant Met: 33%
Decrease Muscle Guarding - to none Met: 90%	

PLAN:

Maintain current activity level today secondary to pain.

	Treatment Code	Description	Units	
	97110	THERAPEUTIC EXERCISE	4	

Anthony Brundage, PT, License # PT2581 — Date: 3/17/2014

Signature: [signature]

[redacted]

FIRST PHYSICAL THERAPY

Assessment Report

Lumbar

First Physical Therapy LLC - Lexington - First PT
108 Palmetto Park
Lexington, SC 290727969
phone: (803) 359-2323 fax: (803) 359-2331

Name: LUCAS, CARL		FOR WORK COMP ONLY	
[redacted]	DOB: [redacted]	Case Manager: Medrisk Case Manager	
Onset Date: 01/17/2014	Surgery Date: 6/3/2013	Eval Date: 2/4/2014	Occupation: Truck Driver	Employer: Republic National Distributing
Ref MD: Dana Rawl MD	Sex: M	Status: light duty	Last Day:
Medical Dx: 7242 - LOW BACK PAIN		Cur PDC: sedentary-light	JobReq PDC: medium
Treatment Dx:			

Patient presents with losses in - ROM - Strength

These losses result in the following work limitations:

Activity		At Eval	Job Req.	Description of Current Level of Function
Driving		occasional	frequent	<1 hr before pain is major issue
Lifting/Carrying 10-20 lbs.		occasional	frequent	10 lbs x 25 pkgs before pain is issue, PLOF not an issue
Work specific tasks		> occasional	constant	Truck Driver (load/unload/drive) light duty, PLOF no limitations

Independence with Home Program	Increase work score for Driving to frequent
Increase ROM - wfl	Increase work score for Lifting/Carrying 10-20 lbs. to frequent
Increase Strength - 1/2 grade	Increase work score for Work specific tasks to constant
Decrease Muscle Guarding - to none	
Decrease - 3/10 max pain	

Pt presents with a functional decline in strength/AROM/mobility secondary to work requirements s/p hernia repair 6/13. Pt will benefit from a skilled program of progressive core strengthening and stretching coupled with pt education and HEP instruction designed to return pt to PLOF ASAP.

Hot pack for muscle relaxation; increase circulation
Cold pack to decrease pain and inflammation
Therapeutic activities to improve functional performance
Electrical stimulation for strengthening, reduce pain, spasm, enhance muscle re-education
Therapeutic Exercise for strengthening, stabilization, endurance and flexibility
Manual therapy to promote tissue and joint mobility via mobilization and myofascial release
Home management training: home exercise program, body mechanics training, energy conservation, safety

Patient will be seen 2 times per week for 3 weeks

	Treatment Code	Description	Units
	97001	PHYSICAL THERAPY EVAL	1
	97110	THERAPEUTIC EXERCISE	2
	97014	ELECTRICAL STIM, UNATTEN	1

Signature: Anthony Brundage, PT, License # PT2581 Date: 2/4/2014

I have reviewed this plan of treatment and I certify a continuing need for services.

Physician Signature: [signature] Date: 2/7/14

Dana Rawl MD

[redacted]

First Physical Therapy - Lexington - Exercise Log
Patient: Carl Lucas
Eval Date: 2-4-14
Diagnosis: LOW BACK PAIN

	3-12-14	3-14-14	3-17-14	3-19-14
Visit #	14	15	16	17
Therapeutic Exercise 50 min	50 min	55 min	55 min	55 min
Bike	10 mins L3	10 mins L3	10 mins L3	10 mins L4
to improve ROM: HS Stretch supine	5 x 20"	5 x 20"	5 x 20"	5 x 20"
to improve ROM: LTR	5 x 20"	5 x 20"	5 x 20"	5 x 20"
to improve ROM: PPT	10 x 10"	10 x 10"	10 x 10"	10 x 10"
to improve ROM: SKC	5 x 20"	5 x 20"	5 x 20"	5 x 20"
to improve strength: Bridges	30	30	30	30
to improve strength: Mini Squats	30	30	30	30
to improve strength: UBE (standing)	10 mins L1.5	10 mins L1.5	10 mins L2	10 mins L2
to improve strength: Step ups 6"	30	30	30	30
to improve ROM: Core stretch	3 mins	3 mins	3 mins	3 mins
Pt Education/HEP Instruction		5 mins		
Therapeutic Activity 10 min	10 min			
to improve lifting: knee to shldr	2-5 lbs x 10 mins			

Aug. 7. 2014 4:43PM No. 8475 P. 39

First Physical Therapy - Lexington - Exercise Log
Patient: Carl Lucas
Eval Date: 2-4-14
Diagnosis: LOW BACK PAIN

	3-10-14	3-12-14	3-14-14	3-17-14
Visit #	13	14	15	16
Therapeutic Exercise	50 min	50 min	55 min	55 min
Bike	10 mins L3	10 mins L3	10 mins L3	10 mins L3
to improve ROM: HS Stretch supine	5 x 20"	5 x 20"	5 x 20"	5 x 20"
to improve ROM: LTR	5 x 20"	5 x 20"	5 x 20"	5 x 20"
to improve ROM: PPT	10 x 10"	10 x 10"	10 x 10"	10 x 10"
to improve ROM: SKC	5 x 20"	5 x 20"	5 x 20"	5 x 20"
to improve strength: Bridges	30	30	30	30
to improve strength: Mini Squats	30	30	30	30
to improve strength: UBE (standing)	10 mins L1.5	10 mins L1.6	10 mins L1.5	10 mins L2
to improve strength: Step ups 6"	30	30	30	30
to improve ROM: Core stretch	3 mins	3 mins	3 mins	3 mins
Pt Education/HEP instruction			5 mins	
Therapeutic Activity	10 mins	10 min		
to improve lifting: knee to chidr	2-5 lbs x 10 mins	2-5 lbs x 10 mins		

Aug. 7. 2014 4:43PM No. 8475 P. 40

First Physical Therapy - Lexington - Exercise Log
Patient: Carl Lucas
Eval Date: 2-4-14
Diagnosis: LOW BACK PAIN

	3-7-14	3-10-14	3-12-14	3-14-14
Visit #	12	13	14	15
Therapeutic Exercise	60 min	60 min	60 min	60 min
Bike	10 mins L2	10 mins L3	10 mins L3	10 mins L3
to improve ROM: HS Stretch supine	5 x 20"	5 x 20"	5 x 20"	5 x 20"
to improve ROM: LTR	5 x 20"	5 x 20"	5 x 20"	5 x 20"
to improve ROM: PPT	10 x 10"	10 x 10"	10 x 10"	10 x 10"
to improve ROM: SKC	5 x 20"	5 x 20"	5 x 20"	5 x 20"
to improve strength: Bridges	20	30	30	30
to improve strength: Mini Squats	20	30	30	30
to improve strength: UBE (standing)	10 mins L1.5	10 mins L1.5	10 mins L1.5	10 mins ~~L1.5~~ 2.0
to improve strength: Step ups 6"	25	30	30	30
to improve ROM: Core stretch		3 mins	3 mins	3 mins
Pt Education/HEP instruction				5 mins
Therapeutic Activities	10 min	10 min	10 min	
to improve lifting: Knee to shldr	2-5 lbs x 10 mins	2-5 lbs x 10 mins	2-5 lbs x 10 mins	

Aug. 7. 2014 4:43PM No. 8475 P. 41

First Physical Therapy - Lexington - Exercise Log
Patient: Carl Lucas
Eval Date: 2-4-14
Diagnosis: LOW BACK PAIN

	3-5-14	3-7-14	3-10-14	3-12-14
Visit #	11	12	13	14
Therapeutic Exercise:	50 min	50 min	50 min	50 min
Bike	10 mins L2	10 mins L2	10 mins L3	10 mins L3
to improve ROM: HS Stretch supine	5 x 20"	5 x 20"	5 x 20"	5 x 20"
to improve ROM: LTR	5 x 20"	5 x 20"	5 x 20"	5 x 20"
to improve ROM: PPT	10 x 10"	10 x 10"	10 x 10"	10 x 10"
to improve ROM: SKC	5 x 20"	5 x 20"	5 x 20"	5 x 20"
to improve strength: Bridges	20	20	30	30
to improve strength: Mini Squats	20	20	30	30
to improve strength: UBE (standing)	10 mins L1.5	10 mins L1.5	10 mins L1.5	10 mins L1.5
to improve strength: Step ups 6"	25	25	30	30
to improve ROM: Core stretch			3 mins	3 mins
Therapeutic Activities:	10 min	10 min	10 min	10 min
to improve lifting: knee to shldr	2-5 lbs x 10 mins	2-5 lbs x 10 mins	2-5 lbs x 10 mins	2-5 lbs x 10 mins

Aug. 7. 2014 4:43PM No. 8475 P. 42

First Physical Therapy - Lexington • Exercise Log
Patient: Carl Lucas
Eval Date: 2-4-14
Diagnosis: LOW BACK PAIN

	3-3-14	3-5-14	3-10-14
Visit #	*10*	*11*	*12*
Therapeutic Exercise	*55 min*	*50 min*	*50 min*
Bike	10 mins L2	10 mins L2	10 mins L3
to improve ROM: HS Stretch supine	5 x 20"	5 x 20"	5 x 20"
to improve ROM: LTR	5 x 20"	5 x 20"	5 x 20"
to improve ROM: PPT	10 x 10"	10 x 10"	10 x 10"
to improve ROM: SKC	5 x 20"	5 x 20"	5 x 20"
to improve strength: Bridges	20	20	30
to improve strength: Mini Squats	20	20	30
to improve strength: UBE (standing)	10 mins L1.5	10 mins L1.5	10 mins L1.5
to improve strength: Step ups 6"	25	25	30
to improve ROM: Core stretch			3 mins
Therapeutic Activity		*10 min*	*10 min*
to improve lifting: knee to shldr		2-5 lbs x 10 mins	2-5 lbs x 10 mins

Aug. 7. 2014 4:44PM No. 8475 P. 43

First Physical Therapy - Lexington - Exercise Log
Patient: Carl Lucas
Eval Date: 2-4-14
Diagnosis: LOW BACK PAIN

	2-26-14	2-28-14	3-3-14	3-5-14
Visit #	*8*	*9*	*10*	*11*
Therapeutic Exercise	*55 min*	*55 min*	*55 min*	*90 min*
Bike	10 mins L2	10 mins L2	10 mins L2	10 mins L2
to improve ROM: HS Stretch supine	5 x 20"	5 x 20"	5 x 20"	5 x 20"
to improve ROM: LTR	5 x 20"	5 x 20"	5 x 20"	5 x 20"
to improve ROM: PPT	10 x 10"	10 x 10"	10 x 10"	10 x 10"
to improve ROM: SKC	5 x 20"	5 x 20"	5 x 20"	5 x 20"
to improve strength: Bridges	20	20	20	20
to improve strength: Mini Squats	20	20	20	20
to improve strength: UBE (standing)	10 mins L1	10 mins L1	10 mins L1.5	10 mins L1.6
to improve strength: Step ups 6"	20	20	25	25
Therapeutic Activities				*10 min*
to improve lifting: knee to shldr				2-5 lbs x 10 mins

Aug. 7. 2014 4:44PM No. 8475 P. 44

First Physical Therapy - Lexington - Exercise Log
Patient: Carl Lucas
Eval Date: 2-4-14
Diagnosis: LOW BACK PAIN

	2-24-14	2-26-14	2-28-14	3-3-14
Visit #	7	8	9	10
Therapeutic Exercise	53 min	53 min	53 min	53 min
Pt Education/HEP instruction	5 mins			
Bike	10 mins L2	10 mins L2	10 mins L2	10 mins L2 ✓
to improve ROM: HS Stretch supine	5 x 20"	5 x 20"	5 x 20"	5 x 20" ✓
to improve ROM: LTR	5 x 20"	5 x 20"	5 x 20"	5 x 20"
to improve ROM: PPT	10 x 10"	10 x 10"	10 x 10"	10 x 10"
to improve ROM: SKC	5 x 20"	5 x 20"	5 x 20"	5 x 20"
to improve strength: Bridges	20	20	20	20
to improve strength: Mini Squats	20	20	20	20
to improve strength: UBE (standing)	10 mins L1	10 mins L1	10 mins L1	10 mins L1.8
to improve strength: Step ups 6"	20	20	20	25

Aug. 7. 2014 4:44PM No. 8475 P. 45

First Physical Therapy - Lexington - Exercise Log
Patient: Carl Lucas
Eval Date: 2-4-14
Diagnosis: LOW BACK PAIN

	2-24-14	2-26-14	2-28-14
Visit #	7	8	9
Therapeutic Exercise	55 min	55 min	55 min
Pt Education/HEP Instruction	5 mins		
Bike	10 mins L2	10 mins L2	10 mins L2
to improve ROM: HS Stretch supine	5 x 20"	5 x 20"	5 x 20"
to improve ROM: LTR	5 x 20"	5 x 20"	5 x 20"
to improve ROM: PPT	10 x 10"	10 x 10"	10 x 10"
to improve ROM: SKC	5 x 20"	5 x 20"	5 x 20"
to improve strength: Bridges	20	20	20
to improve strength: Mini Squats	20	20	20
to improve strength: UBE (standing)	10 mins L1	10 mins L1	10 mins L1
to improve strength: Step ups 6"	20	20	20

Aug. 7. 2014 4:45PM No. 8475 P. 46

MedRisk

Additional Treatment Authorization

DATE: 02-27-2014
TO: First Physical Therapy
FROM: Christina Hyatt
PATIENT: Carl Lucas

FAX: (803) 359-2331
PHONE: (803) 359-2323
Case ID: [redacted]

Claimant Name:	Carl Lucas
Claim #:	301416367340001
Body Part(s):	Lumbar
Type of Service:	Physical Therapy
Additional # of Visits Authorized:	6
Total Number of Visits Authorized (Including IE):	12
Notes:	18 total auth'd

Based on your clinical assessment and supporting documentation, Carl Lucas is approved to receive 6.0 additional visits for treatment.

Please call MedRisk at 800-225-9675 x1235 with the dates and times scheduled for these additional visits.

If Carl Lucas does not attend these additional visits or reschedules any of these appointments, please contact MedRisk as soon as possible by phone, fax or email:

Phone: 800-225-9675 x1235
Fax: 855-806-9754
Email: chyatt@medrisknet.com

Remember, as a network provider, you are required to send MedRisk all bills and documentation associated with this patient's care. Payment for services will be in accordance with your MedRisk Provider Agreement.

Please send all bills to:

MedRisk EPO
PO Box 14229
Lexington, KY 40512

** Treating Provider must immediately report any issues of patient non-compliance.*
** Authorization does not guarantee payment. The claims payer has final determination of medical necessity of proposed services or treatment and claim liability*
** Medical Necessity determinations concerning proposed medical care are determined by the claims payer or the utilization review organization. For the purposes of this notification, MedRisk is not operating as a licensed or registered utilization review agent.*

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Thank you for your cooperation.

[redacted]

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First Physical Therapy - Lexington - Exercise Log
Patient: Carl Lucas
Eval Date: 2-4-14
Diagnosis: LOW BACK PAIN

	2-20-14	2-24-14	2-26-14
Visit #	6	7	8
Therapeutic Exercise	50 min	55 min	55 min
Bike	10 mins L2	10 mins L2	10 mins L2
to improve ROM: HS Stretch supine	5 x 20"	5 x 20"	5 x 20"
to improve ROM: LTR	5 x 20"	5 x 20"	5 x 20"
to improve ROM: PPT	10 x 10"	10 x 10"	10 x 10"
to improve ROM: SKC	5 x 20"	5 x 20"	5 x 20"
to improve strength: Bridges	15	20	20
to improve strength: Mini Squats	15	20	20
to improve strength: UBE (standing)	10 mins L1	10 mins L1	10 mins L1
Pt Education/HEP Instruction		5 mins	
to improve strength: Step ups 6"		20	20
Modalities			
E-stim	IFC w/CP L/S - 15 min.		

Aug. 7. 2014 4:45PM No. 8475 P. 48

First Physical Therapy - Lexington - Exercise Log
Patient: Carl Lucas
Eval Date: 2-4-14
Diagnosis: LOW BACK PAIN

	2-17-14	2-20-14	2-24-14
Visit #	5	6	7
Therapeutic Exercise	*1/40 min*	*50 min*	*55 min*
Bike	10 mins L2	10 mins L2	10 mins L2 ✓
to improve ROM: HS Stretch supine	5 x 20"	5 x 20"	5 x 20" ✓
to improve ROM: LTR	5 x 20"	5 x 20"	5 x 20" ✓
to improve ROM: PPT	10 x 10"	10 x 10"	10 x 10" ✓
to improve ROM: SKC	5 x 20"	5 x 20"	5 x 20" ✓
to improve strength: Bridges	15	15	20 ✓
to improve strength: Mini Squats	15	15	20 ✓
to improve strength: UBE (standing)		10 mins L1	10 mins L1 ✓
Pt Education/HEP instruction			5 mins
to improve strength: Step ups 6"			20 ✓
Modalities	*1/40 min*		
E-stim	IFC w/CP L/S - 15 min.	IFC w/CP L/S - 15 min.	

Aug. 7. 2014 4:47PM No. 8475 P. 54

Midlands Orthopaedics PA • 2989 S. t Blvd, WEST COLUMBIA SC 29169-3

LUCAS, CARL E (id # [redacted], dob: [redacted]

Referral Order

02/17/2014

To Provider	From Provider
Phone: Fax:	THOMAS ARMSEY, MD MOPA_West Columbia 2989 Sunset Blvd WEST COLUMBIA, SC 29169-3497 Phone: (803) 256-4107 Fax: (803) 454-3136

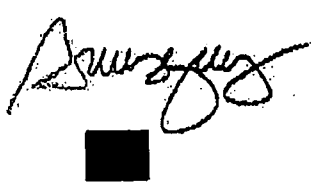
Referral Order Information

Diagnosis	Low back pain ICD-9: 724.2: Other and unspecified disorders of back; lumbago
Order Name	Orders included: 1 Low back pain ICD-9: 724.2: Other and unspecified disorders of back; lumbago • PHYSICAL THERAPY BACK REFERRAL Schedule Within: provider's discretion Note to Provider: ROM lumbar spine, core abdominal & paraspinal muscle strengthening, hamstring stretching. Include modalities. May do aquatic therapy as part of treatment. Dx: low back pain/ lumbar strain/ radiculitis 2-3xweek/6 weeks
Notes	ROM lumbar spine, core abdominal & paraspinal muscle strengthening, hamstring stretching. Include modalities. May do aquatic therapy as part of treatment. Dx: low back pain/ lumbar strain/ radiculitis 2-3xweek/6 weeks

Patient Information

Patient Name	LUCAS, CARL E
Sex - DOB - Age	M [redacted]
Address	[redacted]
Phone	H: M: [redacted]
Primary Insurance	SEDGWICK Policy Holder: REPUBLIC NATIONAL DISTRIBUTING CO
Secondary Insurance	None recorded.

Electronically Signed by: THOMAS ARMSEY, MD



[redacted]

Aug. 7. 2014 4:46PM No. 8475 P. 50

First Physical Therapy - Lexington - Exercise Log
Patient: Carl Lucas
Eval Date: 2-4-14
Diagnosis: LOW BACK PAIN

	2-14-14	2-17-14	2-20-14
Visit #	*4*	*5*	*6*
Therapeutic Exercise - 45 min		*40 min*	*50 min*
to improve ROM: HS Stretch supine	5 x 20"	5 x 20"	5 x 20" ✓
to improve ROM: LTR	5 x 20"	5 x 20"	5 x 20" ✓
to improve ROM: PPT	10 x 10"	10 x 10"	10 x 10"
to improve ROM: SKC	5 x 20"	5 x 20"	5 x 20" ✓
to improve strength: Bridges	15	15	15 ✓
to improve strength: Mini Squats	15	15	15
TM	1.6 mph, 10 mins		
Bike		10 mins L2	10 mins L2 ✓
to improve strength: UBE (standing)			10 mins L1
Modalities			
E-stim	IFC w/CP L/S - 15 min.	IFC w/CP L/S - 15 min.	IFC w/CP L/S - 15 min.

Aug. 7. 2014 4:47PM No. 8475 P. 55

First Physical Therapy - Lexington • Exercise Log
Patient: Carl Lucas
Eval Date: 2-4-14
Diagnosis: LOW BACK PAIN

	2-10-14	2-14-14	2-17-14
Visit #	3	4	5
Therapeutic Exercise	45 min	45 min	40 min
Pt Education/HEP Instruction	5 mins		
to improve ROM: HS Stretch supine	5 x 20"	5 x 20"	5 x 20"
to improve ROM: LTR	5 x 20"	5 x 20"	5 x 20"
to improve ROM: PPT	10 x 10"	10 x 10"	10 x 10"
to improve ROM: SKC	5 x 20"	5 x 20"	5 x 20"
to improve strength: Bridges	15	15	15
to improve strength: Mini Squats	15	15	15
TM	1.3 mph, 10 mins	1.6 mph, 10 mins	
Bike			10 mins L2
Modalities			
E-stim	IFC w/CP L/S - 15 min.	IFC w/CP L/S - 15 min.	IFC w/CP L/S - 15 min.

Aug. 7. 2014 4:47PM No. 8475 P. 56

First Physical Therapy - Lexington - Exercise Log
Patient: Carl Lucas
Eval Date: 2-4-14
Diagnosis: LOW BACK PAIN

	2-7-14	2-10-14	2-14-14
Visit #	2	3	4
Therapeutic Exercise	40 min	45 min	45 min
Pt Education/HEP Instruction	5 mins	5 mins	
Bike	10 mins L1		
to improve ROM: HS Stretch supine	5 x 20"	5 x 20"	5 x 20" ✓
to improve ROM: LTR	5 x 20"	5 x 20"	5 x 20" ✓
to improve ROM: PPT	10 x 10"	10 x 10"	10 x 10"
to improve ROM: SKC	5 x 20"	5 x 20"	5 x 20" ✓
to improve strength: Bridges	10	15	15 ✓
to improve strength: Mini Squats	10	15	15
TM		1.3 mph, 10 mins	1.6 mph, 10 mins ✓
Modalities			
E-stim	IFC w/CP L/S - 15 min.	IFC w/CP L/S - 15 min.	IFC w/CP L/S - 15 min.

Aug. 7. 2014 4:48PM No. 8475 P. 57

First Physical Therapy - Lexington - Exercise Log
Patient: Carl Lucas
Eval Date: 2-4-14
Diagnosis: LOW BACK PAIN

	2-4-14 (Eval)	2-7-14	2-10-14
Visit #	*1*	*2*	*3*
Therapeutic Exercise	*30 min*	*40 min*	*45 min*
Pt Education/HEP Instruction	5 mins	5 mins	5 mins
Bike	10 mins L1	10 mins L1	
to improve ROM: HS Stretch supine	5 x 20"	5 x 20"	5 x 20" ✓
to improve ROM: LTR	5 x 20"	5 x 20"	5 x 20" ✓
to improve ROM: PPT	10 x 10"	10 x 10"	10 x 10" ✓
to improve ROM: SKC	5 x 20"	5 x 20"	5 x 20" ✓
to improve strength: Bridges		10	15 ✓
to improve strength: Mini Squats		10	15 ✓
TM			1.3 mph, 10 mins
Modalities			
E-stim	IFC w/CP L/S - 15 min.	IFC w/CP L/S - 15 min.	IFC w/CP L/S - 15 min.

Aug. 7. 2014 4:43PM No. 8475 P. 58

First Physical Therapy - Lexington - Exercise Log
Patient: Carl Lucas
Eval Date: 2-4-14
Diagnosis: LOW BACK PAIN

	2-4-14 (Eval)	*2-7-14*
Visit #	1	2
Therapeutic Exercise	30 min	40 min
Pt Education/HEP Instruction	5 mins	5 mins
Bike	10 mins L1	10 mins L1
to improve ROM: HS Stretch supine	5 x 20"	5 x 20"
to improve ROM: LTR	5 x 20"	5 x 20"
to improve ROM: PPT	10 x 10"	10 x 10"
to improve ROM: SKC	5 x 20"	5 x 20"
to improve strength: Bridges		10
to improve strength: Mini Squats		10
Modalities		
E-stim	IFC w/CP L/S - 15 min.	IFC w/CP L/S - 15 min.

Aug. 7. 2014 4:48PM No. 8475 P. 59

First Physical Therapy - Lexington - Exercise Log
Patient: Carl Lucas
Eval Date: 2-4-14
Diagnosis: LOW BACK PAIN

	2-4-14 (Eval)
Visit #	*1*
Therapeutic Exercise	*30 min*
Pt Education/HEP Instruction	5 mins
Bike	10 mins L1
to improve ROM: HS Stretch supine	5 x 20"
to improve ROM: LTR	5 x 20"
to improve ROM: PPT	10 x 10"
to improve ROM: SKC	5 x 20"
Modalities	
E-stim	IFC w/CP L/S - 15 min.

Hurdy
bridges x10
Mini squats x10

No. 8475 P. 60
Aug. 7. 2014 4:49PM

FIRST PHYSICAL THERAPY
CORA Rehabilitation Clinics

PATIENT HISTORY SHEET

Name: Carl E (Eddie) Lucas Phone: [redacted] Email Address: [redacted]
Emergency Contact Lindy Lucas Relationship: Wife
Home: _____ Cell: [redacted] Work: _____

MEDICAL HISTORY

1. Do you have / had any of the following medical illnesses/concerns? (Please check YES or NO)

	YES	NO		YES	NO		YES	NO
Heart Problems	___	X	Seizures	___	X	Pregnant	___	X
Light High Blood Pressure	Controlled	___	Pacemaker	___	X	Cancer	___	X
Active Tuberculosis	___	X	Diabetes Type 2	X	___			

Other Health Issues, Please describe: _____

2. List the medications you are currently taking, the amount and the frequency (ex. Darvocet, 100mg, every 6 hours) _____
3. Do you have any allergies? If yes, please list: _____
4. Please describe your current physical complaint, when and how it happened (ex. Back pain, lifted box at work) Was Put Back To work For Some after Surgery.
5. Have you had any previous therapy for this problem/injury? If yes, was it helpful?
6. What other surgeries, injuries, or medical problems have you had in the last five (5) years?

WORK INFORMATION

1. What is your regular job? Driver
2. What is your present work duty status? Please circle one

(Full-Time/Regular) Part-Time/Regular Full-Time/Modified Part-Time/Modified Not-Working Unemployed Retired

3. Describe the physical requirements of your regular job. (Please indicate the amount of weight you lift, standing time, walking time, sitting time, position you must maintain, other job components) Working 14 Hours Sometimes Longer, lifting 200# To 400 Boxes in and out of Box Truck
4. Do you want assistance communicating with your employer ? Yes _____ No _____

SOCIAL INFORMATION

1. What goals would you like to achieve in therapy? Get Better and Quit Hurting.
2. What specific activities have you had difficulty doing since your injury/illness? Standing, lifting, Walking, Stairs, Working, Personal Time With Wife.

As part of our participation in the **Medicare** program, we offer Social Services at no cost to you to assist you in IDENTIFYING REFERRAL SOURCES IN YOUR COMMUNITY. Please indicate if you would like someone to contact you regarding these services.

_____ **I DO NOT REQUEST** a consultation with Social/Vocational Rehabilitation Counselor.
_____ **I DO REQUEST** to be referred to a Social/Vocational Rehabilitation Counselor for a consultation to assist me in identifying referral sources in my community.

Carl E. Lucas
Patient's Signature

02/04/2014
Date

Notes: [redacted]

FIRST PHYSICAL THERAPY
CORA Rehabilitation Clinics

Thank you for choosing First Physical Therapy, LLC for your rehabilitation needs.

Verification of benefits is not a guarantee of payment and financial responsibility is subject to change.

Your primary health insurance carrier had verified that you have a $ _____ yearly deductible of which $_____ has been met.

After your deductible has been satisfied, your insurance carrier estimates your therapeutic benefits are covered at _____%.

You have an estimated responsibility of $ _____ or %_____ due at each visit.

Your insurance company has advised us that your policy has the following limitations:

We will gladly bill your insurance company according to the information you give us at the time of service. The accuracy of this information is extremely important in order for your insurance to pay on your account. It is the responsibility of the patient to know your coverage and benefits for your outpatient rehabilitation services. If you don't know what they are please contact your insurance company.

Any changes in your insurance needs to be communicated with us immediately.

In order to ensure that we are filing the correct insurance please answer the following questions.

1. Injury related to an auto accident? Yes (No) If Yes, Name of Auto Insurance Company: _____

2. Do you have legal representation (attorney)? Yes (No) If Yes, please complete attorney information below:

   Attorney Name: _____ Phone Number: _____

   Do you have a letter of exhaustion from your Auto Carrier? Yes (No) Can you provide us with a copy? Yes (No)

   Do you have a medical / health insurance? Yes / No If Yes, Name of Health Insurance Carrier

   Insurance Company Name: _____ Phone Number: _____

   Name of Primary Insured: _____ ID number: _____

3. Injury related to a work accident? (Yes) / No If Yes, Name of Employer and address at time of injury:

   Employer Name: RNDC Address: 410 Foster Brothers Dr W. Columbia SC

4. Have you received therapy for the same illness / injury in the last year? Yes (No)

   If Yes, name of facility: _____ Dates Treated: _____

5. Are you (or have you) currently receiving any type of Home Health services? Yes (No)

   Name of Home Health Agency: _____ Date Discharged: _____

6. Name of physician who referred you to therapy: Donna Padgett Phone: _____

7. Name of primary care physician: _____ Phone: _____

Is there anyone involved in the payment of your care? (YES) NO. If yes, Name RNDC Phone# _____

Benefits that we have received from your insurance carrier at the time of service are not a guarantee of benefits. The patient, legal guardian or parent (if the patient is under 18 years old) will be responsible for the co-payment and the deductible at the time of service. Per our contract with your insurance company we are required to collect the entire amount of your coinsurance, copay or deductible. Our office accepts Cash, Personal Checks, Visa, Mastercard and Discover. There is a service fee of $40 for any returned checks.

Patient/Guardian Signature: Carl E Lucas Relationship to the Patient: _____

Print Patient Name: Carl E Lucas Date: 02-04-2014

[redacted]

Aug. 7. 2014 4:50PM No. 8475 P. 65

MedRisk

Patient Information and Treatment Authorization

DATE: 01-30-2014
FAX: (803) 359-2331
PATIENT: Carl Lucas

TO: First Physical Therapy
PHONE: (803) 359-2323
Case ID: [redacted]

Claimant Name: Carl Lucas	Claim #: 301416367340001
Address: [redacted]	Referring Physician: Dana Rawl
	Physician Phone: (803) 755-3337
[redacted]	Body Part(s): Lumbar
Phone (Primary): [redacted]	Date of Injury: 2014-01-17
Phone (Alternate):	Date of Surgery:
Phone (Mobile):	Type of Service: Physical Therapy
Date of Birth:	Date/Time of IE: 2014-02-04 / 9:00 AM
Jurisdiction State: SC	Number of Visits Authorized: 6
	Frequency and Duration: 2x3

The claims payer has authorized Carl Lucas to have an initial evaluation at your facility on 2014-02-04 / 9:00 AM.

The clinician should provide a total of 6 treatment(s), including the IE, if determined clinically appropriate following evaluation.

If Carl Lucas does not attend or reschedules any appointment, please contact MedRisk as soon as possible by phone or fax:

Phone: 800-225-9675
Fax: 855-806-9754

Remember, as a network provider, you are required to send MedRisk all bills and documentation associated with this patient's care. Payment for services will be in accordance with your MedRisk Provider Agreement. Please send all bills to:

MedRisk EPO
PO Box 14229
Lexington, KY 40512

• Treating Provider must immediately report any issues of patient non-compliance.
• Authorization does not guarantee payment. The claims payer has final determination of medical necessity of proposed services or treatment and claim liability
• Medical Necessity determinations concerning proposed medical care are determined by the claims payer or the utilization review organization. For the purposes of this notification, MedRisk is not operating as a licensed or registered utilization review agent.

MedRisk Proprietary

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Thank you for your cooperation.

[redacted]

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LUCAS, CARL E (id #[redacted], dob: [redacted]

Encounters and Procedures

Clinical Encounter Summaries

Encounter Date: 06/09/2014

Patient

Name	LUCAS, CARL (47, M) ID#[redacted]	**Appt. Date/Time**	06/09/2014 09:55AM
DOB	[redacted]	**Service Dept.**	MOPA_West Columbia
Provider	THOMAS ARMSEY, MD		
Insurance	Med Worker's Comp: SEDGWICK PCP : PADGETT, NP, DONNE B Referring Provider Name : PADGETT, NP, DONNE B Employer Name : REPUBLIC NATIONAL DISTRIBUTING CO Case # : 30141636734-0001 Case Injury Date : 01/17/2014 Med Worker's Comp: PMSI Employer Name : RNDC Case # : 30141636734-0001 Case Injury Date : 01/17/2014 Prescription: CMX - Member is eligible. details		

Chief Complaint

Lower Back/L-spine problem

DOI 1/17/14-work comp

HPI

F/U7388

Reported by patient.

Athletics: no participation
How are you feeling? same
Previous PT: none
Previous Injections: none
Medications: helping a little
Change in symptoms: no
Do you need a work excuse? yes
Do you need a prescription renewal? yes
Notes: Mr. Lucas continues to have significant dysfunction but normal ADLs secondary to pain at the lumbosacral spine. His pain is not radiating lower extremities. He does improve with his TENS unit. He has been to 42 physical therapy visits and seen multiple physicians. He has no interest in surgical intervention.

Vitals

06/09/2014 09:49 am

Ht:	5 ft 2 in	**Wt:**	220 lbs	**BMI:**	40.2
BP:	149/91 sitting L wrist	**Pulse:**	94 bpm	**Pain Scale:**	4

Medications

Reviewed Medications

Name	Date	
amlodipine 5 mg-benazepril 20 mg capsule	05/07/14	filled
hydrocodone 7.5 mg-acetaminophen 325 mg tablet Take 1 tablet(s) 3 times a day by oral route as needed for 14 days., stop 06/23/2014	06/09/14	prescribed
metformin 500 mg tablet	05/20/14	filled
nabumetone 750 mg tablet TK 1 T PO BID WITH MEALS	05/12/14	filled
Nexium 40 mg capsule,delayed release	05/07/14	filled

Allergies

Reviewed Allergies
PENICILLINS

Problems

[redacted]

LUCAS, CARL E (id # [redacted], dob: [redacted]

Reviewed Problems
- Low back pain - Onset: 01/17/2014

Past Medical History

Reviewed Past Medical History
Acid Reflux: Y
Diabetes: Y
High Blood Pressure: Y
Kidney Stones: Y

Family History

Reviewed Family History
Mother - Malignant neoplastic disease
Father - Diabetes mellitus
- Hypertensive disorder
- Hypercholesterolemia

Surgical History

Reviewed Surgical History
- Other - Tonisllectomy
- Other - Hernia

Social History

Reviewed Social History
Smoking Status: Former smoker.
Non-smoker.
Cigar/Pipe Use: N.
Chewing tobacco: none.
Alcohol intake: None.
Number of children: 4.
Marital status: Married.
Diet: Regular.
Are you currently employed?: Y.
Hand Dominance: Right.
Occupation: driver.

Patient's Care Team

Insurance Adjuster (Worker's Comp): PAM HARRIS: Ph (901) 566-3358, Fax (901) 566-3415
Primary Care Provider (Worker's Comp): PADGETT, NP, DONNE B: 300 WEST DUNBAR RD, WEST COLUMBIA, SC 29170, Ph (803) 755-3337, Fax (803) 955-2225
Referring Provider (Worker's Comp): PADGETT, NP, DONNE B: 300 WEST DUNBAR RD, WEST COLUMBIA, SC 29170, Ph (803) 755-3337, Fax (803) 955-2225

ROS

Patient reports **back pain** but reports no muscle aches, no muscle weakness, no arthralgias/joint pain, and no swelling in the extremities. He reports **sleep disturbances** but reports no depression, feeling safe in relationship, and no alcohol abuse. He reports **fatigue**. He reports no fever, no night sweats, no significant weight gain, no significant weight loss, and no exercise intolerance. He reports no dry eyes, no irritation, and no vision change. He reports no difficulty hearing and no ear pain. He reports no frequent nosebleeds and no nose/sinus problems. He reports no sore throat, no bleeding gums, no snoring, no dry mouth, no mouth ulcers, no oral abnormalities, and no teeth problems. He reports no chest pain, no arm pain on exertion, no shortness of breath when walking, no shortness of breath when lying down, no palpitations, and no known heart murmur. He reports no cough, no wheezing, no shortness of breath, no coughing up blood, and no sleep apnea. He reports no abdominal pain, no vomiting, normal appetite, no diarrhea, not vomiting blood, no dyspepsia, and no GERD. He reports no incontinence, no difficulty urinating, no hematuria, and no increased frequency. He reports no abnormal mole, no jaundice, and no rashes. He reports no loss of consciousness, no weakness, no numbness, no seizures, no dizziness, and no headaches. He reports no swollen glands and no bruising. He reports no runny nose, no sinus pressure, no itching, no hives, and no frequent sneezing.
ROS as noted in the HPI

Physical Exam

Patient is a 47-year-old male.

Constitutional: General Appearance: NAD and **overweight; sitting in the exam room in an Exos brace. His wife is in the room.**

Psychiatric: Orientation: oriented to time, place, and person. Mood and Affect: normal mood and affect and active and alert.

Gait and Station: Appearance: normal gait, no limp, and ambulating with no assistive devices.

[redacted]

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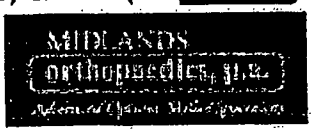
LUCAS, CARL E (id # [redacted], dob: [redacted])

Midlands Orthopaedics PA • 2989 Sunset Blvd, WEST COLUMBIA SC 29169-3497

LUCAS, CARL E (id # [redacted], dob: [redacted])



Phone: (803) 256-4107 * www.midlandsortho.com * Fax: (803) 253-6676

WORK STATUS INFORMATION

NAME: Carl Lucas
DATE OF BIRTH: [redacted]
PROVIDER'S NAME: THOMAS ARMSEY, MD
CARRIER: Sedgwick
WC CLAIM#: 30141636734-0001
DX CODE(S) & DESCRIPTION: 724.2: Lumbago

ACCOUNT: 2110777
EMPLOYER: RNDC
DOS: 06/09/2014
DOA: 01/17/2014

WORK STATUS:

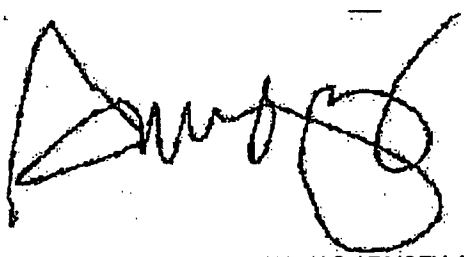
- ☐ Regular duty as of with no restrictions.
- ☑ Light duty as of 06/09/14 with restrictions.
  (availability of light duty is determined by the employer, not the physician)
- ☐ Remain out of work until *
- ☐ Part time (whether regular duty or light duty)
- ☐ Full time (whether regular duty or light duty)

PHYSICAL LIMITATIONS

- ☐ None
- ☐ No walking
- ☐ No climbing
- ☐ No standing
- ☐ No prolonged standing
- ☐ No twisting or stretching
- ☐ No kneeling, squatting, crawling
- ☑ Pushing or pulling limit 20 (lbs)
- ☐ Lifting and carrying limit ___ (lbs)
- ☐ Sedentary duties only
- ☐ No overhead work
- ☑ No work at heights

Other:
These restrictions are recommended to promote healing of the body part which is injured or which has had surgery. Unrestricted use is recommended when it will not adversely affect the healing process. This is not a statement as to the capacity to undertake a given task or participate in a given sport, nor is it a warranty against subsequent injury. All restrictions or the lack of such restrictions may be subject to revision or modification if conditions change. It is your responsibility to contact us for any clarification, questions, or concerns.

Follow-up appointment date: Work comp referral for pain management



Electronically Signed by: THOMAS ARMSEY, MD
THOMAS ARMSEY, MD
06/03/2014

[redacted]

LUCAS, CARL E (id #[redacted], dob:[redacted]

Cardiovascular System: Arterial Pulses Right: posterior tibialis normal and dorsalis pedis normal. Arterial Pulses Left: posterior tibialis normal and dorsalis pedis normal. Edema Right: none. Edema Left: none. Varicosities Right: no varicosities and capillary refill test normal. Varicosities Left: no varicosities and capillary refill test normal.

Skin: Lumbosacral Spine: normal skin.

Lumbar Spine: Inspection: no induration or ecchymosis and normal alignment and **swelling; paraspinal muscle spasm and guarding L2-5.** Bony Palpation of the Lumbar Spine: no tenderness of the spinous process, the sacral promontory, the sacrum, or the coccyx and **tenderness of the transverse process on the left at L 5.** Bony Palpation of the Right Hip: no tenderness of the iliac crest, the ASIS, the PSIS, the pubic tubercle, the iliac tubercle, the sciatic notch, the ischial tuberosity, the SI joint, or the greater trochanter. Bony Palpation of the Left Hip: no tenderness of the ASIS, the pubic tubercle, the iliac tubercle, the ischial tuberosity, the SI joint, or the greater trochanter and **tenderness of the iliac crest, the PSIS, and the sciatic notch.** Soft Tissue Palpation on the Right: no tenderness of the supraspinous ligament, the paraspinal region, the iliolumbar region, the gluteus maximus, the gluteus medius, the sciatic nerve, the anterior abdominal muscles, the inguinal ligament, or the piriformis. Soft Tissue Palpation on the Left: no tenderness of the supraspinous ligament, the anterior abdominal muscles, or the inguinal ligament and **tenderness of the paraspinal region at L 5, the iliolumbar region, the gluteus maximus, the gluteus medius, the sciatic nerve,** and **the piriformis.** Active Range of Motion: **flexion (55 deg.), extension (20 deg.),** and **pain with motion** and lateral flexion normal and rotation normal.

Motor Strength: L1 Motor Strength on the Right: hip flexion iliopsoas 5/5. L1 Motor Strength on the Left: hip flexion iliopsoas 5/5. L2-L4 Motor Strength on the Right: knee extension quadriceps 5/5. L2-L4 Motor Strength on the Left: knee extension quadriceps 5/5. L5 Motor Strength on the Right: ankle dorsiflexion tibialis anterior 5/5 and great toe extension extensor hallucis longus 5/5. L5 Motor Strength on the Left: ankle dorsiflexion tibialis anterior 5/5 and great toe extension extensor hallucis longus 5/5. S1 Motor Strength on the Right: plantar flexion gastrocnemius 5/5. S1 Motor Strength on the Left: plantar flexion gastrocnemius 5/5.

Neurological System: Coordination: heel-to-shin normal. Babinski Reflex Right: plantar reflex absent. Babinski Reflex Left: plantar reflex absent. Special Tests: Valsalva's test negative. Ankle Reflex Right: normal (2). Ankle Reflex Left: normal (2). Knee Reflex Right: normal (2). Knee Reflex Left: normal (2). Sensation on the Right: T12 normal, L1 normal, L2 normal, L3 normal, L4 normal, L5 normal, S1 normal, S2 normal, and normal distal extremities. Sensation on the Left: T12 normal, L1 normal, L2 normal, L3 normal, L4 normal, L5 normal, S1 normal, S2 normal, and normal distal extremities. Special Tests on the Right: compression test negative, femoral nerve traction test negative, Patrick-Fabere test negative, supine straight leg raising test negative, seated straight leg raising test negative, and no clonus of the ankle/knee. Special Tests on the Left: compression test negative, femoral nerve traction test negative, Patrick-Fabere test negative, supine straight leg raising test negative, seated straight leg raising test negative, and no clonus of the ankle/knee.

Assessment / Plan

1. **Low back pain**
   724.2: Lumbago
   - BACK CARE AND PREVENTING INJURIES: AFTER YOUR VISIT
   - GETTING BACK TO NORMAL AFTER LOW BACK PAIN: AFTER YOUR VISIT
   - LEARNING ABOUT RELIEF FOR BACK PAIN
   - PAIN MANAGEMENT REFERRAL - Schedule Within: provider's discretion
   - hydrocodone 7.5 mg-acetaminophen 325 mg tablet - Take 1 tablet(s) 3 times a day by oral route as needed for 14 days. Qty: 42 tablet(s) Refills: 0 Pharmacy: N/A

Discussion

Discussion Notes

Mr. Lucas had a work-related injury back in January and had some mild abnormalities on his MRI including an annular tear, some mild facet arthropathy at L3-4 and L4-5 along with some edema at the paraspinal muscles. After 5+ months of treatment he is not showing any significant improvement. He is not interested in any aggressive treatment options. At this time, I feel that pain management is his best option and recommended a pain management referral. He will remain on light duty as documented. His care will be transferred to pain management if they accept since he is not interested in any further surgical consideration.

Return to Office

None recorded.

Encounter Sign-Off

Encounter signed-off by Thomas Armsey, MD, 06/09/2014.

Encounter performed and documented by Thomas Armsey, MD
Encounter reviewed & signed by Thomas Armsey, MD on 06/09/2014 at 12:52pm

Encounter Date: 05/12/2014

Patient

Name	LUCAS, CARL (47, M) ID# 2110777	**Appt. Date/Time**	05/12/2014 10:15AM
DOB	[redacted]	**Service Dept.**	MOPA_West Columbia
Provider	THOMAS ARMSEY, MD	[redacted]	

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LUCAS, CARL E (id # [redacted], dob: [redacted])

Insurance

Med Worker's Comp: SEDGWICK
PCP : PADGETT, NP, DONNE B
Referring Provider Name : PADGETT, NP, DONNE B
Employer Name : REPUBLIC NATIONAL DISTRIBUTING CO
Case # : 30141636734-0001
Case Injury Date : 01/17/2014
Med Worker's Comp: PMSI
Employer Name : RNDC
Case # : 30141636734-0001
Case Injury Date : 01/17/2014
Prescription: CMX - Member is eligible. details

Chief Complaint

Lower Back/L-spine problem

4wks back pain

HPI

continues to complain of low-back pain. He is performing physical therapy and does feel that this is slowly improving his function. He has not lost any significant weight

Vitals

Ht:	5 ft 10 in 05/12/2014 10:21 am	**Wt:**	220 lbs 05/12/2014 10:21 am	**BMI:**	31.6 05/12/2014 10:21 am
BP:	154/93 sitting 05/12/2014 10:28 am	**Pulse:**	88 bpm 05/12/2014 10:28 am		

Medications

Reviewed Medications

Name	Date	
amlodipine 5 mg-benazepril 20 mg capsule	05/07/14	filled
hydrocodone 7.5 mg-acetaminophen 325 mg tablet Take 1 tablet(s) every 8 hours by oral route as needed.	05/12/14	prescribed
metformin 500 mg tablet	04/15/14	filled
nabumetone 750 mg tablet Take 1 tablet(s) twice a day by oral route with meals for 30 days.	05/12/14	prescribed
Nexium 40 mg capsule,delayed release	05/07/14	filled

Allergies

Reviewed Allergies
PENICILLINS

Problems

Reviewed Problems
- Low back pain - Onset: 01/17/2014

Past Medical History

Reviewed Past Medical History
Acid Reflux: Y
Diabetes: Y
High Blood Pressure: Y
Kidney Stones: Y

Family History

Reviewed Family History
Mother - Malignant neoplastic disease
Father - Diabetes mellitus
- Hypertensive disorder
- Hypercholesterolemia

Surgical History

Reviewed Surgical History [redacted]

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LUCAS, CARL E (id # [redacted], dob: [redacted]

- Other - Tonisllectomy
- Other - Hernia

Social History

Reviewed Social History
Smoking Status: Former smoker.
Non-smoker.
Cigar/Pipe Use: N.
Chewing tobacco: none.
Alcohol intake: None.
Number of children: 4.
Marital status: Married.
Diet: Regular.
Are you currently employed?: Y.
Hand Dominance: Right.
Occupation: driver.

Patient's Care Team

Insurance Adjuster (Worker's Comp): PAM HARRIS: Ph (901) 566-3358, Fax (901) 566-3415
Primary Care Provider (Worker's Comp): PADGETT, NP, DONNE B: 300 WEST DUNBAR RD, WEST COLUMBIA, SC 29170, Ph (803) 755-3337, Fax (803) 955-2225
Referring Provider (Worker's Comp): PADGETT, NP, DONNE B: 300 WEST DUNBAR RD, WEST COLUMBIA, SC 29170, Ph (803) 755-3337, Fax (803) 955-2225

ROS

Patient reports **weight gain (___lbs) and exercise intolerance** but reports no fever, no night sweats, and no significant weight loss. He reports **shortness of breath when walking** but reports no chest pain, no arm pain on exertion, no shortness of breath when lying down, no palpitations, and no known heart murmur. He reports **muscle aches, arthralgias/joint pain, and back pain** but reports no muscle weakness and no swelling in the extremities. He reports **frequent or severe headaches and restless legs** but reports no loss of consciousness, no weakness, no numbness, no seizures, and no dizziness. He reports **sleep disturbances** but reports no depression, feeling safe in relationship, and no alcohol abuse. He reports **fatigue**. He reports no dry eyes, no irritation, and no vision change. He reports no difficulty hearing and no ear pain. He reports no frequent nosebleeds and no nose/sinus problems. He reports no sore throat, no bleeding gums, no snoring, no dry mouth, no mouth ulcers, no oral abnormalities, and no teeth problems. He reports no cough, no wheezing, no shortness of breath, no coughing up blood, and no sleep apnea. He reports no abdominal pain, no vomiting, normal appetite, no diarrhea, not vomiting blood, no dyspepsia, and no GERD. He reports no incontinence, no difficulty urinating, no hematuria, and no increased frequency. He reports no abnormal mole, no jaundice, and no rashes. He reports no swollen glands and no bruising. He reports no runny nose, no sinus pressure, no itching, no hives, and no frequent sneezing.
ROS as noted in the HPI

Physical Exam

Patient is a 47-year-old male.

Constitutional: General Appearance: NAD and **overweight; sitting in the exam room in an Exos brace. His wife is in the room.**

Psychiatric: Orientation: oriented to time, place, and person. Mood and Affect: normal mood and affect and active and alert.

Gait and Station: Appearance: normal gait, no limp, and ambulating with no assistive devices.

Cardiovascular System: Arterial Pulses Right: posterior tibialis normal and dorsalis pedis normal. Arterial Pulses Left: posterior tibialis normal and dorsalis pedis normal. Edema Right: none. Edema Left: none. Varicosities Right: no varicosities and capillary refill test normal. Varicosities Left: no varicosities and capillary refill test normal.

Skin: Lumbosacral Spine: normal skin.

Lumbar Spine: Inspection: no induration or ecchymosis and normal alignment and **swelling; paraspinal muscle spasm and guarding L2-5.** Bony Palpation of the Lumbar Spine: no tenderness of the spinous process, the sacral promontory, the sacrum, or the coccyx and **tenderness of the transverse process on the left at L 5.** Bony Palpation of the Right Hip: no tenderness of the iliac crest, the ASIS, the PSIS, the pubic tubercle, the iliac tubercle, the sciatic notch, the ischial tuberosity, the SI joint, or the greater trochanter. Bony Palpation of the Left Hip: no tenderness of the ASIS, the pubic tubercle, the iliac tubercle, the ischial tuberosity, the SI joint, or the greater trochanter and **tenderness of the iliac crest, the PSIS, and the sciatic notch.** Soft Tissue Palpation on the Right: no tenderness of the supraspinous ligament, the paraspinal region, the iliolumbar region, the gluteus maximus, the gluteus medius, the sciatic nerve, the anterior abdominal muscles, the inguinal ligament, or the piriformis. Soft Tissue Palpation on the Left: no tenderness of the supraspinous ligament, the anterior abdominal muscles, or the inguinal ligament and **tenderness of the paraspinal region at L 5, the iliolumbar region, the gluteus maximus, the gluteus medius, the sciatic nerve,** and **the piriformis.** Active Range of Motion: **flexion (55 deg.), extension (20 deg.),** and **pain with motion** and lateral flexion normal and rotation normal.

Motor Strength: L1 Motor Strength on the Right: hip flexion iliopsoas 5/5. L1 Motor Strength on the Left: hip flexion iliopsoas 5/5. L2-L4 Motor Strength on the Right: knee extension quadriceps 5/5. L2-L4 [redacted] Strength on the Left: knee extension quadriceps 5/5. L5 Motor

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LUCAS, CARL E (id # [redacted] dob: [redacted])

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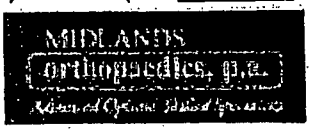
LUCAS, CARL E (id # [redacted] dob: [redacted])



Phone: (803) 256-4107 * www.midlandsortho.com * Fax: (803) 253-6676

WORK STATUS INFORMATION

NAME: Carl Lucas
DATE OF BIRTH: [redacted]
PROVIDER'S NAME: THOMAS ARMSEY, MD
CARRIER: Sedgwick
WC CLAIM#: 30141636734-0001
DX CODE(S) & DESCRIPTION: **Low back pain**

ACCOUNT: [redacted]
EMPLOYER: RNDC
DOS: 05/252014
DOA: 01/17/14

WORK STATUS:

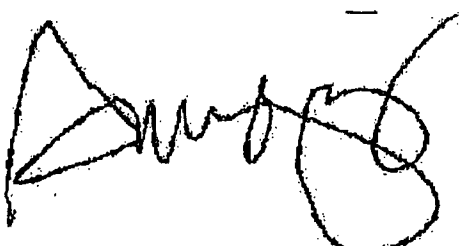
- ☐ Regular duty as of with no restrictions.
- ☑ Light duty as of 05/12/14 with restrictions.
  (availability of light duty is determined by the employer, not the physician)
- ☐ Remain out of work until *
- ☐ Part time (whether regular duty or light duty)
- ☐ Full time (whether regular duty or light duty)

PHYSICAL LIMITATIONS

- ☐ None
- ☐ No walking
- ☐ No climbing
- ☐ No standing
- ☑ No prolonged standing
- ☐ No twisting or stretching
- ☑ No kneeling, squatting, crawling
- ☐ Pushing or pulling limit ___ (lbs)
- ☑ Lifting and carrying limit 20 (lbs)
- ☐ Sedentary duties only
- ☑ No overhead work
- ☐ No work at heights

Other:
These restrictions are recommended to promote healing of the body part which is injured or which has had surgery. Unrestricted use is recommended when it will not adversely affect the healing process. This is not a statement as to the capacity to undertake a given task or participate in a given sport, nor is it a warranty against subsequent injury. All restrictions or the lack of such restrictions may be subject to revision or modification if conditions change. It is your responsibility to contact us for any clarification, questions, or concerns.

Follow-up appointment date: 06/09/14 @ 9:55



Electronically Signed by: THOMAS ARMSEY, MD
THOMAS ARMSEY, MD
05/09/2014

[redacted]

LUCAS, CARL E (id # [redacted], dob: [redacted])

Strength on the Right: ankle dorsiflexion tibialis anterior 5/5 and great toe extension extensor hallucis longus 5/5. L5 Motor Strength on the Left: ankle dorsiflexion tibialis anterior 5/5 and great toe extension extensor hallucis longus 5/5. S1 Motor Strength on the Right: plantar flexion gastrocnemius 5/5. S1 Motor Strength on the Left: plantar flexion gastrocnemius 5/5.

Neurological System: Coordination: heel-to-shin normal. Babinski Reflex Right: plantar reflex absent. Babinski Reflex Left: plantar reflex absent. Special Tests: Valsalva's test negative. Ankle Reflex Right: normal (2). Ankle Reflex Left: normal (2). Knee Reflex Right: normal (2). Knee Reflex Left: normal (2). Sensation on the Right: T12 normal, L1 normal, L2 normal, L3 normal, L4 normal, L5 normal, S1 normal, S2 normal, and normal distal extremities. Sensation on the Left: T12 normal, L1 normal, L2 normal, L3 normal, L4 normal, L5 normal, S1 normal, S2 normal, and normal distal extremities. Special Tests on the Right: compression test negative, femoral nerve traction test negative, Patrick-Fabere test negative, supine straight leg raising test negative, seated straight leg raising test negative, and no clonus of the ankle/knee. Special Tests on the Left: compression test negative, femoral nerve traction test negative, Patrick-Fabere test negative, supine straight leg raising test negative, seated straight leg raising test negative, and no clonus of the ankle/knee.

Assessment / Plan

1. Low back pain

724.2: Lumbago

- hydrocodone 7.5 mg-acetaminophen 325 mg tablet - Take 1 tablet(s) every 8 hours by oral route as needed. Qty: 42 tablet(s) Refills: 0 Pharmacy: N/A
- BACK CARE AND PREVENTING INJURIES: AFTER YOUR VISIT
- GETTING BACK TO NORMAL AFTER LOW BACK PAIN: AFTER YOUR VISIT
- LEARNING ABOUT RELIEF FOR BACK PAIN
- PHYSICAL THERAPY BACK REFERRAL - Schedule Within: provider's discretion Note to Provider: TENS unit
- nabumetone 750 mg tablet - Take 1 tablet(s) twice a day by oral route with meals for 30 days. Qty: 60 tablet(s) Refills: 1 Pharmacy: N/A

Discussion

Discussion Notes

Mr. Lucas is showing very slow improvement with regard to his low back pain. He will continue in formal physical therapy for another 4 weeks. I would anticipate that he will have reached his maximum medical improvement in the next month. His MRI does not show any pathology that would necessitate surgery. He does have a small annular tear which should have healed by now and some facet arthropathy. He will be treated with pain medication and anti-inflammatories. Followup as scheduled or sooner if worsens Continue on light duty as documented.

Return to Office

- Thomas Armsey, MD for Return Office Visit at MOPA_West Columbia on 06/09/2014 at 09:55 AM

Encounter Sign-Off

Encounter signed-off by Thomas Armsey, MD, 05/14/2014.

Encounter performed and documented by Thomas Armsey, MD
Encounter reviewed & signed by Thomas Armsey, MD on 05/14/2014 at 9:07am

Encounter Date: 04/14/2014

Patient

Name	LUCAS, CARL [redacted]	**Appt. Date/Time**	04/14/2014 02:00PM
DOB	[redacted]	**Service Dept.**	MOPA_West Columbia
Provider	THOMAS ARMSEY, MD		

Insurance

Med Worker's Comp: SEDGWICK
PCP : PADGETT, NP, DONNE B
Referring Provider Name : PADGETT, NP, DONNE B
Employer Name : REPUBLIC NATIONAL DISTRIBUTING CO
Case # : 30141636734-0001
Case Injury Date : 01/17/2014
Med Worker's Comp: PMSI
Employer Name : RNDC
Case # : 30141636734-0001
Case Injury Date : 01/17/2014
Prescription: CMX - Member is eligible.

Chief Complaint

Lower Back/L-spine problem

DOI 1/17/14-work comp

HPI

[redacted]

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LUCAS, CARL E (id # [redacted], dob: [redacted]

F/U7388

Reported by patient.

Are you working? not at all
Athletics: no participation
How are you feeling? same
Previous PT: aggravated symptoms
Previous Injections: none
Medications: helping a little
Change in symptoms: no
Do you need a work excuse? yes
Do you need a prescription renewal? yes
Notes: Continues to have low back pain with normal daily activities.. He has been performing physical therapy and showing some slow progression. He has been using a TENS unit in therapy with some improvement a muscle spasm. Taking anti-inflammatories and pain medications with no complications, he is not receiving the same benefits from his pain medication and wants to consider a higher dose

Vitals

Ht:	5 ft 10 in 04/14/2014 02:05 pm	**Wt:**	220 lbs 04/14/2014 02:05 pm	**BMI:**	31.6 04/14/2014 02:05 pm
BP:	148/84 sitting L arm 04/14/2014 02:08 pm	**Pulse:**	75 bpm 04/14/2014 02:08 pm	**Pain Scale:**	9 04/14/2014 02:05 pm

Medications

Reviewed Medications

Name	Date	
amlodipine 5 mg-benazepril 20 mg capsule	02/27/14	filled
metformin 500 mg tablet	03/20/14	filled
nabumetone 750 mg tablet Take 1 tablet(s) twice a day by oral route with meals for 30 days., stop 05/14/2014	04/14/14	prescribed
Nexium 40 mg capsule,delayed release	02/27/14	filled
Norco 7.5 mg-325 mg tablet Take 1 tablet(s) every 6-8 hours by oral route as needed for 14 days.	04/14/14	prescribed

Allergies

Reviewed Allergies
PENICILLINS

Problems

Reviewed Problems
- Low back pain - Onset: 01/17/2014

Past Medical History

Reviewed Past Medical History
Acid Reflux: **Y**
Diabetes: **Y**
High Blood Pressure: **Y**
Kidney Stones: **Y**

Family History

Reviewed Family History
Mother - Malignant neoplastic disease
Father - Diabetes mellitus
- Hypertensive disorder
- Hypercholesterolemia

Surgical History

Surgical History not reviewed (last reviewed 03/17/2014)
- Other - Tonisllectomy
- Other - Hernia

Social History

[redacted]

LUCAS, CARL E (id #[redacted], dob: [redacted]

Reviewed Social History
Smoking Status: Former smoker.
Non-smoker.
Cigar/Pipe Use: N.
Chewing tobacco: none.
Alcohol intake: None.
Number of children: 4.
Marital status: Married.
Diet: Regular.
Are you currently employed?: Y.
Hand Dominance: Right.
Occupation: driver.

Patient's Care Team

Insurance Adjuster (Worker's Comp): PAM HARRIS: Ph (901) 566-3358, Fax (901) 566-3415
Primary Care Provider (Worker's Comp): PADGETT, NP, DONNE B: 300 WEST DUNBAR RD, WEST COLUMBIA, SC 29170, Ph (803) 755-3337, Fax (803) 955-2225
Referring Provider (Worker's Comp): PADGETT, NP, DONNE B: 300 WEST DUNBAR RD, WEST COLUMBIA, SC 29170, Ph (803) 755-3337, Fax (803) 955-2225

ROS

Patient reports **weight gain** (___**lbs**) but reports no fever, no night sweats, no significant weight loss, and no exercise intolerance. He reports **shortness of breath when walking** but reports no chest pain, no arm pain on exertion, no shortness of breath when lying down, no palpitations, and no known heart murmur. He reports **muscle aches** but reports no muscle weakness, no arthralgias/joint pain, no back pain, and no swelling in the extremities. He reports no dry eyes, no irritation, and no vision change. He reports no difficulty hearing and no ear pain. He reports no frequent nosebleeds and no nose/sinus problems. He reports no sore throat, no bleeding gums, no snoring, no dry mouth, no mouth ulcers, no oral abnormalities, and no teeth problems. He reports no cough, no wheezing, no shortness of breath, no coughing up blood, and no sleep apnea. He reports no abdominal pain, no vomiting, normal appetite, no diarrhea, not vomiting blood, no dyspepsia, and no GERD. He reports no incontinence, no difficulty urinating, no hematuria, and no increased frequency. He reports no abnormal mole, no jaundice, and no rashes. He reports no loss of consciousness, no weakness, no numbness, no seizures, no dizziness, and no headaches. He reports no depression, no sleep disturbances, feeling safe in relationship, and no alcohol abuse. He reports no fatigue. He reports no swollen glands and no bruising. He reports no runny nose, no sinus pressure, no itching, no hives, and no frequent sneezing.
ROS as noted in the HPI

Physical Exam

Patient is a 47-year-old male.

Constitutional: General Appearance: NAD and **overweight; sitting in the exam room in an Exos brace. His wife is in the room, appropriately concerned.**

Psychiatric: Orientation: oriented to time, place, and person. Mood and Affect: normal mood and affect and active and alert.

Gait and Station: Appearance: normal gait, no limp, and ambulating with no assistive devices.

Cardiovascular System: Arterial Pulses Right: posterior tibialis normal and dorsalis pedis normal. Arterial Pulses Left: posterior tibialis normal and dorsalis pedis normal. Edema Right: none. Edema Left: none. Varicosities Right: no varicosities and capillary refill test normal. Varicosities Left: no varicosities and capillary refill test normal.

Skin: Lumbosacral Spine: normal skin.

Lumbar Spine: Inspection: no induration or ecchymosis and normal alignment and **swelling; paraspinal muscle spasm L2-5.** Bony Palpation of the Lumbar Spine: no tenderness of the spinous process, the sacral promontory, the sacrum, or the coccyx and **tenderness of the transverse process on the left at L 5.** Bony Palpation of the Right Hip: no tenderness of the iliac crest, the ASIS, the PSIS, the pubic tubercle, the iliac tubercle, the sciatic notch, the ischial tuberosity, the SI joint, or the greater trochanter. Bony Palpation of the Left Hip: no tenderness of the ASIS, the pubic tubercle, the iliac tubercle, the ischial tuberosity, the SI joint, or the greater trochanter and **tenderness of the iliac crest, the PSIS,** and **the sciatic notch.** Soft Tissue Palpation on the Right: no tenderness of the supraspinous ligament, the paraspinal region, the iliolumbar region, the gluteus maximus, the gluteus medius, the sciatic nerve, the anterior abdominal muscles, the inguinal ligament, or the piriformis. Soft Tissue Palpation on the Left: no tenderness of the supraspinous ligament, the anterior abdominal muscles, or the inguinal ligament and **tenderness of the paraspinal region at L 5, the iliolumbar region, the gluteus maximus, the gluteus medius, the sciatic nerve,** and **the piriformis.** Active Range of Motion: **flexion (55 deg.), extension (20 deg.),** and **pain with motion** and lateral flexion normal and rotation normal.

Motor Strength: L1 Motor Strength on the Right: hip flexion iliopsoas 5/5. L1 Motor Strength on the Left: hip flexion iliopsoas 5/5. L2-L4 Motor Strength on the Right: knee extension quadriceps 5/5. L2-L4 Motor Strength on the Left: knee extension quadriceps 5/5. L5 Motor Strength on the Right: ankle dorsiflexion tibialis anterior 5/5 and great toe extension extensor hallucis longus 5/5. L5 Motor Strength on the Left: ankle dorsiflexion tibialis anterior 5/5 and great toe extension extensor hallucis longus 5/5. S1 Motor Strength on the Right: plantar flexion gastrocnemius 5/5. S1 Motor Strength on the Left: plantar flexion gastrocnemius 5/5.

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LUCAS, CARL E (id [redacted], dob: [redacted]

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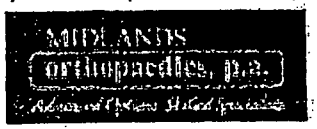
LUCAS, CARL E (id #[redacted], dob: [redacted]



Phone: (803) 256-4107 * www.midlandsortho.com * Fax: (803) 253-6676

WORK STATUS INFORMATION

NAME: Carl Lucas
DATE OF BIRTH: [redacted]
PROVIDER'S NAME: THOMAS ARMSEY, MD
CARRIER: Sedgwick
WC CLAIM#: 30141636734-0001
DX CODE(S) & DESCRIPTION: Low back pain

ACCOUNT: [redacted]
EMPLOYER: RNDC
DOS: 04/14/2014
DOA: 01/17/14

WORK STATUS:

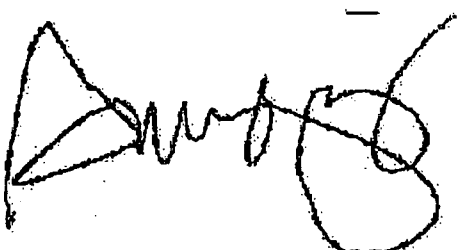
- ☐ Regular duty as of with no restrictions.
- ☑ Light duty as of 04/14/14 with restrictions.
  (availability of light duty is determined by the employer, not the physician)
- ☐ Remain out of work until *
- ☐ Part time (whether regular duty or light duty)
- ☐ Full time (whether regular duty or light duty)

PHYSICAL LIMITATIONS

- ☐ None
- ☐ No walking
- ☑ No climbing
- ☐ No standing
- ☑ No prolonged standing
- ☐ No twisting or stretching
- ☐ No kneeling, squatting, crawling
- ☑ Pushing or pulling limit 10 (lbs)
- ☑ Lifting and carrying limit 10 (lbs)
- ☐ Sedentary duties only
- ☐ No overhead work
- ☑ No work at heights

Other:
These restrictions are recommended to promote healing of the body part which is injured or which has had surgery. Unrestricted use is recommended when it will not adversely affect the healing process. This is not a statement as to the capacity to undertake a given task or participate in a given sport, nor is it a warranty against subsequent injury. All restrictions or the lack of such restrictions may be subject to revision or modification if conditions change. It is your responsibility to contact us for any clarification, questions, or concerns.

Follow-up appointment date: 5/12/14 @ 10:15



Electronically Signed by: THOMAS ARMSEY, MD

[redacted]

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LUCAS, CARL E (id # [redacted], dob: [redacted])

Neurological System: Coordination: heel-to-shin normal. Babinski Reflex Right: plantar reflex absent. Babinski Reflex Left: plantar reflex absent. Special Tests: Valsalva's test negative. Ankle Reflex Right: normal (2). Ankle Reflex Left: normal (2). Knee Reflex Right: normal (2). Knee Reflex Left: normal (2). Sensation on the Right: T12 normal, L1 normal, L2 normal, L3 normal, L4 normal, L5 normal, S1 normal, S2 normal, and normal distal extremities. Sensation on the Left: T12 normal, L1 normal, L2 normal, L3 normal, L4 normal, S1 normal, S2 normal, normal distal extremities, and **decreased sensation on the lateral leg and dorsum of the foot (L5)**. Special Tests on the Right: compression test negative, femoral nerve traction test negative, Patrick-Fabere test negative, supine straight leg raising test negative, seated straight leg raising test negative, and no clonus of the ankle/knee. Special Tests on the Left: compression test negative, femoral nerve traction test negative, Patrick-Fabere test negative, supine straight leg raising test negative, seated straight leg raising test negative, and no clonus of the ankle/knee.

Assessment / Plan

1. **Low back pain**
   724.2: Lumbago
   - nabumetone 750 mg tablet - Take 1 tablet(s) twice a day by oral route with meals for 30 days. Qty: 60 tablet(s) Refills: 0
     Pharmacy: N/A
   - Norco 7.5 mg-325 mg tablet - Take 1 tablet(s) every 6-8 hours by oral route as needed for 14 days. Qty: 56 tablet(s) Refills: 1
     Pharmacy: N/A

Discussion

Discussion Notes

Mr. Lucas is seen today with his wife in the room. He continues to complain of low back pain that is limiting his normal ADLs.. He has responded well to a TENS unit and he was prescribed a home TENS unit . He will continue his Relafen and proper use discussed. He will continue in formal physical therapy. I will increase his strength of Norco 7.5 he will use as instructed. He'll followup in 4 weeks or sooner if worsens. Continue light-duty as documented

Return to Office

- Thomas Armsey, MD for Return Office Visit at MOPA_West Columbia on 05/12/2014 at 10:15 AM

Encounter Sign-Off

Encounter signed-off by Thomas Armsey, MD, 04/16/2014.

Encounter performed and documented by Thomas Armsey, MD
Encounter reviewed & signed by Thomas Armsey, MD on 04/16/2014 at 11:43am

Encounter Date: 03/17/2014

Patient

Name	LUCAS, CARL (46, M) ID# [redacted]	**Appt. Date/Time**	03/17/2014 02:05PM
DOB	[redacted]	**Service Dept.**	MOPA_West Columbia
Provider	THOMAS ARMSEY, MD		
Insurance	Med Worker's Comp: SEDGWICK PCP : PADGETT, NP, DONNE B Referring Provider Name : PADGETT, NP, DONNE B Employer Name : REPUBLIC NATIONAL DISTRIBUTING CO Case # : 30141636734-0001 Case Injury Date : 01/17/2014 Med Worker's Comp: PMSI Employer Name : RNDC Case # : 30141636734-0001 Case Injury Date : 01/17/2014 Prescription: CMX - Member is eligible.		

Chief Complaint

Lower Back/L-spine problem

DOI 1/17/14-work comp

HPI

F/U7388

Reported by patient.

Are you working? not at all
Athletics: no participation
How are you feeling? same
Previous PT: helped a little; helped temporarily
Previous Injections: none

LUCAS, CARL E (id # [redacted] dob: [redacted])

Medications: helping a little
Change in symptoms: no
Do you need a work excuse? yes
Do you need a prescription renewal? yes
Notes: progress note from physical therapy showing objective improvement. Out of his pain medication and nonsteroidal, he had no complications from these medications. Continues on light duty.
Increased pain with normal home activities, vacuuming

Vitals

03/17/2014 02:09 pm

Ht:	5 ft 10 in	**Wt:**	220 lbs	**BMI:**	31.6
BP:	142/88 sitting L arm	**Pulse:**	104 bpm	**Pain Scale:**	10

Medications

Reviewed Medications

Name	Date	
amlodipine 5 mg-benazepril 20 mg capsule	02/27/14	filled
metformin 500 mg tablet	02/18/14	filled
nabumetone 750 mg tablet Take 1 tablet(s) twice a day by oral route with meals for 30 days., stop 04/16/2014	03/17/14	prescribed
Nexium 40 mg capsule,delayed release	02/27/14	filled
Norco 7.5 mg-325 mg tablet Take 1 tablet(s) every 8 hours by oral route as needed for 14 days.	03/17/14	prescribed

Allergies

Reviewed Allergies
PENICILLINS

Problems

Reviewed Problems
- Low back pain - Onset: 01/17/2014

Past Medical History

Reviewed Past Medical History
Acid Reflux: **Y**
Diabetes: **Y**
High Blood Pressure: **Y**
Kidney Stones: **Y**

Family History

Reviewed Family History
Mother - Malignant neoplastic disease
Father - Diabetes mellitus
- Hypertensive disorder
- Hypercholesterolemia

Surgical History

Reviewed Surgical History
- Other - Tonsillectomy
- Other - Hernia

Social History

Reviewed Social History
Smoking Status: Former smoker.
Non-smoker.
Cigar/Pipe Use: N.
Chewing tobacco: none.
Alcohol intake: None.
Number of children: 4.
Marital status: Married.
Diet: Regular.
Are you currently employed?: Y. [redacted]

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LUCAS, CARL E (id # [redacted] dob: [redacted]
Hand Dominance: Right.
Occupation: driver.

Patient's Care Team

Insurance Adjuster (Worker's Comp): PAM HARRIS: Ph (901) 566-3358, Fax (901) 566-3415
Primary Care Provider (Worker's Comp): PADGETT, NP, DONNE B: 300 WEST DUNBAR RD, WEST COLUMBIA, SC 29170, Ph (803) 755-3337, Fax (803) 955-2225
Referring Provider (Worker's Comp): PADGETT, NP, DONNE B: 300 WEST DUNBAR RD, WEST COLUMBIA, SC 29170, Ph (803) 755-3337, Fax (803) 955-2225

ROS

Patient reports **exercise intolerance** but reports no fever, no night sweats, no significant weight gain, and no significant weight loss. He reports **muscle aches, arthralgias/joint pain, and back pain** but reports no muscle weakness and no swelling in the extremities. He reports **depression and sleep disturbances** but reports feeling safe in relationship and no alcohol abuse. He reports **fatigue**. He reports no dry eyes, no irritation, and no vision change. He reports no difficulty hearing and no ear pain. He reports no frequent nosebleeds and no nose/sinus problems. He reports no sore throat, no bleeding gums, no snoring, no dry mouth, no mouth ulcers, no oral abnormalities, and no teeth problems. He reports no chest pain, no arm pain on exertion, no shortness of breath when walking, no shortness of breath when lying down, no palpitations, and no known heart murmur. He reports no cough, no wheezing, no shortness of breath, no coughing up blood, and no sleep apnea. He reports no abdominal pain, no vomiting, normal appetite, no diarrhea, not vomiting blood, no dyspepsia, and no GERD. He reports no incontinence, no difficulty urinating, no hematuria, and no increased frequency. He reports no abnormal mole, no jaundice, and no rashes. He reports no loss of consciousness, no weakness, no numbness, no seizures, no dizziness, and no headaches. He reports no swollen glands and no bruising. He reports no runny nose, no sinus pressure, no itching, no hives, and no frequent sneezing.
ROS as noted in the HPI

Physical Exam

Patient is a 46-year-old male.

Constitutional: General Appearance: NAD and **overweight; sitting in the exam room in an Exos brace. His wife is in the room, appropriately concerned.**

Psychiatric: Orientation: oriented to time, place, and person. Mood and Affect: normal mood and affect and active and alert.

Gait and Station: Appearance: normal gait, no limp, and ambulating with no assistive devices.

Cardiovascular System: Arterial Pulses Right: posterior tibialis normal and dorsalis pedis normal. Arterial Pulses Left: posterior tibialis normal and dorsalis pedis normal. Edema Right: none. Edema Left: none. Varicosities Right: no varicosities and capillary refill test normal. Varicosities Left: no varicosities and capillary refill test normal.

Skin: Lumbosacral Spine: normal skin.

Lumbar Spine: Inspection: no induration or ecchymosis and normal alignment and **swelling; paraspinal muscle spasm L2-5.** Bony Palpation of the Lumbar Spine: no tenderness of the spinous process, the sacral promontory, the sacrum, or the coccyx and **tenderness of the transverse process on the left at L 5.** Bony Palpation of the Right Hip: no tenderness of the iliac crest, the ASIS, the PSIS, the pubic tubercle, the iliac tubercle, the sciatic notch, the ischial tuberosity, the SI joint, or the greater trochanter. Bony Palpation of the Left Hip: no tenderness of the ASIS, the pubic tubercle, the iliac tubercle, the ischial tuberosity, the SI joint, or the greater trochanter and **tenderness of the iliac crest, the PSIS,** and **the sciatic notch.** Soft Tissue Palpation on the Right: no tenderness of the supraspinous ligament, the paraspinal region, the iliolumbar region, the gluteus maximus, the gluteus medius, the sciatic nerve, the anterior abdominal muscles, the inguinal ligament, or the piriformis. Soft Tissue Palpation on the Left: no tenderness of the supraspinous ligament, the anterior abdominal muscles, or the inguinal ligament and **tenderness of the paraspinal region at L 5, the iliolumbar region, the gluteus maximus, the gluteus medius, the sciatic nerve,** and **the piriformis.** Active Range of Motion: **flexion (55 deg.), extension (20 deg.),** and **pain with motion** and lateral flexion normal and rotation normal.

Motor Strength: L1 Motor Strength on the Right: hip flexion iliopsoas 5/5. L1 Motor Strength on the Left: hip flexion iliopsoas 5/5. L2-L4 Motor Strength on the Right: knee extension quadriceps 5/5. L2-L4 Motor Strength on the Left: knee extension quadriceps 5/5. L5 Motor Strength on the Right: ankle dorsiflexion tibialis anterior 5/5 and great toe extension extensor hallucis longus 5/5. L5 Motor Strength on the Left: ankle dorsiflexion tibialis anterior 5/5 and great toe extension extensor hallucis longus 5/5. S1 Motor Strength on the Right: plantar flexion gastrocnemius 5/5. S1 Motor Strength on the Left: plantar flexion gastrocnemius 5/5.

Neurological System: Coordination: heel-to-shin normal. Babinski Reflex Right: plantar reflex absent. Babinski Reflex Left: plantar reflex absent. Special Tests: Valsalva's test negative. Ankle Reflex Right: normal (2). Ankle Reflex Left: normal (2). Knee Reflex Right: normal (2). Knee Reflex Left: normal (2). Sensation on the Right: T12 normal, L1 normal, L2 normal, L3 normal, L4 normal, L5 normal, S1 normal, S2 normal, and normal distal extremities. Sensation on the Left: T12 normal, L1 normal, L2 normal, L3 normal, L4 normal, S1 normal, S2 normal, normal distal extremities, and **decreased sensation on the lateral leg and dorsum of the foot (L5).** Special Tests on the Right: compression test negative, femoral nerve traction test negative, Patrick-Fabere test negative, supine straight leg raising test negative, seated straight leg raising test negative, and no clonus of the ankle/knee. Special Tests on the Left: compression test negative, femoral nerve traction test negative, Patrick-Fabere test negative, supine straight leg raising test negative, seated straight leg raising test negative, and no clonus of the ankle/knee.

Assessment / Plan

[redacted]

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LUCAS, CARL E (id #[redacted], dob: [redacted]

Midlands Orthopaedics PA • 2989 Sunset Blvd, WEST COLUMBIA SC 29169-3497

LUCAS, CARL E (id #[redacted], dob: [redacted]

Phone: (803) 256-4107 * www.midlandsortho.com * Fax: (803) 253-6676

WORK STATUS INFORMATION

NAME: Carl Lucas
DATE OF BIRTH: [redacted]
PROVIDER'S NAME: THOMAS ARMSEY, MD
CARRIER: Sedgwick
WC CLAIM#: 30141636734-0001
DX CODE(S) & DESCRIPTION: low back pain

ACCOUNT: [redacted]
EMPLOYER: RNDC
DOS: 03/17/2014
DOA: 01/17/14

WORK STATUS:

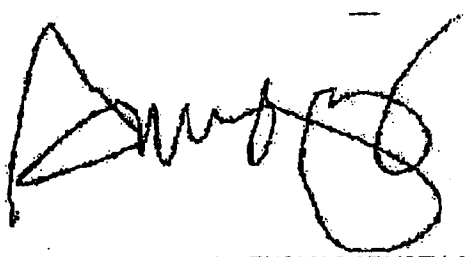
- ☐ Regular duty as of with no restrictions.
- ☑ Light duty as of 03/17/14 with restrictions.
  (availability of light duty is determined by the employer, not the physician)
- ☐ Remain out of work until *
- ☐ Part time (whether regular duty or light duty)
- ☐ Full time (whether regular duty or light duty)

PHYSICAL LIMITATIONS

- ☐ None
- ☐ No walking
- ☐ No climbing
- ☐ No standing
- ☑ No prolonged standing
- ☐ No twisting or stretching
- ☐ No kneeling, squatting, crawling
- ☐ Pushing or pulling limit ___ (lbs)
- ☑ Lifting and carrying limit 10 (lbs)
- ☐ Sedentary duties only
- ☑ No overhead work
- ☐ No work at heights

Other:
These restrictions are recommended to promote healing of the body part which is injured or which has had surgery. Unrestricted use is recommended when it will not adversely affect the healing process. This is not a statement as to the capacity to undertake a given task or participate in a given sport, nor is it a warranty against subsequent injury. All restrictions or the lack of such restrictions may be subject to revision or modification if conditions change. It is your responsibility to contact us for any clarification, questions, or concerns.

Follow-up appointment date: 04/14/14 @ 2:00



Electronically Signed by: THOMAS ARMSEY, MD
THOMAS ARMSEY, MD
03/14/2014

[redacted]

LUCAS, CARL E (id # [redacted], dob: [redacted]

1. Low back pain
724.2: Lumbago
- Norco 7.5 mg-325 mg tablet - Take 1 tablet(s) every 8 hours by oral route as needed for 14 days. Qty: 42 tablet(s) Refills: 1
  Pharmacy: N/A
- nabumetone 750 mg tablet - Take 1 tablet(s) twice a day by oral route with meals for 30 days. Qty: 60 tablet(s) Refills: 0
  Pharmacy: N/A

Discussion
Discussion Notes
Mr. Lucas is showing clinical improvement with formal physical therapy, anti-inflammatories, occasional pain medications. He is a manual laborer and is not ready to return to full duties. We will continue to advance his PT, use medications and proper use discussed, EXOS brace.
Light duty as documented.
I anticipate that as an annular tear improves so will his function.

Return to Office
- Thomas Armsey, MD for Return Office Visit at MOPA_West Columbia on 04/14/2014 at 02:00 PM

Encounter Sign-Off
Encounter signed-off by Thomas Armsey, MD, 03/18/2014.

Encounter performed and documented by Thomas Armsey, MD
Encounter reviewed & signed by Thomas Armsey, MD on 03/18/2014 at 8:31am

Encounter Date: 02/17/2014

Patient

Name	LUCAS, CARL [redacted]	**Appt. Date/Time**	02/17/2014 02:15PM
DOB	[redacted]	**Service Dept.**	MOPA_West Columbia
Provider	THOMAS ARMSEY, MD		
Insurance	Med Worker's Comp: SEDGWICK PCP : PADGETT, NP, DONNE B Referring Provider Name : PADGETT, NP, DONNE B Employer Name : REPUBLIC NATIONAL DISTRIBUTING CO Case # : 30141636734-0001 Case Injury Date : 01/17/2014 Med Worker's Comp: PMSI Policy/Group # : PT01540544 Employer Name : RNDC Case # : 30141636734-0001 Case Injury Date : 01/17/2014 Prescription: CMX - Member is eligible.		

Chief Complaint

Lower Back/L-spine problem

Patient presents today with low back pain

HPI

Lower Back7388
Reported by patient.

Quality: constant
Severity: severe; pain level 10/10; worst pain 10/10
Duration: 1 months
Timing: acute
Context: work injury
Alleviating Factors: PT/OT; narcotics
Aggravating Factors: sitting; standing
Previous Surgery: none
Prior Imaging: x ray; MRI; CT scan
Previous PT: helped a little
Work Related: no
Working: no

[redacted]

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LUCAS, CARL E (id #[redacted], dob:[redacted])

Notes: complain of low back pain which radiates into the left lower extremity occasionally with intermittent weakness predominantly in the L5 dermatome.
He has had a recent herniorrhaphy and has been cleared by his general surgeon to return to full duties.
I am concerned that he may have irritated his low back from in appropriate lifting.
He has a recent MRI of the lumbar spine which shows swelling at the interspinous ligament, facet joint at L4-5 and L3-4. There is a left sided annular tear which is causing only mild foraminal stenosis

Vitals

02/17/2014 02:49 pm

Ht:	5 ft 10 in	**Wt:**	226 lbs	**BMI:**	32.4
BP:	126/88 sitting R wrist	**Pulse:**	94 bpm		

Medications

Reviewed Medications

Name	Date	
cyclobenzaprine 10 mg tablet Take 1 tablet(s) 3 times a day by oral route as needed for 14 days., stop 03/03/2014	02/17/14	prescribed
metformin 500 mg tablet	01/25/14	filled
Nexium 40 mg capsule,delayed release	11/02/13	filled
Norco 7.5 mg-325 mg tablet Take 1 tablet(s) every 6-8 hours by oral route as needed for 14 days., stop 03/03/2014	02/17/14	prescribed

Allergies

Reviewed Allergies
PENICILLINS

Problems

Reviewed Problems
- Low back pain

Past Medical History

Reviewed Past Medical History
Acid Reflux: **Y**
Diabetes: **Y**
High Blood Pressure: **Y**
Kidney Stones: **Y**

Family History

Reviewed Family History
Mother - Malignant neoplastic disease
Father - Diabetes mellitus
- Hypertensive disorder
- Hypercholesterolemia

Surgical History

Reviewed Surgical History
- Other - Tonsillectomy
- Other - Hernia

Social History

Reviewed Social History
Alcohol intake: None.
Number of children: 4.
Marital status: Married.
Diet: Regular.
Chewing tobacco: none.
Cigar/Pipe Use: N.
Non-smoker.
Smoking Status: Former smoker.
Are you currently employed?: Y.
Hand Dominance: Right.
Occupation: driver.

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LUCAS, CARL E (id #[redacted], dob: [redacted])

Patient's Care Team

Insurance Adjuster (Worker's Comp): PAM HARRIS: Ph (901) 566-3358, Fax (901) 566-3415
Primary Care Provider (Worker's Comp): PADGETT, NP, DONNE B: 300 WEST DUNBAR RD, WEST COLUMBIA, SC 29170, Ph (803) 755-3337, Fax (803) 955-2225
Referring Provider (Worker's Comp): PADGETT, NP, DONNE B: 300 WEST DUNBAR RD, WEST COLUMBIA, SC 29170, Ph (803) 755-3337, Fax (803) 955-2225

ROS

Patient reports **back pain** but reports no muscle aches, no muscle weakness, no arthralgias/joint pain, and no swelling in the extremities. He reports no fever, no night sweats, no significant weight gain, no significant weight loss, and no exercise intolerance. He reports no dry eyes, no irritation, and no vision change. He reports no difficulty hearing and no ear pain. He reports no frequent nosebleeds and no nose/sinus problems. He reports no sore throat, no bleeding gums, no snoring, no dry mouth, no mouth ulcers, no oral abnormalities, and no teeth problems. He reports no chest pain, no arm pain on exertion, no shortness of breath when walking, no shortness of breath when lying down, no palpitations, and no known heart murmur. He reports no cough, no wheezing, no shortness of breath, no coughing up blood, and no sleep apnea. He reports no abdominal pain, no vomiting, normal appetite, no diarrhea, not vomiting blood, no dyspepsia, and no GERD. He reports no incontinence, no difficulty urinating, no hematuria, and no increased frequency. He reports no abnormal mole, no jaundice, and no rashes. He reports no loss of consciousness, no weakness, no numbness, no seizures, no dizziness, and no headaches. He reports no depression, no sleep disturbances, feeling safe in relationship, and no alcohol abuse. He reports no fatigue. He reports no swollen glands and no bruising. He reports no runny nose, no sinus pressure, no itching, no hives, and no frequent sneezing.
ROS as noted in the HPI

Physical Exam

Patient is a 46-year-old male.

Constitutional: General Appearance: NAD and **overweight; sitting in the exam room.**

Psychiatric: Orientation: oriented to time, place, and person. Mood and Affect: normal mood and affect and active and alert.

Gait and Station: Appearance: normal gait, no limp, and ambulating with no assistive devices.

Cardiovascular System: Arterial Pulses Right: posterior tibialis normal and dorsalis pedis normal. Arterial Pulses Left: posterior tibialis normal and dorsalis pedis normal. Edema Right: none. Edema Left: none. Varicosities Right: no varicosities and capillary refill test normal. Varicosities Left: no varicosities and capillary refill test normal.

Skin: Lumbosacral Spine: normal skin.

Lumbar Spine: Inspection: no induration or ecchymosis and normal alignment and **swelling; mild paraspinal muscle spasm.** Bony Palpation of the Lumbar Spine: no tenderness of the spinous process, the sacral promontory, the sacrum, or the coccyx and **tenderness of the transverse process on the left at L 5.** Bony Palpation of the Right Hip: no tenderness of the iliac crest, the ASIS, the PSIS, the pubic tubercle, the iliac tubercle, the sciatic notch, the ischial tuberosity, the SI joint, or the greater trochanter. Bony Palpation of the Left Hip: no tenderness of the iliac crest, the ASIS, the pubic tubercle, the iliac tubercle, the ischial tuberosity, the SI joint, or the greater trochanter and **tenderness of the PSIS** and **the sciatic notch.** Soft Tissue Palpation on the Right: no tenderness of the supraspinous ligament, the paraspinal region, the iliolumbar region, the gluteus maximus, the gluteus medius, the sciatic nerve, the anterior abdominal muscles, the inguinal ligament, or the piriformis. Soft Tissue Palpation on the Left: no tenderness of the supraspinous ligament, the anterior abdominal muscles, or the inguinal ligament and **tenderness of the paraspinal region at L 5, the iliolumbar region, the gluteus maximus, the gluteus medius, the sciatic nerve,** and **the piriformis.** Active Range of Motion: **flexion (45 deg.), extension (20 deg.),** and **pain with motion** and lateral flexion normal and rotation normal.

Motor Strength: L1 Motor Strength on the Right: hip flexion iliopsoas 5/5. L1 Motor Strength on the Left: hip flexion iliopsoas 5/5. L2-L4 Motor Strength on the Right: knee extension quadriceps 5/5. L2-L4 Motor Strength on the Left: knee extension quadriceps 5/5. L5 Motor Strength on the Right: ankle dorsiflexion tibialis anterior 5/5 and great toe extension extensor hallucis longus 5/5. L5 Motor Strength on the Left: ankle dorsiflexion tibialis anterior 5/5 and great toe extension extensor hallucis longus 5/5. S1 Motor Strength on the Right: plantar flexion gastrocnemius 5/5. S1 Motor Strength on the Left: plantar flexion gastrocnemius 5/5.

Neurological System: Coordination: heel-to-shin normal. Babinski Reflex Right: plantar reflex absent. Babinski Reflex Left: plantar reflex absent. Special Tests: Valsalva's test negative. Ankle Reflex Right: normal (2). Ankle Reflex Left: normal (2). Knee Reflex Right: normal (2). Knee Reflex Left: normal (2). Sensation on the Right: T12 normal, L1 normal, L2 normal, L3 normal, L4 normal, L5 normal, S1 normal, S2 normal, and normal distal extremities. Sensation on the Left: T12 normal, L1 normal, L2 normal, L3 normal, L4 normal, S1 normal, S2 normal, normal distal extremities, and **decreased sensation on the lateral leg and dorsum of the foot (L5).** Special Tests on the Right: compression test negative, femoral nerve traction test negative, Patrick-Fabere test negative, supine straight leg raising test negative, seated straight leg raising test negative, and no clonus of the ankle/knee. Special Tests on the Left: **supine straight leg raising test positive** and **seated straight leg raising test positive** and compression test negative, femoral nerve traction test negative, Patrick-Fabere test negative, and no clonus of the ankle/knee.

Results / Interpretations

X-RAY, LUMBAR SPINE
- Views (X-RAY, LUMBAR SPINE): AP & Lateral

mild facet arthropathy, no fractures, no spondylolisthesis [redacted]

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LUCAS, CARL E (id # [redacted] dob: [redacted]

Assessment / Plan

1. Low back pain
   724.2: Other and unspecified disorders of back; lumbago
- X-RAY, LUMBAR SPINE
  Views (X-RAY, LUMBAR SPINE): AP & Lateral
- Norco 7.5 mg-325 mg tablet - Take 1 tablet(s) every 6-8 hours by oral route as needed for 14 days. Qty: 56 tablet(s) Refills: 0
  Pharmacy: N/A
- cyclobenzaprine 10 mg tablet - Take 1 tablet(s) 3 times a day by oral route as needed for 14 days. Qty: 42 tablet(s) Refills: 0
  Pharmacy: N/A
- PHYSICAL THERAPY BACK REFERRAL - Schedule Within: provider's discretion
  Note to Provider:
  ROM lumbar spine, core abdominal & paraspinal muscle strengthening, hamstring stretching. Include modalities. May do aquatic therapy as part of treatment.

  Dx: low back pain/ lumbar strain/ radiculitis

  2-3xweek/6 weeks

- EXOS SPINE BRACE - HCPCS: L0627 Exos Spine with anterior panel The brace is needed to reduce pain by restricting mobility of the trunk and to facilitate healing following an injury or surgical procedure. The brace will be worn for ADL's. Dispense Qty: 1 Unit

Discussion

Discussion Notes

Mr. Lucas continues to complain of low back pain with occasional left lower extremity radiculopathy. He is a manual laborer and needs perform repetitive lifting and bending. at this time he does not feel that he can participate fully at work and he will be limited as documented. I am recommending a back brace, muscle relaxants, pain medication and formal physical therapy to improve his lifting technique. He will followup in 4 weeks or sooner if anything worsens

Return to Office

- Thomas Armsey, MD for Return Office Visit at MOPA_West Columbia on 03/17/2014 at 02:05 PM

Encounter Sign-Off

Encounter signed-off by Thomas Armsey, MD, 02/18/2014.

Encounter performed and documented by Thomas Armsey, MD
Encounter reviewed & signed by Thomas Armsey, MD on 02/18/2014 at 8:53am

[redacted]

Midlands Orthopaedics PA • 1910 Blanding Street, COLUMBIA SC 29201-3520

LUCAS, CARL E (id #[redacted], dob: [redacted]

Midlands Orthopaedics PA • 2989 Sunset Blvd, WEST COLUMBIA SC 29169-3497

LUCAS, CARL E (id #[redacted] dob: [redacted]

[redacted]

Phone: (803) 256-4107 * www.midlandsortho.com * Fax: (803) 253-6676

WORK STATUS INFORMATION

NAME: Carl Lucas
DATE OF BIRTH: [redacted]
PROVIDER'S NAME: THOMAS ARMSEY, MD
CARRIER: Sedgwick
WC CLAIM#: 30141636734-0001
DX CODE(S) & DESCRIPTION: low back pain

ACCOUNT: [redacted]
EMPLOYER: RNDC
DOS: 02/17/2014
DOA: 01/17/14

WORK STATUS:

- ☐ Regular duty as of with no restrictions.
- ☑ Light duty as of 02/17/14 with restrictions.
  (availability of light duty is determined by the employer, not the physician)
- ☐ Remain out of work until *
- ☐ Part time (whether regular duty or light duty)
- ☐ Full time (whether regular duty or light duty)

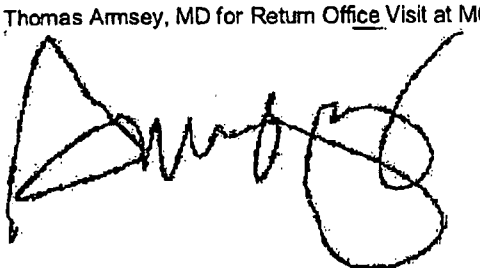
PHYSICAL LIMITATIONS

- ☐ None
- ☐ No walking
- ☐ No climbing
- ☐ No standing
- ☑ No prolonged standing
- ☐ No twisting or stretching
- ☐ No kneeling, squatting, crawling
- ☑ Pushing or pulling limit 10 (lbs)
- ☑ Lifting and carrying limit 10 (lbs)
- ☐ Sedentary duties only
- ☑ No overhead work
- ☐ No work at heights

Other:
These restrictions are recommended to promote healing of the body part which is injured or which has had surgery. Unrestricted use is recommended when it will not adversely affect the healing process. This is not a statement as to the capacity to undertake a given task or participate in a given sport, nor is it a warranty against subsequent injury. All restrictions or the lack of such restrictions may be subject to revision or modification if conditions change. It is your responsibility to contact us for any clarification, questions, or concerns.

Follow-up appointment date:

- Thomas Armsey, MD for Return Office Visit at MOPA_West Columbia on 03/17/2014 at 02:05 PM



Electronically Signed by: THOMAS ARMSEY, MD

[redacted]

09/16/2014 15:45 8033591248 MCWHIRTER PAGE 03/19

LAW OFFICES
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RICHARD W. SIMMONS, II
J. TYLER LEE, JR.
MELISSA G. MOSIER
JOHN P. MEADORS
KEVIN R. HORTON
SARAH W. GUTHRIE

September 16, 2014

VIA FACSIMILE ONLY: 803-933-6710
Thomas D. Armsey, II, M.D.
Midlands Orthopaedics, PA
1910 Blanding Street
Columbia, SC 29201

Re: Our Client: Carl Edward Lucas
Date of Birth: [redacted]
SSN:
Date of Incident: 1/17/2014

Dear Dr. Armsey:

As you may be aware I represent Carl Edward Lucas on a pending workers compensation claim dating back to 1/17/2014. On 7/01/2007, our statutes were reformed to require medical causation establishing an injury arose out of and during the course of employment. I have reviewed your medical reports particularly your report of 6/9/2014 wherein you indicated the need and recommendation for pain management (see attached reports). Please address the below question:

1. To a reasonable degree of medical certainty, it is my professional opinion that the need for pain management for Mr. Lucas' current back pain and problems is medically necessary and appropriate medical treatment.

Yes ✓ No_____

Thomas D. Armsey, II, M.D. Dated 9/18/2014

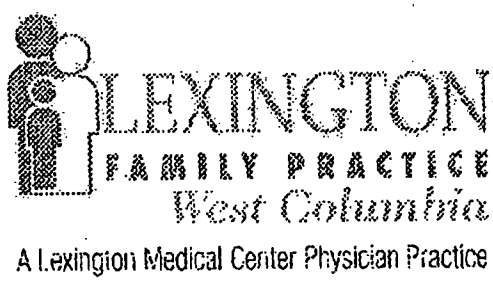
As always your professional cooperation in addressing this issue is greatly appreciated

Sincerely yours,

Elizabeth McMahon Pentz

EMP/SLN
Attachments

[redacted]



A Lexington Medical Center Physician Practice

Lexington Family Practice - West Columbia
3314 Platt Springs Road
West Columbia,SC 29170
(803) 791-3494

Patient: CARL LUCAS
[redacted]

DOS:01/28/2013
DOB: [redacted]
Gender: M
MR#: [redacted]
Provider: Michael P. Harris M.D.

Vitals

Vital Signs [Data Includes: Current Encounter]
28Jan2013 02:53PM
BMI Calculated: 31.64
BSA Calculated: 2.18
Height: 5 ft 10 in
Weight: 221 lb
Blood Pressure: 144 / 92, LUE, Sitting

Chief Complaint

Med check and would like to discuss his fatigue and body aches.

Reason For Visit

Patient is here for a med check, and would also like to discuss the fatigue and body aches that he's been experiencing. Patient has been experiencing his body aches and the fatigue for about the past four to five months. Patient has trouble getting to sleep, and has tried sleeping more, this has not helped with the fatigue and bofdy aches.

History of Present Illness

patient comes in to refill all meds. He is feeling horrible tired rundown low back achiness. He has been short tempered fatigue and needs refill on medications today.

Active Problems

- Arthritis 716.90
- Esophageal Reflux 530.81
- Hypercholesterolemia 272.0
- Hypertension 401.9
- Sleep Apnea 780.57
- Type 2 Diabetes Mellitus 250.00

Past Medical History

Chronic
- History of Sprained Ribs 848.3
- History of Upper Respiratory Infection 465.9

Acute
- History of Pharyngitis 462

[redacted]

Date of Service: 01/28/2013
Patient Name: CARL E. LUCAS
Patient DOB: [redacted]
MR#: [redacted]
Gender: M
Provider: Michael P. Harris M.D.

Family History
- Family history of Allergies
- Family history of Asthma V17.5
- Family history of Cancer
- Family history of Hypertension V17.49

Social History
No pertinent social history

Current Meds
- MetFORMIN HCl ER 500 MG Oral Tablet Extended Release 24 Hour; TAKE 1 TABLET DAILY AS DIRECTED; Therapy: 13Nov2012 to (Evaluate:31Jan2013) Requested for: 17Jan2013; Last Rx:17Jan2013

Allergies
- Penicillins

Immunizations
Immunization history not assessed

Results/Data
All Results [Data Includes: Last 1 Week]
No recent results

Physical Exam
Constitutional: alert and in no acute distress.
Heart: heart rate and rhythm were normal, normal S1 and S2, no gallops, no murmurs and no pericardial rub.
Pulmonary: no respiratory distress, normal respiratory rhythm and effort and clear bilateral breath sounds.

Assessment
Type 2 Diabetes Mellitus 250.00
Hypertension 401.9
Arthritis 716.90.
Hypercholesterolemia 272.0

Plan
Arthritis (716.90)
- Cyclobenzaprine HCl 10 MG Oral Tablet; TAKE 1 TABLET AT BEDTIME AS NEEDED; Therapy: to (Evaluate:27Feb2013); Last Rx:28Jan2013
- Ibuprofen 800 MG Oral Tablet; TAKE 1 TABLET 3 TIMES DAILY AS NEEDED; Therapy: 21Aug2012 to (Evaluate:28May2013); Last Rx:28Jan2013

Esophageal Reflux (530.81)
- NexIUM 40 MG Oral Capsule Delayed Release; TAKE 1 CAPSULE DAILY AS NEEDED; Therapy: 01Aug2012 to (Evaluate:27Jul2013); Last Rx:28Jan2013

Hypercholesterolemia (272.0)
- LFP Executive Profile Requested for: 28Jan2013
- Testosterone (Total) Requested for: 28Jan2013
- Vitamin D, 25 Hydroxy Tot Requested for: 28Jan2013

Hypertension (401.9)
- Amlodipine Besy-Benazepril HCl 5-20 MG Oral Capsule; Take 1 daily; Therapy: 23Sep2012 to (Evaluate:27Jul2013); Last Rx:28Jan2013

[redacted]

Date of Service: 01/28/2013
Patient Name: CARL E. LUCAS
Patient DOB: [redacted]
MR#: [redacted]
Gender: M
Provider: Michael P. Harris M.D.

Sleep Apnea (780.57)
- Nuvigil 150 MG Oral Tablet; Take 1 daily; Therapy: 21Aug2012 to (Evaluate:27Jul2013); Last Rx:28Jan2013; Status: ACTIVE - Retrospective By Protocol Authorization

Type 2 Diabetes Mellitus (250.00)
- MetFORMIN HCl ER 500 MG Oral Tablet Extended Release 24 Hour; TAKE 1 TABLET DAILY AS DIRECTED; Therapy: 13Nov2012 to (Evaluate:27Jul2013) Requested for: 28Jan2013; Last Rx:28Jan2013

scheduled complete physical to review all his concerns.

Signatures
Electronically signed by : Michael Harris, M.D.; Jan 28 2013 3:28PM

[redacted]

A Lexington Medical Center Physician Practice

Lexington Family Practice - West Columbia
3314 Platt Springs Road
West Columbia,SC 29170
(803) 791-3494

DOS:02/21/2013
DOB: [redacted]
Gender: M
MR#: [redacted]
Provider: Michael P. Harris M.D.

Patient: CARL LUCAS
[redacted]

Vitals

Vital Signs [Data Includes: Current Encounter]
Recorded by : at 21Feb2013 07:16AM
Height: 5 ft 10 in
Weight: 200 lb
BMI Calculated: 28.63
BSA Calculated: 2.09
Blood Pressure: 132 / 84

Chief Complaint

numbness hand

History of Present Illness

patient comes in for followup blood work and fatigue. On a few good days but mostly he is exhausted. He has sleep apnea and wearing his unit most night. His Testosterone level was low. Vitamin D was low

Active Problems

- Arthritis (716.90)
- Esophageal reflux (530.81)
- Hypercholesterolemia (272.0)
- Hypertension (401.9)
- Sleep apnea (780.57)
- Type 2 diabetes mellitus (250.00)

Past Medical History

Chronic
- History of upper respiratory infection (V12.60)
- History of Sprain of ribs (848.3)

Acute
- History of pharyngitis (V12.69)

Family History

- Family history of Allergies
- Family history of Asthma (V17.5)
- Family history of Cancer
- Family history of Hypertension (V17.49)

[redacted]

Date of Service: 02/21/2013
Patient Name: CARL E. LUCAS
Patient DOB: [redacted]
MR#: [redacted]
Gender: M
Provider: Michael P. Harris M.D.

Social History
- Never A Smoker

Current Meds
- Amlodipine Besy-Benazepril HCl - 5-20 MG Oral Capsule; Take 1 daily;
  Therapy: 23Sep2012 to (Evaluate:27Jul2013); Last Rx:28Jan2013 Ordered
- Cyclobenzaprine HCl - 10 MG Oral Tablet; TAKE 1 TABLET AT BEDTIME AS NEEDED;
  Therapy: 28Jan2013 to (Evaluate:27Feb2013) Requested for: 28Jan2013; Last Rx:28Jan2013 Ordered
- Ibuprofen 800 MG Oral Tablet; TAKE 1 TABLET 3 TIMES DAILY AS NEEDED;
  Therapy: 21Aug2012 to (Evaluate:28May2013); Last Rx:28Jan2013 Ordered
- MetFORMIN HCl - 500 MG Oral Tablet; TAKE 1 TABLET DAILY AS DIRECTED;
  Therapy: 11Feb2013 to (Evaluate:10Aug2013) Requested for: 11Feb2013; Last Rx:11Feb2013 Ordered
- NexIUM 40 MG Oral Capsule Delayed Release; TAKE 1 CAPSULE DAILY AS NEEDED;
  Therapy: 01Aug2012 to (Evaluate:27Jul2013); Last Rx:28Jan2013 Ordered
- Nuvigil 150 MG Oral Tablet; Take 1 daily;
  Therapy: 21Aug2012 to (Evaluate:27Jul2013); Last Rx:28Jan2013 Ordered

Allergies
- Penicillins

Immunizations
Immunization history not assessed

Results/Data
All Results [Data Includes: Last 1 Week]
No recent results

Physical Exam
exam is really unchanged

Assessment
Sleep apnea (780.57)
Hypogonadism, testicular (257.2)

Plan
Hypogonadism, testicular
- AndroGel Pump 20.25 MG/ACT (1.62%) Transdermal Gel; APPLY TWO PUMP PRESSES ONE TIME DAILY AS DIRECTED;
  Therapy: 21Feb2013 to (Last Rx:21Feb2013) Ordered

add Vitamin D 5000 IUs a day. Again AndroGel. Recheck a Testosterone level in 3 weeks

Signatures
Electronically signed by : Michael Harris, M.D.; Feb 21 2013 7:39AM EST

[redacted]

A Lexington Medical Center Physician Practice

Lexington Family Practice - West Columbia
3314 Platt Springs Road
West Columbia,SC 29170
(803) 791-3494

DOS:03/14/2013
DOB: [redacted]
Gender: M
MR#: [redacted]
Provider:Michael P. Harris M.D.

Patient: CARL LUCAS
[redacted]

Vitals

Vital Signs [Data Includes: Current Encounter]
Recorded by : at 14Mar2013 11:10AM
Temperature: 98.7 F
Recorded by : at 14Mar2013 10:53AM
Height: 5 ft 10 in
Weight: 221 lb
BMI Calculated: 31.64
BSA Calculated: 2.18
Blood Pressure: 134 / 82

Chief Complaint

cong, cough, body hurts

History of Present Illness

patient comes in complains of a several day history of sinus congestion drainage sore throat. No fever. Does have a deep cough tight in the chest. Diffuse body

Active Problems

- Arthritis (716.90)
- Esophageal reflux (530.81)
- Hypercholesterolemia (272.0)
- Hypertension (401.9)
- Hypogonadism, testicular (257.2)
- Sleep apnea (780.57)
- Type 2 diabetes mellitus (250.00)

Past Medical History

Chronic
- History of upper respiratory infection (V12.60)
- History of Sprain of ribs (848.3)

Acute
- History of pharyngitis (V12.69)

Family History

- Family history of Allergies
- Family history of Asthma (V17.5)

[redacted]

Date of Service: 03/14/2013
Patient Name: CARL E. LUCAS
Patient DOB: [redacted]
MR#: [redacted]
Gender: M
Provider: Michael P. Harris M.D.

- Family history of Cancer
- Family history of Hypertension (V17.49)

Social History
- Never A Smoker

Current Meds
- Amlodipine Besy-Benazepril HCl - 5-20 MG Oral Capsule; Take 1 daily;
  Therapy: 23Sep2012 to (Evaluate:27Jul2013); Last Rx:28Jan2013 Ordered
- AndroGel Pump 20.25 MG/ACT (1.62%) Transdermal Gel; APPLY TWO PUMP PRESSES ONE TIME DAILY AS DIRECTED;
  Therapy: 21Feb2013 to (Last Rx:21Feb2013) Ordered
- Cyclobenzaprine HCl - 10 MG Oral Tablet; TAKE 1 TABLET AT BEDTIME AS NEEDED;
  Therapy: 28Jan2013 to (Evaluate:27Feb2013) Requested for: 28Jan2013; Last Rx:28Jan2013 Ordered
- Ibuprofen 800 MG Oral Tablet; TAKE 1 TABLET 3 TIMES DAILY AS NEEDED;
  Therapy: 21Aug2012 to (Evaluate:28May2013); Last Rx:28Jan2013 Ordered
- MetFORMIN HCl - 500 MG Oral Tablet; TAKE 1 TABLET DAILY AS DIRECTED;
  Therapy: 11Feb2013 to (Evaluate:10Aug2013) Requested for: 11Feb2013; Last Rx:11Feb2013 Ordered
- MetFORMIN HCl ER 500 MG Oral Tablet Extended Release 24 Hour;
  Therapy: 21Aug2012 to Recorded
- MetFORMIN HCl ER 500 MG Oral Tablet Extended Release 24 Hour;
  Therapy: 21Aug2012 to Recorded
- NexIUM 40 MG Oral Capsule Delayed Release; TAKE 1 CAPSULE DAILY AS NEEDED;
  Therapy: 01Aug2012 to (Evaluate:27Jul2013); Last Rx:28Jan2013 Ordered
- Nuvigil 150 MG Oral Tablet; Take 1 daily;
  Therapy: 21Aug2012 to (Evaluate:27Jul2013); Last Rx:28Jan2013 Ordered

Allergies
- Penicillins

Immunizations
Immunization history not assessed

Results/Data
All Results [Data Includes: Last 1 Week]
No recent results

Physical Exam
Constitutional: alert and in no acute distress.
ENT: the ears and nose were normal in appearance, both tympanic membranes were normal and the lips and gums were normal. The oropharynx was normal.
Heart: heart rate and rhythm were normal, normal S1 and S2, no gallops, no murmurs and no pericardial rub.
Pulmonary: no respiratory distress, normal respiratory rhythm and effort and clear bilateral breath sounds.

Assessment
Acute upper respiratory infection (465.9)

Plan
Acute upper respiratory infection

[redacted]

Date of Service: 03/14/2013
Patient Name: CARL E. LUCAS
Patient DOB: [redacted]
MR#: [redacted]
Gender: M
Provider: Michael P. Harris M.D.

- Cefdinir 300 MG Oral Capsule; TAKE 2 CAPSULES DAILY;
Therapy: to (Evaluate:24Mar2013); Last Rx:14Mar2013 Ordered
- Hydrocodone-Homatropine 5-1.5 MG/5ML Oral Syrup; TAKE 1 TEASPOONFUL EVERY 6 HOURS DAILY;
Therapy: to (Evaluate:20Mar2013); Last Rx:14Mar2013 Ordered

Signatures
Electronically signed by : Michael Harris, M.D.; Mar 14 2013 11:14AM EST

[redacted]

A Lexington Medical Center Physician Practice

Lexington Family Practice - West Columbia
3314 Platt Springs Road
West Columbia,SC 29170
(803) 791-3494

Patient: CARL LUCAS
[redacted]

DOS:03/18/2013
DOB: [redacted]
Gender: M
MR#: [redacted]
Provider: Gail B. Armstrong N.P.,,

Vitals

Vital Signs [Data Includes: Current Encounter]
Recorded by : at 18Mar2013 09:21AM
Weight: 219 lb
BMI Calculated: 31.35
BSA Calculated: 2.17
Blood Pressure: 122 / 84
Temperature: 97.9 F

Chief Complaint

URI no better

Reason For Visit

Seen Thursday, taking Omnicef. Still having bodyaches, dizziness and sinus pressure.No known exposure to flu

Review of Systems

Constitutional: feeling poorly, but no fever.
ENT: sore throat.
Cardiovascular: negative.
Respiratory: cough.
Neurological: dizziness, but no fainting.

Active Problems

- Acute upper respiratory infection (465.9)
- Arthritis (716.90)
- Esophageal reflux (530.81)
- Hypercholesterolemia (272.0)
- Hypertension (401.9)
- Hypogonadism, testicular (257.2)
- Sleep apnea (780.57)
- Type 2 diabetes mellitus (250.00)

Past Medical History

Chronic

- History of upper respiratory infection (V12.60)
- History of Sprain of ribs (848.3)

[redacted]

Date of Service: 03/18/2013
Patient Name: CARL E. LUCAS
Patient DOB: [redacted]
MR#: [redacted]
Gender: M
Provider: Gail B. Armstrong N.P.,,

Acute
- History of pharyngitis (V12.69)

Family History
- Family history of Allergies
- Family history of Asthma (V17.5)
- Family history of Cancer
- Family history of Hypertension (V17.49)

Social History
- Never A Smoker

Current Meds
- Amlodipine Besy-Benazepril HCl - 5-20 MG Oral Capsule; Take 1 daily;
  Therapy: 23Sep2012 to (Evaluate:27Jul2013); Last Rx:28Jan2013 Ordered
- AndroGel Pump 20.25 MG/ACT (1.62%) Transdermal Gel; APPLY TWO PUMP PRESSES ONE TIME DAILY AS DIRECTED;
  Therapy: 21Feb2013 to (Last Rx:21Feb2013) Ordered
- Cefdinir 300 MG Oral Capsule; TAKE 2 CAPSULES DAILY;
  Therapy: 14Mar2013 to (Evaluate:24Mar2013); Last Rx:14Mar2013 Ordered
- Cyclobenzaprine HCl - 10 MG Oral Tablet; TAKE 1 TABLET AT BEDTIME AS NEEDED;
  Therapy: 28Jan2013 to (Evaluate:27Feb2013) Requested for: 28Jan2013; Last Rx:28Jan2013 Ordered
- Hydrocodone-Homatropine 5-1.5 MG/5ML Oral Syrup; TAKE 1 TEASPOONFUL EVERY 6 HOURS DAILY;
  Therapy: 14Mar2013 to (Evaluate:20Mar2013); Last Rx:14Mar2013 Ordered
- Ibuprofen 800 MG Oral Tablet; TAKE 1 TABLET 3 TIMES DAILY AS NEEDED;
  Therapy: 21Aug2012 to (Evaluate:28May2013); Last Rx:28Jan2013 Ordered
- MetFORMIN HCl - 500 MG Oral Tablet; TAKE 1 TABLET DAILY AS DIRECTED;
  Therapy: 11Feb2013 to (Evaluate:10Aug2013) Requested for: 11Feb2013; Last Rx:11Feb2013 Ordered
- MetFORMIN HCl ER 500 MG Oral Tablet Extended Release 24 Hour;
  Therapy: 21Aug2012 to Recorded
- MetFORMIN HCl ER 500 MG Oral Tablet Extended Release 24 Hour;
  Therapy: 21Aug2012 to Recorded
- NexIUM 40 MG Oral Capsule Delayed Release; TAKE 1 CAPSULE DAILY AS NEEDED;
  Therapy: 01Aug2012 to (Evaluate:27Jul2013); Last Rx:28Jan2013 Ordered
- Nuvigil 150 MG Oral Tablet; Take 1 daily;
  Therapy: 21Aug2012 to (Evaluate:27Jul2013); Last Rx:28Jan2013 Ordered

Allergies
- Penicillins

Immunizations
Immunization history not assessed

Results/Data
All Results [Data Includes: Last 1 Week]
No recent results

Physical Exam

[redacted]

Date of Service: 03/18/2013
Patient Name: CARL E. LUCAS
Patient DOB: [redacted]
MR#: [redacted]
Gender: M
Provider: Gail B. Armstrong N.P.,,

Constitutional: alert and in no acute distress.
TMs dull and injected, surgically absent uvula, pharynx hyperemic
Neck: the neck was supple and no neck mass was observed.
Lymphatics: The posterior cervical and anterior cervical nodes were non-tender and normal size.
Pulmonary: normal respiratory rhythm and effort and clear bilateral breath sounds.
Heart: heart rate and rhythm were normal, normal S1 and S2, no gallops and no pericardial rub.

Assessment

Acute upper respiratory infection (465.9)

Plan

Acute upper respiratory infection

- Doxycycline Hyclate 100 MG Oral Capsule; TAKE 1 CAPSULE EVERY 12 HOURS UNTIL GONE;

Therapy: 18Mar2013 to (Evaluate:28Mar2013) Requested for: 18Mar2013; Last Rx:18Mar2013 Ordered; Edited

- Hydrocodone-Homatropine 5-1.5 MG/5ML Oral Syrup; Take 1 tsp Q 4-6 hrs prn cough;

Therapy: 18Mar2013 to (Last Rx:18Mar2013) Ordered

- CBC With Diff (In-Office) Done: 18Mar2013
  results ready to scan

F/U PRN

Signatures

Electronically signed by : Gail Armstrong, NP|N.P.|N.P.,; Mar 18 2013 6:22PM EST

[redacted]

A Lexington Medical Center Physician Practice

Lexington Family Practice - West Columbia
3314 Platt Springs Road
West Columbia,SC 29170
(803) 791-3494

DOS:05/09/2013
DOB: [redacted]
Gender: M
MR#: [redacted]
Provider:Michael P. Harris M.D.

Patient: CARL LUCAS
[redacted]

Vitals

Vital Signs [Data Includes: Current Encounter]
Recorded by: at 09May2013 08:22AM
Height: 5 ft 10 in
Weight: 219 lb
BMI Calculated: 31.35
BSA Calculated: 2.17
Blood Pressure: 132 / 80

Chief Complaint

uriary issues blood in urine

History of Present Illness

patient comes in having seen another doctor for workers comp injury. He is scheduled to have umbilical hernia repair. She noted blood in the urine. He has a little back pain but it is bilateral lower and stiff. No urinary symptoms.

Active Problems

- Acute upper respiratory infection (465.9)
- Arthritis (716.90)
- Esophageal reflux (530.81)
- Hypercholesterolemia (272.0)
- Hypertension (401.9)
- Hypogonadism, testicular (257.2)
- Sleep apnea (780.57)
- Type 2 diabetes mellitus (250.00)

Past Medical History

Chronic

- History of upper respiratory infection (V12.60)
- History of Sprain of ribs (848.3)

Acute

- History of pharyngitis (V12.69)

Family History

Family History

[redacted]

Date of Service: 05/09/2013
Patient Name: CARL E. LUCAS
Patient DOB: [redacted]
MR#: [redacted]
Gender: M
Provider: Michael P. Harris M.D.

- Family history of Allergies
- Family history of Asthma (V17.5)
- Family history of Cancer
- Family history of Hypertension (V17.49)

Social History
- Never A Smoker

Current Meds
- Amlodipine Besy-Benazepril HCl - 5-20 MG Oral Capsule; Take 1 daily;
  Therapy: 23Sep2012 to (Evaluate:27Jul2013); Last Rx:28Jan2013 Ordered
- AndroGel Pump 20.25 MG/ACT (1.62%) Transdermal Gel; APPLY TWO PUMP PRESSES ONE TIME DAILY AS DIRECTED;
  Therapy: 21Feb2013 to (Last Rx:21Feb2013) Ordered
- Cefdinir 300 MG Oral Capsule; TAKE 2 CAPSULES DAILY;
  Therapy: 14Mar2013 to (Evaluate:24Mar2013); Last Rx:14Mar2013 Ordered
- Cyclobenzaprine HCl - 10 MG Oral Tablet; TAKE 1 TABLET AT BEDTIME AS NEEDED;
  Therapy: 28Jan2013 to (Evaluate:27Feb2013) Requested for: 28Jan2013; Last Rx:28Jan2013 Ordered
- Doxycycline Hyclate 100 MG Oral Capsule; TAKE 1 CAPSULE EVERY 12 HOURS UNTIL GONE;

  Therapy: 18Mar2013 to (Evaluate:28Mar2013) Requested for: 18Mar2013; Last Rx:18Mar2013 Ordered
- Hydrocodone-Homatropine 5-1.5 MG/5ML Oral Syrup; TAKE 1 TEASPOONFUL EVERY 6 HOURS DAILY;
  Therapy: 14Mar2013 to (Evaluate:20Mar2013); Last Rx:14Mar2013 Ordered
- Ibuprofen 800 MG Oral Tablet; TAKE 1 TABLET 3 TIMES DAILY AS NEEDED;
  Therapy: 21Aug2012 to (Evaluate:28May2013); Last Rx:28Jan2013 Ordered
- MetFORMIN HCl - 500 MG Oral Tablet; TAKE 1 TABLET DAILY AS DIRECTED;
  Therapy: 11Feb2013 to (Evaluate:10Aug2013) Requested for: 11Feb2013; Last Rx:11Feb2013 Ordered
- MetFORMIN HCl ER 500 MG Oral Tablet Extended Release 24 Hour;
  Therapy: 21Aug2012 to Recorded
- MetFORMIN HCl ER 500 MG Oral Tablet Extended Release 24 Hour;
  Therapy: 21Aug2012 to Recorded
- NexIUM 40 MG Oral Capsule Delayed Release; TAKE 1 CAPSULE DAILY AS NEEDED;
  Therapy: 01Aug2012 to (Evaluate:27Jul2013); Last Rx:28Jan2013 Ordered
- Nuvigil 150 MG Oral Tablet; Take 1 daily;
  Therapy: 21Aug2012 to (Evaluate:27Jul2013); Last Rx:28Jan2013 Ordered

Allergies
- Penicillins

Immunizations
Immunization history not assessed

Results/Data
All Results [Data Includes: Last 1 Week]
09May2013 09:13AM
UA W/O micro (in-office)
URINE COLLECT TYPE: CVU

[redacted]

Date of Service: 05/09/2013
Patient Name: CARL E. LUCAS
Patient DOB: [redacted]
MR#: [redacted]
Gender: M
Provider: Michael P. Harris M.D.

COLOR: Yellow
CLARITY: Clear
GLUCOSE: Negative Reference Range NEG mg/dL
BILIRUBIN: Negative Reference Range NEG
KETONES: Negative Reference Range NEG mg/dL
SPECIFIC GRAVITY: 1.015 Reference Range 1.005 - 1.030
BLOOD: 1+ Abnormal Reference Range NEG
pH: 7.0 Reference Range 5.0 - 9.0
PROTEIN: Negative Reference Range NEG mg/dL
UROBILINOGEN: 0.2 Reference Range 0.2 - 1.0 mg/dL
NITRITE: Negative Reference Range NEG
LEUKOCYTE ESTERASE: Negative Reference Range NEG

Physical Exam

Abdomen: normal bowel sounds, soft, non-tender, no hepato-splenomegaly and no abdominal mass palpated, small built hernia
Musculoskeletal: flanks nontender

Assessment

Hematuria (599.70)

Plan

Acute upper respiratory infection

- Cefdinir 300 MG Oral Capsule; TAKE 2 CAPSULES DAILY;
  Therapy: 14Mar2013 to 09May2013; Last Rx:14Mar2013; Status: DISCONTINUED Ordered
- Doxycycline Hyclate 100 MG Oral Capsule; TAKE 1 CAPSULE EVERY 12 HOURS UNTIL GONE;

  Therapy: 18Mar2013 to 09May2013; Last Rx:18Mar2013; Status: DISCONTINUED Ordered
- Hydrocodone-Homatropine 5-1.5 MG/5ML Oral Syrup; TAKE 1 TEASPOONFUL EVERY 6 HOURS DAILY;
  Therapy: 14Mar2013 to 09May2013; Last Rx:14Mar2013; Status: DISCONTINUED Ordered

Health Maintenance

- UA W/O micro (in-office) Done: 09May2013 09:13AM

Hematuria

- Urology Referral Consult Only Follow-up Requested for: 09May2013

I will set up a urology consult for new onset hematuria.

Signatures

Electronically signed by : Michael Harris, M.D.; May 9 2013 9:20AM EST

[redacted]

Lexington Family Practice - West Columbia
3314 Platt Springs Road
West Columbia,SC 29170
(803) 791-3494

DOS:05/09/2013
DOB: [redacted]
Gender: M
MR#: [redacted]
Provider:Nicholas A. Limperos M.D.

Patient: CARL LUCAS
[redacted]

History of Present Illness

Hernia, Umbilical: The patient is being seen for an initial evaluation of umbilical hernia. **Symptoms: bulge at the umbilicus**

The patient presents with complaints of **sudden** onset of **mild mid abdominal pain**, described as **dull**. There is **no radiation**. Onset was **~2 week(s) ago**. Onset followed **lifting** and The patient states he felt a pop while lifting a box of a high shelf. He states this occurred at work.

Review of Systems

10 point review of systems was performed, discussed with patient, and documented in the scanned medical record.

Active Problems

- Abnormal urine (791.9)
- Acute upper respiratory infection (465.9)
- Arthritis (716.90)
- Esophageal reflux (530.81)
- Hematuria (599.70)
- Hypercholesterolemia (272.0)
- Hypertension (401.9)
- Hypogonadism, testicular (257.2)
- Sleep apnea (780.57)
- Type 2 diabetes mellitus (250.00)

Past Medical History

- History of upper respiratory infection (V12.60)
- History of Sprain of ribs (848.3)
- History of pharyngitis (V12.69)

Surgical History

- History of Tonsillectomy

Family History

Family History

- Family history of Allergies
- Family history of Asthma (V17.5)
- Family history of Cancer

[redacted]

Date of Service: 05/09/2013
Patient Name: CARL E. LUCAS
Patient DOB: [redacted]
MR#: [redacted]
Gender: M
Provider: Nicholas A. Limperos M.D.

- Family history of Hypertension (V17.49)

Social History
- Never A Smoker

Current Meds
- Amlodipine Besy-Benazepril HCl - 5-20 MG Oral Capsule; Take 1 daily;
  Therapy: 23Sep2012 to (Evaluate:27Jul2013); Last Rx:28Jan2013 Ordered
- Cyclobenzaprine HCl - 10 MG Oral Tablet; TAKE 1 TABLET AT BEDTIME AS NEEDED;
  Therapy: 28Jan2013 to (Evaluate:27Feb2013) Requested for: 28Jan2013; Last Rx:28Jan2013 Ordered
- Ibuprofen 800 MG Oral Tablet; TAKE 1 TABLET 3 TIMES DAILY AS NEEDED;
  Therapy: (Recorded:09May2013) to Recorded
- Ibuprofen 800 MG Oral Tablet; TAKE 1 TABLET 3 TIMES DAILY AS NEEDED;
  Therapy: 21Aug2012 to (Evaluate:28May2013); Last Rx:28Jan2013 Ordered
- MetFORMIN HCl - 500 MG Oral Tablet; TAKE 1 TABLET DAILY AS DIRECTED;
  Therapy: 11Feb2013 to (Evaluate:10Aug2013) Requested for: 11Feb2013; Last Rx:11Feb2013 Ordered
- Multi-Day Vitamins Oral Tablet; TAKE 1 TABLET DAILY;
  Therapy: (Recorded:09May2013) to Recorded
- NexIUM 40 MG Oral Capsule Delayed Release; TAKE 1 CAPSULE DAILY AS NEEDED;
  Therapy: 01Aug2012 to (Evaluate:27Jul2013); Last Rx:28Jan2013 Ordered
- Vitamin D OTC;
  Therapy: (Recorded:09May2013) to Recorded

Allergies
- Penicillins
  Recorded By: Amick, Joann H; 11/13/2012 3:56:22 PM

Results/Data
All Results [Data Includes: Last 1 Week]
09May2013 09:21AM
Urine Microscopic (In-Office)
RED BLOOD CELLS: 0-2 /HPF Reference Range <4/HPF
UA W/O micro (in-office)
URINE COLLECT TYPE: CVU
COLOR: Yellow
CLARITY: Clear
GLUCOSE: Negative Reference Range NEG mg/dL
BILIRUBIN: Negative Reference Range NEG
KETONES: Negative Reference Range NEG mg/dL
SPECIFIC GRAVITY: 1.015 Reference Range 1.005 - 1.030
BLOOD: 1+ Abnormal Reference Range NEG
pH: 7.0 Reference Range 5.0 - 9.0
PROTEIN: Negative Reference Range NEG mg/dL
UROBILINOGEN: 0.2 Reference Range 0.2 - 1.0 mg/dL
NITRITE: Negative Reference Range NEG
LEUKOCYTE ESTERASE: Negative Reference Range NEG

Vitals
Vital Signs [Data Includes: Current Encounter]
Height: 5 ft 10 in
Weight: 220 lb

[redacted]

Date of Service: 05/09/2013
Patient Name: CARL E. LUCAS
Patient DOB: [redacted]
MR#: [redacted]
Gender: M
Provider: Nicholas A. Limperos M.D.

BMI Calculated: 31.5
BSA Calculated: 2.18
Blood Pressure: 134 / 81
Respiration: 16
Heart Rate: 95
Temperature: 97.6 F

Physical Exam

GENERAL EXAM: Well-developed, well-nourished, appears as stated age, no acute distress
HEENT: No scleral icterus or conjunctival injection, moist and pink mucous membranes
NECK: Supple, without lymphadenopathy, without JVD
HEART: Regular rate and rhythm, without murmurs, rubs, gallops
LUNGS: Clear to auscultation bilaterally, without wheezes, rales, rhonchi
ABDOMEN: Soft, nondistended, small umbilical hernia likely containing preperitoneal fat, unable to reduce secondary to patient discomfort with palpation, no organomegaly, normal bowel sounds x4 quadrants
EXTREMITIES: Normal appearing digits and nails, no significant edema, no varicosities noted
SKIN: Cool and dry, no rashes or lesions
LYMPHATICS: No significant lymphedema, no palpable lymph nodes in the axilla, cervical, or inguinal regions
PSYCHIATRIC: Alert and oriented x3, appropriate throughout examination.

Assessment

Umbilical hernia (553.1)

Plan

We discussed the etiology of umbilical hernia. In this case I feel this is likely secondary to his heavy lifting. The patient laparoscopic versus open umbilical herniorrhaphy. Risk benefits and alternatives of each were discussed. Due to the patient's excessive lifting at work I feel a laparoscopic approach would be beneficial. This will allow for better visualization and potential repair of any epigastric hernias. In addition with the history of diabetes this will reduce risk of infection. After discussion the patient would like to proceed. All questions are answered.

Signatures

Electronically signed by : Nicholas Limperos, M.D.; May 12 2013 11:30AM EST

[redacted]

A Lexington Medical Center Physician Practice

Lexington Family Practice - West Columbia
3314 Platt Springs Road
West Columbia,SC 29170
(803) 791-3494

Patient: CARL LUCAS
[redacted]

DOS:05/28/2013
DOB: [redacted]
Gender: M
MR#: [redacted]
Provider: Nicholas A. Limperos M.D.

Chief Complaint

pt has questions reguarding surgery
Mr. Lucas would like to discuss surgery and possibly add additional procedures.

History of Present IllnessHPI: Mr. Lucas is scheduled for surgery tomorrow, for repair of umbilical hernia. His wife had several questions after his departure last time. I answered all of her questions during this visitation. We discussed the details of surgery once again.

The patient and his wife then asked if I could also remove multiple skin tags from his groins bilaterally, his right axilla, in his neck bilaterally.

Active Problems

- Abnormal urine (791.9)
- Acute upper respiratory infection (465.9)
- Arthritis (716.90)
- Esophageal reflux (530.81)
- Hematuria (599.70)
- Hypercholesterolemia (272.0)
- Hypertension (401.9)
- Hypogonadism, testicular (257.2)
- Sleep apnea (780.57)
- Type 2 diabetes mellitus (250.00)
- Umbilical hernia (553.1)

Past Medical History

- History of upper respiratory infection (V12.60)
- History of Sprain of ribs (848.3)
- History of pharyngitis (V12.69)

Surgical History

- History of Tonsillectomy

Family History

- Family history of Allergies
- Family history of Asthma (V17.5)
- Family history of Cancer

[redacted]

Date of Service: 05/28/2013
Patient Name: CARL E. LUCAS
Patient DOB: [redacted]
MR#: [redacted]
Gender: M
Provider: Nicholas A. Limperos M.D.

- Family history of Hypertension (V17.49)

Social History
- Never A Smoker

Current Meds
- Amlodipine Besy-Benazepril HCl - 5-20 MG Oral Capsule; Take 1 daily;
  Therapy: 23Sep2012 to (Evaluate:27Jul2013); Last Rx:28Jan2013 Ordered
- Cyclobenzaprine HCl - 10 MG Oral Tablet; TAKE 1 TABLET AT BEDTIME AS NEEDED;
  Therapy: 28Jan2013 to (Evaluate:27Feb2013) Requested for: 28Jan2013; Last Rx:28Jan2013 Ordered
- Ibuprofen 800 MG Oral Tablet; TAKE 1 TABLET 3 TIMES DAILY AS NEEDED;
  Therapy: (Recorded:09May2013) to Recorded
- Ibuprofen 800 MG Oral Tablet; TAKE 1 TABLET 3 TIMES DAILY AS NEEDED;
  Therapy: 21Aug2012 to (Evaluate:28May2013); Last Rx:28Jan2013 Ordered
- MetFORMIN HCl - 500 MG Oral Tablet; TAKE 1 TABLET DAILY AS DIRECTED;
  Therapy: 11Feb2013 to (Evaluate:10Aug2013) Requested for: 11Feb2013; Last Rx:11Feb2013 Ordered
- Multi-Day Vitamins Oral Tablet; TAKE 1 TABLET DAILY;
  Therapy: (Recorded:09May2013) to Recorded
- NexIUM 40 MG Oral Capsule Delayed Release; TAKE 1 CAPSULE DAILY AS NEEDED;
  Therapy: 01Aug2012 to (Evaluate:27Jul2013); Last Rx:28Jan2013 Ordered
- Vitamin D OTC;
  Therapy: (Recorded:09May2013) to Recorded

Allergies
- Penicillins
  Recorded By: Amick, Joann H; 11/13/2012 3:56:22 PM

Vitals
Vital Signs [Data Includes: Current Encounter]
No vital signs performed

Physical Exam

The patient has several skin tags. His most symptomatic or his left groin and right axilla. These were also largest. He is a total of 5 skin tags in his bilateral groins, one large skin tag in the right axilla, and approximately a dozen skin tags around his neck. No evidence of infection or bleeding at this time.

Assessment
Umbilical hernia (553.1)
Cutaneous skin tags (701.9)

Plan
Mr. Lucas and his wife are comfortable with the discussion here today. Due to the fact that his case is being handled by Workmen's Compensation I will have him sit down with our financial advisor to see if the addition of skin tag excision will create any complications. We will proceed with surgery tomorrow.

Signatures
Electronically signed by : Nicholas Limperos, M.D.; May 28 2013 9:51AM EST

[redacted]

A Lexington Medical Center Physician Practice

Lexington Family Practice - West Columbia
3314 Platt Springs Road
West Columbia,SC 29170
(803) 791-3494

Patient: CARL LUCAS
[redacted]

DOS:06/13/2013
DOB: [redacted]
Gender: M
MR#: [redacted]
Provider: Nicholas A. Limperos M.D.

History of Present Illness

CARL LUCAS is status post laparoscopic umbilical hernia repair and multiple skin tag excisions which was performed on 5/29/13.
The patient reports excessive pain , status: unchanged, location: incisional.
Mr. Lucas is now 2 weeks status post laparoscopic umbilical hernia repair. He states he is still having severe grabbing pain, abdominal wall spasms, and sharp stabbing pains especially over the right side of his hernia repair. He states his can be quite severe at times. He states it without his narcotics and Valium he is unable to sleep or rest. He denies nausea, vomiting, fevers, chills, or sweats. He states his appetite is still suppressed. He has been very minimally active over the last 2 weeks.

Physical Exam

Abdomen: Soft, mildly distended, tender to palpation over his incision sites and at the site of the repair. His incisions are well healed, clean, dry, and intact. There is no erythema. A small seroma is palpable over the mesh repair site.

Assessment

Umbilical hernia (553.1)

- status post laparoscopic repair with Gore-Tex mesh on 05/29/2013.

Plan

While his postoperative pain is still significant, I would consider within the normal range. Laparoscopic hernia repairs are typically quite painful and spasming can last for several weeks following surgery. I have asked that the patient began to increase his activity but strictly followed lifting restriction of 20 pounds for the next month. In addition, we will continue with scheduled followups until his pain has improved.

Signatures

Electronically signed by : Nicholas Limperos, M.D.; Oct 22 2013 3:57PM EST

[redacted]

Lexington Family Practice - West Columbia
3314 Platt Springs Road
West Columbia,SC 29170
(803) 791-3494

Patient: CARL LUCAS
[redacted]

DOS:07/02/2013
DOB: [redacted]
Gender: M
MR#: [redacted]
Provider:Nicholas A. Limperos M.D.

History of Present Illness

CARL LUCAS is status post laparoscopic umbilical hernia repair which was performed on 5-29-13.
The patient reports excessive pain. Pain is described as a pulling sensation.
Mr. Lucas returns today for his second followup status post laparoscopic umbilical hernia repair. He still describes a pulling sharp pain worse across the right side of the abdomen over the area of hernia repair. He states that this is worse with movement, and states that it can be quite severe at times. He denies any fevers, chills, sweats, anorexia, or obstipation. He feels that his incisions are healing appropriately.
He is concerned due to his ongoing pain.

Physical Exam

Abdomen: Soft, nondistended, the palpable seroma last visitation has decreased in size, mild to moderately tender with palpation but no point tenderness especially with palpation at the trans-fascial suture sites. No abdominal wall erythema, no hernia recurrence, incisions are well-healed.

Assessment

Umbilical hernia (553.1)

- status post laparoscopic repair with Gore-Tex mesh on 05/29/2013.

Plan

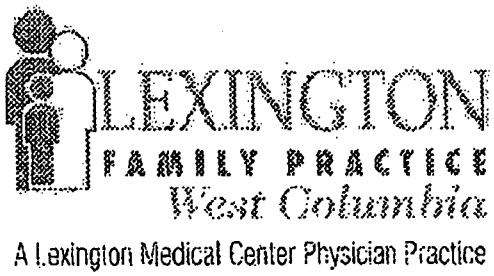
I had a long discussion with Mr. Lucas in his wife regarding his ongoing pain. He is now almost 6 weeks status post hernia repair. I feel that the pain he is experiencing is likely due to scar tissue and inflammation at his multiple tack sites. The scar will continue to break down remodel, and change over the first 6 months to one year following surgery. I like to see the patient attempt to return to work, but due to the repetitive lifting required his job, I feel he should be on limited duty.

I will see the patient back in 2-3 weeks.

Signatures

Electronically signed by : Nicholas Limperos, M.D.; Oct 22 2013 4:06PM EST

[redacted]



Lexington Family Practice - West Columbia
3314 Platt Springs Road
West Columbia,SC 29170
(803) 791-3494

Patient: CARL LUCAS
[redacted]

DOS:07/18/2013
DOB: [redacted]
Gender: M
MR#: [redacted]
Provider:Nicholas A. Limperos M.D.

History of Present Illness

CARL LUCAS is status post laparoscopic umbilical hernia repair which was performed on 5-29-13.
The patient reports Pain while lifting at work.
He states that his pain has improved, but rapidly returns with the repetitive lifting and pulling necessary for his job. He works as a beverage distributor, and he is required to lift multiple cases of energy drinks, wine, etc. He states he has been doing well with driving and light activity, but with lifting he notes severe pulling and occasionally sharp pains. These can be debilitating in nature resulting in doubling over, and diaphoresis. He also states by the end of the day he is completely exhausted.

Physical Exam

Abdomen: Soft nondistended, minimally tender with palpation and improved overall. No point tenderness noted. No infection was noted. Incisions are well healed.

Assessment

Umbilical hernia (553.1)
- status post laparoscopic repair with Gore-Tex mesh on 05/29/2013.

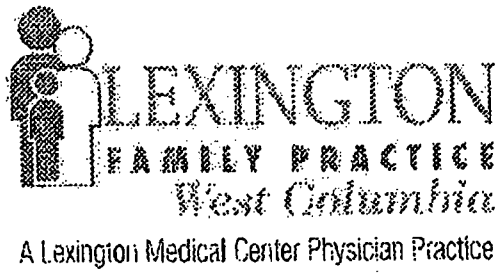
Plan

LFP Executive Profile Status: Resulted - Requires Verification Done: 01Jan0001 12:00AM
Due: 18Aug2013; Ordered;
For: Type 2 diabetes mellitus; Ordered By: Harris, Michael P
Hemoglobin A1C Status: Resulted - Requires Verification Done: 01Jan0001 12:00AM
Due: 18Aug2013; Ordered;
For: Type 2 diabetes mellitus; Ordered By: Harris, Michael P
I have done my best to reassure Mr. Lucas. We are seeing slow but steady improvement in his overall pain profile. There is no evidence of hernia recurrence, or postoperative complication at this time. I feel that with time his pain level continues to subside, and if possible he should remain on light duty with a colleague to assist if possible.

Signatures

Electronically signed by : Nicholas Limperos, M.D.; Oct 22 2013 4:15PM EST

[redacted]



A Lexington Medical Center Physician Practice

Lexington Family Practice - West Columbia
3314 Platt Springs Road
West Columbia,SC 29170
(803) 791-3494

Patient: CARL LUCAS
[redacted]

DOS:07/18/2013
DOB: [redacted]
Gender: M
MR#: [redacted]
Provider:Michael P. Harris M.D.

Vitals

Vital Signs [Data Includes: Current Encounter]
Recorded by : at 18Jul2013 08:11AM
Height: 5 ft 10 in
Weight: 221 lb
BMI Calculated: 31.64
BSA Calculated: 2.18
Blood Pressure: 132 / 80

Chief Complaint

follow up meds and elevated bs

History of Present Illness

patient comes in to follow up all medical conditions. He just had hernia surgery and was released back to work 2 days ago. A good bit of pain in his right abdomen. He basically is very exhausted he got off of his Testosterone cream and has not been wearing his sleep apnea CPAP unit. He denies any headaches or swelling no chest pain tightness palpitations. Sugars have been slightly elevated. Blood pressures have been good on present meds.

Review of Systems

Constitutional: feeling poorly and feeling tired.
ENT: negative.
Cardiovascular: negative.
Respiratory: negative.

Active Problems

- Abnormal urine (791.9)
- Acute upper respiratory infection (465.9)
- Arthritis (716.90)
- Cutaneous skin tags (701.9)
- Esophageal reflux (530.81)
- Hematuria (599.70)
- Hypercholesterolemia (272.0)
- Hypogonadism, testicular (257.2)
- Idiopathic hypertension (401.9)
- Sleep apnea (780.57)

[redacted]

Date of Service: 07/18/2013
Patient Name: CARL E. LUCAS
Patient DOB: [redacted]
MR#: [redacted]
Gender: M
Provider: Michael P. Harris M.D.

- Type 2 diabetes mellitus (250.00)
- Umbilical hernia (553.1)

Past Medical History

Chronic

- History of upper respiratory infection (V12.60)
- History of Sprain of ribs (848.3)

Acute

- History of pharyngitis (V12.69)

Surgical History

- History of Laparoscopy Repair Of Epigastric Hernia Incarcerated
- History of Tonsillectomy

Family History

Family History

- Family history of Allergies
- Family history of Asthma (V17.5)
- Family history of Cancer
- Family history of Hypertension (V17.49)

Social History

- Never A Smoker

Current Meds

- Amlodipine Besy-Benazepril HCl - 5-20 MG Oral Capsule; Take 1 daily;
  Therapy: 23Sep2012 to (Evaluate:27Jul2013); Last Rx:28Jan2013 Ordered
- Cyclobenzaprine HCl - 10 MG Oral Tablet; TAKE 1 TABLET AT BEDTIME AS NEEDED;
  Therapy: 28Jan2013 to (Evaluate:27Feb2013) Requested for: 28Jan2013; Last Rx:28Jan2013 Ordered
- Diazepam 10 MG Oral Tablet (Valium 10 MG Oral Tablet); TAKE 1 TABLET AT BEDTIME AS NEEDED;
  Therapy: 13Jun2013 to (Evaluate:28Jun2013); Last Rx:13Jun2013 Ordered
- Ibuprofen 800 MG Oral Tablet; TAKE 1 TABLET 3 TIMES DAILY AS NEEDED Requested for: 02Jul2013; Last Rx:02Jul2013 Ordered
- Ibuprofen 800 MG Oral Tablet; TAKE 1 TABLET 3 TIMES DAILY AS NEEDED;
  Therapy: 21Aug2012 to (Evaluate:28May2013); Last Rx:28Jan2013 Ordered
- MetFORMIN HCl - 500 MG Oral Tablet; TAKE 1 TABLET DAILY AS DIRECTED;
  Therapy: 11Feb2013 to (Evaluate:01Dec2013) Requested for: 04Jun2013; Last Rx:04Jun2013 Ordered
- Multi-Day Vitamins Oral Tablet; TAKE 1 TABLET DAILY;
  Therapy: (Recorded:09May2013) to Recorded
- Naproxen 500 MG Oral Tablet; TAKE 1 TABLET EVERY 12 HOURS WITH FOOD AS NEEDED;
  Therapy: 13Jun2013 to (Evaluate:23Jun2013) Requested for: 13Jun2013; Last Rx:13Jun2013 Ordered
- NexIUM 40 MG Oral Capsule Delayed Release; TAKE 1 CAPSULE DAILY AS NEEDED;
  Therapy: 01Aug2012 to (Evaluate:27Jul2013); Last Rx:28Jan2013 Ordered
- Oxycodone-Acetaminophen 10-325 MG Oral Tablet (Percocet 10-325 MG Oral Tablet); Take two tablets by mouth every 4 hours as needed for pain;
  Therapy: 13Jun2013 to (Last Rx:13Jun2013) Ordered

[redacted]

Date of Service: 07/18/2013
Patient Name: CARL E. LUCAS
Patient DOB: [redacted]
MR#: [redacted]
Gender: M
Provider: Michael P. Harris M.D.

- Percocet TABS;
  Therapy: (Recorded:13Jun2013) to Recorded
- Vitamin D OTC;
  Therapy: (Recorded:09May2013) to Recorded

Allergies
- Penicillins

Immunizations
Immunization history not assessed

Results/Data
All Results [Data Includes: Last 2 Weeks]
No recent results

Physical Exam
Constitutional: alert and in no acute distress.
Pulmonary: no respiratory distress, normal respiratory rhythm and effort and clear bilateral breath sounds.
Heart: heart rate and rhythm were normal, normal S1 and S2, no gallops, no murmurs and no pericardial rub.

Assessment
Esophageal reflux (530.81)
Hypercholesterolemia (272.0)
Idiopathic hypertension (401.9)
Hypogonadism, testicular (257.2)
Sleep apnea (780.57)
Type 2 diabetes mellitus (250.00)

Plan
Arthritis
- Cyclobenzaprine HCl - 10 MG Oral Tablet; TAKE 1 TABLET AT BEDTIME AS NEEDED;
  Therapy: 28Jan2013 to 18Jul2013; Last Rx:28Jan2013; Status: DISCONTINUED Ordered
  Rx By: Harris,Michael; Dispense: 30 Days ; #:30 Tablet; Refill: 0;For: Arthritis; Sent To: WALGREENS DRUG STORE 11362; Last Updated By: Grant,Wanda; 7/18/2013 8:11:19 AM
- Ibuprofen 800 MG Oral Tablet; TAKE 1 TABLET 3 TIMES DAILY AS NEEDED;
  Therapy: 21Aug2012 to 18Jul2013; Last Rx:28Jan2013; Status: DISCONTINUED Ordered
  Rx By: Harris,Michael; Dispense: 60 Days ; #:180 Tablet; Refill: 1;For: Arthritis; Print Rx; Do Not Fill Before: 28Jan2013; Last Updated By: Grant,Wanda; 7/18/2013 8:11:19 AM

Esophageal reflux
- NexIUM 40 MG Oral Capsule Delayed Release; TAKE 1 CAPSULE DAILY AS NEEDED;
  Therapy: 01Aug2012 to (Evaluate:14Jan2014); Last Rx:18Jul2013 Ordered
  Rx By: Harris,Michael; Dispense: 90 Days ; #:90 Capsule Delayed Release; Refill: 1;For: Esophageal reflux; Print Rx; Do Not Fill Before: 18Jul2013

Health Maintenance
- Diazepam 10 MG Oral Tablet (Valium 10 MG Oral Tablet); TAKE 1 TABLET AT BEDTIME AS NEEDED;
  Therapy: 13Jun2013 to 18Jul2013; Last Rx:13Jun2013; Status: DISCONTINUED Ordered
  Rx By: Limperos,Nicholas; Dispense: 15 Days ; #:15 Tablet; Refill: 0;For: Health Maintenance; Print Rx; Last Updated By: Grant,Wanda; 7/18/2013 8:11:19 AM

Idiopathic hypertension
- Amlodipine Besy-Benazepril HCl - 5-20 MG Oral Capsule; Take 1 daily;
  Therapy: 23Sep2012 to (Evaluate:14Jan2014); Last Rx:18Jul2013 Ordered
  Rx By: Harris,Michael; Dispense: 90 Days ; #:90 Capsule; Refill: 1;For: Idiopathic hypertension; Print Rx; Do

[redacted]

Date of Service: 07/18/2013
Patient Name: CARL E. LUCAS
Patient DOB: [redacted]
MR#: [redacted]
Gender: M
Provider: Michael P. Harris M.D.

Not Fill Before: 18Jul2013

Type 2 diabetes mellitus

- AndroGel Pump 20.25 MG/ACT (1.62%) Transdermal Gel; APPLY 4 PUMP PRESSES ONE TIME DAILY AS DIRECTED;
  Therapy: 18Jul2013 to (Last Rx:18Jul2013) Ordered
  Rx By: Harris,Michael; Dispense: 0 Days ; #:2 X 75 GM Pump Btl; Refill: 5;For: Type 2 diabetes mellitus; Print Rx
- Ibuprofen 800 MG Oral Tablet; TAKE 1 TABLET 3 TIMES DAILY AS NEEDED;
  Therapy: 18Jul2013 to (Evaluate:14Jan2014); Last Rx:18Jul2013 Ordered
  Rx By: Harris,Michael; Dispense: 90 Days ; #:270 Tablet; Refill: 1;For: Type 2 diabetes mellitus; Print Rx
- MetFORMIN HCl - 500 MG Oral Tablet; TAKE 1 TABLET DAILY AS DIRECTED;
  Therapy: 11Feb2013 to (Evaluate:14Jan2014) Requested for: 18Jul2013; Last Rx:18Jul2013 Ordered
  Rx By: Harris,Michael; Dispense: 90 Days ; #:90 Tablet; Refill: 1;For: Type 2 diabetes mellitus; Transmitted To: WALGREENS DRUG STORE 11362
- Hemoglobin A1C Requested for: 18Jul2013
  Perform: LMC Lab Due: 18Aug2013; Ordered;For: Type 2 diabetes mellitus; Ordered By: Harris, Michael P
- LFP Executive Profile Requested for: 18Jul2013
  Perform: LMC Lab Due: 18Aug2013; Ordered;For: Type 2 diabetes mellitus; Ordered By: Harris, Michael P

Umbilical hernia

- Ibuprofen 800 MG Oral Tablet; TAKE 1 TABLET 3 TIMES DAILY AS NEEDED; Last Rx:02Jul2013; Status: DISCONTINUED Ordered
  Rx By: Limperos,Nicholas; Dispense: 30 Days ; #:90 Tablet; Refill: 0;For: Umbilical hernia; Sent To: WALGREENS DRUG STORE 11362; Last Updated By: Grant,Wanda; 7/18/2013 8:11:19 AM
- Oxycodone-Acetaminophen 10-325 MG Oral Tablet (Percocet 10-325 MG Oral Tablet); Take two tablets by mouth every 4 hours as needed for pain;
  Therapy: 13Jun2013 to 18Jul2013; Last Rx:13Jun2013; Status: DISCONTINUED Ordered
  Rx By: Limperos,Nicholas; Dispense: 0 Days ; #:90 Tablet; Refill: 0;For: Umbilical hernia; Print Rx; Last Updated By: Grant,Wanda; 7/18/2013 8:11:19 AM

Unlinked

- Multi-Day Vitamins Oral Tablet; TAKE 1 TABLET DAILY; Status: DISCONTINUED Recorded
  Dispense: 0 Days ; #: Sufficient Tablet; Refill: 0; Record; Last Updated By: Grant,Wanda; 7/18/2013 8:11:19 AM
- Percocet TABS (Oxycodone-Acetaminophen); Status: DISCONTINUED Recorded
  Dispense: 0 Days ; #: Sufficient TABS; Refill: 0; Record; Last Updated By: Grant,Wanda; 7/18/2013 8:11:19 AM
- Vitamin D OTC; Status: DISCONTINUED Recorded
  Dispense: 0 Days ; #: Sufficient; Refill: 0; Record; Last Updated By: Grant,Wanda; 7/18/2013 8:11:19 AM

get back on Testosterone cream. Update blood work today. Use CPAP every night. Recheck Testosterone level in 3 weeks

Signatures
Electronically signed by : Michael Harris, M.D.; Jul 18 2013 8:34AM EST

[redacted]

A Lexington Medical Center Physician Practice

Lexington Family Practice - West Columbia
3314 Platt Springs Road
West Columbia,SC 29170
(803) 791-3494

Patient: CARL LUCAS
[redacted]

DOS:08/08/2013
DOB: [redacted]
Gender: M
MR#: [redacted]
Provider:Nicholas A. Limperos M.D.

History of Present Illness

CARL LUCAS is status post laparoscopic umbilical hernia repair which was performed on 5-29-13. Pt is having some pain with movement but states that he is doing well.
Mr. Lucas states that he is finally starting to feel better overall. He has been primarily driving truck rather than unloading and stocking shelves. He states that this has allowed him to continue to work without any significant issues. He also has been able to pick up his granddaughter with decreased pain. He appears comfortable today, and denies additional issues.

Physical Exam

Well-healed surgical incisions, abdomen soft, nondistended, nontender.

Assessment

Umbilical hernia (553.1)

- status post laparoscopic repair with Gore-Tex mesh on 05/29/2013.

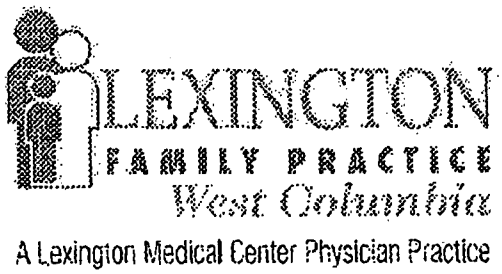
Plan

Mr. Lucas is finally making an excellent recovery. I suspect that his slow healing and recovery was secondary to the type of surgery performed and also his diabetes. At this point he may steadily increased his activity, and a followup on a when necessary basis.

Signatures

Electronically signed by : Nicholas Limperos, M.D.; Oct 22 2013 4:20PM EST

[redacted]



Lexington Family Practice - West Columbia
3314 Platt Springs Road
West Columbia,SC 29170
(803) 791-3494

Patient: CARL LUCAS
[redacted]

DOS:10/10/2013
DOB: [redacted]
Gender: M
MR#: [redacted]
Provider: Nicholas A. Limperos M.D.

Chief Complaint
Pt c/o abdominal pain over his umbilical hernina repair.

History of Present IllnessHPI: Pt stated that he has pain over his umbilical hernia repair site. He stated that he had to do some lifting with work last week and ended up in bed because of the pain. He states his a more strenuous job, and with his increased activity he has noticed return of his pain. After making several stops, and specifically lifting multiple cases with a hand cart he states he had severe abdominal pain which persisted through the weekend. He also feels that he has had some abdominal bloating, but no nausea or vomiting. He states he became diaphoretic with severe pain. He denies any shortness of breath, or chest pain. He states the pain is centered over the umbilical hernia repair site and again off to the right side. He denies obstipation or constipation. He denies any recent illnesses.

Review of Systems

10 point review of systems was performed, negative except stated above..

Active Problems
- Abdominal spasms (789.00)
- Abnormal urine (791.9)
- Acute upper respiratory infection (465.9)
- Arthritis (716.90)
- Cutaneous skin tags (701.9)
- Esophageal reflux (530.81)
- Hematuria (599.70)
- Hypercholesterolemia (272.0)
- Hypogonadism, testicular (257.2)
- Idiopathic hypertension (401.9)
- Sleep apnea (780.57)
- Type 2 diabetes mellitus (250.00)

Umbilical hernia (553.1) (K42.9)

Past Medical History
- History of upper respiratory infection (V12.60)
- History of Sprain of ribs (848.3)
- History of pharyngitis (V12.69)

[redacted]

Date of Service: 10/10/2013
Patient Name: CARL E. LUCAS
Patient DOB: [redacted]
MR#: [redacted]
Gender: M
Provider: Nicholas A. Limperos M.D.

Surgical History
- History of Laparoscopy Repair Of Epigastric Hernia Incarcerated
- History of Tonsillectomy

Family History
- Family history of Allergies
- Family history of Asthma (V17.5)
- Family history of Cancer
- Family history of Hypertension (V17.49)

Social History
- Never a smoker

Current Meds
- Amlodipine Besy-Benazepril HCl - 5-20 MG Oral Capsule; Take 1 daily;
  Therapy: 23Sep2012 to (Evaluate:14Jan2014); Last Rx:18Jul2013 Ordered
- AndroGel Pump 20.25 MG/ACT (1.62%) Transdermal Gel; APPLY 4 PUMP PRESSES ONE TIME DAILY AS DIRECTED;
  Therapy: 18Jul2013 to (Last Rx:18Jul2013) Ordered
- Ibuprofen 800 MG Oral Tablet; TAKE 1 TABLET 3 TIMES DAILY AS NEEDED;
  Therapy: 18Jul2013 to (Evaluate:14Jan2014); Last Rx:18Jul2013 Ordered
- MetFORMIN HCl - 500 MG Oral Tablet; TAKE 1 TABLET DAILY AS DIRECTED;
  Therapy: 11Feb2013 to (Evaluate:14Jan2014) Requested for: 18Jul2013; Last Rx:18Jul2013 Ordered
- NexIUM 40 MG Oral Capsule Delayed Release; TAKE 1 CAPSULE DAILY AS NEEDED;
  Therapy: 01Aug2012 to (Evaluate:14Jan2014); Last Rx:18Jul2013 Ordered

Allergies
- Penicillins
  Recorded By: Amick, Joann H; 11/13/2012 3:56:22 PM

Vitals
Vital Signs [Data Includes: Current Encounter]
No vital signs performed

Physical Exam

GENERAL EXAM: Well-developed, well-nourished, appears as stated age, no acute distress
HEENT: No scleral icterus or conjunctival injection, moist and pink mucous membranes
NECK: Supple, without lymphadenopathy, without JVD
HEART: Regular rate and rhythm, without murmurs, rubs, gallops
LUNGS: Clear to auscultation bilaterally, without wheezes, rales, rhonchi
ABDOMEN: Soft, nondistended, tenderness with palpation is vague over the hernia repair site and off to the right side, mild to moderate, no point tenderness, no evidence of infections, no hernias noted, no organomegaly, normal bowel sounds x4 quadrants
EXTREMITIES: Normal appearing digits and nails, no significant edema, no varicosities noted
SKIN: Cool and dry, no rashes or lesions
LYMPHATICS: No significant lymphedema, no palpable lymph nodes in the axilla, cervical, or inguinal regions
PSYCHIATRIC: Alert and oriented x3, appropriate throughout examination.

Assessment

[redacted]

Date of Service: 10/10/2013
Patient Name: CARL E. LUCAS
Patient DOB: [redacted]
MR#: [redacted]
Gender: M
Provider: Nicholas A. Limperos M.D.

Abdominal pain (789.00)
Abdominal spasms (789.00)
Umbilical hernia (553.1)
- status post laparoscopic repair with Gore-Tex mesh on 05/29/2013.

Plan

- CT Abdomen Pelvis With and Without Contrast Requested for: 10Oct2013 MAY BE WORKS COM Perform: LMC Radiology ; Last Updated By: Floyd, Connie; 10/10/2013 5:03:16 PM; Ordered;For: Abdominal pain; Ordered By: Limperos, Nicholas A
- Diazepam 10 MG Oral Tablet (Valium 10 MG Oral Tablet); TAKE 1 TABLET DAILY; Therapy: 10Oct2013 to (Evaluate:09Nov2013); Last Rx:10Oct2013 Ordered Rx By: Limperos,Nicholas; Dispense: 30 Days ; #:30 Tablet; Refill: 0;For: Abdominal spasms; Print Rx
- Oxycodone-Acetaminophen 10-325 MG Oral Tablet; TAKE 1 TABLET EVERY 6 HOURS DAILY; Therapy: 10Oct2013 to (Evaluate:18Oct2013); Last Rx:10Oct2013 Ordered Rx By: Limperos,Nicholas; Dispense: 8 Days ; #:30 Tablet; Refill: 0;For: Umbilical hernia; Print Rx

I Have provided the patient with an additional prescriptions for Valium and Percocet, as the patient states this really seems to help relax his abdominal wall such that he may sleep. He appears generally concerned about returning to work and returning to his previous abilities. I explained that the pulling sensation and the spasm he is experiencing is concerning now almost 5 months removed from surgery. Many times the pain is secondary to a trans-fascial stitch, however I cannot elicit any specific point tenderness. Options would include removal of the mesh versus continued conservative management. I feel that a CT scan is reasonable to rule out any displacement of the mesh, severe inflammatory changes overlying the mesh, or significant adhesions to the undersurface of the mesh. I do not feel that he is going to damage his repair now 5 months out by continuing to physical labor. Further plans will be based on the results of the CT scan.
Umbilical hernia (553.1) (K42.9)

Signatures Electronically signed by : Nicholas Limperos, M.D.; Oct 22 2013 4:31PM EST

[redacted]

Lexington Family Practice - West Columbia
3314 Platt Springs Road
West Columbia,SC 29170
(803) 791-3494

DOS:11/07/2013
DOB: [redacted]
Gender: M
MR#: [redacted]
Provider:Nicholas A. Limperos M.D.

Patient: CARL LUCAS
[redacted]

Chief Complaint
Mr. Lucas comes in today for follow up CT scan.

History of Present IllnessHPI: He states he continues to have ongoing abdominal pain along the lateral edges of his mesh. He describes pulling sensation. He states that this is very difficult to work because of the repetitive lifting which he has to perform.

Active Problems
- Arthritis (716.90) (M19.90)
- Hematuria (599.70) (R31.9)
- Umbilical hernia (553.1) (K42.9)
  - status post laparoscopic repair with Gore-Tex mesh on 05/29/2013.

Idiopathic hypertension (401.9) (I10)

Esophageal reflux (530.81) (K21.9)

Hypercholesterolemia (272.0) (E78.0)

Sleep apnea (780.57) (G47.30)

Type 2 diabetes mellitus (250.00) (E11.9)

Hypogonadism, testicular (257.2) (E29.1)

Past Medical History
- History of upper respiratory infection (V12.09) (Z86.19)
- History of Sprain of ribs (848.3) (S23.41XA)
- History of pharyngitis (V12.69) (Z87.09)

Surgical History
- History of Laparoscopy Repair Of Epigastric Hernia Incarcerated
- History of Tonsillectomy

Family History
- Family history of Allergies

[redacted]

Date of Service: 11/07/2013
Patient Name: CARL E. LUCAS
Patient DOB: [redacted]
MR#: [redacted]
Gender: M
Provider: Nicholas A. Limperos M.D.

- Family history of Asthma (V17.5)
- Family history of Cancer
- Family history of Hypertension (V17.49)

Social History
- Never a smoker

Current Meds
- Amlodipine Besy-Benazepril HCl - 5-20 MG Oral Capsule; Take 1 daily;
  Therapy: 23Sep2012 to (Evaluate:30Jan2014) Requested for: 01Nov2013; Last Rx:01Nov2013 Ordered
- AndroGel Pump 20.25 MG/ACT (1.62%) Transdermal Gel; APPLY 4 PUMP PRESSES ONE TIME DAILY AS DIRECTED;
  Therapy: 18Jul2013 to (Last Rx:18Jul2013) Ordered
- Diazepam 10 MG Oral Tablet (Valium); TAKE 1 TABLET DAILY;
  Therapy: 10Oct2013 to (Evaluate:09Nov2013); Last Rx:10Oct2013 Ordered
- Ibuprofen 800 MG Oral Tablet; TAKE 1 TABLET 3 TIMES DAILY AS NEEDED;
  Therapy: 18Jul2013 to (Evaluate:14Jan2014); Last Rx:18Jul2013 Ordered
- MetFORMIN HCl - 500 MG Oral Tablet; TAKE 1 TABLET DAILY AS DIRECTED;
  Therapy: 11Feb2013 to (Evaluate:14Jan2014) Requested for: 18Jul2013; Last Rx:18Jul2013 Ordered
- NexIUM 40 MG Oral Capsule Delayed Release; TAKE 1 CAPSULE DAILY AS NEEDED;
  Therapy: 01Aug2012 to (Evaluate:30Jan2014) Requested for: 01Nov2013; Last Rx:01Nov2013 Ordered
- Oxycodone-Acetaminophen 10-325 MG Oral Tablet; TAKE 1 TABLET EVERY 6 HOURS DAILY;
  Therapy: 10Oct2013 to (Evaluate:18Oct2013); Last Rx:10Oct2013 Ordered

Allergies
- Penicillins
  Recorded By: Amick, Joann H; 11/13/2012 3:56:22 PM

Results/Data

Results: reports reviewed. CT scan of the abdomen and pelvis 11/4/13 findings are as follows
#1 status post umbilical hernia repair, no evidence of recurrent hernia or surgical complications
#2 fatty infiltration of liver
#3 mild lymphadenopathy within the porta hepatis.

Vitals
Vital Signs [Data Includes: Current Encounter]
No vital signs performed

Physical Exam

Abdominal exam: Mild tenderness along the lateral aspects of the mesh. No tenderness directly over the umbilicus. No skin changes. No masses noted.

Assessment
Postoperative pain status post laparoscopic umbilical herniorrhaphy

Plan

[redacted]

Date of Service: 11/07/2013
Patient Name: CARL E. LUCAS
Patient DOB: [redacted]
MR#: [redacted]
Gender: M
Provider: Nicholas A. Limperos M.D.

I again explained to Mr. Lucas that status post laparoscopic incisional hernia repair pain can linger for up to a year due to the expected inflammation around the mesh and at the tack sites. I would like Mr. Lucas to continue working as he is capable. I will see him back in 2-3 weeks for reevaluation.

Signatures
Electronically signed by : Nicholas Limperos, M.D.; Jul 20 2014 11:17PM EST

[redacted]

Lexington Family Practice - West Columbia
3314 Platt Springs Road
West Columbia,SC 29170
(803) 791-3494

Patient: CARL LUCAS
[redacted]

DOS:11/26/2013
DOB:[redacted]
Gender: M
MR#:[redacted]
Provider: Nicholas A. Limperos M.D.

Chief Complaint
Follow up abdominal pain

History of Present IllnessHPI: Pt stated that he had a "bad" weekend, he was sent to Hilton Head for work had to lift cases of alcohol which were over 200 pounds in total and he was in severe abdominal pain. He reports that after making the run on Friday he had to spend the majority the weekend in bed due to pain. He describes it as an intense pulling sensation and burning across his abdomen.

Active Problems
- Arthritis (716.90) (M19.90)
- Hematuria (599.70) (R31.9)
- Umbilical hernia (553.1) (K42.9)
  - status post laparoscopic repair with Gore-Tex mesh on 05/29/2013.

Idiopathic hypertension (401.9) (I10)

Esophageal reflux (530.81) (K21.9)

Hypercholesterolemia (272.0) (E78.0)

Sleep apnea (780.57) (G47.30)

Type 2 diabetes mellitus (250.00) (E11.9)

Hypogonadism, testicular (257.2) (E29.1)

Past Medical History
- History of upper respiratory infection (V12.09) (Z86.19)
- History of Sprain of ribs (848.3) (S23.41XA)
- History of pharyngitis (V12.69) (Z87.09)

Surgical History
- History of Laparoscopy Repair Of Epigastric Hernia Incarcerated
- History of Tonsillectomy

Family History

[redacted]

Date of Service: 11/26/2013
Patient Name: CARL E. LUCAS
Patient DOB: [redacted]
MR#: [redacted]
Gender: M
Provider: Nicholas A. Limperos M.D.

- Family history of Allergies
- Family history of Asthma (V17.5)
- Family history of Cancer
- Family history of Hypertension (V17.49)

Social History
- Never a smoker

Current Meds
- Amlodipine Besy-Benazepril HCl - 5-20 MG Oral Capsule; Take 1 daily;
  Therapy: 23Sep2012 to (Evaluate:30Jan2014) Requested for: 01Nov2013; Last Rx:01Nov2013 Ordered
- AndroGel Pump 20.25 MG/ACT (1.62%) Transdermal Gel; APPLY 4 PUMP PRESSES ONE TIME DAILY AS DIRECTED;
  Therapy: 18Jul2013 to (Last Rx:18Jul2013) Ordered
- Ibuprofen 800 MG Oral Tablet; TAKE 1 TABLET 3 TIMES DAILY AS NEEDED;
  Therapy: 18Jul2013 to (Evaluate:14Jan2014); Last Rx:18Jul2013 Ordered
- MetFORMIN HCl - 500 MG Oral Tablet; TAKE 1 TABLET DAILY AS DIRECTED;
  Therapy: 11Feb2013 to (Evaluate:14Jan2014) Requested for: 18Jul2013; Last Rx:18Jul2013 Ordered
- NexIUM 40 MG Oral Capsule Delayed Release; TAKE 1 CAPSULE DAILY AS NEEDED;
  Therapy: 01Aug2012 to (Evaluate:30Jan2014) Requested for: 01Nov2013; Last Rx:01Nov2013 Ordered

Allergies
- Penicillins
  Recorded By: Amick, Joann H; 11/13/2012 3:56:22 PM

Vitals
Vital Signs [Data Includes: Current Encounter]
No vital signs performed

Physical Exam

No significant changes from previous exam.

Assessment
Ongoing pain status post laparoscopic umbilical herniorrhaphy

Plan
- Pain Management Referral - LMC Evaluation and Treatment Consult for adult Status: Complete Done: 06Jan2014
  Ordered;For: PMH: History of abdominal pain; Ordered By: Limperos, Nicholas A Performed: Order Comments: abd pain s/p abdominal hernia surgery 5/29/13 Due: 26Dec2013; Last Updated By: Floyd, Connie; 1/6/2014 3:28:34 PM
  DR.ODOM'S OFFICE FAXED A DECLINE TO TREAT LETTER

We discussed his options at this point. I feel that mesh removal is a last resort, but we are approaching that point. Typically I would not consider this for a full year after mesh insertion, because resolution of this pain is expected. I will make a referral for pain management to see if any point injections or other therapies can be considered. I will see Mr. Lucas back on an as-needed basis.

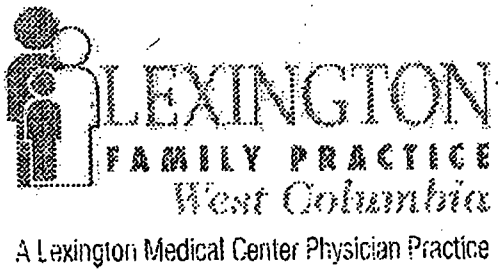
Signatures

[redacted]

Date of Service: 11/26/2013
Patient Name: CARL E. LUCAS
Patient DOB: [redacted]
MR#: [redacted]
Gender: M
Provider: Nicholas A. Limperos M.D.

Electronically signed by : Nicholas Limperos, M.D.; Jul 20 2014 11:19PM EST

[redacted]



Lexington Family Practice - West Columbia
3314 Platt Springs Road
West Columbia,SC 29170
(803) 791-3494

Patient: CARL LUCAS
[redacted]

DOS:01/02/2014
DOB: [redacted]
Gender: M
MR#: [redacted]
Provider:Michael P. Harris M.D.

Vitals

Vital Signs [Data Includes: Current Encounter]
Recorded by : at 02Jan2014 12:37PM
Temperature: 98.3 F
Blood Pressure: 130 / 82
Weight: 227 lb 8 oz
BMI Calculated: 32.57
BSA Calculated: 2.21

Chief Complaint

body aches, diarrhea, cold chills, fever, cough.

History of Present Illness

HPI Free Text: Patient comes in with a three-day history of sinus congestion drainage fever chills body aches. Yellow mucus. No short of breath with tightness in the chest.

Active Problems

- Abdominal pain (789.00)
- Abdominal spasms (789.00)
- Abnormal urine (791.9)
- Acute upper respiratory infection (465.9)
- Arthritis (716.90)
- Cutaneous skin tags (701.9)
- Esophageal reflux (530 81)
- Hematuria (599.70)
- Hypercholesterolemia (272.0)
- Hypogonadism, testicular (257.2)
- Idiopathic hypertension (401.9)
- Sleep apnea (780.57)
- Type 2 diabetes mellitus (250.00)
- Umbilical hernia (553.1)
  - status post laparoscopic repair with Gore-Tex mesh on 05/29/2013.

Past Medical History

Chronic

- History of upper respiratory infection (V12.60)

[redacted]

Date of Service: 01/02/2014
Patient Name: CARL E. LUCAS
Patient DOB: [redacted]
MR#: [redacted]
Gender: M
Provider: Michael P. Harris M.D.

- History of Sprain of ribs (848.3)

Acute

- History of pharyngitis (V12.69)

Surgical History

- History of Laparoscopy Repair Of Epigastric Hernia Incarcerated
- History of Tonsillectomy

Family History

Family History

- Family history of Allergies
- Family history of Asthma (V17.5)
- Family history of Cancer
- Family history of Hypertension (V17.49)

Social History

- Never a smoker

Current Meds

- Amlodipine Besy-Benazepril HCl - 5-20 MG Oral Capsule; Take 1 daily;
  Therapy: 23Sep2012 to (Evaluate:30Jan2014) Requested for: 01Nov2013; Last Rx:01Nov2013
  Ordered
- AndroGel Pump 20.25 MG/ACT (1.62%) Transdermal Gel; APPLY 4 PUMP PRESSES ONE TIME DAILY AS DIRECTED;
  Therapy: 18Jul2013 to (Last Rx:18Jul2013) Ordered
- Ibuprofen 800 MG Oral Tablet; TAKE 1 TABLET 3 TIMES DAILY AS NEEDED;
  Therapy: 18Jul2013 to (Evaluate:14Jan2014); Last Rx:18Jul2013 Ordered
- MetFORMIN HCl - 500 MG Oral Tablet; TAKE 1 TABLET DAILY AS DIRECTED;
  Therapy: 11Feb2013 to (Evaluate:14Jan2014) Requested for: 18Jul2013; Last Rx:18Jul2013
  Ordered
- NexIUM 40 MG Oral Capsule Delayed Release; TAKE 1 CAPSULE DAILY AS NEEDED;
  Therapy: 01Aug2012 to (Evaluate:30Jan2014) Requested for: 01Nov2013; Last Rx:01Nov2013
  Ordered

Allergies

- Penicillins

Immunizations

Immunization history not assessed

Results/Data

All Results [Data Includes: Last 2 Weeks]
No recent results

Physical Exam

Constitutional: alert, in no acute distress, well nourished, well developed, healthy appearing and normal voice and communication.
ENT: the ears and nose were normal in appearance, both tympanic membranes were normal and the lips and gums were normal . Red pharynx.
Neck: the appearance of the neck was normal, the neck was supple, no neck mass was observed, the thyroid was not enlarged and there were no palpable thyroid nodules . There was no jugular-venous distention.

[redacted]

Date of Service: 01/02/2014
Patient Name: CARL E. LUCAS
Patient DOB: [redacted]
MR#: [redacted]
Gender: M
Provider: Michael P. Harris M.D.

Pulmonary: no respiratory distress, normal respiratory rhythm and effort and clear bilateral breath sounds.

Assessment

Acute upper respiratory infection (465.9)

Plan

Acute upper respiratory infection

- Cefdinir 300 MG Oral Capsule; TAKE 1 CAPSULE EVERY 12 HOURS DAILY;
Therapy: 02Jan2014 to (Evaluate:12Jan2014); Last Rx:02Jan2014 Ordered
Rx By: Harris,Michael; Dispense: 10 Days ; #:20 Capsule; Refill: 0;For: Acute upper respiratory infection; Print Rx
- Hydrocodone-Homatropine 5-1.5 MG/5ML Oral Syrup; TAKE 1 TEASPOONFUL EVERY 6 HOURS DAILY;
Therapy: 02Jan2014 to (Evaluate:14Jan2014); Last Rx:02Jan2014 Ordered
Rx By: Harris,Michael; Dispense: 12 Days ; #:1 X 240 ML Bottle; Refill: 0;For: Acute upper respiratory infection; Print Rx

We talked about CT scan that showed a small 7 mm simple cyst in his kidney. I recommended an ultrasound after 3 months to recheck it.

Signatures

Electronically signed by : Michael Harris, M.D.; Jan 2 2014 12:55PM EST

[redacted]

A Lexington Medical Center Physician Practice

Lexington Family Practice - West Columbia
3314 Platt Springs Road
West Columbia,SC 29170
(803) 791-3494

Patient: CARL LUCAS
[redacted]

DOS:02/27/2014
DOB: [redacted]
Gender: M
MR#: [redacted]
Provider:Michael P. Harris M.D.

Vitals

Vital Signs [Data Includes: Current Encounter]
Recorded by:: Freeman, Angie at 27Feb2014 07:16AM
Blood Pressure: 110 / 70, LUE, Sitting
Weight: 234 lb
BMI Calculated: 33.58
BSA Calculated: 2.23

Chief Complaint

Follow Up Meds

Reason For Visit

Patient is here today for a follow up on his meds.

History of Present Illness

HPI Free Text: Patient comes in follow up all medical conditions. He is temporarily out of work because of a back injury and severe spinal stenosis. They are doing therapy at present. His blood pressure has been doing well on present meds. His blood sugar has been good on Metformin 500 once a day. He stopped the AndroGel. He does take Nexium for reflux every day.

Review of Systems

Constitutional: negative.
Cardiovascular: negative.
Respiratory: negative.
Gastrointestinal: negative.

Active Problems

- Abdominal pain (789.00) (R10.9)
- Abdominal spasms (789.00) (R10.83)
- Abnormal urine (791.9) (R82.90)
- Acute upper respiratory infection (465.9) (J06.9)
- Arthritis (716.90) (M19.90)
- Cutaneous skin tags (701.9) (L91.8)
- Esophageal reflux (530.81) (K21.9)
- Hematuria (599.70) (R31.9)
- Hypercholesterolemia (272.0) (E78.0)
- Hypogonadism, testicular (257.2) (E29.1)

[redacted]

Date of Service: 02/27/2014
Patient Name: CARL E. LUCAS
Patient DOB: [redacted]
MR#: [redacted]
Gender: M
Provider: Michael P. Harris M.D.

- Idiopathic hypertension (401.9) (I10)
- Sleep apnea (780.57) (G47.30)
- Type 2 diabetes mellitus (250.00) (E11.9)
- Umbilical hernia (553.1) (K42.9)
  - status post laparoscopic repair with Gore-Tex mesh on 05/29/2013.

Past Medical History

Chronic.

- History of upper respiratory infection (V12.60) (Z87.09)
- History of Sprain of ribs (848.3) (S23.41XA)

Acute.

- History of pharyngitis (V12.69) (Z87.09)

Surgical History

- History of Laparoscopy Repair Of Epigastric Hernia Incarcerated
- History of Tonsillectomy

Family History

Family History.

- Family history of Allergies
- Family history of Asthma (V17.5)
- Family history of Cancer
- Family history of Hypertension (V17.49)

Social History

- Never a smoker

Current Meds

- Amlodipine Besy-Benazepril HCl - 5-20 MG Oral Capsule; Take 1 daily;
  Therapy: 23Sep2012 to (Evaluate:30Jan2014) Requested for: 01Nov2013; Last Rx:01Nov2013 Ordered
- AndroGel Pump 20.25 MG/ACT (1.62%) Transdermal Gel; APPLY 4 PUMP PRESSES ONE TIME DAILY AS DIRECTED;
  Therapy: 18Jul2013 to (Last Rx:18Jul2013) Ordered
- Cefdinir 300 MG Oral Capsule; TAKE 1 CAPSULE EVERY 12 HOURS DAILY;
  Therapy: 02Jan2014 to (Evaluate:12Jan2014); Last Rx:02Jan2014 Ordered
- Hydrocodone-Homatropine 5-1.5 MG/5ML Oral Syrup; TAKE 1 TEASPOONFUL EVERY 6 HOURS DAILY;
  Therapy: 02Jan2014 to (Evaluate:14Jan2014); Last Rx:02Jan2014 Ordered
- Ibuprofen 800 MG Oral Tablet; TAKE 1 TABLET 3 TIMES DAILY AS NEEDED;
  Therapy: 18Jul2013 to (Evaluate:14Jan2014); Last Rx:18Jul2013 Ordered
- MetFORMIN HCl - 500 MG Oral Tablet; TAKE 1 TABLET DAILY AS DIRECTED;
  Therapy: 11Feb2013 to (Evaluate:14Jan2014) Requested for: 18Jul2013; Last Rx:18Jul2013 Ordered
- NexIUM 40 MG Oral Capsule Delayed Release; TAKE 1 CAPSULE DAILY AS NEEDED;
  Therapy: 01Aug2012 to (Evaluate:30Jan2014) Requested for: 01Nov2013; Last Rx:01Nov2013 Ordered

Allergies

- Penicillins

Date of Service: 02/27/2014
Patient Name: CARL E. LUCAS
Patient DOB: [redacted]
MR#: [redacted]
Gender: M
Provider: Michael P. Harris M.D.

Immunizations
Immunization history not assessed

Results/Data
All Results [Data Includes: Last 14 Days]
No recent results

Physical Exam
Constitutional: alert, in no acute distress, well nourished, well developed, healthy appearing and normal voice and communication.
Neck: the appearance of the neck was normal, the neck was supple, no neck mass was observed, the thyroid was not enlarged and there were no palpable thyroid nodules . There was no jugular-venous distention.
Pulmonary: no respiratory distress, normal respiratory rhythm and effort and clear bilateral breath sounds.
Heart: heart rate and rhythm were normal, normal S1 and S2, no gallops, no murmurs and no pericardial rub.
Vascular: carotid pulses were normal with no bruits.

Assessment
Type 2 diabetes mellitus (250.00) (E11.9)
Sleep apnea (780.57) (G47.30)
Idiopathic hypertension (401.9) (I10)
Hypogonadism, testicular (257.2) (E29.1)
Hypercholesterolemia (272.0) (E78.0)
Esophageal reflux (530.81) (K21.9)

Plan
Refill meds and update blood work

Signatures
Electronically signed by : Michael Harris, M.D.; Feb 27 2014 7:39AM EST

A Lexington Medical Center Physician Practice

Lexington Family Practice - West Columbia
3314 Platt Springs Road
West Columbia,SC 29170
(803) 791-3494

Patient: CARL LUCAS
[redacted]

DOS:02/27/2014
DOB: [redacted]
Gender: M
MR#: [redacted]
Provider: Michael P. Harris M.D.

Discussion/Summary
Blood sugars are good

Verified Results
Hemoglobin A1C 27Feb2014 07:34AM Harris, Michael

Test Name	Result	Flag	Reference
GLYCOSYLATED HEMOGLOBIN A1C	6.5 %	H	<6.0
Normal control: <6.0% Optimal control: <7.0% Poor control: >8.0%			
eAG(EST. AVG. GLU)	140 MG/DL		

[redacted]

LEXINGTON FAMILY PRACTICE West Columbia
A Lexington Medical Center Physician Practice

Lexington Family Practice - West Columbia
3314 Platt Springs Road
West Columbia,SC 29170
(803) 791-3494

Patient: CARL LUCAS
[redacted]

DOS:08/25/2014
DOB: [redacted]
Gender: M
MR#: [redacted]
Provider: Michael P. Harris M.D.

Vitals

Vital Signs [Data Includes: Current Encounter]
Recorded by : Doyle, Jeannie E at 25Aug2014 02:40PM
Height: 5 ft 10 in
Blood Pressure: 130 / 86
Weight: 239 lb
BMI Calculated: 34.29
BSA Calculated: 2.25

Chief Complaint

refill meds; pt says BS fluctuating lately

History of Present Illness

HPI Free Text: Patient comes in to followup all medical conditions. He is a diabetic. His sugars have been running high. He is using Metformin once a day. He is still going through is a workers comp injury with his back. Not able to work. Is awaiting a pain therapist. Takes Nexium every day for reflux previous hypertensive and stable present meds. He complains of not sleeping well at night because of the pain in his mind is racing. He is having some depression issues. Tried Prozac in the distant past but that made him feel worse.

Active Problems

- Arthritis (716.90) (M19.90)
- Esophageal reflux (530.81) (K21.9)
- Hematuria (599.70) (R31.9)
- Hypercholesterolemia (272.0) (E78.0)
- Hypogonadism, testicular (257.2) (E29.1)
- Idiopathic hypertension (401.9) (I10)
- Sleep apnea (780.57) (G47.30)
- Type 2 diabetes mellitus (250.00) (E11.9)
- Umbilical hernia (553.1) (K42.9)
  - status post laparoscopic repair with Gore-Tex mesh on 05/29/2013.

Past Medical History

Chronic

- History of upper respiratory infection (V12.09) (Z86.19)
- History of Sprain of ribs (848.3) (S23.41XA)

Acute

- History of pharyngitis (V12.69) (Z87.09)

Date of Service: 08/25/2014
Patient Name: CARL E. LUCAS
Patient DOB: [redacted]
MR#: [redacted]
Gender: M
Provider: Michael P. Harris M.D.

Surgical History
- History of Laparoscopy Repair Of Epigastric Hernia Incarcerated
- History of Tonsillectomy

Family History
- Family history of Allergies
- Family history of Asthma (V17.5)
- Family history of Cancer
- Family history of Hypertension (V17.49)

Social History
- Never a smoker

Current Meds
- Amlodipine Besy-Benazepril HCl - 5-20 MG Oral Capsule; TAKE 1 CAPSULE DAILY; Therapy: 23Sep2012 to (Evaluate:21Oct2014) Requested for: 23Jul2014; Last Rx:23Jul2014 Ordered
- MetFORMIN HCl - 500 MG Oral Tablet; TAKE 1 TABLET DAILY AS DIRECTED; Therapy: 11Feb2013 to (Evaluate:21Oct2014) Requested for: 23Jul2014; Last Rx:23Jul2014 Ordered
- NexIUM 40 MG Oral Capsule Delayed Release; take 1 cap daily; Therapy: 01Aug2012 to (Evaluate:28May2014) Requested for: 27Feb2014; Last Rx:27Feb2014 Ordered

Allergies
- Penicillins

Immunizations
Immunization history not assessed

Results/Data
All Results [Data Includes: Last 2 Weeks]
No recent results

Physical Exam

Constitutional General appearance: Normal.
Cardiovascular Palpation of heart: Normal. , Auscultation of heart: Normal.
Pulmonary Respiratory effort: Normal. , Auscultation of lungs: Normal.
Psychiatric Depressed mood.

Assessment
Type 2 diabetes mellitus (250.00) (E11.9)
Sleep apnea (780.57) (G47.30)
Idiopathic hypertension (401.9) (I10)
Hypercholesterolemia (272.0) (E78.0)
Esophageal reflux (530.81) (K21.9)
Arthritis (716.90) (M19.90)

Plan

Date of Service: 08/25/2014
Patient Name: CARL E. LUCAS
Patient DOB: [redacted]
MR#: [redacted]
Gender: M
Provider: Michael P. Harris M.D.

Arthritis

- Start: Start: ClonazePAM 1 MG Oral Tablet; TAKE 1 TABLET AT BEDTIME
  Rx By: Harris,Michael; Dispense: 30 Days ; #:30 Tablet; Refill: 2;For: Arthritis; DAW = N; Print Rx

Esophageal reflux

- Renew: Renew: NexIUM 40 MG Oral Capsule Delayed Release; take 1 cap daily
  Rx By: Harris,Michael; Dispense: 0 Days ; #:90 Capsule Delayed Release; Refill: 1;For: Esophageal reflux; DAW = N; Verified Transmission to CVS CAREMARK MAILORDER PHARMACY; Last Updated By: System,SureScripts; 8/25/2014 2:44:09 PM

Idiopathic hypertension

- Renew: Renew: Amlodipine Besy-Benazepril HCl - 5-20 MG Oral Capsule; TAKE 1 CAPSULE DAILY
  Rx By: Harris,Michael; Dispense: 90 Days ; #:90 Capsule; Refill: 1;For: Idiopathic hypertension; DAW = N; Verified Transmission to CVS CAREMARK MAILORDER PHARMACY; Last Updated By: System,SureScripts; 8/25/2014 2:44:09 PM

Type 2 diabetes mellitus

- Renew: Renew: MetFORMIN HCl - 500 MG Oral Tablet; TAKE 1 TABLET TWICE DAILY
  Rx By: Harris,Michael; Dispense: 90 Days ; #:180 Tablet; Refill: 1;For: Type 2 diabetes mellitus; DAW = N; Verified Transmission to CVS CAREMARK MAILORDER PHARMACY; Last Updated By: System,SureScripts; 8/25/2014 3:08:05 PM

Trial of Klonopin to improve sleep. Reflux meds. Increase the Metformin to twice a day. May need to go higher from there. May need and depressive. Encouraged him to followup with pain therapist.

Signatures
Electronically signed by : Michael Harris, M.D.; Aug 25 2014 3:15PM EST

Lexington Family Practice - West Columbia
3314 Platt Springs Road
West Columbia,SC 29170
(803) 791-3494

Patient: CARL LUCAS
[redacted]

DOS:09/11/2014
DOB: [redacted]
Gender: M
MR#: [redacted]
Provider: Michael P. Harris M.D.

Vitals

Vital Signs [Data Includes: Current Encounter]
Recorded by : Doyle, Jeannie E at 11Sep2014 10:26AM

Heart Rate: 90
Height: 5 ft 10 in
Respiration: 14
Blood Pressure: 158 / 120
Weight: 244 lb
BMI Calculated: 35.01
BSA Calculated: 2.27

Chief Complaint

pt here to discuss depression; pt BP 158/120 (took in both arms) says he takes a low does med for BP

History of Present Illness

HPI Free Text: Patient comes in extremely frustrated and depressed at this point. He had a work scalp injuries back. He saw orthopedic surgeon who told him he had annular tears and was nonoperable. He is on no pain medication. Can't sleep at night. He is depressed and discouraged and upset. He is supposed to be seen pain therapist but nothing has been set up and he is basically out near drowning right now. He does know what to do. He can't mow the lawn. He can't perform sexually he is basically at Woods in.

Active Problems

- Arthritis (716.90) (M19.90)
- Esophageal reflux (530.81) (K21.9)
- Hematuria (599.70) (R31.9)
- Hypercholesterolemia (272.0) (E78.0)
- Hypogonadism, testicular (257.2) (E29.1)
- Idiopathic hypertension (401.9) (I10)
- Sleep apnea (780.57) (G47.30)
- Type 2 diabetes mellitus (250.00) (E11.9)
- Umbilical hernia (553.1) (K42.9)
  - status post laparoscopic repair with Gore-Tex mesh on 05/29/2013.

Past Medical History

Chronic

- History of upper respiratory infection (V12.09) (Z86.19)
- History of Sprain of ribs (848.3) (S23.41XA)

Date of Service: 09/11/2014
Patient Name: CARL E. LUCAS
Patient DOB: [redacted]
MR#: [redacted]
Gender: M
Provider: Michael P. Harris M.D.

Acute
- History of pharyngitis (V12.69) (Z87.09)

Surgical History
- History of Laparoscopy Repair Of Epigastric Hernia Incarcerated
- History of Tonsillectomy

Family History
Family History
- Family history of Allergies
- Family history of Asthma (V17.5)
- Family history of Cancer
- Family history of Hypertension (V17.49)

Social History
- Never a smoker

Current Meds
- Amlodipine Besy-Benazepril HCl - 5-20 MG Oral Capsule; TAKE 1 CAPSULE DAILY; Therapy: 23Sep2012 to (Evaluate:21Feb2015) Requested for: 25Aug2014; Last Rx:25Aug2014 Ordered
- MetFORMIN HCl - 500 MG Oral Tablet; TAKE 1 TABLET TWICE DAILY; Therapy: 11Feb2013 to (Evaluate:21Feb2015) Requested for: 25Aug2014; Last Rx:25Aug2014 Ordered
- NexIUM 40 MG Oral Capsule Delayed Release; take 1 cap daily; Therapy: 01Aug2012 to (Last Rx:25Aug2014) Requested for: 25Aug2014 Ordered

Allergies
- Penicillins

Immunizations
Immunization history not assessed

Results/Data
All Results [Data Includes: Last 2 Weeks]
No recent results

Physical Exam
Constitutional:. Crying depressed.
Musculoskeletal:. Moderate paraspinous spasm and tenderness.

Assessment
Depression (311) (F32.9)
Insomnia (780.52) (G47.00)
Annular tear of disc (722.90) (M51.9)

Plan
Annular tear of disc
- Start: Start: DULoxetine HCl - 60 MG Oral Capsule Delayed Release Particles; 1 tablet a day
  Rx By: Harris,Michael P; Dispense: 0 Days ; #:30 Capsule Delayed Release Particles; Refill: 5;For: Annular

Date of Service: 09/11/2014
Patient Name: CARL E. LUCAS
Patient DOB: [redacted]
MR#: [redacted]
Gender: M
Provider: Michael P. Harris M.D.

tear of disc; DAW = N; Print Rx

- Start: Start: Zolpidem Tartrate 10 MG Oral Tablet (Ambien); TAKE 1 TABLET AT BEDTIME AS NEEDED FOR INSOMNIA
  Rx By: Harris,Michael P; Dispense: 30 Days ; #:30 Tablet; Refill: 2;For: Annular tear of disc; DAW = N; Print Rx
- Pain Management Referral - LMC Evaluation and Treatment LMC INTERNAL NETWORK
  Status: Need Information - Required information,Financial Authorization Requested for: 11Sep2014
  Ordered;For: Annular tear of disc; Ordered By: Harris, Michael P Performed: Due: 11Oct2014

Ambien for sleep. Check blood pressures very closely. They have been doing better at home. Cymbalta for depression and hopefully some pain improvement. pain therapy consult through his regular insurance

Signatures
Electronically signed by : Michael Harris, M.D.; Sep 11 2014 10:54AM EST

A Lexington Medical Center Physician Practice

Lexington Family Practice - West Columbia
3314 Platt Springs Road
West Columbia,SC 29170
(803) 791-3494

Patient: CARL LUCAS
[redacted]

DOS:10/02/2014
DOB: [redacted]
Gender: M
MR#: [redacted]
Provider: Michael P. Harris M.D.

Vitals

Vital Signs [Data Includes: Current Encounter]
Recorded by : Turkaly, Nicole at 02Oct2014 10:59AM
Height: 5 ft 10 in
Blood Pressure: 146 / 82
Weight: 235.4 lb
BMI Calculated: 33.78
BSA Calculated: 2.24

Chief Complaint

f/u depression

History of Present Illness

HPI Free Text: Patient comes in to followup depression and insomnia. He is sleeping great taking one Ambien and a half of a Klonopin. His emotions are little better on the Cymbalta. He is scheduled to see the pain therapist next week. Blood pressures have been stable.

Active Problems

- Annular tear of disc (722.90) (M51.9)
- Arthritis (716.90) (M19.90)
- Depression (311) (F32.9)
- Esophageal reflux (530.81) (K21.9)
- Hematuria (599.70) (R31.9)
- Hypercholesterolemia (272.0) (E78.0)
- Hypogonadism, testicular (257.2) (E29.1)
- Idiopathic hypertension (401.9) (I10)
- Insomnia (780.52) (G47.00)
- Sleep apnea (780.57) (G47.30)
- Type 2 diabetes mellitus (250.00) (E11.9)
- Umbilical hernia (553.1) (K42.9)
  - status post laparoscopic repair with Gore-Tex mesh on 05/29/2013.

Past Medical History

Chronic

- History of upper respiratory infection (V12.09) (Z86.19)
- History of Sprain of ribs (848.3) (S23.41XA)

Acute

Date of Service: 10/02/2014
Patient Name: CARL E. LUCAS
Patient DOB: [redacted]
MR#: [redacted]
Gender: M
Provider: Michael P. Harris M.D.

- History of pharyngitis (V12.69) (Z87.09)

Surgical History
- History of Laparoscopy Repair Of Epigastric Hernia Incarcerated
- History of Tonsillectomy

Family History
Family History
- Family history of Allergies
- Family history of Asthma (V17.5)
- Family history of Cancer
- Family history of Hypertension (V17.49)

Social History
- Never a smoker

Current Meds
- Amlodipine Besy-Benazepril HCl - 5-20 MG Oral Capsule; TAKE 1 CAPSULE DAILY; Therapy: 23Sep2012 to (Evaluate:21Feb2015) Requested for: 25Aug2014; Last Rx:25Aug2014 Ordered
- DULoxetine HCl - 60 MG Oral Capsule Delayed Release Particles; 1 tablet a day; Therapy: 11Sep2014 to (Last Rx:11Sep2014) Ordered
- MetFORMIN HCl - 500 MG Oral Tablet; TAKE 1 TABLET TWICE DAILY; Therapy: 11Feb2013 to (Evaluate:21Feb2015) Requested for: 25Aug2014; Last Rx:25Aug2014 Ordered
- NexIUM 40 MG Oral Capsule Delayed Release; take 1 cap daily; Therapy: 01Aug2012 to (Last Rx:25Aug2014) Requested for: 25Aug2014 Ordered
- Zolpidem Tartrate 10 MG Oral Tablet (Ambien); TAKE 1 TABLET AT BEDTIME AS NEEDED FOR INSOMNIA; Therapy: 11Sep2014 to (Evaluate:10Dec2014); Last Rx:11Sep2014 Ordered

Allergies
- Penicillins

Immunizations
Immunization history not assessed

Results/Data
All Results [Data Includes: Last 2 Weeks]
No recent results

Physical Exam
Constitutional: alert, in no acute distress, well nourished, well developed, healthy appearing and normal voice and communication.
Psychiatric: oriented to person, place, and time, insight and judgment were intact, the affect was normal, recent memory was not impaired and remote memory was not impaired.

Assessment
Type 2 diabetes mellitus (250.00) (E11.9)
Insomnia (780.52) (G47.00)
Depression (311) (F32.9)

[redacted]

Date of Service: 10/02/2014
Patient Name: CARL E. LUCAS
Patient DOB: [redacted]
MR#: [redacted]
Gender: M
Provider: Michael P. Harris M.D.

Plan
Continue present medications. Follow up in 2 months

Signatures
Electronically signed by : Michael Harris, M.D.; Oct 2 2014 11:26AM EST

Lexington Family Practice - West Columbia
3314 Platt Springs Road
West Columbia,SC 29170
(803) 791-3494

Patient: CARL LUCAS
[redacted]

DOS:11/04/2014
DOB: [redacted]
Gender: M
MR#: [redacted]
Provider: Michael P. Harris M.D.

Vitals

Vital Signs [Data Includes: Current Encounter]
Recorded by : Creasman, Carolyn at 04Nov2014 10:15AM

Heart Rate: 88
Height: 5 ft 10 in
Respiration: 16
Blood Pressure: 138 / 102
Weight: 239 lb
BMI Calculated: 34.29
BSA Calculated: 2.25

Chief Complaint

F/U Depression; Feels Cymbalta is not working.

History of Present Illness

HPI Free Text: She comes in to followup back injury. He has a non-operable injury to his disc. He has severe pain. He seen a pain therapist who has him on regular pain medications. He is on sleep medications as well. He's just not getting better. He did get a second opinion from an orthopedic surgeon to told him it was nonoperable. He is very frustrated and depressed. He had some suicidal thoughts last week but is doing better today. He is just frustrated that he is not getting better and not able to do the things that he wants to do.

Active Problems

- Annular tear of disc (722.90) (M51.9)
- Arthritis (716.90) (M19.90)
- Depression (311) (F32.9)
- Esophageal reflux (530.81) (K21.9)
- Hematuria (599.70) (R31.9)
- Hypercholesterolemia (272.0) (E78.0)
- Hypogonadism, testicular (257.2) (E29.1)
- Idiopathic hypertension (401.9) (I10)
- Insomnia (780.52) (G47.00)
- Sleep apnea (780.57) (G47.30)
- Type 2 diabetes mellitus (250.00) (E11.9)
- Umbilical hernia (553.1) (K42.9)
  - status post laparoscopic repair with Gore-Tex mesh on 05/29/2013.

Past Medical History

Date of Service: 11/04/2014
Patient Name: CARL E. LUCAS
Patient DOB: [redacted]
MR#: [redacted]
Gender: M
Provider: Michael P. Harris M.D.

Chronic
- History of upper respiratory infection (V12.09) (Z86.19)
- History of Sprain of ribs (848.3) (S23.41XA)

Acute
- History of pharyngitis (V12.69) (Z87.09)

Surgical History
- History of Laparoscopy Repair Of Epigastric Hernia Incarcerated
- History of Tonsillectomy

Family History
Family History
- Family history of Allergies
- Family history of Asthma (V17.5)
- Family history of Cancer
- Family history of Hypertension (V17.49)

Social History
- Never a smoker

Current Meds
- Amlodipine Besy-Benazepril HCl - 5-20 MG Oral Capsule; TAKE 1 CAPSULE DAILY; Therapy: 23Sep2012 to (Evaluate:21Feb2015) Requested for: 25Aug2014; Last Rx:25Aug2014 Ordered
- MetFORMIN HCl - 500 MG Oral Tablet; TAKE 1 TABLET TWICE DAILY; Therapy: 11Feb2013 to (Evaluate:21Feb2015) Requested for: 25Aug2014; Last Rx:25Aug2014 Ordered
- NexIUM 40 MG Oral Capsule Delayed Release; take 1 cap daily; Therapy: 01Aug2012 to (Last Rx:25Aug2014) Requested for: 25Aug2014 Ordered
- Oxycodone-Acetaminophen 7.5-325 MG Oral Tablet; TAKE 1 TABLET 3 times daily; Therapy: 04Nov2014 to Recorded
- Zolpidem Tartrate 10 MG Oral Tablet (Ambien); TAKE 1 TABLET AT BEDTIME AS NEEDED FOR INSOMNIA; Therapy: 11Sep2014 to (Evaluate:10Dec2014); Last Rx:11Sep2014 Ordered

Allergies
- Penicillins

Immunizations
Immunization history not assessed

Results/Data
All Results [Data Includes: Last 2 Weeks]
No recent results

Physical Exam
Constitutional: alert, in no acute distress, well nourished, well developed, healthy appearing and normal voice and communication.
Psychiatric:. Flat affect.

Assessment

Date of Service: 11/04/2014
Patient Name: CARL E. LUCAS
Patient DOB: [redacted]
MR#: [redacted]
Gender: M
Provider: Michael P. Harris M.D.

Annular tear of disc (722.90) (M51.9)
Depression (311) (F32.9)

Plan

Depression

- Start: Start: ClonazePAM 1 MG Oral Tablet; TAKE 1/2 TO 1 TABLET AT BEDTIME
  Rx By: Harris,Michael; Dispense: 30 Days ; #:30 Tablet; Refill: 2;For: Depression; DAW = N; Print Rx
- Start: Start: Venlafaxine HCl ER 75 MG Oral Capsule Extended Release 24 Hour (Effexor XR 75 MG Oral Capsule Extended Release 24 Hour); TAKE 1 CAPSULE DAILY
  Rx By: Harris,Michael; Dispense: 30 Days ; #:30 Capsule Extended Release 24 Hour; Refill: 5;For: Depression; DAW = N; Print Rx
- Ortho/Sports Medicine Referral - LMC Evaluation and Treatment LMC INTERNAL NETWORK, I want to get a consult at Southern spine Institute in Charleston. He has a current MRI that he can bring with him that shows an annular tear. He has had 2 workers comp opinions here in town but he wants to go outside of work for scop for a second opinion. Status: Need Information - Required information,Financial Authorization Requested for: 04Nov2014
  Ordered;For: Depression; Ordered By: Harris, Michael P Performed: Due: 04Dec2014

Insomnia

- Renew: Renew: Zolpidem Tartrate 10 MG Oral Tablet (Ambien 10 MG Oral Tablet); TAKE 1 TABLET AT BEDTIME AS NEEDED FOR INSOMNIA
  Rx By: Harris,Michael; Dispense: 30 Days ; #:30 Tablet; Refill: 5;For: Insomnia; DAW = N; Print Rx

Stop Cymbalta. Begin Effexor. Orthopedic consult at Southern spine Institute

Signatures
Electronically signed by : Michael Harris, M.D.; Nov 4 2014 10:44AM EST

LAW OFFICES
McWHIRTER, BELLINGER & ASSOCIATES, P.A.
119 EAST MAIN STREET,
LEXINGTON, SOUTH CAROLINA 29072
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RICHARD W. SIMMONS, II
J. TYLER LEE, JR.
MELISSA G. MOSIER
JOHN P. MEADORS
KEVIN R. HORTON
SARAH W. GUTHRIE

December 22, 2014

VIA FAX ONLY (803) 739-9854:
Michael P. Harris, M.D.
Lexington Family Practice - West Columbia
3314 Platt Springs Road
West Columbia, SC 291702247

Re: Our Client: Carl Edward Lucas
Date of Birth: [redacted]
Date of Incident: 01/17/2014

Dear Dr. Harris:

As you are aware I represent Carl Edward Lucas on a pending January 17, 2014, workers compensation claim. On July 1, 2007, our state statutes were reformed to require medical causation establishing an injury arose out of and during the course of employment. I reviewed your medical reports particularly your reports of September 11, 2014, October 2, 2014, and November 4, 2014, which revealed Mr. Lucas suffers from depression, insomnia, and erectile dysfunction (see attached reports). We need your kind assistance in this case. Please address the below question:

1. To a reasonable degree of medical certainty, are Carl Edward Lucas's depression, insomnia, and erectile dysfunction most probably a result of reoccurring pain and problems with January 17, 2014, back injury?
Yes X No _____

2. What medically necessary recommendation do you believe would lessen Mr. Lucas' period of disability related to his depression, insomnia, and erectile dysfunction? Please include any attachments if needed.

fix his back & pain

Michael P. Harris, M.D. Dated 1/15/15

As always your professional cooperation in addressing these issues is greatly appreciated

Respectfully yours,

Elizabeth McMahon Pentz

EMP/SLN
Enclosures
cc: Carl E. Lucas

A Lexington Medical Center Physician Practice

Lexington Family Practice - West Columbia
3314 Platt Springs Road
West Columbia,SC 29170
(803) 791-3494

DOS:01/19/2015
DOB: [redacted]
Gender: M
MR#: [redacted]
Provider:Michael P. Harris M.D.

Patient: CARL LUCAS
[redacted]

Vitals

Vital Signs [Data Includes: Current Encounter]
Recorded: 19Jan2015 11:25AM
Heart Rate: 84
Height: 5 ft 10 in
Blood Pressure: 140 / 90
Weight: 239 lb
BMI Calculated: 34.29
BSA Calculated: 2.25

Chief Complaint

follow up meds

History of Present Illness

HPI Free Text: Patient comes in to followup all medical conditions. He has reflux and is doing well with Nexium. His hypertension has been stable. Is not sleeping well despite taking Klonopin and Ambien His depression is doing much better on the Effexor. He still has severe back pain and abdominal pain in this same pain therapy.

Active Problems

- Annular tear of disc (722.90) (M51.9)
- Arthritis (716.90) (M19.90)
- Depression (311) (F32.9)
- Esophageal reflux (530.81) (K21.9)
- Hematuria (599.70) (R31.9)
- Hypercholesterolemia (272.0) (E78.0)
- Hypogonadism, testicular (257.2) (E29.1)
- Idiopathic hypertension (401.9) (I10)
- Insomnia (780.52) (G47.00)
- Sleep apnea (780.57) (G47.30)
- Type 2 diabetes mellitus (250.00) (E11.9)
- Umbilical hernia (553.1) (K42.9)
  - status post laparoscopic repair with Gore-Tex mesh on 05/29/2013.

Past Medical History

Chronic

- History of upper respiratory infection (V12.09) (Z86.19)
- History of Sprain of ribs (848.3) (S23.41XA)

Date of Service: 01/19/2015
Patient Name: CARL E. LUCAS
Patient DOB: [redacted]
MR#: [redacted]
Gender: M
Provider: Michael P. Harris M.D.

Acute
- History of pharyngitis (V12.69) (Z87.09)

Surgical History
- History of Laparoscopy Repair Of Epigastric Hernia Incarcerated
- History of Tonsillectomy

Family History
Family History
- Family history of Allergies
- Family history of Asthma (V17.5)
- Family history of Cancer
- Family history of Hypertension (V17.49)

Social History
- Never a smoker

Current Meds
- Amlodipine Besy-Benazepril HCl - 5-20 MG Oral Capsule; TAKE 1 CAPSULE DAILY;
  Therapy: 23Sep2012 to (Evaluate:21Feb2015) Requested for: 25Aug2014; Last Rx:25Aug2014 Ordered
- ClonazePAM 1 MG Oral Tablet; TAKE 1/2 TO 1 TABLET AT BEDTIME;
  Therapy: 04Nov2014 to (Evaluate:02Feb2015); Last Rx:04Nov2014 Ordered
- MetFORMIN HCl - 500 MG Oral Tablet; TAKE 1 TABLET TWICE DAILY;
  Therapy: 11Feb2013 to (Evaluate:21Feb2015) Requested for: 25Aug2014; Last Rx:25Aug2014 Ordered
- NexIUM 40 MG Oral Capsule Delayed Release; take 1 cap daily;
  Therapy: 01Aug2012 to (Last Rx:25Aug2014) Requested for: 25Aug2014 Ordered
- Oxycodone-Acetaminophen 7.5-325 MG Oral Tablet; TAKE 1 TABLET 3 times daily;
  Therapy: 04Nov2014 to Recorded
- Venlafaxine HCl ER 75 MG Oral Capsule Extended Release 24 Hour; TAKE 1 CAPSULE DAILY;
  Therapy: 04Nov2014 to (Evaluate:03May2015); Last Rx:04Nov2014 Ordered
- Zolpidem Tartrate 10 MG Oral Tablet; TAKE 1 TABLET AT BEDTIME AS NEEDED FOR INSOMNIA;
  Therapy: 11Sep2014 to (Evaluate:03May2015); Last Rx:04Nov2014 Ordered

Allergies
- Penicillins

Immunizations
Immunization history not assessed

Results/Data
All Results [Data Includes: Last 2 Weeks]
No recent results

Physical Exam
Constitutional: alert, in no acute distress, well nourished, well developed, healthy appearing and normal voice and communication.
Pulmonary: no respiratory distress, normal respiratory rhythm and effort and clear bilateral breath sounds.

Date of Service: 01/19/2015
Patient Name: CARL E. LUCAS
Patient DOB: [redacted]
MR#: [redacted]
Gender: M
Provider: Michael P. Harris M.D.

Heart: heart rate and rhythm were normal, normal S1 and S2, no gallops, no murmurs and no pericardial rub.
Vascular: carotid pulses were normal with no bruits.
Psychiatric: oriented to person, place, and time, insight and judgment were intact, the affect was normal, recent memory was not impaired and remote memory was not impaired.

Assessment

Type 2 diabetes mellitus (250.00) (E11.9)
Insomnia (780.52) (G47.00)
Idiopathic hypertension (401.9) (I10)
Hypercholesterolemia (272.0) (E78.0)
Esophageal reflux (530.81) (K21.9)
Depression (311) (F32.9)

Plan

Depression

- Renew: ClonazePAM 1 MG Oral Tablet; TAKE 1/2 TO 1 TABLET AT BEDTIME
  Rx By: Harris, Michael P; Dispense: 30 Days ; #:30 Tablet; Refill: 5;For: Depression; DAW = N; Print Rx; Last Updated By: Grant, Wanda S; 1/19/2015 11:25:53 AM
- Renew: Venlafaxine HCl ER 75 MG Oral Capsule Extended Release 24 Hour (Effexor XR); TAKE 1 CAPSULE DAILY
  Rx By: Harris, Michael P; Dispense: 90 Days ; #:90 Capsule Extended Release 24 Hour; Refill: 1;For: Depression; DAW = N; Verified Transmission to CVS Caremark Inc (Mail Order); Last Updated By: System, SureScripts; 1/19/2015 11:27:07 AM
- CBC With Diff - CBCD; Status:Hold For - Specimen/Data Collection; Requested for:19Jan2015;
  Perform:LMC Lab; Due:19Feb2015;Ordered; For:Depression; Ordered By:Harris, Michael P;
- Comprehensive Metabolic Panel - CMET; Status:Need Information - Required information; Requested for:19Jan2015;
  Perform:LMC Lab; Due:19Feb2015;Ordered; For:Depression; Ordered By:Harris, Michael P;
- Hemoglobin A1C - GLYCOS; Status:Hold For - Specimen/Data Collection; Requested for:19Jan2015;
  Perform:LMC Lab; Due:19Feb2015;Ordered; For:Depression; Ordered By:Harris, Michael P;
- Lipid Profile - LIPID; Status:Need Information - Required information; Requested for:19Jan2015;
  Perform:LMC Lab; Due:19Feb2015;Ordered; For:Depression; Ordered By:Harris, Michael P;

Idiopathic hypertension

- Renew: Amlodipine Besy-Benazepril HCl - 5-20 MG Oral Capsule; TAKE 1 CAPSULE DAILY
  Rx By: Harris, Michael P; Dispense: 90 Days ; #:90 Capsule; Refill: 1;For: Idiopathic hypertension; DAW = N; Verified Transmission to CVS Caremark Inc (Mail Order); Last Updated By: System, SureScripts; 1/19/2015 11:27:06 AM

Insomnia

- Renew: Zolpidem Tartrate 10 MG Oral Tablet (Ambien); TAKE 1 TABLET AT BEDTIME AS NEEDED FOR INSOMNIA
  Rx By: Harris, Michael P; Dispense: 30 Days ; #:30 Tablet; Refill: 5;For: Insomnia; DAW = N; Print Rx; Last Updated By: Grant, Wanda S; 1/19/2015 11:25:53 AM

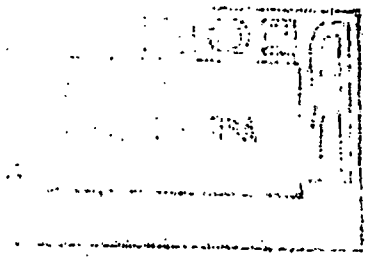
Type 2 diabetes mellitus

- Renew: MetFORMIN HCl - 500 MG Oral Tablet; TAKE 1 TABLET TWICE DAILY
  Rx By: Harris, Michael P; Dispense: 90 Days ; #:180 Tablet; Refill: 1;For: Type 2 diabetes mellitus; DAW = N; Verified Transmission to WALGREENS DRUG STORE 11362; Last Updated By: System, SureScripts; 1/19/2015 11:27:06 AM

Signatures

Electronically signed by : Michael Harris, M.D.; Jan 19 2015 11:43AM EST

Date of Service: 01/19/2015
Patient Name: CARL E. LUCAS
Patient DOB: [redacted]
MR#: [redacted]
Gender: M
Provider: Michael P. Harris M.D.



Lexington Family Practice - West Columbia
3314 Platt Springs Road
West Columbia,SC 29170
(803) 791-3494

Patient: CARL LUCAS
[redacted]

DOS:01/29/2015
DOB: [redacted]
Gender: M
MR#: [redacted]
Provider: Nicholas A. Limperos M.D.

Chief Complaint
Pain from surgery.

History of Present Illness
HPI: 47 year old male presents today with complaints of continued pain located to the right of his naval. He underwent a laparoscopic umbilical hernia repair back on 5/29/2013 by NAL with mesh. He states that he feels a "twitch" that is intermittent and can feel when he lays down at night. He states at times he can see something "move" around underneath his skin. He denies any bowel changes, fever or chills. He complains of RUQ abdominal cramping that is intermittent. He states he is beginning to feel more pain since he has been cut down on his pain medicine. He is being followed by Dr. Craft at Pain Management. He states that he has muscle spasms in his lower back as a result of tearing of muscle at work. He states that the pain is not the exact same as it was previously, in that it is not as severe, nor is it as constant.

Review of Systems

Constitutional: as noted in HPI.

Active Problems
- Hematuria (599.70) (R31.9)
- Hypogonadism, testicular (257.2) (E29.1)
- Umbilical hernia (553.1) (K42.9)
  - status post laparoscopic repair with Gore-Tex mesh on 05/29/2013.

Idiopathic hypertension (401.9) (I10)

Esophageal reflux (530.81) (K21.9)

Hypercholesterolemia (272.0) (E78.0)

Sleep apnea (780.57) (G47.30)

Type 2 diabetes mellitus (250.00) (E11.9)

Arthritis (716.90) (M19.90)

Depression (311) (F32.9)

Insomnia (780.52) (G47.00)

Date of Service: 01/29/2015
Patient Name: CARL E. LUCAS
Patient DOB: [redacted]
MR#: [redacted]
Gender: M
Provider: Nicholas A. Limperos M.D.

Annular tear of disc (722.90) (M51.9)

Past Medical History

- History of upper respiratory infection (V12.09) (Z86.19)
- History of Sprain of ribs (848.3) (S23.41XA)
- History of pharyngitis (V12.69) (Z87.09)

Surgical History

- History of Laparoscopy Repair Of Epigastric Hernia Incarcerated
- History of Tonsillectomy

Family History

- Family history of Stomach cancer
- Family history of Diabetes mellitus
- Family History of heart disease (V17.49) (Z82.49)
- Family history of Allergies
- Family history of Asthma (V17.5)
- Family history of Cancer
- Family history of Hypertension (V17.49)

Social History

- Never a smoker

Current Meds

- Amlodipine Besy-Benazepril HCl - 5-20 MG Oral Capsule; TAKE 1 CAPSULE DAILY;
  Therapy: 23Sep2012 to (Evaluate:18Jul2015) Requested for: 19Jan2015; Last Rx:19Jan2015 Ordered
- ClonazePAM 1 MG Oral Tablet; TAKE 1/2 TO 1 TABLET AT BEDTIME;
  Therapy: 04Nov2014 to (Evaluate:18Jul2015); Last Rx:19Jan2015 Ordered
- MetFORMIN HCl - 1000 MG Oral Tablet; TAKE 1 TABLET TWICE DAILY;
  Therapy: 11Feb2013 to (Evaluate:25Jul2015) Requested for: 26Jan2015; Last Rx:26Jan2015 Ordered
- NexIUM 40 MG Oral Capsule Delayed Release; take 1 cap daily;
  Therapy: 01Aug2012 to (Last Rx:25Aug2014) Requested for: 25Aug2014 Ordered
- Oxycodone-Acetaminophen 5-325 MG Oral Tablet;
  Therapy: 04Nov2014 to Recorded
- Venlafaxine HCl ER 75 MG Oral Capsule Extended Release 24 Hour; TAKE 1 CAPSULE DAILY;
  Therapy: 04Nov2014 to (Evaluate:18Jul2015) Requested for: 19Jan2015; Last Rx:19Jan2015 Ordered
- Zolpidem Tartrate 10 MG Oral Tablet; TAKE 1 TABLET AT BEDTIME AS NEEDED FOR INSOMNIA;
  Therapy: 11Sep2014 to (Evaluate:18Jul2015); Last Rx:19Jan2015 Ordered

Allergies

- Penicillins
  Recorded By: Amick, Joann H; 11/13/2012 3:56:22 PM

Vitals

Date of Service: 01/29/2015
Patient Name: CARL E. LUCAS
Patient DOB: [redacted]
MR#: [redacted]
Gender: M
Provider: Nicholas A. Limperos M.D.

Vital Signs [Data Includes: Current Encounter]
No vital signs performed

Physical Exam

GENERAL EXAM: Well-developed, well-nourished, appears as stated age, no acute distress
EYES: No scleral icterus or conjunctival injection, normal lids and lashes
MOUTH: Lips without lesions or abnormality, oral mucosa pink and moist
NECK: Supple, without lymphadenopathy, trachea midline
HEART: Regular rate and rhythm by auscultation and palpation
LUNGS: Clear to auscultation bilaterally, without wheezes, rales, rhonchi, good inspiratory effort
ABDOMEN: Soft, rounded, overweight, no focal point tenderness, vague tenderness over the umbilical area just superior and RIGHT lateral, no hernias noted, no organomegaly, normal bowel sounds x4 quadrants, no masses
EXTREMITIES: Normal appearing digits and nails, no significant edema, 2+ radial pulses bilateral, 5/5 grip strength
SKIN: Cool and dry, no rashes or lesions
PSYCHIATRIC: Alert and oriented x3, appropriate throughout examination

Assessment

Umbilical hernia (553.1) (K42.9)

- status post laparoscopic repair with Gore-Tex mesh on 05/29/2013.

Plan

Patient will follow up with Dr. Craft for further evaluation to see what other alternatives he can offer him. I'm not sure the patient is a candidate for steroid and local anesthetic injection or nerve block, because he no longer is having point tenderness more of a generalized area. I again offered the patient explantation of his mesh, due to the fact that component of pain began immediately after hernia repair with implantation of mesh and use of a protack tacking device. He is not interested in surgery at this time. He will follow up on a as needed basis.

Signatures

Electronically signed by : Nicholas Limperos, M.D.; Mar 23 2015 9:01AM EST

[redacted]

Lexington Family Practice - West Columbia
3314 Platt Springs Road
West Columbia,SC 29170
(803) 791-3494

Patient: CARL LUCAS
[redacted]

DOS:02/04/2015
DOB: [redacted]
Gender: M
MR#: [redacted]
Provider:Michael P. Harris M.D.

Vitals

Vital Signs [Data Includes: Current Encounter]
Recorded: 04Feb2015 03:25PM
Heart Rate: 88
Height: 5 ft 10 in
Blood Pressure: 142 / 90
Weight: 243 lb
BMI Calculated: 34.87
BSA Calculated: 2.27

Chief Complaint

WC PRIVATE INSURANCE PAPERWORK NEEDS TO BE DONE

History of Present Illness

HPI Free Text: Patient ~~complains~~ comes in to followup back injury. He is still not back at work and unable to work. He is very frustrated because he can't do the things he used to do. Any kind [1] of stooping or bending causes pain. He cannot lift. He needs paperwork filled out for his disability. He has not seen so the spine Institute. He is evidently waiting on them to approve seeing him. He is seeing [1] a ~~three-day history of illness. Sinus congestion. drainage sore throat and pain~~ therapist who is tapering his pain pills. His depression is doing [1] a ~~deep cough. Scant mucus. No fever or chills.~~ little better. His sleep is still slightly off.[1]

[1] Amended By: Harris, Michael P; Feb 04 2015 3:44 PM EST

Active Problems

- Annular tear of disc (722.90) (M51.9)
- Arthritis (716.90) (M19.90)
- Depression (311) (F32.9)
- Esophageal reflux (530.81) (K21.9)
- Hematuria (599.70) (R31.9)
- Hypercholesterolemia (272.0) (E78.0)
- Hypogonadism, testicular (257.2) (E29.1)
- Idiopathic hypertension (401.9) (I10)
- Insomnia (780.52) (G47.00)
- Muscle spasm (728.85) (M62.838)
- Sleep apnea (780.57) (G47.30)
- Type 2 diabetes mellitus (250.00) (E11.9)
- Umbilical hernia (553.1) (K42.9)
  - status post laparoscopic repair with Gore-Tex mesh on 05/29/2013.

Date of Service: 02/04/2015
Patient Name: CARL E. LUCAS
Patient DOB: [redacted]
MR#: [redacted]
Gender: M
Provider: Michael P. Harris M.D.

Past Medical History

Chronic
- History of upper respiratory infection (V12.09) (Z86 19)
- History of Sprain of ribs (848.3) (S23.41XA)

Acute
- History of pharyngitis (V12.69) (Z87.09)

Surgical History

- History of Laparoscopy Repair Of Epigastric Hernia Incarcerated
- History of Tonsillectomy

Family History

Mother
- Family history of Stomach cancer

Father
- Family history of Diabetes mellitus
- Family History of heart disease (V17.49) (Z82.49)

Family History
- Family history of Allergies
- Family history of Asthma (V17.5)
- Family history of Cancer
- Family history of Hypertension (V17.49)

Social History

- Never a smoker

Current Meds

- Amlodipine Besy-Benazepril HCl - 5-20 MG Oral Capsule; TAKE 1 CAPSULE DAILY; Therapy: 23Sep2012 to (Evaluate:18Jul2015) Requested for: 19Jan2015; Last Rx:19Jan2015 Ordered
- ClonazePAM 1 MG Oral Tablet; TAKE 1/2 TO 1 TABLET AT BEDTIME; Therapy: 04Nov2014 to (Evaluate:18Jul2015); Last Rx:19Jan2015 Ordered
- Cyclobenzaprine HCl - 5 MG Oral Tablet; TAKE 1 TABLET 3 TIMES DAILY AS NEEDED; Therapy: 29Jan2015 to (Evaluate:05Feb2015) Requested for: 29Jan2015; Last Rx:29Jan2015 Ordered
- MetFORMIN HCl - 1000 MG Oral Tablet; TAKE 1 TABLET TWICE DAILY; Therapy: 11Feb2013 to (Evaluate:25Jul2015) Requested for: 26Jan2015; Last Rx:26Jan2015 Ordered
- NexIUM 40 MG Oral Capsule Delayed Release; take 1 cap daily; Therapy: 01Aug2012 to (Last Rx:25Aug2014) Requested for: 25Aug2014 Ordered
- Oxycodone-Acetaminophen 5-325 MG Oral Tablet; Therapy: 04Nov2014 to Recorded
- Venlafaxine HCl ER 75 MG Oral Capsule Extended Release 24 Hour; TAKE 1 CAPSULE DAILY; Therapy: 04Nov2014 to (Evaluate:18Jul2015) Requested for: 19Jan2015; Last Rx:19Jan2015 Ordered
- Zolpidem Tartrate 10 MG Oral Tablet; TAKE 1 TABLET AT BEDTIME AS NEEDED FOR INSOMNIA; Therapy: 11Sep2014 to (Evaluate:18Jul2015); Last Rx:19Jan2015 Ordered

Allergies

- Penicillins

Date of Service: 02/04/2015
Patient Name: CARL E. LUCAS
Patient DOB: [redacted]
MR#: [redacted]
Gender: M
Provider: Michael P. Harris M.D.

Immunizations
Immunization history not assessed

Results/Data
All Results [Data Includes: Last 2 Weeks]
No recent results

Physical Exam
ENT: both tympanic membranes were normal . Red pharynx.
Pulmonary: no respiratory distress, normal respiratory rhythm and effort and clear bilateral breath sounds.

Assessment
Annular tear of disc (722.90) (M51.9)[1]
~~Acute upper respiratory infection (465.9) (J06.9)~~[1]
Depression (311) (F32.9)[1]

[1] Amended By: Harris, Michael P; Feb 04 2015 3:44 PM EST

Plan
Unlinked
- Start: Azithromycin 250 MG Oral Tablet (Zithromax Z-Pak); TAKE 2 TABLETS ON DAY 1 THEN TAKE 1 TABLET A DAY FOR 4 DAYS
  Rx By: ~~Harris,Michael P;~~ Harris, Michael P;[1] Dispense: 0 Days ; #:1 Tablet; Refill: 0;~~For: Acute upper respiratory infection;~~[1] DAW = N;~~ Sent To: WALGREENS DRUG STORE 11362;~~ Verified Transmission to WALGREENS DRUG STORE 11362; Last Updated By: System, SureScripts; 2/4/2015 3:34:16 PM[1]

Paperwork filled out.[1]

[1] Amended By: Harris, Michael P; Feb 04 2015 3:45 PM EST

Signatures
Electronically signed by : Michael Harris, M.D.; Feb 4 2015 3:33PM EST
Electronically signed by : Michael Harris, M.D.; Feb 4 2015 3:45PM EST

Lexington Family Practice - West Columbia
3314 Platt Springs Road
West Columbia,SC 29170
(803) 791-3494

Patient: CARL LUCAS
[redacted]

DOS:02/26/2015
DOB: [redacted]
Gender: M
MR#: [redacted]
Provider: Michael P. Harris M.D.

Vitals

Vital Signs [Data Includes: Current Encounter]
Recorded: 26Feb2015 03:12PM
Height: 5 ft 10 in
Blood Pressure: 128 / 98
Weight: 239 lb 6 oz
BMI Calculated: 34 35
BSA Calculated: 2.25

Chief Complaint

Patient is here today to follow-up Depression, GERD, Hypertension, Insomnia and Diabetes.

History of Present Illness

HPI Free Text: Patient comes in to followup all medical conditions. He is a diabetic. His sugars are doing a little better since we up the Metformin. His hypertensive and his medications have been doing well. No chest pain tightness palpitations. So severe back pain. Is going to pain therapy. He is working through difficult prolonged recovery period he still cannot do what he wants to do. Is not able to sleep vacuum cleaner BS physical as he needs and wants to be at home. They're tapering his pain medications. His attitude is a little better on the Effexor. He is not having suicidal thoughts any more. He takes Ambien and Klonopin Melatonin for sleep but still doesn't rest quite as well as he would like. He has trouble going to sleep.

Active Problems

- Annular tear of disc (722.90) (M51.9)
- Arthritis (716.90) (M19.90)
- Depression (311) (F32.9)
- Esophageal reflux (530.81) (K21.9)
- Hematuria (599.70) (R31.9)
- Hypercholesterolemia (272.0) (E78.0)
- Hypogonadism, testicular (257.2) (E29.1)
- Idiopathic hypertension (401.9) (I10)
- Insomnia (780.52) (G47.00)
- Muscle spasm (728.85) (M62.838)
- Sleep apnea (780.57) (G47.30)
- Type 2 diabetes mellitus (250.00) (E11.9)
- Umbilical hernia (553.1) (K42.9)
  - status post laparoscopic repair with Gore-Tex mesh on 05/29/2013.

Date of Service: 02/26/2015
Patient Name: CARL E. LUCAS
Patient DOB: [redacted]
MR#: [redacted]
Gender: M
Provider: Michael P. Harris M.D.

Past Medical History

Chronic

- History of upper respiratory infection (V12.09) (Z86.19)
- History of Sprain of ribs (848.3) (S23.41XA)

Acute

- History of pharyngitis (V12.69) (Z87.09)

Surgical History

- History of Laparoscopy Repair Of Epigastric Hernia Incarcerated
- History of Tonsillectomy

Family History

Mother

- Family history of Stomach cancer

Father

- Family history of Diabetes mellitus
- Family History of heart disease (V17.49) (Z82.49)

Family History

- Family history of Allergies
- Family history of Asthma (V17.5)
- Family history of Cancer
- Family history of Hypertension (V17.49)

Social History

- Never a smoker

Current Meds

- Amlodipine Besy-Benazepril HCl - 5-20 MG Oral Capsule; TAKE 1 CAPSULE DAILY;
  Therapy: 23Sep2012 to (Evaluate:18Jul2015) Requested for: 19Jan2015; Last Rx:19Jan2015 Ordered
- ClonazePAM 1 MG Oral Tablet; TAKE 1/2 TO 1 TABLET AT BEDTIME;
  Therapy: 04Nov2014 to (Evaluate:18Jul2015); Last Rx:19Jan2015 Ordered
- Cyclobenzaprine HCl - 5 MG Oral Tablet; TAKE 1 TABLET 3 TIMES DAILY AS NEEDED;
  Therapy: 29Jan2015 to (Evaluate:05Feb2015) Requested for: 29Jan2015; Last Rx:29Jan2015 Ordered
- MetFORMIN HCl - 1000 MG Oral Tablet; TAKE 1 TABLET TWICE DAILY;
  Therapy: 11Feb2013 to (Evaluate:25Jul2015) Requested for: 26Jan2015; Last Rx:26Jan2015 Ordered
- NexIUM 40 MG Oral Capsule Delayed Release; take 1 cap daily;
  Therapy: 01Aug2012 to (Last Rx:25Aug2014) Requested for: 25Aug2014 Ordered
- Oxycodone-Acetaminophen 5-325 MG Oral Tablet;
  Therapy: 04Nov2014 to Recorded
- Venlafaxine HCl ER 75 MG Oral Capsule Extended Release 24 Hour; TAKE 1 CAPSULE DAILY;
  Therapy: 04Nov2014 to (Evaluate:18Jul2015) Requested for: 19Jan2015; Last Rx:19Jan2015 Ordered
- Zolpidem Tartrate 10 MG Oral Tablet; TAKE 1 TABLET AT BEDTIME AS NEEDED FOR INSOMNIA;
  Therapy: 11Sep2014 to (Evaluate:18Jul2015); Last Rx:19Jan2015 Ordered

[redacted]

Date of Service: 02/26/2015
Patient Name: CARL E. LUCAS
Patient DOB: [redacted]
MR#: [redacted]
Gender: M
Provider: Michael P. Harris M.D.

Allergies
- Penicillins

Immunizations
Immunization history not assessed

Results/Data
All Results [Data Includes: Last 2 Weeks]
No recent results

Physical Exam
Constitutional: alert, in no acute distress, well nourished, well developed, healthy appearing and normal voice and communication.
Pulmonary: no respiratory distress, normal respiratory rhythm and effort and clear bilateral breath sounds.
Heart: heart rate and rhythm were normal, normal S1 and S2, no gallops, no murmurs and no pericardial rub.
Psychiatric: oriented to person, place, and time, insight and judgment were intact, the affect was normal, recent memory was not impaired and remote memory was not impaired.

Assessment
Type 2 diabetes mellitus (250.00) (E11.9)
Insomnia (780.52) (G47.00)
Idiopathic hypertension (401.9) (I10)
Hypercholesterolemia (272.0) (E78.0)
Esophageal reflux (530.81) (K21.9)
Depression (311) (F32.9)
Arthritis (716.90) (M19.90)
Annular tear of disc (722.90) (M51.9)
Sleep apnea (780.57) (G47.30)

Plan
Depression
- Changed: From Venlafaxine HCl ER 75 MG Oral Capsule Extended Release 24 Hour TAKE 1 CAPSULE DAILY To Venlafaxine HCl ER 150 MG Oral Capsule Extended Release 24 Hour (Effexor XR) TAKE 1 CAPSULE DAILY
  Rx By: Harris,Michael P; Dispense: 30 Days ; #:30 Capsule Extended Release 24 Hour; Refill: 5;For: Depression; DAW = N; Sent To: WALGREENS DRUG STORE 11362
- Renew: ClonazePAM 1 MG Oral Tablet; TAKE 1/2 TO 1 TABLET AT BEDTIME
  Rx By: Harris, Michael P; Dispense: 30 Days ; #:30 Tablet; Refill: 5;For: Depression; DAW = N; Print Rx; Last Updated By: Smith, Christy D; 2/26/2015 3:12:05 PM

Idiopathic hypertension
- Renew: Amlodipine Besy-Benazepril HCl - 5-20 MG Oral Capsule; TAKE 1 CAPSULE DAILY
  Rx By: Harris, Michael P; Dispense: 90 Days ; #:90 Capsule; Refill: 1;For: Idiopathic hypertension; DAW = N; Verified Transmission to CVS Caremark Inc (Mail Order); Last Updated By: System, SureScripts; 2/26/2015 3:12:34 PM

Insomnia
- Renew: Zolpidem Tartrate 10 MG Oral Tablet (Ambien); TAKE 1 TABLET AT BEDTIME AS NEEDED FOR INSOMNIA
  Rx By: Harris, Michael P; Dispense: 30 Days ; #:30 Tablet; Refill: 5;For: Insomnia; DAW = N; Print Rx; Last Updated By: Smith, Christy D; 2/26/2015 3:12:05 PM

Type 2 diabetes mellitus
- Renew: MetFORMIN HCl - 1000 MG Oral Tablet; TAKE 1 TABLET TWICE DAILY
  Rx By: Harris, Michael P; Dispense: 0 Days ; #:60 Tablet; Refill: 5;For: Type 2 diabetes mellitus; DAW = N;

Date of Service: 02/26/2015
Patient Name: CARL E. LUCAS
Patient DOB: [redacted]
MR#: [redacted]
Gender: M
Provider: Michael P. Harris M.D.

Verified Transmission to WALGREENS DRUG STORE 11362; Last Updated By: System, SureScripts; 2/26/2015 3:12:35 PM

- Increase Effexor to 150 a day. Continue all the medications.

Signatures
Electronically signed by : Michael Harris, M.D.; Feb 26 2015 3:31PM EST

LEXINGTON FAMILY PRACTICE West Columbia
A Lexington Medical Center Physician Practice

Lexington Family Practice - West Columbia
3314 Platt Springs Road
West Columbia,SC 29170
(803) 791-3494

Patient: CARL LUCAS
[redacted]

DOS:05/19/2015
DOB: [redacted]
Gender: M
MR#: [redacted]
Provider:Michael P. Harris M.D.

Vitals

Vital Signs [Data Includes: Current Encounter]
Recorded: 19May2015 02:47PM
Blood Pressure: 124 / 80
Weight: 237 lb
BMI Calculated: 34.01
BSA Calculated: 2.24

Reason For Visit

Patient here complaining of daytime sleepiness, he states he has been off of some of his medications and would like to discuss increasing Depression medication.

History of Present Illness

HPI Free Text: Patient comes in with extreme daytime somnolence. He has sleep apnea but is not wearing his unit. He is falling asleep when he sits still. He can be watching the kids and sitting on the floor and lay down and starts snoring. He is exhausted all day. He got his machine about 5 years ago plus and just never got used to wearing it.

Active Problems

- Annular tear of disc (722.90) (M51.9)
- Arthritis (716.90) (M19.90)
- Depression (311) (F32.9)
- Esophageal reflux (530.81) (K21.9)
- Hematuria (599.70) (R31.9)
- Hypercholesterolemia (272.0) (E78.0)
- Hypogonadism, testicular (257.2) (E29.1)
- Idiopathic hypertension (401.9) (I10)
- Insomnia (780.52) (G47.00)
- Muscle spasm (728.85) (M62.838)
- Sleep apnea (780.57) (G47.30)
- Type 2 diabetes mellitus (250.00) (E11.9)
- Umbilical hernia (553.1) (K42.9)
  - status post laparoscopic repair with Gore-Tex mesh on 05/29/2013.

Past Medical History

Chronic

- History of upper respiratory infection (V12.09) (Z86.19)

[redacted]

Date of Service: 05/19/2015
Patient Name: CARL E. LUCAS
Patient DOB: [redacted]
MR#: [redacted]
Gender: M
Provider: Michael P. Harris M.D.

- History of Sprain of ribs (848.3) (S23.41XA)

Acute
- History of pharyngitis (V12.69) (Z87.09)

Surgical History
- History of Laparoscopy Repair Of Epigastric Hernia Incarcerated
- History of Tonsillectomy

Family History

Mother
- Family history of Stomach cancer

Father
- Family history of Diabetes mellitus
- Family History of heart disease (V17.49) (Z82.49)

Family History
- Family history of Allergies
- Family history of Asthma (V17.5)
- Family history of Cancer
- Family history of Hypertension (V17.49)

Social History
- Never a smoker

Current Meds
- Amlodipine Besy-Benazepril HCl - 5-20 MG Oral Capsule; TAKE 1 CAPSULE DAILY; Therapy: 23Sep2012 to (Evaluate:25Aug2015) Requested for: 26Feb2015; Last Rx:26Feb2015 Ordered
- ClonazePAM 1 MG Oral Tablet; TAKE 1/2 TO 1 TABLET AT BEDTIME; Therapy: 04Nov2014 to (Evaluate:25Aug2015); Last Rx:26Feb2015 Ordered
- MetFORMIN HCl - 1000 MG Oral Tablet; TAKE 1 TABLET TWICE DAILY; Therapy: 11Feb2013 to (Last Rx:26Feb2015) Requested for: 26Feb2015 Ordered
- NexIUM 40 MG Oral Capsule Delayed Release; take 1 cap daily; Therapy: 01Aug2012 to (Last Rx:25Aug2014) Requested for: 25Aug2014 Ordered
- Oxycodone-Acetaminophen 5-325 MG Oral Tablet; Therapy: 04Nov2014 to Recorded
- Venlafaxine HCl ER 150 MG Oral Capsule Extended Release 24 Hour; TAKE 1 CAPSULE DAILY; Therapy: 04Nov2014 to (Evaluate:25Aug2015) Requested for: 26Feb2015; Last Rx:26Feb2015 Ordered
- Zolpidem Tartrate 10 MG Oral Tablet; TAKE 1 TABLET AT BEDTIME AS NEEDED FOR INSOMNIA; Therapy: 11Sep2014 to (Evaluate:25Aug2015); Last Rx:26Feb2015 Ordered

Allergies
- Penicillins

Immunizations
Immunization history not assessed

Results/Data

[redacted]

Date of Service: 05/19/2015
Patient Name: CARL E. LUCAS
Patient DOB: [redacted]
MR#: [redacted]
Gender: M
Provider: Michael P. Harris M.D.

All Results [Data Includes: Last 2 Weeks]
No recent results

Physical Exam
Psychiatric: oriented to person, place, and time, insight and judgment were intact, the affect was normal, recent memory was not impaired and remote memory was not impaired.

Assessment
Sleep apnea (780.57) (G47.30)
Type 2 diabetes mellitus (250.00) (E11.9)

Plan
Type 2 diabetes mellitus
- Start: Misc Med/ Pharmacy Order; glucometer test strips
test bid
Rx By: Harris,Michael P; Dispense: 30 Days ; #:100; Refill: 5;For: Type 2 diabetes mellitus; DAW = N; Sent To: WALGREENS DRUG STORE 11362
- Sleep Medicine Referral - LMC Evaluation and Treatment LMC INTERNAL NETWORK
Status: Need Information - Required information,Financial Authorization Requested for: 19May2015
Ordered;For: Type 2 diabetes mellitus; Ordered By: Harris, Michael P Performed: Due: 19Jun2015

Track blood sugars more closely. Sleep apnea consult. Bring his machine with him. He needs to wear it

Signatures
Electronically signed by : Michael Harris, M.D.; May 19 2015 3:02PM EST

[redacted]

Lexington Family Practice - West Columbia
3314 Platt Springs Road
West Columbia,SC 29170
(803) 791-3494

Patient: CARL LUCAS
[redacted]

DOS:07/08/2015
DOB: [redacted]
Gender: M
MR#: [redacted]
Provider:Michael P. Harris M.D.

Vitals

Vital Signs [Data Includes: Current Encounter]
Recorded: 08Jul2015 07:29AM
Heart Rate: 80
Height: 5 ft 10 in
Blood Pressure: 130 / 84
Weight: 233 lb
BMI Calculated: 33.43
BSA Calculated: 2.23

Chief Complaint

trouble with meds

History of Present Illness

HPI Free Text: Patient comes in feeling poorly. He is having periods of confusion. He is on Flomax for leg spasms and that makes him exhausted. He is not sleeping great. He has severe sleep apnea and they're giving him a new CPAP unit this Friday. His blood sugars have been elevated. His wife is very concerned that he is not acting normally. He is mildly depressed.

Active Problems

- Annular tear of disc (722.90) (M51.9)
- Arthritis (716.90) (M19.90)
- Depression (311) (F32.9)
- Esophageal reflux (530.81) (K21.9)
- Hematuria (599.70) (R31.9)
- Hypercholesterolemia (272.0) (E78.0)
- Hypogonadism, testicular (257.2) (E29.1)
- Idiopathic hypertension (401.9) (I10)
- Insomnia (780.52) (G47.00)
- Muscle spasm (728.85) (M62.838)
- Obstructive apnea (327.23) (G47.33)
- Sleep apnea (780.57) (G47.30)
- Type 2 diabetes mellitus (250.00) (E11.9)
- Umbilical hernia (553.1) (K42.9)
  - status post laparoscopic repair with Gore-Tex mesh on 05/29/2013.

Past Medical History

[redacted]

Date of Service: 07/08/2015
Patient Name: CARL E. LUCAS
Patient DOB: [redacted]
MR#: [redacted]
Gender: M
Provider:Michael P. Harris M.D.

Chronic
- History of upper respiratory infection (V12.09) (Z87.09)
- History of Sprain of ribs (848.3) (S23.41XA)

Acute
- History of pharyngitis (V12.69) (Z87.09)

Surgical History
- History of Laparoscopy Repair Of Epigastric Hernia Incarcerated
- History of Tonsillectomy

Family History
Mother
- Family history of Stomach cancer

Father
- Family history of Diabetes mellitus
- Family History of heart disease (V17.49) (Z82.49)

Family History
- Family history of Allergies
- Family history of Asthma (V17.5)
- Family history of Cancer
- Family history of Hypertension (V17.49)

Social History
- Never a smoker

Current Meds
- Amlodipine Besy-Benazepril HCl - 5-20 MG Oral Capsule; TAKE 1 CAPSULE DAILY;
  Therapy: 23Sep2012 to (Evaluate:25Aug2015) Requested for: 26Feb2015; Last Rx:26Feb2015 Ordered
- ClonazePAM 1 MG Oral Tablet; TAKE 1/2 TO 1 TABLET AT BEDTIME;
  Therapy: 04Nov2014 to (Evaluate:25Aug2015); Last Rx:26Feb2015 Ordered
- Diclofenac Sodium 75 MG Oral Tablet Delayed Release;
  Therapy: 27May2015 to Recorded
- MetFORMIN HCl - 1000 MG Oral Tablet; TAKE 1 TABLET TWICE DAILY;
  Therapy: 11Feb2013 to (Last Rx:26Feb2015) Requested for: 26Feb2015 Ordered
- Misc Med/ Pharmacy Order; glucometer test strips
  test bid;
  Therapy: 19May2015 to (Evaluate:15Nov2015); Last Rx:19May2015 Ordered
- NexIUM 40 MG Oral Capsule Delayed Release; take 1 cap daily;
  Therapy: 01Aug2012 to (Last Rx:25Aug2014) Requested for: 25Aug2014 Ordered
- TiZANidine HCl - 4 MG Oral Tablet;
  Therapy: 27May2015 to Recorded
- Venlafaxine HCl ER 150 MG Oral Capsule Extended Release 24 Hour; TAKE 1 CAPSULE DAILY;
  Therapy: 04Nov2014 to (Evaluate:25Aug2015) Requested for: 26Feb2015; Last Rx:26Feb2015 Ordered
- Zolpidem Tartrate 10 MG Oral Tablet; TAKE 1 TABLET AT BEDTIME AS NEEDED FOR INSOMNIA;
  Therapy: 11Sep2014 to (Evaluate:25Aug2015); Last Rx:26Feb2015 Ordered

[redacted]

Date of Service: 07/08/2015
Patient Name: CARL E. LUCAS
Patient DOB: [redacted]
MR#: [redacted]
Gender: M
Provider: Michael P. Harris M.D.

Allergies
- Penicillins

Immunizations
Immunization history not assessed

Results/Data
All Results [Data Includes: Last 2 Weeks]
08Jul2015 07:46AM
Accuchek Glucose - Random (In-Office)
ACCUCHEK GLUCOSE: 188 mg/dl Abnormal High Reference Range Normal Fasting: 70-100 mg/dL

Physical Exam
Constitutional: alert, in no acute distress, well nourished, well developed, healthy appearing and normal voice and communication.
Pulmonary: no respiratory distress, normal respiratory rhythm and effort and clear bilateral breath sounds.
Heart: heart rate and rhythm were normal, normal S1 and S2, no gallops, no murmurs and no pericardial rub.
Psychiatric: oriented to person, place, and time, insight and judgment were intact, the affect was normal, recent memory was not impaired and remote memory was not impaired.

Assessment
Sleep apnea (780.57) (G47.30)
Muscle spasm (728.85) (M62.838)
Idiopathic hypertension (401.9) (I10)
Depression (311) (F32.9)
Type 2 diabetes mellitus (250.00) (E11.9)

Plan
Arthritis
- Start: Gabapentin 300 MG Oral Capsule; TAKE 1 CAPSULE TWICE DAILY
  Rx By: Harris, Michael P; Dispense: 30 Days ; #:60 Capsule; Refill: 5;For: Arthritis; DAW = N; Verified Transmission to WALGREENS DRUG STORE 11362; Last Updated By: System, SureScripts; 7/8/2015 7:32:15 AM

Type 2 diabetes mellitus
- Start: Invokamet 150-1000 MG Oral Tablet; Take one tablet twice a day
  Rx By: Harris, Michael P; Dispense: 0 Days ; #:60 Tablet; Refill: 5;For: Type 2 diabetes mellitus; DAW = N; Print Rx
- Accuchek Glucose - Random (In-Office); Status:Resulted - Requires Verification; Done: 08Jul2015 07:46AM
  Performed:In Office; Last Updated By:Morales Stokes, Kimberly; 7/8/2015 7:46:11 AM;Ordered; For:Type 2 diabetes mellitus; Ordered By:Harris, Michael P;
- Hemoglobin A1C (In-Office); Status:In Progress - Specimen/Data Collected; Done: 08Jul2015
  Perform:In Office; Due:08Aug2015; Last Updated By:Morales Stokes, Kimberly; 7/8/2015 7:30:12 AM;Ordered; For:Type 2 diabetes mellitus; Ordered By:Harris, Michael P;

Invokamet 150/thousand twice a day. Get on CPAP. Track blood sugars. Recheck in 3 weeks. Add magnesium and calcium for leg cramps.

Signatures
Electronically signed by : Michael Harris, M.D.; Jul 8 2015 7:47AM EST

Lexington Family Practice - West Columbia
3314 Platt Springs Road
West Columbia,SC 29170
(803) 791-3494

Patient: CARL LUCAS
[redacted]

DOS:08/05/2015
DOB: [redacted]
Gender: M
MR#: [redacted]
Provider:Michael P. Harris M.D.

Vitals

Vital Signs [Data Includes: Current Encounter]
Recorded: 05Aug2015 08:17AM
Blood Pressure: 140 / 76
Weight: 233 lb
BMI Calculated: 33.43
BSA Calculated: 2.23

Reason For Visit

Patient here for follow up on medications and expresses no other concerns.

History of Present Illness

HPI Free Text: Patient comes in to follow-up hypertension. Doing fairly good with medications. He does a sleep apnea wearing his unit. He has depression on Effexor. He still not back work depressing to him. His blood sugars have been under improving control. His last A1c was up. No low sugar spells.

Active Problems

- Annular tear of disc (722.90) (M51.9)
- Arthritis (716.90) (M19.90)
- Depression (311) (F32.9)
- Esophageal reflux (530.81) (K21.9)
- Hematuria (599.70) (R31.9)
- Hypercholesterolemia (272.0) (E78.0)
- Hypogonadism, testicular (257.2) (E29.1)
- Idiopathic hypertension (401.9) (I10)
- Insomnia (780.52) (G47.00)
- Muscle spasm (728.85) (M62.838)
- Obstructive apnea (327.23) (G47.33)
- Sleep apnea (780.57) (G47.30)
- Type 2 diabetes mellitus (250.00) (E11.9)
- Umbilical hernia (553.1) (K42.9)
  - status post laparoscopic repair with Gore-Tex mesh on 05/29/2013.

Past Medical History

Chronic

- History of upper respiratory infection (V12.09) (Z87.09)

[redacted]

Date of Service: 08/05/2015
Patient Name: CARL E. LUCAS
Patient DOB: [redacted]
MR#: [redacted]
Gender: M
Provider:Michael P. Harris M.D.

- History of Sprain of ribs (848.3) (S23.41XA)

Acute

- History of pharyngitis (V12.69) (Z87.09)

Surgical History

- History of Laparoscopy Repair Of Epigastric Hernia Incarcerated
- History of Tonsillectomy

Family History

Mother

- Family history of Stomach cancer

Father

- Family history of Diabetes mellitus
- Family History of heart disease (V17.49) (Z82.49)

Family History

- Family history of Allergies
- Family history of Asthma (V17.5)
- Family history of Cancer
- Family history of Hypertension (V17.49)

Social History

- Never a smoker

Current Meds

- Amlodipine Besy-Benazepril HCl - 5-20 MG Oral Capsule; TAKE 1 CAPSULE DAILY;
  Therapy: 23Sep2012 to (Evaluate:25Aug2015) Requested for: 26Feb2015; Last Rx:26Feb2015 Ordered
- ClonazePAM 1 MG Oral Tablet; TAKE 1/2 TO 1 TABLET AT BEDTIME;
  Therapy: 04Nov2014 to (Evaluate:25Aug2015); Last Rx:26Feb2015 Ordered
- Diclofenac Sodium 75 MG Oral Tablet Delayed Release;
  Therapy: 27May2015 to Recorded
- Gabapentin 300 MG Oral Capsule; TAKE 1 CAPSULE TWICE DAILY;
  Therapy: 08Jul2015 to (Evaluate:04Jan2016) Requested for: 08Jul2015; Last Rx:08Jul2015 Ordered
- Invokamet 150-1000 MG Oral Tablet; Take one tablet twice a day;
  Therapy: 08Jul2015 to (Last Rx:08Jul2015) Ordered
- MetFORMIN HCl - 1000 MG Oral Tablet; TAKE 1 TABLET TWICE DAILY;
  Therapy: 11Feb2013 to (Last Rx:26Feb2015) Requested for: 26Feb2015 Ordered
- Misc Med/ Pharmacy Order; glucometer test strips
  test bid;
  Therapy: 19May2015 to (Evaluate:15Nov2015); Last Rx:19May2015 Ordered
- NexIUM 40 MG Oral Capsule Delayed Release; take 1 cap daily;
  Therapy: 01Aug2012 to (Last Rx:25Aug2014) Requested for: 25Aug2014 Ordered
- TiZANidine HCl - 4 MG Oral Tablet;
  Therapy: 27May2015 to Recorded
- Venlafaxine HCl ER 150 MG Oral Capsule Extended Release 24 Hour; TAKE 1 CAPSULE DAILY;
  Therapy: 04Nov2014 to (Evaluate:25Aug2015) Requested for: 26Feb2015; Last Rx:26Feb2015 Ordered
- Zolpidem Tartrate 10 MG Oral Tablet; TAKE 1 TABLET AT BEDTIME AS NEEDED FOR

[redacted]

Date of Service: 08/05/2015
Patient Name: CARL E. LUCAS
Patient DOB: [redacted]
MR#: [redacted]
Gender: M
Provider: Michael P. Harris M.D.

INSOMNIA;
Therapy: 11Sep2014 to (Evaluate:25Aug2015); Last Rx:26Feb2015 Ordered

Allergies
- Penicillins

Immunizations
Immunization history not assessed

Results/Data
All Results [Data Includes: Last 2 Weeks]
No recent results

Physical Exam
Pulmonary: no respiratory distress, normal respiratory rhythm and effort and clear bilateral breath sounds.
Heart: heart rate and rhythm were normal, normal S1 and S2; no gallops, no murmurs and no pericardial rub.
Psychiatric: oriented to person, place, and time, insight and judgment were intact, the affect was normal, recent memory was not impaired and remote memory was not impaired . Mildly depressed.

Assessment
Depression (311) (F32.9)
Idiopathic hypertension (401.9) (I10)
Type 2 diabetes mellitus (250.00) (E11.9)

Plan
Arthritis
- Renew: Gabapentin 300 MG Oral Capsule; TAKE 1 CAPSULE TWICE DAILY
  Rx By: Harris, Michael P; Dispense: 90 Days ; #:180 Capsule; Refill: 1;For: Arthritis; DAW = N; Verified Transmission to WALGREENS DRUG STORE 11362; Last Updated By: System, SureScripts; 8/5/2015 8:27:35 AM

Depression
- Renew: Venlafaxine HCl ER 150 MG Oral Capsule Extended Release 24 Hour; TAKE 1 CAPSULE DAILY
  Rx By: Harris, Michael P; Dispense: 90 Days ; #:90 Capsule Extended Release 24 Hour; Refill: 1;For: Depression; DAW = N; Verified Transmission to WALGREENS DRUG STORE 11362; Last Updated By: System, SureScripts; 8/5/2015 8:27:38 AM

Esophageal reflux
- Renew: Esomeprazole Magnesium 40 MG Oral Capsule Delayed Release (NexIUM); take 1 cap daily
  Rx By: Harris, Michael P; Dispense: 0 Days ; #:90 Capsule Delayed Release; Refill: 1;For: Esophageal reflux; DAW = N; Verified Transmission to WALGREENS DRUG STORE 11362; Last Updated By: System, SureScripts; 8/5/2015 8:27:36 AM

Idiopathic hypertension
- Renew: Amlodipine Besy-Benazepril HCl - 5-20 MG Oral Capsule; TAKE 1 CAPSULE DAILY
  Rx By: Harris, Michael P; Dispense: 90 Days ; #:90 Capsule; Refill: 1;For: Idiopathic hypertension; DAW = N; Verified Transmission to WALGREENS DRUG STORE 11362; Last Updated By: System, SureScripts; 8/5/2015 8:27:35 AM

Type 2 diabetes mellitus
- Renew: Invokamet 150-1000 MG Oral Tablet; Take one tablet twice a day
  Rx By: Harris, Michael P; Dispense: 0 Days ; #:180 Tablet; Refill: 1;For: Type 2 diabetes mellitus; DAW = N; Verified Transmission to WALGREENS DRUG STORE 11362; Last Updated By: System, SureScripts; 8/5/2015 8:27:37 AM

[redacted]

Date of Service: 08/05/2015
Patient Name: CARL E. LUCAS
Patient DOB: [redacted]
MR#: [redacted]
Gender: M
Provider: Michael P. Harris M.D.

- Renew: MetFORMIN HCl - 1000 MG Oral Tablet; TAKE 1 TABLET TWICE DAILY
  Rx By: Harris, Michael P; Dispense: 90 Days ; #:180 Tablet; Refill: 1; For: Type 2 diabetes mellitus; DAW = N; Verified Transmission to WALGREENS DRUG STORE 11362; Last Updated By: System, SureScripts; 8/5/2015 8:27:40 AM

Refill all meds.

Signatures
Electronically signed by : Michael Harris, M.D.; Aug 5 2015 8:30AM EST

[redacted]

Lexington Family Practice - West Columbia
3314 Platt Springs Road
West Columbia, SC 29170
(803) 791-3494

Patient: CARL LUCAS
[redacted]

DOS:05/23/2016
DOB: [redacted]
Gender: M
MR#: [redacted]
Provider:Michael P. Harris M.D.

Vitals

Vital Signs (Data Includes: Current Encounter)
Recorded: 23May2016 10:54AM
Heart Rate: 108
Height: 5 ft 10 in
Respiration: 14
Blood Pressure: 150 / 100
Weight: 227 lb
BMI Calculated: 32.57
BSA Calculated: 2.2

Chief Complaint

pt here for "depression" and Workman's Comp form

History of Present Illness

HPI Free Text: Patient comes in follow-up work comp injury. He's still having chronic back pain and inability to do simple tasks of daily living. He can't mow the lawn or sweep the house. He's not able to have sexual relations. He is very down and depressed and discouraged. At night again. He ran out of his Klonopin and he is not resting well. He does take effect sore but it's not helping at the present time. He is very discouraged. He had some suicidal thoughts but no active plan at present He is seeing a pain therapist He's also having leg spasms and some anterior chest spasms. He does take calcium and vitamin D.

Active Problems

- Annular tear of disc (722.90) (M51.9)
- Arthritis (716.90) (M19.90)
- Depression (311) (F32.9)
- Esophageal reflux (530.81) (K21.9)
- Hematuria (599.70) (R31.9)
- Hypercholesterolemia (272.0) (E78.0)
- Hypogonadism, testicular (257.2) (E29.1)
- Idiopathic hypertension (401.9) (I10)
- Insomnia (780.52) (G47.00)
- Low back pain (724.2) (M54.5)
- Muscle spasm (728.85) (M62.838)
- Obstructive apnea (327.23) (G47.33)
- Sleep apnea (780.57) (G47.30)
- Type 2 diabetes mellitus (250.00) (E11.9)

[redacted]

Date of Service: 05/23/2016
Patient Name: CARL E. LUCAS
Patient DOB: [redacted]
MR#: [redacted]
Gender: M
Provider: Michael P. Harris M.D.

- Umbilical hernia (553.1) (K42.9)
  - status post laparoscopic repair with Gore-Tex mesh on 05/29/2013.

Past Medical History

Chronic
- History of upper respiratory infection (V12.09) (Z87.09)
- History of Sprain of ribs (848.3) (S23.41XA)
- History of Weight gain (783.1) (R63.5)

Acute
- History of pharyngitis (V12.69) (Z87.09)

Surgical History
- History of Hernia Repair
- History of Laparoscopy Repair Of Epigastric Hernia Incarcerated
- History of Tonsillectomy

Family History

Mother
- Family history of Stomach cancer

Father
- Family history of Diabetes mellitus
- Family History of heart disease (V17.49) (Z82.49)

Family History
- Family history of Allergies
- Family history of Asthma (V17.5)
- Family history of Cancer
- Family history of Hypertension (V17.49)

Social History
- Never a smoker
- No alcohol use
- Non smoker (V49.89) (Z78.9)

Current Meds
- Amlodipine Besy-Benazepril HCl - 5-20 MG Oral Capsule; TAKE 1 CAPSULE DAILY; Therapy: 23Sep2012 to (Evaluate:01Feb2016) Requested for: 10Aug2015; Last Rx:05Aug2015 Ordered
- ClonazePAM 1 MG Oral Tablet; TAKE 1/2 TO 1 TABLET AT BEDTIME; Therapy: 04Nov2014 to (Evaluate:01Feb2016); Last Rx:05Aug2015 Ordered
- Esomeprazole Magnesium 40 MG Oral Capsule Delayed Release; take 1 cap daily; Therapy: 01Aug2012 to (Last Rx:05Aug2015) Requested for: 10Aug2015 Ordered
- Gabapentin 300 MG Oral Capsule; TAKE 1 CAPSULE TWICE DAILY; Therapy: 08Jul2015 to (Evaluate:01Feb2016) Requested for: 10Aug2015; Last Rx:05Aug2015 Ordered
- Invokamet 150-1000 MG Oral Tablet; Take one tablet twice a day; Therapy: 08Jul2015 to (Last Rx:05Aug2015) Requested for: 10Aug2015 Ordered
- MetFORMIN HCl - 1000 MG Oral Tablet; TAKE 1 TABLET TWICE DAILY; Therapy: 11Feb2013 to (Evaluate:01Feb2016) Requested for: 10Aug2015; Last Rx:05Aug2015 Ordered
- Misc Med/ Pharmacy Order; glucometer test strips

[redacted]

Date of Service: 05/23/2016
Patient Name: CARL E. LUCAS
Patient DOB: [redacted]
MR#: [redacted]
Gender: M
Provider: Michael P. Harris M.D.

test bid;
Therapy: 19May2015 to (Evaluate:15Nov2015); Last Rx:19May2015 Ordered
- TiZANidine HCl - 4 MG Oral Tablet;
  Therapy: 27May2015 to Recorded
- Venlafaxine HCl ER 150 MG Oral Capsule Extended Release 24 Hour; TAKE 1 CAPSULE DAILY;
  Therapy: 04Nov2014 to (Evaluate:01Feb2016) Requested for: 05Aug2015; Last Rx:05Aug2015 Ordered

Allergies
- Penicillins

Immunizations
Immunization history not assessed

Results/Data
All Results [Data Includes: Last 2 Weeks]
No recent results

Physical Exam
Pulmonary: no respiratory distress, normal respiratory rhythm and effort and clear bilateral breath sounds.
Heart: heart rate and rhythm were normal, normal S1 and S2, no gallops, no murmurs and no pericardial rub.
Psychiatric:. Flat affect and depressed mood.

Assessment
Depression (311) (F32.9)
Annular tear of disc (722.90) (M51.9)
Insomnia (780.52) (G47.00)
Low back pain (724.2) (M54.5)

Plan
Depression
- Renew: ClonazePAM 1 MG Oral Tablet; TAKE 1/2 TO 1 TABLET AT BEDTIME
  Rx By: Harris, Michael P; Dispense: 30 Days ; #:30 Tablet; Refill: 5;For: Depression; DAW = N; Print Rx

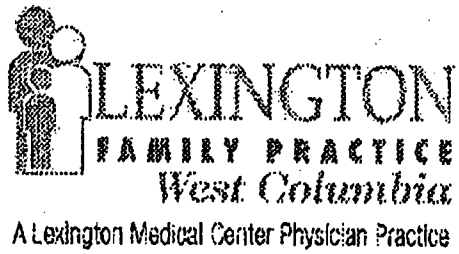
Insomnia
- Start: Zolpidem Tartrate 10 MG Oral Tablet (Ambien); TAKE 1 TABLET AT BEDTIME
  Rx By: Harris, Michael P; Dispense: 30 Days ; #:30 Tablet; Refill: 5;For: Insomnia; DAW = N; Print Rx

Low back pain, Muscle spasm
- Start: Disabled Parking Placard/License Plate; Due to medical conditions, patient needs handicap placard
  Rx By: Harris, Michael P; Dispense: 0 Days ; #:11; Refill: 0;For: Low back pain, Muscle spasm; DAW = N; Print Rx; Last Updated By: Grant, Wanda S; 5/23/2016 11:24:32 AM

Get back on Klonopin for sleep. Handicap parking permit form given. Insurance paperwork filled out We may need to adjust antidepressants. Add magnesium for the muscle spasms.

Signatures
Electronically signed by : Michael Harris, M.D ; May 23 2016 11:30AM EST

[redacted]



Lexington Family Practice - West Columbia
3314 Platt Springs Road
West Columbia,SC 29170
(803) 791-3494

DOS:06/28/2016
Patient: CARL LUCAS
[redacted]
DOB: [redacted]
Gender: M
MR#: [redacted]
Provider: Michael P. Harris M.D.

Vitals

Vital Signs [Data Includes: Current Encounter]
Recorded: 28Jun2016 02:34PM
Blood Pressure: 132 / 84
Recorded: 28Jun2016 02:03PM
Heart Rate: 100
Height: 5 ft 10 in
Respiration: 14
Blood Pressure: 128 / 88
Weight: 228 lb
BMI Calculated: 32.71
BSA Calculated: 2.21

Chief Complaint

. pt c/o pain in legs; also c/o "feels like head is beating with his heart/pounding; says the Effexor is not working for depression; pt has been in bed all day

History of Present Illness

HPI Free Text: Patient comes in for a workers comp follow-up. He still having significant pain. He is not sleeping well at night. He is overwhelmed and distressed that his Worker's Comp. patient is getting cut off. He is not sleeping well. He's taking Klonopin and Ambien still not sleeping well. He is very emotional and anxious and crying in the day. He is on the Effexor but this is not working well. His blood pressures have been elevated. He is a very stressed about everything.

Active Problems

- Allergic conjunctivitis (372.14) (H10.10)
- Annular tear of disc (722.90) (M51.9)
- Arthritis (716.90) (M19.90)
- Depression (311) (F32.9)
- Esophageal reflux (530.81) (K21.9)
- Hematuria (599.70) (R31.9)
- Hypercholesterolemia (272.0) (E78.0)
- Hypogonadism, testicular (257.2) (E29.1)
- Idiopathic hypertension (401.9) (I10)
- Insomnia (780.52) (G47.00)
- Low back pain (724.2) (M54.5)
- Muscle spasm (728.85) (M62.838)

[redacted]

Date of Service: 06/28/2016
Patient Name: CARL E. LUCAS
Patient DOB: [redacted]
MR#: [redacted]
Gender: M
Provider: Michael P. Harris M.D.

- Obstructive apnea (327.23) (G47.33)
- Sleep apnea (780.57) (G47.30)
- Type 2 diabetes mellitus (250.00) (E11.9)
- Umbilical hernia (553.1) (K42.9)
  - status post laparoscopic repair with Gore-Tex mesh on 05/29/2013.

Past Medical History

Chronic
- History of upper respiratory infection (V12.09) (Z87.09)
- History of Sprain of ribs (848.3) (S23.41XA)
- History of Weight gain (783.1) (R63.5)

Acute
- History of pharyngitis (V12.69) (Z87.09)

Surgical History
- History of Hernia Repair
- History of Laparoscopy Repair Of Epigastric Hernia Incarcerated
- History of Tonsillectomy

Family History

Mother
- Family history of Stomach cancer

Father
- Family history of Diabetes mellitus
- Family History of heart disease (V17.49) (Z82.49)

Family History
- Family history of Allergies
- Family history of Asthma (V17.5)
- Family history of Cancer
- Family history of Hypertension (V17.49)

Social History
- Never a smoker
- No alcohol use
- Non smoker (V49.89) (Z78.9)

Current Meds
- Amlodipine Besy-Benazepril HCl - 5-20 MG Oral Capsule; TAKE 1 CAPSULE DAILY; Therapy: 23Sep2012 to (Evaluate:01Feb2016) Requested for: 10Aug2015; Last Rx:05Aug2015 Ordered
- Disabled Parking Placard/License Plate; Due to medical conditions, patient needs handicap placard; Therapy: 23May2016 to (Last Rx:23May2016) Ordered
- Esomeprazole Magnesium 40 MG Oral Capsule Delayed Release; take 1 cap daily; Therapy: 01Aug2012 to (Last Rx:05Aug2015) Requested for: 10Aug2015 Ordered
- Gabapentin 300 MG Oral Capsule; TAKE 1 CAPSULE TWICE DAILY; Therapy: 08Jul2015 to (Evaluate:01Feb2016) Requested for: 10Aug2015; Last Rx:05Aug2015 Ordered
- Invokamet 150-1000 MG Oral Tablet; Take one tablet twice a day;

[redacted]

Date of Service: 06/28/2016
Patient Name: CARL E. LUCAS
Patient DOB: [redacted]
MR#: [redacted]
Gender: M
Provider: Michael P. Harris M.D.

Therapy: 08Jul2015 to (Last Rx:05Aug2015) Requested for: 10Aug2015 Ordered
- MetFORMIN HCl - 1000 MG Oral Tablet; TAKE 1 TABLET TWICE DAILY;
  Therapy: 11Feb2013 to (Evaluate:01Feb2016) Requested for: 10Aug2015; Last Rx:05Aug2015 Ordered
- Misc Med/ Pharmacy Order; glucometer test strips
  test bid;
  Therapy: 19May2015 to (Evaluate:15Nov2015); Last Rx:19May2015 Ordered
- TiZANidine HCl - 4 MG Oral Tablet;
  Therapy: 27May2015 to Recorded
- Venlafaxine HCl ER 150 MG Oral Capsule Extended Release 24 Hour; TAKE 1 CAPSULE DAILY;
  Therapy: 04Nov2014 to (Evaluate:01Feb2016) Requested for: 05Aug2015; Last Rx:05Aug2015 Ordered
- Zolpidem Tartrate 10 MG Oral Tablet; TAKE 1 TABLET AT BEDTIME;
  Therapy: 23May2016 to (Evaluate:19Nov2016); Last Rx:23May2016 Ordered

Allergies
- Penicillins

Immunizations
Immunization history not assessed

Results/Data
All Results [Data Includes: Last 2 Weeks]
No recent results

Physical Exam
Psychiatric:. Anxious flat affect and tearful.

Assessment
Depression (311) (F32.9)
Insomnia (780.52) (G47.00)

Plan
Arthritis
- Changed: From Gabapentin 300 MG Oral Capsule TAKE 1 CAPSULE TWICE DAILY To Gabapentin 400 MG Oral Capsule TAKE 1 CAPSULE TWICE DAILY
  Rx By: Harris, Michael P; Dispense: 30 Days ; #:60 Capsule; Refill: 0;For: Arthritis; DAW = N; Record; Last Updated By: Doyle, Jeannie E; 6/28/2016 2:09:17 PM

Health Maintenance
- PPD (In-Office); Status:Active; Requested for:28Jun2016;
  Perform:In Office; Due:08Jul2016; Last Updated By:Grant, Wanda S; 6/28/2016 12:06:41 PM;Ordered; For:Health Maintenance; Ordered By:Harris, Michael P;

Insomnia
- Start ALPRAZolam 1 MG Oral Tablet; TAKE 1 TABLET Daily At Bedtime
  Rx By: Harris, Michael P; Dispense: 30 Days ; #:30 Tablet; Refill: 5;For: Insomnia; DAW = N; Print Rx
- Start FLUoxetine HCl - 20 MG Oral Tablet; TAKE 1 TABLET DAILY
  Rx By: Harris, Michael P; Dispense: 30 Days ; #:30 Tablet; Refill: 5;For: Insomnia; DAW = N; Print Rx

Stop Klonopin. Begin Xanax 1 milligram daily at bedtime to see if we can't deepen sleep. Start Prozac 20 milligrams a day. Recheck in 2 weeks. Track blood pressures closely. We may need to adjust BP meds

Signatures

[redacted]

Date of Service: 06/28/2016
Patient Name: CARL E. LUCAS
Patient DOB: [redacted]
MR#: [redacted]
Gender: M
Provider: Michael P. Harris M.D.

Electronically signed by : Michael Harris, M.D.; Jun 28 2016 2:42PM EST

[redacted]

LEXINGTON FAMILY PRACTICE West Columbia
A Lexington Medical Center Physician Practice

Lexington County Health Svcs
2720 Sunset Boulevard
West Columbia,SC 29169
(803) 791-2000

DOS:07/12/2016
DOB: [redacted]
Gender: M
MR#: [redacted]
Provider:Michael P. Harris M.D.

Patient: CARL LUCAS
[redacted]

Vitals

Vital Signs [Data Includes: Current Encounter]
Recorded: 12Jul2016 07:25AM
Heart Rate: 90
Blood Pressure: 148 / 100
Weight: 224 lb
BMI Calculated: 32.14
BSA Calculated: 2.19

Chief Complaint

F/U depression

Reason For Visit

Pt states Venlafaxine is working well, he is feeling better but admits to having a stressful week due to the passing of his dog

History of Present Illness

HPI Free Text: Patient comes in follow-up depression. He is doing a little bit better. At a pretty rough week last week with his dog passing after 11 years. He is sad about that. So he feels like he is making small progress. Still having a good bit of back pain. He is seeing Dr. craft. He has a functional assessment scheduled in the next couple weeks. Hopefully they can identify his level mobility and get him in some kind of vocal rehabilitation.

Active Problems

- Allergic conjunctivitis (372.14) (H10.10)
- Annular tear of disc (722.90) (M51.9)
- Arthritis (716.90) (M19.90)
- Depression (311) (F32.9)
- Esophageal reflux (530.81) (K21.9)
- Hematuria (599.70) (R31.9)
- Hypercholesterolemia (272.0) (E78.0)
- Hypogonadism, testicular (257.2) (E29.1)
- Idiopathic hypertension (401.9) (I10)
- Insomnia (780.52) (G47.00)
- Low back pain (724.2) (M54.5)
- Muscle spasm (728.85) (M62.838)
- Obstructive apnea (327.23) (G47.33)
- Sleep apnea (780.57) (G47.30)
- Type 2 diabetes mellitus (250.00) (E11.9)

[redacted]

- Umbilical hernia (553.1) (K42.9)
  - status post laparoscopic repair with Gore-Tex mesh on 05/29/2013.

Past Medical History

Chronic
- History of upper respiratory infection (V12.09) (Z87.09)
- History of Sprain of ribs (848.3) (S23.41XA)
- History of Weight gain (783.1) (R63.5)

Acute
- History of pharyngitis (V12.69) (Z87.09)

Surgical History
- History of Hernia Repair
- History of Laparoscopy Repair Of Epigastric Hernia Incarcerated
- History of Tonsillectomy

Family History

Mother
- Family history of Stomach cancer

Father
- Family history of Diabetes mellitus
- Family History of heart disease (V17.49) (Z82.49)

Family History
- Family history of Allergies
- Family history of Asthma (V17.5)
- Family history of Cancer
- Family history of Hypertension (V17.49)

Social History
- Never a smoker
- No alcohol use
- Non smoker (V49.89) (Z78.9)

Current Meds
- ALPRAZolam 1 MG Oral Tablet; TAKE 1 TABLET Daily At Bedtime;
  Therapy: 28Jun2016 to (Evaluate:25Dec2016); Last Rx:28Jun2016 Ordered
- Amlodipine Besy-Benazepril HCl - 5-20 MG Oral Capsule; TAKE 1 CAPSULE DAILY;
  Therapy: 23Sep2012 to (Evaluate:01Feb2016) Requested for: 10Aug2015; Last Rx:05Aug2015 Ordered
- Disabled Parking Placard/License Plate; Due to medical conditions, patient needs handicap placard;
  Therapy: 23May2016 to (Last Rx:23May2016) Ordered
- Esomeprazole Magnesium 40 MG Oral Capsule Delayed Release; take 1 cap cally;
  Therapy: 01Aug2012 to (Last Rx:05Aug2015) Requested for: 10Aug2015 Ordered
- FLUoxetine HCl - 20 MG Oral Tablet; TAKE 1 TABLET DAILY;
  Therapy: 28Jun2016 to (Evaluate:25Dec2016); Last Rx:28Jun2016 Ordered
- Gabapentin 400 MG Oral Capsule; TAKE 1 CAPSULE TWICE DAILY;
  Therapy: 08Jul2015 to (Evaluate:28Jul2016) Requested for: 28Jun2016; Last Rx:28Jun2016 Ordered
- Invokamet 150-1000 MG Oral Tablet; Take one tablet twice a day;

[redacted]

Date of Service: 07/12/2016
Patient Name: CARL E. LUCAS
Patient DOB: [redacted]
MR#: [redacted]
Gender: M
Provider: Michael P. Harris M.D.

Therapy: 08Jul2015 to (Last Rx:05Aug2015) Requested for: 10Aug2015 Ordered
- MetFORMIN HCl - 1000 MG Oral Tablet; TAKE 1 TABLET TWICE DAILY;
  Therapy: 11Feb2013 to (Evaluate:01Feb2016) Requested for: 10Aug2015; Last Rx:05Aug2015 Ordered
- Misc Med/ Pharmacy Order; glucometer test strips
  test bid;
  Therapy: 19May2015 to (Evaluate:15Nov2015); Last Rx:19May2015 Ordered
- TiZANidine HCl - 4 MG Oral Tablet;
  Therapy: 27May2015 to Recorded
- Venlafaxine HCl ER 150 MG Oral Capsule Extended Release 24 Hour; TAKE 1 CAPSULE DAILY;
  Therapy: 04Nov2014 to (Evaluate:01Feb2016) Requested for: 05Aug2015; Last Rx:05Aug2015 Ordered
- Zolpidem Tartrate 10 MG Oral Tablet; TAKE 1 TABLET AT BEDTIME;
  Therapy: 23May2016 to (Evaluate:19Nov2016); Last Rx:23May2016 Ordered

Allergies
- Penicillins

Immunizations
Immunization history not assessed

Results/Data
All Results (Data Includes: Last 2 Weeks)
30Jun2016 10:27AM
PPD (In-Office)
PPD Reading*: 0 mm IND

Physical Exam
Psychiatric:. Flat affect and depressed mood.

Assessment
Annular tear of disc (722.90) (M51.9)
Depression (311) (F32.9)
Low back pain (724.2) (M54.5)

Plan
I think he has made some mild improvement with his depression. Continue present meds. Follow-up in 6-8 weeks.

Signatures
Electronically signed by : Michael Harris, M.D.; Jul 12 2016 7:55AM EST

[redacted]

LEXINGTON FAMILY PRACTICE West Columbia
A Lexington Medical Center Physician Practice

Lexington County Health Svcs
2720 Sunset Boulevard
West Columbia,SC 29169
(803) 791-2000

DOS:07/14/2016
DOB: [redacted]
Gender: M
MR#: [redacted]
Provider:Michael P. Harris M.D.

Patient: CARL LUCAS
[redacted]

Vitals

Vital Signs [Data Includes: Current Encounter]
Recorded: 14Jul2016 10:24AM
Blood Pressure: 124 / 80, LUE, Sitting
Weight: 225 lb 2 oz
BMI Calculated: 32.3
BSA Calculated: 2.19

History of Present Illness

Patient is here today for a form to be signed for his CDL's, it is regarding the meds he is on.
HPI Free Text: Patient comes in needing a form for driving. He is very compliant with the CPAP and feels much better. His depression is doing good. No suicidal thoughts. He's feeling more positive.

Active Problems

- Allergic conjunctivitis (372.14) (H10.10)
- Annular tear of disc (722.90) (M51.9)
- Arthritis (716.90) (M19.90)
- Depression (311) (F32.9)
- Esophageal reflux (530.81) (K21.9)
- Hematuria (599.70) (R31.9)
- Hypercholesterolemia (272.0) (E78.0)
- Hypogonadism, testicular (257.2) (E29.1)
- Idiopathic hypertension (401.9) (I10)
- Insomnia (780.52) (G47.00)
- Low back pain (724.2) (M54.5)
- Muscle spasm (728.85) (M62.838)
- Obstructive apnea (327.23) (G47.33)
- Sleep apnea (780.57) (G47.30)
- Type 2 diabetes mellitus (250.00) (E11.9)
- Umbilical hernia (553.1) (K42.9)
  - status post laparoscopic repair with Gore-Tex mesh on 05/29/2013.

Past Medical History

Chronic
- History of upper respiratory infection (V12.09) (Z87.09)
- History of Sprain of ribs (848.3) (S23.41XA)
- History of Weight gain (783.1) (R63.5)

Date of Service: 07/14/2016
Patient Name: CARL E. LUCAS
Patient DOB: [redacted]
MR#: [redacted]
Gender: M
Provider: Michael P. Harris M.D.

Acute
- History of pharyngitis (V12.69) (Z87.09)

Surgical History
- History of Hernia Repair
- History of Laparoscopy Repair Of Epigastric Hernia Incarcerated
- History of Tonsillectomy

Family History
Mother
- Family history of Stomach cancer

Father
- Family history of Diabetes mellitus
- Family History of heart disease (V17.49) (Z82.49)

Family History
- Family history of Allergies
- Family history of Asthma (V17.5)
- Family history of Cancer
- Family history of Hypertension (V17.49)

Social History
- Never a smoker
- No alcohol use
- Non smoker (V49.89) (Z78.9)

Current Meds
- ALPRAZolam 1 MG Oral Tablet; TAKE 1 TABLET Daily At Bedtime;
  Therapy: 28Jun2016 to (Evaluate:25Dec2016); Last Rx:28Jun2016 Ordered
- Amlodipine Besy-Benazepril HCl - 5-20 MG Oral Capsule; TAKE 1 CAPSULE DAILY;
  Therapy: 23Sep2012 to (Evaluate:01Feb2016) Requested for: 10Aug2015; Last Rx:05Aug2015 Ordered
- Disabled Parking Placard/License Plate; Due to medical conditions, patient needs handicap placard;
  Therapy: 23May2016 to (Last Rx:23May2016) Ordered
- Esomeprazole Magnesium 40 MG Oral Capsule Delayed Release; take 1 cap daily;
  Therapy: 01Aug2012 to (Last Rx:05Aug2015) Requested for: 10Aug2015 Ordered
- FLUoxetine HCl - 20 MG Oral Tablet; TAKE 1 TABLET DAILY;
  Therapy: 28Jun2016 to (Evaluate:25Dec2016); Last Rx:28Jun2016 Ordered
- Gabapentin 400 MG Oral Capsule; TAKE 1 CAPSULE TWICE DAILY;
  Therapy: 08Jul2015 to (Evaluate:28Jul2016) Requested for: 28Jun2016; Last Rx:28Jun2016 Ordered
- Invokamet 150-1000 MG Oral Tablet; Take one tablet twice a day;
  Therapy: 08Jul2015 to (Last Rx:05Aug2015) Requested for: 10Aug2015 Ordered
- MetFORMIN HCl - 1000 MG Oral Tablet; TAKE 1 TABLET TWICE DAILY;
  Therapy: 11Feb2013 to (Evaluate:01Feb2016) Requested for: 10Aug2015; Last Rx:05Aug2015 Ordered
- Misc Med/ Pharmacy Order; glucometer test strips test bid;
  Therapy: 19May2015 to (Evaluate:15Nov2015); Last Rx:19May2015 Ordered
- TIZANidine HCl - 4 MG Oral Tablet;

[redacted]

Date of Service: 07/14/2016
Patient Name: CARL E. LUCAS
Patient DOB: [redacted]
MR#: [redacted]
Gender: M
Provider: Michael P. Harris M.D.

Therapy: 27May2015 to Recorded

- Venlafaxine HCl ER 150 MG Oral Capsule Extended Release 24 Hour; TAKE 1 CAPSULE DAILY;
  Therapy: 04Nov2014 to (Evaluate:01Feb2016) Requested for: 05Aug2015; Last Rx:05Aug2015 Ordered
- Zolpidem Tartrate 10 MG Oral Tablet; TAKE 1 TABLET AT BEDTIME;
  Therapy: 23May2016 to (Evaluate:19Nov2016); Last Rx:23May2016 Ordered

Allergies

- Penicillins

Immunizations

Immunization history not assessed

Results/Data

All Results (Data Includes: Last 2 Weeks)
No recent results

Assessment

Depression (311) (F32.9)

Signatures

Electronically signed by : Michael Harris, M.D.; Jul 14 2016 10:35AM EST

[redacted]

LEXINGTON FAMILY PRACTICE West Columbia
A Lexington Medical Center Physician Practice

Lexington County Health Svcs
2720 Sunset Boulevard
West Columbia,SC 29169
(803) 791-2000

DOS:09/22/2016
DOB: [redacted]
Gender: M
MR#: [redacted]
Provider:Michael P. Harris M.D.

Patient: CARL LUCAS
[redacted]

Vitals

Vital Signs [Data Includes: Current Encounter]
Recorded: 22Sep2016 10:22AM
Heart Rate: 80
Height: 5 ft 10 in
Blood Pressure: 122 / 74
Weight: 221 lb
BMI Calculated: 31.71
BSA Calculated: 2.18

Chief Complaint

patient comes in depression and states he is mad at the world...

History of Present Illness

HPI Free Text: Patient presents today with depression and states that he just doesn't care anymore. Workers comp has cut his money off and has stopped paying for his medications. He is trying to work as a school bus driver but is very discouraged. He can't make enough money to pay his bills. He's having severe pain. He is not able to afford his pain medications. He is angry and discouraged and very depressed.

Review of Systems

Constitutional: feeling poorly.

Active Problems

- Allergic conjunctivitis (372.14) (H10.10)
- Annular tear of disc (722.90) (M51.9)
- Arthritis (716.90) (M19.90)
- Depression (311) (F32.9)
- Esophageal reflux (530.81) (K21.9)
- Hematuria (599.70) (R31.9)
- Hypercholesterolemia (272.0) (E78.0)
- Hypogonadism, testicular (257.2) (E29.1)
- Idiopathic hypertension (401.9) (I10)
- Insomnia (780.52) (G47.00)
- Low back pain (724.2) (M54.5)
- Muscle spasm (728.85) (M62.838)
- Obstructive apnea (327.23) (G47.33)
- Sleep apnea (780.57) (G47.30)

[redacted]

Date of Service: 09/22/2016
Patient Name: CARL E. LUCAS
Patient DOB: [redacted]
MR#: [redacted]
Gender: M
Provider: Michael P. Harris M.D.

- Type 2 diabetes mellitus (250.00) (E11.9)
- Umbilical hernia (553.1) (K42.9)
  - status post laparoscopic repair with Gore-Tex mesh on 05/29/2013.

Past Medical History

Chronic

- History of upper respiratory infection (V12.09) (Z87.09)
- History of Sprain of ribs (848.3) (S23.41XA)
- History of Weight gain (783.1) (R63.5)

Acute

- History of pharyngitis (V12.69) (Z87.09)

Surgical History

- History of Hernia Repair
- History of Laparoscopy Repair Of Epigastric Hernia Incarcerated
- History of Tonsillectomy

Family History

Mother

- Family history of Stomach cancer

Father

- Family history of Diabetes mellitus
- Family History of heart disease (V17.49) (Z82.49)

Family History

- Family history of Allergies
- Family history of Asthma (V17.5)
- Family history of Cancer
- Family history of Hypertension (V17.49)

Social History

- Never a smoker
- No alcohol use
- Non smoker (V49.89) (Z78.9)

Current Meds

- ALPRAZolam 1 MG Oral Tablet; TAKE 1 TABLET Daily At Bedtime;
  Therapy: 28Jun2016 to (Evaluate:25Dec2016); Last Rx:28Jun2016 Ordered
- Amlodipine-Besy-Benazepril HCl - 5-20 MG Oral Capsule; TAKE 1 CAPSULE DAILY;
  Therapy: 23Sep2012 to (Evaluate:01Feb2016) Requested for: 10Aug2015; Last Rx:05Aug2015 Ordered
- Disabled Parking Placard/License Plate; Due to medical conditions, patient needs handicap placard;
  Therapy: 23May2016 to (Last Rx:23May2016) Ordered
- Esomeprazole Magnesium 40 MG Oral Capsule Delayed Release; take 1 cap daily;
  Therapy: 01Aug2012 to (Last Rx:05Aug2015) Requested for: 10Aug2015 Ordered
- FLUoxetine HCl - 20 MG Oral Tablet; TAKE 1 TABLET DAILY;
  Therapy: 28Jun2016 to (Evaluate:25Dec2016); Last Rx:28Jun2016 Ordered
- Gabapentin 400 MG Oral Capsule; TAKE 1 CAPSULE TWICE DAILY;
  Therapy: 08Jul2015 to (Evaluate:28Jul2016) Requested for: 28Jun2016; Last Rx 28Jun2016 Ordered

[redacted]

Date of Service: 09/22/2016
Patient Name: CARL E. LUCAS
Patient DOB: [redacted]
MR#: [redacted]
Gender: M
Provider: Michael P. Harris M.D.

- Invokamet 150-1000 MG Oral Tablet; Take one tablet twice a day;
  Therapy: 08Jul2015 to (Last Rx:05Aug2015) Requested for: 10Aug2015 Ordered
- MetFORMIN HCl - 1000 MG Oral Tablet; TAKE 1 TABLET TWICE DAILY;
  Therapy: 11Feb2013 to (Evaluate:01Feb2016) Requested for: 10Aug2015; Last Rx:05Aug2015 Ordered
- Misc Med/ Pharmacy Order; glucometer test strips
  test bid;
  Therapy: 19May2015 to (Evaluate:15Nov2015); Last Rx:19May2015 Ordered
- TIZANidine HCl - 4 MG Oral Tablet;
  Therapy: 27May2015 to Recorded
- Venlafaxine HCl ER 150 MG Oral Capsule Extended Release 24 Hour; TAKE 1 CAPSULE DAILY;
  Therapy: 04Nov2014 to (Evaluate:01Feb2016) Requested for: 05Aug2015; Last Rx:05Aug2015 Ordered
- Zolpidem Tartrate 10 MG Oral Tablet; TAKE 1 TABLET AT BEDTIME;
  Therapy: 23May2016 to (Evaluate:19Nov2016); Last Rx:23May2016 Ordered

Allergies
- Penicillins

Immunizations
Immunization history not assessed

Results/Data
All Results [Data Includes: Last 2 Weeks]
No recent results

Physical Exam
Constitutional: alert, in no acute distress, well nourished, well developed, healthy appearing and normal voice and communication
Psychiatric:. Anxious and tearful.

Assessment
Annular tear of disc (722.90) (M51.9)
Depression (311) (F32.9)
Arthritis (716.90) (M19.90)
Low back pain (724.2) (M54.5)

Plan
Depression
- Stop: Venlafaxine HCl ER 150 MG Oral Capsule Extended Release 24 Hour
  Rx By: Harris, Michael P; Dispense: 90 Days ; #:90 Capsule Extended Release 24 Hour; Refill: 1;For: Depression; DAW = N; Sent To: WALGREENS DRUG STORE 11362; Last Updated By: Grant, Wanda S; 9/22/2016 10:22:47 AM

Esophageal reflux
- Stop: Esomeprazole Magnesium 40 MG Oral Capsule Delayed Release (NexIUM)
  Rx By: Harris, Michael P; Dispense: 0 Days ; #:90 Capsule Delayed Release; Refill: 1;For: Esophageal reflux; DAW = N; Sent To: CVS Caremark Inc (Mail Order); Last Updated By: Grant, Wanda S; 9/22/2016 10:22:47 AM

Low back pain
- Start: FLUoxetine HCl - 40 MG Oral Capsule; Take 1 tablet a day
  Rx By: Harris, Michael P; Dispense: 0 Days ; #:30 Capsule; Refill: 5;For: Low back pain; DAW = N; Sent To: WALGREENS DRUG STORE 11362

[redacted]

Date of Service: 09/22/2016
Patient Name: CARL E. LUCAS
Patient DOB: [redacted]
MR#: [redacted]
Gender: M
Provider: Michael P. Harris M.D.

- Pain Management Referral - LMC Evaluation and Treatment LMC INTERNAL NETWORK
Status: Need Information - Required Information,Financial Authorization Requested for: 22Sep2016
Ordered;For: Low back pain; Ordered By: Harris, Michael P Performed: Order Comments: I need a second opinion for pain therapy on this individual Due: 22Oct2016

Type 2 diabetes mellitus

- Stop: MetFORMIN HCl - 1000 MG Oral Tablet
Rx By: Harris, Michael P; Dispense: 90 Days ; #:180 Tablet; Refill: 1;For: Type 2 diabetes mellitus; DAW = N; Sent To: CVS Caremark Inc (Mail Order); Last Updated By: Grant, Wanda S; 9/22/2016 10:22:47 AM

He is extremely discouraged. We're increasing his Prozac to 40 a day. He needs to get back on his pain medications were getting a second opinion on pain therapy.

Signatures

Documentation scribed by Chelsie Livingston, MOT, for Michael P. Harris, MD 09/22/16 10:31 AM
I have reviewed the above documentation and agree that it is accurate.
Electronically signed by : Michael Harris, M.D.; Sep 22 2016 10:48AM EST

[redacted]

LEXINGTON FAMILY PRACTICE West Columbia
A Lexington Medical Center Physician Practice

Lexington County Health Svcs
2720 Sunset Boulevard
West Columbia,SC 29169
(803) 791-2000

DOS:11/03/2016
DOB: [redacted]
Gender: M
MR#: [redacted]
Provider:Michael P. Harris M.D.

Patient: CARL LUCAS
[redacted]

Vitals

Vital Signs (Data Includes: Current Encounter)
Recorded: 03Nov2016 10:01AM
Heart Rate: 78
Height: 5 ft 10 in
Blood Pressure: 138 / 88
Weight: 220 lb
BMI Calculated: 31.57
BSA Calculated: 2.17

Chief Complaint

WORKERS COMP-----FOLLOW UP MEDS

History of Present Illness

HPI Free Text: Pt here to follow up on medications for chronic problems. WORKERS COMP case. Pt states he was feeling down and added a 20 MG to his 40 MG Prozac and felt better. Pt has been without HTN medications for a week now. Pt brought a form for vocational rehab. Pt states the place he is being sent to has rehab facilities with a heated pool and their own pain management as well.

Active Problems

- Annular tear of disc (722.90) (M51.9)
- Arthritis (716.90) (M19.90)
- Chest wall muscle strain (848.8) (S29.011A)
- Depression (311) (F32.9)
- Esophageal reflux (530.81) (K21.9)
- Hypercholesterolemia (272.0) (E78.00)
- Hypogonadism, testicular (257.2) (E29.1)
- Idiopathic hypertension (401.9) (I10)
- Insomnia (780.52) (G47.00)
- Low back pain (724.2) (M54.5)
- Obstructive apnea (327.23) (G47.33)
- Sleep apnea (780.57) (G47.30)
- Type 2 diabetes mellitus (250.00) (E11.9)
- Umbilical hernia (553.1) (K42.9)
  - status post laparoscopic repair with Gore-Tex mesh on 05/29/2013

Past Medical History

Chronic

[redacted]

- History of upper respiratory infection (V12.09) (Z87.09)
- History of Sprain of ribs (848.3) (S23.41XA)
- History of Weight gain (783.1) (R63.5)

Acute
- History of pharyngitis (V12.69) (Z87.09)

Surgical History
- History of Hernia Repair
- History of Laparoscopy Repair Of Epigastric Hernia Incarcerated
- History of Tonsillectomy

Family History
Mother
- Family history of Stomach cancer

Father
- Family history of Diabetes mellitus
- Family History of heart disease (V17.49) (Z82.49)

Family History
- Family history of Allergies
- Family history of Asthma (V17.5)
- Family history of Cancer
- Family history of Hypertension (V17.49)

Social History
- Never a smoker
- No alcohol use
- Non smoker (V49.89) (Z78.9)

Current Meds
- ALPRAZolam 1 MG Oral Tablet; TAKE 1 TABLET Daily At Bedtime;
  Therapy: 28Jun2016 to (Evaluate:25Dec2016); Last Rx:28Jun2016 Ordered
- Amlodipine Besy-Benazepril HCl - 5-20 MG Oral Capsule; TAKE 1 CAPSULE DAILY;
  Therapy: 23Sep2012 to (Evaluate:01Feb2016) Requested for: 10Aug2015; Last Rx:05Aug2015 Ordered
- Disabled Parking Placard/License Plate; Due to medical conditions, patient needs handicap placard;
  Therapy: 23May2016 to (Last Rx:23May2016) Ordered
- FLUoxetine HCl - 20 MG Oral Tablet; TAKE 1 TABLET DAILY;
  Therapy: 28Jun2016 to (Evaluate:25Dec2016); Last Rx:28Jun2016 Ordered
- FLUoxetine HCl - 40 MG Oral Capsule; TAKE 1 TABLET A DAY;
  Therapy: 22Sep2016 to (Last Rx:22Sep2016) Requested for: 22Sep2016 Ordered
- Gabapentin 400 MG Oral Capsule; TAKE 1 CAPSULE TWICE DAILY;
  Therapy: 08Jul2015 to (Evaluate:28Jul2016) Requested for: 28Jun2016; Last Rx:28Jun2016 Ordered
- Invokamet 150-1000 MG Oral Tablet; Take one tablet twice a day;
  Therapy: 08Jul2015 to (Last Rx:05Aug2015) Requested for: 10Aug2015 Ordered
- Misc Med/ Pharmacy Order; glucometer test strips
  test bid;
  Therapy: 19May2015 to (Evaluate:15Nov2015); Last Rx:19May2015 Ordered
- TiZANidine HCl - 4 MG Oral Tablet;

[redacted]

Date of Service: 11/03/2016
Patient Name: CARL E. LUCAS
Patient DOB: [redacted]
MR#: [redacted]
Gender: M
Provider: Michael P. Harris M.D.

Therapy: 27May2015 to Recorded
- Zolpidem Tartrate 10 MG Oral Tablet; TAKE 1 TABLET AT BEDTIME;
  Therapy: 23May2016 to (Evaluate:19Nov2016); Last Rx:23May2016 Ordered

Allergies
- Penicillins

Immunizations
Immunization history not assessed

Results/Data
All Results (Data Includes: Last 2 Weeks)
No recent results

Assessment
Idiopathic hypertension (401.9) (I10)
Insomnia (780.52) (G47.00)
Low back pain (724.2) (M54.5)

Plan
Idiopathic hypertension
- Renew: Amlodipine Besy-Benazepril HCl - 5-20 MG Oral Capsule; TAKE 1 CAPSULE DAILY
  Rx By: Harris, Michael P; Dispense: 90 Days ; #:90 Capsule; Refill: 1;For: Idiopathic hypertension; DAW = N; Verified Transmission to:WALGREENS DRUG STORE 11362; Last Updated By: System, SureScripts; 11/3/2016 10:01:50 AM

Insomnia
- Changed: From FLUoxetine HCl - 20 MG Oral Tablet TAKE 1 TABLET DAILY To FLUoxetine HCl - 60 MG Oral Tablet one q. day
  Rx By: Harris, Michael P; Dispense: 0 Days ; #:30 Tablet; Refill: 5;For: Insomnia; DAW = N; Sent To: WALGREENS DRUG STORE 11362

Renew medications and maintain current regimens. Form filled out for patient's working restrictions. Change Fluoxetine from 40 MG to 60 MG.

Signatures
Documentation scribed by Adam King, BOA for Michael Harris, MD 11/3/2016 10:26 am.
I have reviewed the above documentation and agree that it is accurate.
Electronically signed by : Michael Harris, M.D.; Nov 3 2016 10:27AM EST

[redacted]

LEXINGTON FAMILY PRACTICE West Columbia
A Lexington Medical Center Physician Practice

Lexington County Health Svcs
2720 Sunset Boulevard
West Columbia,SC 29169
(803) 791-2000

DOS:12/08/2016
DOB: [redacted]
Gender: M
MR#: [redacted]
Provider:Michael P. Harris M.D.

Patient: CARL LUCAS
[redacted]

Vitals

Vital Signs [Data Includes: Current Encounter]

Heart Rate: 80
Height: 5 ft 10 in
Blood Pressure: 142 / 90
Weight: 218 lb
BMI Calculated: 31.28
BSA Calculated: 2.17

Chief Complaint

HOSP FOLLOW UP PASSED OUT

History of Present Illness

HPI Free Text: Patient presents in the office today for a hospital f/u for syncope. He states he felt bad, dizzy, pale and had sweats right before he passed out. Wife states he passed out for at least 5 minutes. No chest pain. His blood pressure dropped to 80/40 He a similar episode a week earlier but he had chest pain during that episode. He went to ER by ambulance. No heart attack or stroke. CT was negative, X-Ray was negative and EKG was normal. He had a 24hr Holter Monitor placed.

Review of Systems

Neurological: fainting.

Active Problems

- Arthritis (716.90) (M19.90)
- Depression (311) (F32.9)
- Esophageal reflux (530.81) (K21.9)
- Hypercholesterolemia (272.0) (E78.00)
- Hypogonadism, testicular (257.2) (E29.1)
- Idiopathic hypertension (401.9) (I10)
- Insomnia (780.52) (G47.00)
- Low back pain (724.2) (M54.5)
- Obstructive apnea (327.23) (G47.33)
- Sleep apnea (780.57) (G47.30)
- Type 2 diabetes mellitus (250.00) (E11.9)

Past Medical History

Chronic

[redacted]

- History of Annular tear of disc (722.90) (M51.9)
- History of Chest wall muscle strain (848.8) (S29.011A)
- History of upper respiratory infection (V12.09) (Z87.09)
- History of Sprain of ribs (848.3) (S23.41XA)
- History of Umbilical hernia (553.1) (K42.9)
  - status post laparoscopic repair with Gore-Tex mesh on 05/29/2013.
- History of Weight gain (783.1) (R63.5)

Acute

- History of pharyngitis (V12.69) (Z87.09)

Surgical History

- History of Hernia Repair
- History of Laparoscopy Repair Of Epigastric Hernia Incarcerated
- History of Tonsillectomy

Family History

Mother

- Family history of Stomach cancer

Father

- Family history of Diabetes mellitus
- Family History of heart disease (V17.49) (Z82.49)

Family History

- Family history of Allergies
- Family history of Asthma (V17.5)
- Family history of Cancer
- Family history of Hypertension (V17.49)

Social History

- Never a smoker
- No alcohol use
- Non smoker (V49.89) (Z78.9)

Current Meds

- ALPRAZolam 1 MG Oral Tablet; TAKE 1 TABLET Daily At Bedtime;
  Therapy: 28Jun2016 to (Evaluate:25Dec2016); Last Rx:28Jun2016 Ordered
- Amlodipine Besy-Benazepril HCl - 5-20 MG Oral Capsule; TAKE 1 CAPSULE DAILY;
  Therapy: 23Sep2012 to (Evaluate:21May2017) Requested for: 22Nov2016; Last Rx:22Nov2016 Ordered
- Disabled Parking Placard/License Plate; Due to medical conditions, patient needs handicap placard;
  Therapy: 23May2016 to (Last Rx:23May2016) Ordered
- FLUoxetine HCl - 40 MG Oral Capsule; TAKE 1 TABLET A DAY;
  Therapy: 22Sep2016 to (Last Rx:22Sep2016) Requested for: 22Sep2016 Ordered
- FLUoxetine HCl - 60 MG Oral Tablet; one q. day;
  Therapy: 28Jun2016 to (Evaluate:02May2017) Requested for: 03Nov2016; Last Rx:03Nov2016 Ordered
- Gabapentin 400 MG Oral Capsule; TAKE 1 CAPSULE TWICE DAILY;
  Therapy: 08Jul2015 to (Evaluate:28Jul2016) Requested for: 28Jun2016; Last Rx:28Jun2016 Ordered

[redacted]

Date of Service: 12/08/2016
Patient Name: CARL E. LUCAS
Patient DOB: [redacted]
MR#: [redacted]
Gender: M
Provider: Michael P. Harris M.D.

- Invokamet 150-1000 MG Oral Tablet; Take one tablet twice a day;
  Therapy: 08Jul2015 to (Last Rx:05Aug2015) Requested for: 10Aug2015 Ordered
- Misc Med/ Pharmacy Order; glucometer test strips
  test bid;
  Therapy: 19May2015 to (Evaluate:15Nov2015); Last Rx:19May2015 Ordered
- TIZANIdine HCl - 4 MG Oral Tablet;
  Therapy: 27May2015 to Recorded
- Zolpidem Tartrate 10 MG Oral Tablet; TAKE 1 TABLET AT BEDTIME;
  Therapy: 23May2016 to (Evaluate:19Nov2016); Last Rx:23May2016 Ordered

Allergies
- Penicillins

Immunizations
Immunization history not assessed

Results/Data
All Results [Data Includes: Last 2 Weeks]
No recent results

Physical Exam
Constitutional: alert, in no acute distress, well nourished, well developed, healthy appearing and normal voice and communication.
Pulmonary: no respiratory distress, normal respiratory rhythm and effort and clear bilateral breath sounds.
Heart: heart rate and rhythm were normal, normal S1 and S2, no gallops, no murmurs and no pericardial rub.
Psychiatric: oriented to person, place, and time, insight and judgment were intact, the affect was normal, recent memory was not impaired and remote memory was not impaired.

Assessment
Hospital discharge follow-up (V67.59) (Z09)
Syncope (780.2) (R55)

Plan
Syncope
- NM Stress Test (In Office); Status:Hold For - Scheduling,Perform; Requested for:08Dec2016;
  Perform:In Office; Due:08Jan2017; Last Updated By:Gordon, Anissa; 12/8/2016 10:44:44 AM;Ordered;
  For:Syncope; Ordered By:Harris, Michael P;

Schedule Stress Test. Work excuse.

Signatures
Documentation scribed by Anissa Gordon, MOT for Michael Harris, MD 12/8/2016 10:35 am.
I have reviewed the above documentation and agree that it is accurate.
Electronically signed by : Michael Harris, M.D.; Dec 8 2016 10:50AM EST

[redacted]

A Lexington Medical Center Physician Practice

Lexington County Health Svcs
2720 Sunset Boulevard
West Columbia,SC 29169
(803) 791-2000

DOS:12/08/2016
DOB: [redacted]
Gender: M
MR#: [redacted]
Provider:Michael P. Harris M.D.

Patient: CARL LUCAS
[redacted]

CARL LUCAS
[redacted]

Dec 08, 2016

Re: Mr. CARL LUCAS

To Whom It May Concern:

The above named patient was in my office on Dec 08, 2016. For medical reasons, it is advised that this patient be out of work beginning 12/05/2016 until 12/09/2016.

If you should have any questions, please feel free to contact my office at the number listed above.

Sincerely,

Michael Harris

Electronically signed by : Opal Julian, ; Dec 8 2016 10:49AM EST

[redacted]

A Lexington Medical Center Physician Practice

Lexington County Health Svcs
2720 Sunset Boulevard
West Columbia,SC 29169
(803) 791-2000

Patient: CARL LUCAS
[redacted]

DOS:01/03/2017
DOB: [redacted]
Gender: M
MR#: [redacted]
Provider: Michael P. Harris M.D.

Vitals

Vital Signs [Data Includes: Current Encounter]
Recorded: 03Jan2017 07:08AM
Heart Rate: 80
Height: 5 ft 10 in
Blood Pressure: 132 / 84
Weight: 222 lb
BMI Calculated: 31.85
BSA Calculated: 2.18

Chief Complaint

follow up meds

History of Present Illness

HPI Free Text: Patient presents in the office to follow up on medication refills.Patient wife says carvedilol makes him dizzy, but he lays down so he will not fall. He is doing good on current medications otherwise. Denies chest pain or heart palpations. His current depression and well on present meds. His chronic insomnia and takes Xanax and Ambien for that. Sugars have been stable with his diabetes. He still being worked up for syncope by cardiologist and is wearing an event monitor and not driving.

Active Problems

- Abnormal stress ECG with treadmill (794.39) (R94.39)
- Arthritis (716.90) (M19.90)
- Chest pain (786.50) (R07.9)
- Depression (311) (F32.9)
- Esophageal reflux (530.81) (K21.9)
- Hospital discharge follow-up (V67.59) (Z09)
- Hypercholesterolemia (272.0) (E78.00)
- Hypogonadism, testicular (257.2) (E29.1)
- Idiopathic hypertension (401.9) (I10)
- Insomnia (780.52) (G47.00)
- Low back pain (724.2) (M54.5)
- Obstructive apnea (327.23) (G47.33)
- Sleep apnea (780.57) (G47.30)
- Syncope (780.2) (R55)
- Type 2 diabetes mellitus (250.00) (E11.9)

Past Medical History

[redacted]

Date of Service: 01/03/2017
Patient Name: CARL E. LUCAS
Patient DOB: [redacted]
MR#: [redacted]
Gender: M
Provider: Michael P. Harris M.D.

Chronic
- History of Annular tear of disc (722.90) (M51.9)
- History of Chest wall muscle strain (848.8) (S29.011A)
- History of upper respiratory infection (V12.09) (Z87.09)
- History of Sprain of ribs (848.3) (S23.41XA)
- History of Umbilical hernia (553.1) (K42.9)
  - status post laparoscopic repair with Gore-Tex mesh on 05/29/2013.
- History of Weight gain (783.1) (R63.5)

Acute
- History of pharyngitis (V12.69) (Z87.09)

Surgical History
- History of Hernia Repair
- History of Laparoscopy Repair Of Epigastric Hernia Incarcerated
- History of Tonsillectomy

Family History
Mother
- Family history of Stomach cancer

Father
- Family history of Diabetes mellitus
- Family History of heart disease (V17.49) (Z82.49)

Family History
- Family history of Allergies
- Family history of Asthma (V17.5)
- Family history of Cancer
- Family history of Hypertension (V17.49)

Social History
- Never a smoker
- No alcohol use
- Non smoker (V49.89) (Z78.9)

Current Meds
- ALPRAZolam 1 MG Oral Tablet; TAKE 1 TABLET Daily At Bedtime;
  Therapy: 28Jun2016 to (Evaluate:25Dec2016); Last Rx:28Jun2016 Ordered
- Amlodipine Besy-Benazepril HCl - 5-20 MG Oral Capsule; TAKE 1 CAPSULE DAILY;
  Therapy: 23Sep2012 to (Evaluate:21May2017) Requested for: 22Nov2016; Last Rx:22Nov2016 Ordered
- Carvedilol 6.25 MG Oral Tablet; Carvedilol 6.25MG, 1 Tablet two times daily ,12/27/2012;
  Therapy: 09Dec2016 to (Evaluate:22Dec2017) Requested for: 27Dec2016; Last Rx:27Dec2016 Ordered
- Disabled Parking Placard/License Plate; Due to medical conditions, patient needs handicap placard;
  Therapy: 23May2016 to (Last Rx:23May2016) Ordered
- FLUoxetine HCl - 40 MG Oral Capsule; TAKE 1 TABLET A DAY;
  Therapy: 22Sep2016 to (Last Rx:22Sep2016) Requested for: 22Sep2016 Ordered
- Gabapentin 400 MG Oral Capsule; TAKE 1 CAPSULE TWICE DAILY;
  Therapy: 08Jul2015 to (Evaluate:28Jul2016) Requested for: 28Jun2016; Last Rx:28Jun2016 Ordered

[redacted]

Date of Service: 01/03/2017
Patient Name: CARL E. LUCAS
Patient DOB: [redacted]
MR#: [redacted]
Gender: M
Provider: Michael P. Harris M.D.

- Invokamet 150-1000 MG Oral Tablet; Take one tablet twice a day;
  Therapy: 08Jul2015 to (Last Rx:05Aug2015) Requested for: 10Aug2015 Ordered
- Misc Med/ Pharmacy Order; glucometer test strips
  test bid;
  Therapy: 19May2015 to (Evaluate:15Nov2015); Last Rx:19May2015 Ordered
- Oxycodone-Acetaminophen 7.5-325 MG Oral Tablet; TK 1 T PO BID PRN;
  Therapy: 10Aug2016 to Recorded
- TiZANidine HCl - 4 MG Oral Tablet;
  Therapy: 27May2015 to Recorded
- Zolpidem Tartrate 10 MG Oral Tablet; TAKE 1 TABLET AT BEDTIME;
  Therapy: 23May2016 to (Evaluate:19Nov2016); Last Rx:23May2016 Ordered

Allergies
- Penicillins

Immunizations
Immunization history not assessed

Results/Data
All Results (Data Includes: Last 2 Weeks)
No recent results

Physical Exam
Constitutional: alert, in no acute distress, well nourished, well developed, healthy appearing and normal voice and communication.
Pulmonary: no respiratory distress, normal respiratory rhythm and effort and clear bilateral breath sounds.
Heart: heart rate and rhythm were normal, normal S1 and S2, no gallops, no murmurs and no pericardial rub.
Psychiatric: oriented to person, place, and time, insight and judgment were intact, the affect was normal, recent memory was not impaired and remote memory was not impaired.

Assessment
Arthritis (716.90) (M19.90)
Idiopathic hypertension (401.9) (I10)
Insomnia (780.52) (G47.00)
Low back pain (724.2) (M54.5)
Depression (311) (F32.9)
Type 2 diabetes mellitus (250.00) (E11.9)
Syncope (780.2) (R55)

Plan
Arthritis
- Renew: Gabapentin 400 MG Oral Capsule; TAKE 1 CAPSULE TWICE DAILY
  Rx By: Harris, Michael P; Dispense: 30 Days ; #:60 Capsule; Refill: 5;For: Arthritis; DAW = N; Verified Transmission to WALGREENS DRUG STORE 11362; Last Updated By: System, SureScripts; 1/3/2017 7:11:15 AM

Idiopathic hypertension
- Renew: Amlodipine Besy-Benazepril HCl - 5-20 MG Oral Capsule; TAKE 1 CAPSULE DAILY
  Rx By: Harris, Michael P; Dispense: 90 Days ; #:90 Capsule; Refill: 1;For: Idiopathic hypertension; DAW = N; Verified Transmission to CVS Caremark Inc (Mail Order); Last Updated By: System, SureScripts; 1/3/2017 7:11:14 AM

Insomnia
- Renew: ALPRAZolam 1 MG Oral Tablet; TAKE 1 TABLET Daily At Bedtime

[redacted]

Date of Service: 01/03/2017
Patient Name: CARL E. LUCAS
Patient DOB: [redacted]
MR#: [redacted]
Gender: M
Provider: Michael P. Harris M.D.

Rx By: Harris, Michael P; Dispense: 30 Days ; #:30 Tablet; Refill: 5;For: Insomnia; DAW = N; Print Rx; Last Updated By: Grant, Wanda S; 1/3/2017 7:07:59 AM

- Renew: Zolpidem Tartrate 10 MG Oral Tablet (Ambien); TAKE 1 TABLET AT BEDTIME
  Rx By: Harris, Michael P; Dispense: 30 Days ; #:30 Tablet; Refill: 5;For: Insomnia; DAW = N; Print Rx; Last Updated By: Grant, Wanda S; 1/3/2017 7:07:59 AM

Low back pain

- Renew: FLUoxetine HCl - 40 MG Oral Capsule; TAKE 1 TABLET A DAY
  Rx By: Harris, Michael P; Dispense: 0 Days ; #:30 Capsule; Refill: 5;For: Low back pain; DAW = N; Verified Transmission to WALGREENS DRUG STORE 11362; Last Updated By: System, SureScripts; 1/3/2017 7:11:14 AM

Type 2 diabetes mellitus

- Renew: Invokamet 150-1000 MG Oral Tablet; Take one tablet twice a day
  Rx By: Harris, Michael P; Dispense: 0 Days ; #:180 Tablet; Refill: 1;For: Type 2 diabetes mellitus; DAW = N; Verified Transmission to CVS Caremark Inc (Mail Order); Last Updated By: System, SureScripts; 1/3/2017 7:11:13 AM
- Hemoglobin A1C (In-Office); Status:Hold For - Specimen/Data Collection; Requested for:03Jan2017;
  Perform:In Office; Due:03Feb2017; Last Updated By:Morales Stokes, Kimberly; 1/3/2017 7:18:46 AM;Ordered; For:Type 2 diabetes mellitus; Ordered By:Harris, Michael P;

Renewed current medication. Labs checked in office today.

Signatures

Documentation scribed by Jessica Jamison, MOT for Michael Harris, MD 01/03/2017 7:15 am.
I have reviewed the above documentation and agree that it is accurate.
Electronically signed by : Michael Harris, M.D.; Jan 3 2017 7:24AM EST

[redacted]

HEALTH HISTORY QUESTIONNAIRE

First Name: Carl Middle: Edward Last: Lucas Date: ____

SSN: [redacted] Date of Birth: [redacted] Gender: ☒ Male ☐ Female

Phone: (H) [redacted] (C) [redacted]

Race: W Emergency Contact Person: Lindy Lucas Number: [redacted]

Chief Complaint and Present Illness

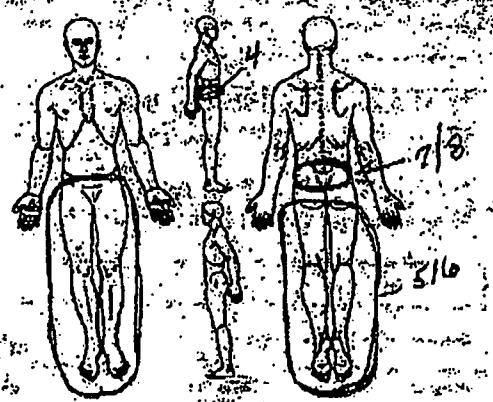
Reason for Visit: lower back pain and leg pain

Date or Time Since Symptoms Began: 01/17/2014

Onset manner of symptoms: ☐ Gradual ☐ Sudden ☒ Injury ☐ Variable

Frequency of Symptoms:
☐ Rare ☐ Occasional ☐ Intermittent ☐ Frequent ☒ Constant

Location of Symptoms:
Please mark all areas of symptoms on the diagram



How have symptoms progressed: ☐ Improved ☒ Unchanged ☐ Getting Worse

If symptoms include Pain, check the boxes that best describe:
☒ Aching ☐ Burning ☒ Cramping ☐ Crushing ☒ Constricting
☐ Deep ☐ Dull ☐ Gnawing ☐ Heavy ☐ Knife Like ☐ Piercing
☐ Pounding ☐ Pressure Like ☒ Sharp ☐ Shooting ☐ Stabbing
☐ Tearing ☐ Tender ☒ Throbbing ☐ Tight ☐ Other ____

Severity of Pain: Rate your pain on a scale of 1-10 with 10 being the worst pain for each area. Mark on the diagram provided.

How long do you symptoms usually last: Most of the time

How did symptoms start: after lifting and pulling

What brings on symptoms: lifting, squatting, bending, walking for long periods of time, standing for long period

What makes symptoms worse: lifting

What relieves symptoms: ibuprofen, hot tubs, baths, massages, back brace

Medications

Please list all medications that you are currently taking, both prescription and over the counter

Medication Name	Dosage	Frequency	Who Prescribed Medication
Amlod/Benazep	5-20mg	1 Daily	Dr Michael Harris
Metformin Tab	500 MG	1 Daily	Dr Michael Harris
Nexium Cap	40 MG	1 Daily	Dr Michael Harris
Zolpidem	10mg	1 Daily	Dr Michael Harris
Clonazepam	.5 MG	1/2 Daily	Dr Michael Harris
Duloxetine DR	60 MG	1 Daily	Dr Michael Harris

[redacted]

Allergies

List all allergies including medications and the reaction. If none, write none.

List Allergies	Reaction you had
Penicillum	Rash

Past Medical History

Please provide a list and history of all past medical conditions: Ex; Asthma, Diabetes, High blood pressure etc

Type II Diabetic, high blood pressure controlled with meds
Depression, P.D.

Provide a complete list of all illnesses, injuries, surgeries, and hospitalization. (Use back of page if necessary)

List Illnesses, Surgeries, and Hospitalizations	Date	Treatment
Hernia	2013	Operation
Tonsils and Adenoids	?	Operation

Check any childhood diseases that you have had:
☒ Chicken Pox ☐ Measles ☐ Mumps ☐ Polio ☐ Rheumatic Fever ☐ Rubella ☐ Scarlet Fever ☐ None

Have you ever had a Blood Transfusion: ☐ Yes ☒ No
Have you ever been exposed to a Sexually Transmitted Disease: ☒ Yes ☒ No If yes, list disease: _____

Family History

	Status	Age	Illnesses	Cause of Death
Father	☒ Living ☐ Deceased ☐ Unknown	70	Heart condition, Diabetic Type I	
Mother	☒ Living ☐ Deceased ☐ Unknown	68	Cancer in Stomach	

	Number	List any illnesses
Siblings	2	Allergies
Children 2 Step 2 Biological	4	Allergies

Social History

Marital Status: ☐ Single ☐ Engaged ☒ Married ☐ Separated ☐ Divorced ☐ Spouse Deceased

Occupation: Truck Driver (CDL) Highest Level of Education: High School

Tobacco Use: ☐ Never ☐ Current ☒ Discontinued 26 years ago Type: _____ Quantity: _____ Years: _____

Alcohol Use: ☐ Never ☒ Beer(s) occasionally /Week ☐ Liquor /Week ☐ Wine /Week ☐ Recovering Alcoholic but not since I've been on my meds

Caffeine: No Coffee: Yes Tea: Yes Soda

Exercise: ☒ Not Exercising ☐ Exercising ___ Times per week Type of exercise: _____

[redacted]

Illicit Drug Usage: ☒ Never ☐ Past History ☑ Current Please list drugs used
Drug/Alcohol Abuse Treatment ☐ Yes ☒ No: If yes, ☐ In-Patient ☐ Out-Patient ☐ Both

Review of Systems

Please check all symptoms or illnesses that you have currently.

General
- ☐ Anorexia
- ☒ Appetite Loss
- ☐ Chills
- ☐ Dietary Changes
- ☒ Fatigue
- ☐ Fever
- ☐ Night Sweating
- ☐ Persistent Infections
- ☒ Weight Change
- ☐ None of above

Skin
- ☐ Brittle Nails
- ☐ Bruising
- ☐ Change in Wart/Mole
- ☐ Clamminess
- ☐ Cracked Lips
- ☐ Dryness
- ☐ Excessive Sweating
- ☐ Hair Loss
- ☐ Hives
- ☐ Itching
- ☐ Nail Changes
- ☐ New Lesions
- ☐ Pale Skin
- ☐ Rash
- ☐ Skin Color Changes
- ☐ Ulcers
- ☐ None of above

HEENT
- ☐ Headache
- ☐ Head Injury
- ☐ Blurred Vision
- ☐ Blindness
- ☐ Color Blindness
- ☐ Decrease Vision
- ☐ Double Vision
- ☐ Excessive Tearing
- ☐ Eye Pain
- ☐ Eye Redness
- ☐ Glaucoma
- ☐ Puffiness
- ☐ Visual Disturbances
- ☐ Vision Loss
- ☐ Glasses/Contacts
- ☐ Hearing Loss
- ☐ Deafness
- ☐ Ear Discharge
- ☐ Ear Infection
- ☐ Ear Pain
- ☐ Ringing in Ears
- ☐ Spinning Sensation
- ☐ Vertigo
- ☐ Runny Nose
- ☐ Nose Bleeds
- ☐ Frequent Colds
- ☐ Nasal Congestion
- ☒ Sneezing
- ☒ Sleep Apnea
- ☒ Seasonal Allergies
- ☐ Runny Nose
- ☐ Sinus Pain
- ☒ Snoring
- ☐ Bleeding Gums
- ☐ Hoarseness
- ☐ Trouble Smelling
- ☐ Mouth Ulcers
- ☐ Sore Throat
- ☐ Voice Changes
- ☐ Face Numbness/Tingle
- ☐ None of above

Neck
- ☐ Neck Mass
- ☐ Neck Pain
- ☐ Neck Stiffness
- ☐ Neck Swelling
- ☐ Swollen Glands
- ☐ None of Above

Lungs/Respiratory
- ☐ Bloody Sputum
- ☐ Chronic Coughing
- ☐ Cough
- ☐ Decreased Exercise Tolerance
- ☐ Shortness of Breath
- ☐ Shortness of Breath with Exertion
- ☐ Difficulty Breathing
- ☐ Coughing Blood
- ☐ Sputum Production
- ☐ Wheezes
- ☐ None of above

Breast
- ☐ Breast Mass
- ☐ Breast Pain
- ☐ Breast Swelling
- ☐ Gynecomastia
- ☐ Nipple Discharge
- ☐ Nipple Pain
- ☐ Recent Breast Size Changes
- ☐ Breast Skin Changes
- ☐ None of above

Heart/Cardiac
- ☒ Abnormal Blood Pressure
- ☐ Bradycardia
- ☒ Calf Cramps
- ☐ Chest Pain
- ☐ Claudication
- ☐ Difficulty Breathing Lying Down
- ☐ Edema
- ☒ Hypertension
- ☐ Fainting
- ☐ Heart Stent
- ☐ Irregular Heart Beat
- ☒ Leg Cramps
- ☐ Leg Pain/Swelling
- ☒ Night Cramps
- ☐ Palpitations
- ☐ Phlebitis
- ☐ Rapid Heart Rate
- ☐ Slow Heart Rate
- ☐ Swelling of Extremities
- ☐ None of above

Gastrointestinal
- ☐ Abdominal Pain
- ☐ Abdominal Swelling
- ☒ Belching
- ☐ Black Tarry Stool
- ☐ Bloating
- ☐ Bloody Stool
- ☐ Changes in Bowels
- ☐ Choking
- ☐ Constipation
- ☐ Diarrhea
- ☐ Difficulty Swallowing
- ☐ Difficulty Tasting
- ☐ Excessive Gas
- ☐ Food Intolerance
- ☒ Gas
- ☐ Hemorrhoids

Review of Systems Continued

[redacted]

Please check all symptoms or illnesses that you have currently.

- ☒ Heartburn
- ☒ Indigestion
- ☐ Nausea
- ☐ Pain With Bowel Movements
- ☐ Rectal Bleeding
- ☐ Vomiting
- ☐ None of above

Male Only

- ☐ Blood in Urine
- ☐ Change in Bladder Habits
- ☐ Change in Urinary Stream
- ☒ Difficulty with Erection
- ☐ Discharge
- ☐ Painful Urination
- ☐ Flank Pain
- ☐ Hesitancy
- ☒ Impotence
- ☐ Penile Lesions
- ☐ Testicular Mass
- ☐ Testicular Pain
- ☐ Urinary Urgency
- ☐ None of above

Endocrine

- ☐ Cold Intolerance
- ☐ Decreased Sweating
- ☐ Excessive Sweating
- ☐ Excessive Urination
- ☐ Hair Changes Heat Intolerance
- ☐ Hot Flashes
- ☐ Libido Change
- ☐ Thyroid Problems
- ☐ None of above

Female Only

- ☐ Absence of Menstruation
- ☐ Blood in Urine
- ☐ Changes in Bladder Habits
- ☐ Changes in Urinary Stream
- ☐ Difficulty Emptying Bladder
- ☐ Discharge
- ☐ Excessive Menstrual Bleeding
- ☐ Incontinence
- ☐ Menstrual Irregularities
- ☐ Painful Intercourse
- ☐ Painful Urination
- ☒ Pelvic Pain
- ☐ Urgency
- ☐ Urinary Complaints
- ☐ Vaginal Bleeding
- ☐ Vaginal Discharge
- ☐ Vaginal Dryness
- ☐ Vaginal Fluid
- ☐ None of above

Date of last Menstrual Period: _____

Musculoskeletal

- ☒ Back Pain
- ☒ Backache
- ☒ Calf Pain
- ☒ Decrease Range of Motion
- ☐ Joint Pain
- ☐ Joint Redness
- ☐ Joint Stiffness
- ☐ Joint Swelling
- ☒ Leg Cramps
- ☐ Muscle Atrophy
- ☒ Muscle Cramps
- ☐ Muscle Weakness
- ☐ Neck Pain
- ☐ Physical Disability
- ☐ Swelling of Extremities
- ☐ None of above

Psychiatric

- ☒ Anxiety
- ☒ Change in Sleep Pattern
- ☐ Delirium
- ☐ Delusions
- ☒ Depression
- ☐ Disorientation
- ☒ Easily Irritated
- ☐ Fearful
- ☐ Frequent Crying
- ☐ Hallucinations
- ☐ Can't Concentrate
- ☒ Insomnia
- ☐ Memory Loss
- ☒ Mood Changes
- ☐ Nervousness
- ☐ Panic Attacks
- ☐ Suicidal Ideation
- ☐ Suicidal Planning
- ☐ None of above

Neurological

- ☐ Attention Deficit
- ☐ Decrease Memory
- ☐ Confusion
- ☐ Dizziness
- ☐ Easily Distracted
- ☐ Fainting
- ☐ Hyperactivity
- ☐ Loss of Coordination
- ☐ Loss of Consciousness
- ☐ Numbness
- ☐ Personality Changes
- ☐ Pins and Needles
- ☐ Seizures
- ☐ Poor Balance
- ☐ Pinning Sensation
- ☐ Stroke
- ☐ Speech Difficulty
- ☐ Tremor
- ☐ Unsteadiness
- ☐ Sudden Jerks
- ☐ Weakness in Extremities
- ☐ None of above

Blood/Lymphatics

- ☐ Abnormal Bleeding
- ☐ Anemia
- ☐ Blood Clots
- ☐ Easy Bruising
- ☐ Enlarged Lymph nodes
- ☐ Prolonged Bleeding
- ☐ Spontaneous Bleeding
- ☐ None of above

By signing below I certify that that above information is true to the best of my knowledge and I consent for the provider to evaluate, recommend and treatment me for the condition or conditions present above.

Signature _____ Date _____

Last Lucas

[redacted]

SOAPP®-R

The following are some questions given to patients who are on or being considered for medication for their pain. Please answer each question as honestly as possible. There are no right or wrong answers.

	Never	Seldom	Sometimes	Often	Very Often
	0	1	2	3	4
1. How often do you have mood swings?				3	
2. How often have you felt a need for higher doses of medication to treat your pain?				3	
3. How often have you felt impatient with your doctors?				3	
4. How often have you felt that things are just too overwhelming that you can't handle them?	0				
5. How often is there tension in the home?				1	
6. How often have you counted pain pills to see how many are remaining?			2		
7. How often have you been concerned that people will judge you for taking pain medication?	0				
8. How often do you feel bored?				2	
9. How often have you taken more pain medication than you were supposed to?				1	
10. How often have you worried about being left alone?	0				
11. How often have you felt a craving for medication?	0				
12. How often have others expressed concern over your use of medication?				1	

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Pain

[redacted]

	Never	Seldom	Sometimes	Often	Very Often
	0	1	2	3	4
13. How often have any of your close friends had a problem with alcohol or drugs?	0				
14. How often have others told you that you had a bad temper?					
15. How often have you felt consumed by the need to get pain medication?					
16. How often have you run out of pain medication early?					
17. How often have others kept you from getting what you deserve?					
18. How often, in your lifetime, have you had legal problems or been arrested?	0				
19. How often have you attended an AA or NA meeting?					
20. How often have you been in an argument that was so out of control that someone got hurt?	0				
21. How often have you been sexually abused?	0				
22. How often have others suggested that you have a drug or alcohol problem?	0				
23. How often have you had to borrow pain medications from your family or friends?	0				
24. How often have you been treated for an alcohol or drug problem?	0				

Please include any additional information you wish about the above answers.
Thank you.

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[redacted]

History & Physical Report #1

Carl Lucas
10/6/2014 2:47 PM
Location: The Pain Center Irmo
Patient [redacted]
DOB: [redacted]
Married / Language: English / Race: White
Male

History of Present Illness (Ryan T Krafft, DO; 10/7/2014 7:33 AM)

The patient is a 47 year old male who presents with a complaint of Pain. The onset of the pain has been Injury and has been occurring in constant pattern for 10 months. The pain is characterized as aching, cramping, sharp and throbbing. The pain is described as being located in the lower back, lumbosacral area, right side and left side. The patient describes the pain as 7 out of 10. The pain radiates to the right thigh, left thigh, right leg, right lower extremity, right foot, left leg, left lower extremity, left foot and right hip. The symptoms are aggravated by lifting, standing, walking, pushing and pulling. The symptoms are relieved by rest and prescribed muscle stimulator.

Note: Mr. Lucus comes in today for a consult on chronic pain in his lower back. He states that it has been going on for about a year, and has gradually been getting worse. He mentions he had a history of a hernia and he thinks he went back to work too early after that was repaired. He then reports that on 1-17-2014 he was unloading a truck and his back "locked up". Since that time he has been unable to work due to the pain. He eventually had an MRI done which showed an annular tear. He has been utilizing a Tens unit on a regular basis as well as periodic medications for the pain. He reports that his pain seems to be worse with prolonged sitting and standing. He has tried rest, activity modification, Hydrocodone, and physical therapy with no notable improvement.

Medication History (Ursula Windham; 10/6/2014 2:53 PM)

Amlodipine Besy-Benazapril HCl (5-20MG Capsule, Oral daily) Active.
MetFORMIN HCl (500MG Tablet, Oral daily) Active.
NexIUM (40MG Packet, Oral daily) Active.
Zolpidem Tartrate (10MG Tablet, Oral daily) Active.
ClonazePAM (0.5MG Tablet, Oral daily) Active.
DULoxetine HCl (60MG Capsule DR Part, Oral daily) Active.

Allergies (Ursula Windham; 10/6/2014 2:54 PM)

Penicillins. Rash.

Problem List/Past Medical (Ryan T Krafft, DO; 10/6/2014 3:16 PM)

No history of receiving blood or blood product transfusion(s)
The patient has not been exposed to AIDS, HIV, hepatitis, TB, influenza, MMR, DPT, polio or tetanus. There have been no recent rashes or viral illnesses
Positive history for chicken pox
Diabetes Mellitus, Type II
High blood pressure
Anxiety/Depression
Erectile dysfunction
Gastroesophageal Reflux Disease

Past Surgical History (Ursula Windham; 10/6/2014 2:56 PM)

Hernia Repair
Tonsillectomy and adenoidectomy

Family History (Ursula Windham; 10/6/2014 2:56 PM)

The father is living
The mother is living

Social History (Ursula Windham; 10/6/2014 2:57 PM)

Marital status. Married.
Most recent primary occupation. Other service.
Highest Education Level Attained. High school graduate.
Exercise. Inactive.
No Drug Use
Alcohol Use. Occasional alcohol use.
Tobacco Use. Former smoker.
Caffeine Use. TEA & SODA

Review of Systems (Ursula Windham; 10/6/2014 3:01 PM)

General: Present- **Appetite Loss, Fatigue** and Weight Gain. Not Present- Chills, Fever, Night Sweats and Weight Loss.
Skin: Not Present- Rash.
HEENT: Present- **Sneezing, Sleep Apnea, Seasonal Allergies** and **Snoring.** Not Present- Visual Disturbances, Hearing Loss, Ear Pain, Sore Throat and Facial Numbness/Tingling.
Neck: Not Present- Neck Pain and Neck Stiffness.
Respiratory: Not Present- Cough, Wheezing and Dyspnea.
Cardiovascular: Present- **Abnormal Blood Pressure, Calf Cramps, Elevated Blood Pressure, Leg Cramps** and **Night Cramps.** Not Present- Chest Pain, Palpitations and Difficulty Breathing On Exertion.
Gastrointestinal: Present- **Belching, Gas, Heartburn** and **Indigestion.** Not Present- Abdominal Pain, Change in Bowel Habits, Diarrhea, Difficulty Swallowing, Nausea and Vomiting.

[redacted]

Male Genitourinary: Present- **Difficulty with Erection** and **Impotence**. Not Present- Urgency and Painful Urination.
Musculoskeletal: Present- See HPI, **Back Pain**, **Backache**, **Calf Pain**, **Decreased Range of Motion**, **Leg Cramps** and **Muscle Cramps**.
Neurological: Not Present- Confusion, Dizziness, Fainting, Personality Changes, Seizures, Vertigo and Weakness.
Psychiatric: Present- **Anxiety**, **Change in Sleep Pattern**, **Depression**, **Easily Irritated**, **Insomnia** and **Mood changes**. Not Present- Hallucinations, Memory Loss and Panic Attacks.
Endocrine: Not Present- Cold Intolerance, Excessive Sweating and Excessive Thirst.
Hematology: Not Present- Abnormal Bleeding and Easy Bruising.

Vitals (Ursula Windham; 10/6/2014 2:48 PM)
10/6/2014 2:48 PM
Weight: 237.5 lb **Height:** 68.5 in
Body Surface Area: 2.28 m² **Body Mass Index:** 35.59 kg/m²
Pain Level: 7/10
Pulse: 100 (Irregular)
BP: 160/98 (Sitting, Left Arm, Standard)

Physical Exam (Ryan T Krafft, DO; 10/7/2014 7:34 AM)
The physical exam findings are as follows:

General
Mental Status - Alert. **General Appearance** - no acute distress, Well appearing and pleasant. **Build & Nutrition** - Obese.

Integumentary
General Characteristics: Skin Moisture - normal skin moisture. **Temperature** - normal warmth is noted.

Head and Neck
Head - normocephalic, atraumatic.

Eye
Sclera/Conjunctiva - Bilateral - anicteric sclerae.

ENMT
Mouth and Throat
Oral Cavity/Oropharynx: Oral Mucosa - moist.

Chest and Lung Exam
Inspection: Movements - Unlabored Breathing.

Cardiovascular
Cardiovascular examination reveals - no digital clubbing, cyanosis, edema, increased warmth or tenderness.

Abdomen
Palpation/ Percussion: Tenderness - there is no tenderness on palpation of the abdomen and soft.

Neurologic
Motor:
Strength: 5/5 normal muscle strength - strength is normal and symmetrical in the bilateral upper and lower extremities.
Coordination: - Coordination appears to be normal.
Sensory:
Light Touch: Intact - Grossly.
General Assessment of Reflexes - **Right Biceps** - 0. **Left Biceps** - 0. **Right Brachioradialis** - 1+. **Left Brachioradialis** - 1+. **Right Triceps** - 0. **Left Triceps** - 0. **Right Patella** - 0. **Left Patella** - 0. **Right Achillis** - 0. **Left Achillis** - 0. **Neuro Exam** - **Bilateral** - Hoffman's Sign is negative.

Neuropsychiatric
The Screener and Opioid Assessment for Patients with Pain-Revised was administered to the patient - **The patient scored 18 on the SOAP-R.** **Orientation** - fully oriented. The patient's mood and affect are described as - normal. **Thought Processes/ Cognitive Function** - cognition intact.

Musculoskeletal
Spinal Exam:
Gait and Station:
Evaluation of Gait: Gait - Antalgic gait.
Lumbosacral Spine:
Inspection: Edema - Bilateral - No edema present. **Scars** - There are no scars present. **Alignment** - normal alignment.
Palpation:
Tenderness: Paraspinal - Bilateral - moderate tenderness in the paraspinal muscles, tenderness is noted in the mid lumbar area and noted in the lower lumbar area.
Facet Joints: Severe - Bilateral - severe tenderness over the L3 facet, severe tenderness over the L4 facet and severe tenderness over the L5 facet.
SI Joint - Bilateral - there is no tenderness over the SI joint on palpation.
Muscle: Lumbar Paraspinal - Bilateral - muscle tightness and moderate paraspinal muscle spasm.
ROM: Flexion - flexion of the lumbar spine is mildly reduced. **Extension** - extension of the lumbar spine is severely restricted and extension elicits pain at the end range of motion. **Lateral Bending - Bilateral** - mildly reduced and elicits pain at the end range of motion.
Provocative Testing - Bilateral - Kemp's Test positive for axial back pain. Seated Leg Raising Test is negative.

Assessment & Plan (Ryan T Krafft, DO; 10/7/2014 7:37 AM)

[redacted]

Chronic pain disorder (338.4)
Current Plans
- The patient was administered The Screener and Opioid Assessment for Patients with Pain- Revised (SOAPP®-R), which is a tool for clinicians to help with risk assessment and determine how much monitoring a patient on long-term opioid therapy might require. The SOAPP-R is one step in the assessment process to determine which patients are high-risk for opioid misuse.
SOAPP-R score = 10 to 17 Patients in this category are judged to be at a medium or moderate risk for opioid misuse. Periodic urine screens are recommended.

· Some of these patients are probably best treated by concomitant psychological interventions in which they can learn to increase their pain-coping skills, decrease depression and anxiety, and have more frequent monitoring of their compliance. They may need to be closely monitored until proven reliable by not running out of their medications early and having appropriate urine drug screens.
· Periodic urine screens are recommended.
· After a period in which no signs of aberrant behavior are observed, less frequent clinic visits may be indicated. If there are any violations of the opioid agreement, then regular urine screens and frequent clinic visits would be recommended.
- Started Oxycodone-Acetaminophen 7.5-325MG, 1 (one) Tablet three times daily, as needed, #90, 30 days starting 10/06/2014, No Refill.
- Started Zanaflex 4MG, 1 (one) Capsule two times daily, as needed, #60, 30 days starting 10/06/2014, No Refill.
- Baseline Toxicology Testing is being ordered due to considerations of initiating this patient on opioid and/or sedative hypnotic medications. Drugs included in baseline testing are those found to be prescribed or abused frequently in our population and/or ones that present high risk for additive or synergistic interactions with prescribed medications (e.g., benzodiazepines, opiates/opioids, alcohol, amphetamines, muscle relaxants) or are associated with increased risk for medication-aberrant behavior (illicits, ethanol). LC-MS/MS is being ordered because the lower limits of detection for these prescribed and illicit drugs, minimizing the risk of false negatives and to identify substances that may not have been disclosed by the patient. This highly sensitive methodology provides detection of both recent and more remote use of prescribed and illicit substances often undetected by EIA which is necessary for the protection of the patient's health. (V58.83 Encounter for therapeutic drug monitoring, V58.69 Long-term current use of medication, high risk medications, 304.7 Combinations of opioid type drugs with any other.)
Orders:
1. Enzyme immunoassay urine drug testing to assess the following drug classes: amphetamines, barbiturates, benzodiazepines, buprenorphine, cocaine, heroin, MDMA, methadone, opiates, oxycodone, pcp, propoxyphene, and THC
2. Specimen validity testing for creatinine, specific gravity and pH
3. Confirmation testing for pertinent positive EIA findings and pertinent negatives
4. LC-MS/MS testing for medications that are not detectable or poorly detected via enzyme immunoassay including: Opiates/opioids (codeine, morphine, hydrocodone, hydromorphone, oxycodone, oxymorphone, tramadol, methadone, fentanyl, buprenorphine, tapentadol, pentazocine, meperidine), Benzodiazepines (lorazepam, diazepam, clonazepam, alprazolam, temazepam, midazolam, triazolam), Amphetamine, Muscle relaxants (carisoprodol, meprobamate, cyclobenzaprine), Zolpidem, Illicits (methamphetamine, cocaine)
5. LC-MS/MS testing for other medications as listed on the requisition

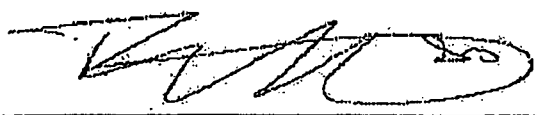
Annular tear of lumbar disc (722.52)

Lumbar spondylosis (721.3)

Lumbago (724.2)

Dysesthesia (782.0)

Note: I had a long discussion with the patient today regarding his lumbar pain. Based upon his history and physical exam, his pain most likely appears related to lumbar facet arthropathy. He reports about 80% of his pain is localized to his lumbar spine and only 20% radiation to his legs, which correlates moreso to facet mediated pain, as opposed to radicular. Unfortunately, I do not have a copy of his recent MRI so I would like to get ahold of that prior to moving forward with any specific treatment. I will have him sign a release to obtain any recent imaging and plan to see him back in about 2 weeks, at which time I will reevaluate his pain and proceed accordingly from there.



Signed electronically by Ryan T Krafft, DO (10/7/2014 7:38 AM)

[redacted]

History & Physical Report #2

Carl Lucas
10/21/2014 1:58 PM
Location: The Pain Center Irmo
Patient [redacted]
DOB: [redacted]
Married / Language: English / Race: White
Male

History of Present Illness (Ryan T Krafft, DO; 10/21/2014 3:23 PM)

The patient is a 47 year old male who presents with a complaint of Pain. The onset of the pain has been injury and has been occurring in constant pattern for 10 months. The course has been decreasing. The pain is characterized as aching, cramping, sharp and throbbing. The pain is described as being located in the lower back, lumbosacral area, right side and left side. The patient describes the pain as 2 out of 10. The pain radiates to the right thigh, left thigh, right leg, right lower extremity, right foot, left leg, left lower extremity, left foot and right hip. The symptoms are aggravated by lifting, standing, walking, pushing and pulling. The symptoms are relieved by rest, pain medications prescribed and prescribed muscle stimulator.

Note: Mr. Lucas comes in today to discuss his pain issues. He states that since his last visit his pain has improved. He reports that when he takes the Percocet, it does make him a bittired. He mentions that he has lost 11lbs since his last visit due to increased activity.

Medication History (Michael Collins; 10/21/2014 2:02 PM)

Oxycodone-Acetaminophen (7.5-325MG Tablet, 1 (one) Tablet Oral three times daily, as needed, Taken starting 10/06/2014) Active.
Zanaflex (4MG Capsule, 1 (one) Capsule Oral two times daily, as needed, Taken starting 10/06/2014) Active.
Amlodipine Besy-Benazepril HCl (5-20MG Capsule, Oral daily) Active.
MetFORMIN HCl (500MG Tablet, Oral daily) Active.
NexIUM (40MG Packet, Oral daily) Active.
Zolpidem Tartrate (10MG Tablet, Oral daily) Active.
ClonazePAM (0.5MG Tablet, Oral daily) Active.
DULoxetine HCl (60MG Capsule DR Part, Oral daily) Active.

Allergies (Michael Collins; 10/21/2014 2:02 PM)

Penicillins. Rash.

Problem List/Past Medical (Ryan T Krafft, DO; 10/21/2014 2:31 PM)

Positive history for chicken pox
Diabetes Mellitus, Type II
High blood pressure
No history of receiving blood or blood product transfusion(s)
The patient has not been exposed to AIDS, HIV, hepatitis, TB, influenza, MMR, DPT, polio or tetanus. There have been no recent rashes or viral illnesses
Anxiety/ Depression
Erectile dysfunction
Gastroesophageal Reflux Disease

Past Surgical History (Michael Collins; 10/21/2014 2:02 PM)

Tonsillectomy and adenoidectomy
Hernia Repair

Family History (Michael Collins; 10/21/2014 2:02 PM)

The father is living
The mother is living

Social History (Michael Collins; 10/21/2014 2:02 PM)

Exercise. Inactive.
No Drug Use
Alcohol Use. Occasional alcohol use.
Marital status. Married.
Most recent primary occupation. Other service.
Highest Education Level Attained. High school graduate.
Tobacco Use. Former smoker.
Caffeine Use. TEA & SODA

Other Problems (Ryan T Krafft, DO; 10/21/2014 2:31 PM)

Lumbar spondylosis (721.3)
Annular tear of lumbar disc (722.52)
Chronic pain disorder (338.4)
Dysesthesia (782.0)
Lumbago (724.2)

Review of Systems (Michael Collins; 10/21/2014 2:02 PM)

General: Present- **Appetite Loss**, **Fatigue** and Weight Gain. Not Present- Chills, Fever, Night Sweats and Weight Loss.
Skin: Not Present- Rash.
HEENT: Present- **Sneezing**, **Sleep Apnea**, **Seasonal Allergies** and **Snoring**. Not Present- Visual Disturbances, Hearing Loss, Ear Pain, Sore

[redacted]

Throat and Facial Numbness/Tingling.
Neck: Not Present- Neck Pain and Neck Stiffness.
Respiratory: Not Present- Cough, Wheezing and Dyspnea.
Cardiovascular: Present- **Abnormal Blood Pressure, Calf Cramps, Elevated Blood Pressure, Leg Cramps** and **Night Cramps**. Not Present- Chest Pain, Palpitations and Difficulty Breathing On Exertion.
Gastrointestinal: Present- **Belching, Gas, Heartburn** and **Indigestion**. Not Present- Abdominal Pain, Change in Bowel Habits, Diarrhea, Difficulty Swallowing, Nausea and Vomiting.
Male Genitourinary: Present- **Difficulty with Erection** and **Impotence**. Not Present- Urgency and Painful Urination.
Musculoskeletal: Present- See HPI, **Back Pain, Backache, Calf Pain, Decreased Range of Motion, Leg Cramps** and **Muscle Cramps**.
Neurological: Not Present- Confusion, Dizziness, Fainting, Personality Changes, Seizures, Vertigo and Weakness.
Psychiatric: Present- **Anxiety, Change in Sleep Pattern, Depression, Easily Irritated, Insomnia** and **Mood changes**. Not Present- Hallucinations, Memory Loss and Panic Attacks.
Endocrine: Not Present- Cold Intolerance, Excessive Sweating and Excessive Thirst.
Hematology: Not Present- Abnormal Bleeding and Easy Bruising.

Vitals (Michael Collins; 10/21/2014 2:05 PM)
10/21/2014 2:02 PM
Weight: 237.25 lb **Height:** 68.5 in
Body Surface Area: 2.28 m² **Body Mass Index:** 35.55 kg/m²
Pain Level: 2/10
Pulse: 94 (Regular)
BP: 145/93 (Sitting, Left Arm, Standard)

Physical Exam (Ryan T Krafft, DO; 10/21/2014 3:24 PM)
The physical exam findings are as follows:

General
Mental Status - Alert. **General Appearance** - no acute distress, Well appearing and pleasant. **Build & Nutrition** - Obese.

Integumentary
General Characteristics: Skin Moisture - normal skin moisture. **Temperature** - normal warmth is noted.

Head and Neck
Head - normocephalic, atraumatic.

Eye
Sclera/Conjunctiva - Bilateral - anicteric sclerae.

ENMT
Mouth and Throat
Oral Cavity/Oropharynx: Oral Mucosa - moist.

Chest and Lung Exam
Inspection: Movements - Unlabored Breathing.

Cardiovascular
Cardiovascular examination reveals - no digital clubbing, cyanosis, edema, increased warmth or tenderness.

Neurologic
Motor:
Strength: 5/5 normal muscle strength - Left Upper Extremity, Left Lower Extremity, Right Upper Extremity and Right Lower Extremity.
Coordination: - Coordination appears to be normal.
Sensory:
Light Touch: Intact - Grossly.
General Assessment of Reflexes - **Right Biceps** - 0. **Left Biceps** - 0. **Right Brachioradialis** - 1+. **Left Brachioradialis** - 1+. **Right Triceps** - 0. **Left Triceps** - 0. **Right Patella** - 0. **Left Patella** - 0. **Right Achillis** - 0. **Left Achillis** - 0. **Neuro Exam - Bilateral** - Hoffman's Sign is negative.

Neuropsychiatric
The Screener and Opioid Assessment for Patients with Pain-Revised was administered to the patient - **The patient scored 18 on the SOAP-R.** **Orientation** - fully oriented. The patient's mood and affect are described as - normal. **Thought Processes/ Cognitive Function** - cognition intact.

Musculoskeletal
Spinal Exam:
Gait and Station:
Evaluation of Gait: Gait - Antalgic gait.
Lumbosacral Spine:
Inspection: Edema - Bilateral - No edema present. **Scars** - There are no scars present. **Alignment** - normal alignment.
Palpation:
Tenderness: Paraspinal - Bilateral - moderate tenderness in the paraspinal muscles, tenderness is noted in the mid lumbar area and noted in the lower lumbar area.
Facet Joints: Severe - Bilateral - severe tenderness over the L3 facet, severe tenderness over the L4 facet and severe tenderness over the L5 facet.
SI Joint - Bilateral - there is no tenderness over the SI joint on palpation.
Muscle: Lumbar Paraspinal - Bilateral - muscle tightness and moderate paraspinal muscle spasm. Note: pt wearing lumbar brace, which was removed for exam
ROM: Flexion - flexion of the lumbar spine is mildly reduced. **Extension** - extension of the lumbar spine is severely restricted and extension

elicits pain at the end range of motion. **Lateral Bending - Bilateral** - mildly reduced and elicits pain at the end range of motion. **Provocative Testing - Bilateral** - Kemp's Test positive for axial back pain. Seated Leg Raising Test is negative.

Assessment & Plan (Ryan T Krafft, DO; 10/21/2014 3:25 PM)
Chronic pain disorder (338.4)
Current Plans
1 Continued Oxycodone-Acetaminophen 7.5-325MG, 1 (one) Tablet three times daily, as needed, #90, 30 days starting 10/21/2014, No Refill. may fill 11/4/14
1 Continued Zanaflex 4MG, 1 (one) Capsule two times daily, as needed, #60, 30 days starting 10/21/2014, No Refill.

Annular tear of lumbar disc (722.52)

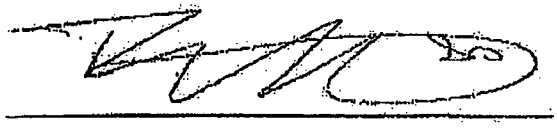
Lumbar spondylosis (721.3)

Dysesthesia (782.0)

Lumbago (724.2)

Controlled substance agreement signed (V58.69)

Note: I had a nice discussion with the patient today. Since I saw him last, he has been doing well with regard to his current medication regimen. At this point, since I have not received a copy of his MRI, I will have him sign another release, as well as prescribe the medication as described above. I will plan to see him back in about 4 weeks and proceed accordingly from there.



Signed electronically by Ryan T Krafft, DO (10/21/2014 3:26 PM)

[redacted]

History & Physical Report #3

Carl Lucas
11/24/2014 9:57 AM
Location: The Pain Center Irmo
Patient #: [redacted]
DOB: [redacted]
Married / Language: English / Race: White
Male

History of Present Illness (Ryan T Krafft, DO; 11/24/2014 12:55 PM)

The patient is a 47 year old male who presents with a complaint of Pain. The pain has been occurring in constant pattern. The course has been decreasing. The pain is characterized as aching and sharp. The pain is described as being located in the lower back, lumbosacral area, right side and left side. The patient describes the pain as 7 out of 10. The pain radiates to the right thigh, left thigh, right leg, right lower extremity, right foot, left leg, left lower extremity, left foot and right hip. The symptoms are aggravated by lifting, standing, walking, pushing and pulling. The symptoms are relieved by rest, pain medications prescribed and prescribed muscle stimulator.

Note: Mr. Lucas comes in today to discuss his chronic pain issues. He states that he continues to have pain in the same distribution as prior, and that the pain medications do not seem to work as well as they once did.

Medication History (Ursula Windham; 11/24/2014 9:57 AM)
Amlodipine Besy-Benazepril HCl (5-20MG Capsule, Oral daily) Active.
MetFORMIN HCl (500MG Tablet, Oral daily) Active.
NexIUM (40MG Packet, Oral daily) Active.
Zolpidem Tartrate (10MG Tablet, Oral daily) Active.
ClonazePAM (0.5MG Tablet, Oral daily) Active.
DULoxetine HCl (60MG Capsule DR Part, Oral daily) Active.

Allergies (Ursula Windham; 11/24/2014 9:57 AM)
Penicillins. Rash.

Problem List/Past Medical (Ryan T Krafft, DO; 11/24/2014 10:22 AM)
Erectile dysfunction
Lumbar spondylosis (721.3)
Annular tear of lumbar disc (722.52)
Chronic pain disorder (338.4)
Dysesthesia (782.0)
Lumbago (724.2)
Gastroesophageal Reflux Disease
Anxiety/ Depression
The patient has not been exposed to AIDS, HIV, hepatitis, TB, influenza, MMR, DPT, polio or tetanus. There have been no recent rashes or viral illnesses
High blood pressure
No history of receiving blood or blood product transfusion(s)
Positive history for chicken pox
Diabetes Mellitus, Type II

Past Surgical History (Ursula Windham; 11/24/2014 9:57 AM)
Tonsillectomy and adenoidectomy
Hernia Repair

Family History (Ursula Windham; 11/24/2014 9:57 AM)
The mother is living
The father is living

Social History (Ursula Windham; 11/24/2014 9:57 AM)
Marital status. Married.
Most recent primary occupation. Other service.
Highest Education Level Attained. High school graduate.
Exercise. Inactive.
No Drug Use
Alcohol Use. Occasional alcohol use.
Tobacco Use. Former smoker.
Caffeine Use. TEA & SODA

Other Problems (Ryan T Krafft, DO; 11/24/2014 10:22 AM)
Controlled substance agreement signed (V58.69)

Review of Systems (Ursula Windham; 11/24/2014 9:58 AM)
General: Present- **Appetite Loss, Fatigue** and Weight Gain. Not Present- Chills, Fever, Night Sweats and Weight Loss.
Skin: Not Present- Rash.
HEENT: Present- **Sneezing, Sleep Apnea, Seasonal Allergies** and **Snoring.** Not Present- Visual Disturbances, Hearing Loss, Ear Pain, Sore Throat and Facial Numbness/Tingling.
Neck: Not Present- Neck Pain and Neck Stiffness.

[redacted]

Respiratory: Not Present- Cough, Wheezing and Dyspnea.
Cardiovascular: Present- **Abnormal Blood Pressure, Calf Cramps, Elevated Blood Pressure, Leg Cramps** and **Night Cramps**. Not Present- Chest Pain, Palpitations and Difficulty Breathing On Exertion.
Gastrointestinal: Present- **Belching, Gas, Heartburn** and **Indigestion**. Not Present- Abdominal Pain, Change in Bowel Habits, Diarrhea, Difficulty Swallowing, Nausea and Vomiting.
Male Genitourinary: Present- **Difficulty with Erection** and **Impotence**. Not Present- Urgency and Painful Urination.
Musculoskeletal: Present- See HPI, **Back Pain, Backache, Calf Pain, Decreased Range of Motion, Leg Cramps** and **Muscle Cramps**.
Neurological: Not Present- Confusion, Dizziness, Fainting, Personality Changes, Seizures, Vertigo and Weakness.
Psychiatric: Present- **Anxiety, Change in Sleep Pattern, Depression, Easily Irritated, Insomnia** and **Mood changes**. Not Present- Hallucinations, Memory Loss and Panic Attacks.
Endocrine: Not Present- Cold Intolerance, Excessive Sweating and Excessive Thirst.
Hematology: Not Present- Abnormal Bleeding and Easy Bruising.

Vitals (Ursula Windham; 11/24/2014 9:59 AM)
11/24/2014 9:58 AM
Weight: 239.25 lb **Height:** 68.5 in
Body Surface Area: 2.29 m² **Body Mass Index:** 35.85 kg/m²
Pain Level: 7/10
Pulse: 88 (Regular)
BP: 152/95 (Sitting, Left Arm, Standard)

Physical Exam (Ryan T Krafft, DO; 11/24/2014 12:58 PM)
The physical exam findings are as follows:

General
Mental Status - Alert. **General Appearance** - no acute distress, Well appearing and pleasant. **Build & Nutrition** - Obese.

Integumentary
General Characteristics: Skin Moisture - normal skin moisture. **Temperature** - normal warmth is noted.

Head and Neck
Head - normocephalic, atraumatic.

Eye
Sclera/Conjunctiva - Bilateral - anicteric sclerae.

ENMT
Mouth and Throat
Oral Cavity/Oropharynx: Oral Mucosa - moist.

Chest and Lung Exam
Inspection: Movements - Unlabored Breathing.

Cardiovascular
Cardiovascular examination reveals - no digital clubbing, cyanosis, edema, increased warmth or tenderness.

Neurologic
Motor:
Strength: 5/5 normal muscle strength - Left Upper Extremity, Left Lower Extremity, Right Upper Extremity and Right Lower Extremity.
Coordination: - Coordination appears to be normal.
Sensory
Light Touch: Intact - Grossly.
General Assessment of Reflexes - **Right Biceps** - 0. **Left Biceps** - 0. **Right Brachioradialis** - 1+. **Left Brachioradialis** - 1+. **Right Triceps** - 0. **Left Triceps** - 0. **Right Patella** - 0. **Left Patella** - 0. **Right Achillis** - 0. **Left Achillis** - 0. **Neuro Exam - Bilateral** - Hoffman's Sign is negative.

Neuropsychiatric
The Screener and Opioid Assessment for Patients with Pain-Revised was administered to the patient - **The patient scored 18 on the SOAP-R.** **Orientation** - fully oriented. The patient's mood and affect are described as - normal. **Thought Processes/ Cognitive Function** - cognition intact.

Musculoskeletal
Spinal Exam:
Gait and Station:
Evaluation of Gait: Gait - Antalgic gait.
Lumbosacral Spine:
Inspection: Edema - Bilateral - No edema present. **Scars** - There are no scars present. **Alignment** - normal alignment.
Palpation:
Tenderness: Paraspinal - Bilateral - moderate tenderness in the paraspinal muscles, tenderness is noted in the mid lumbar area and noted in the lower lumbar area.
Facet Joints: Severe - Bilateral - severe tenderness over the L2 facet, severe tenderness over the L3 facet and severe tenderness over the L4 facet.
SI Joint - Bilateral - there is no tenderness over the SI joint on palpation.
Muscle: Lumbar Paraspinal - Bilateral - muscle tightness and mild paraspinal muscle spasm. Note: pt wearing lumbar brace, which was removed for exam
ROM: Flexion - flexion of the lumbar spine is mildly reduced. **Extension** - extension of the lumbar spine is severely restricted and extension elicits pain at the end range of motion. **Lateral Bending - Bilateral** - mildly reduced and elicits pain at the end range of motion.
Provocative Testing - Bilateral - Kemp's Test positive for axial back pain. Seated Leg Raising Test is negative.

[redacted]

Assessment & Plan (Ryan T Krafft, DO; 11/24/2014 1:01 PM)

Chronic pain disorder (338.4)
Current Plans
- Restarted Oxycodone-Acetaminophen 7.5-325MG, 1 (one) Tablet two times daily, as needed, #60, 30 days starting 11/24/2014, No Refill. December 2014

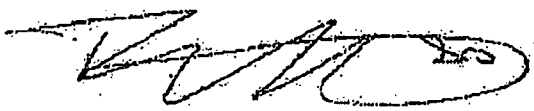
Annular tear of lumbar disc (722.52)

Lumbar spondylosis (721.3)
Current Plans
- Started Diclofenac Sodium 75MG, 1 (one) Tablet DR two times daily, as needed, #60, 30 days starting 11/24/2014, No Refill.
- The patient has low back pain aggravated by hyperextension and rotation of the spine without a strong radicular component and no specific associated neurologic deficit. Due to what appears to be facet mediated pain in the lumbar spine, consideration will be given to lumbar facet joint injections.

Lumbago (724.2)

Dysesthesia (782.0)

Note: I had a nice discussion with the patient today regarding his chronic pain issues. At this point, I have reviewed his multiple different notes from different providers, and all of them seemed to lack any significant objective findings which would account for this patient's pain. Based on my review, he does have some degree of facet arthropathy noted on his MRI, which is consistent with his physical exam. I did offer to complete facet joint injections, namely on the L3-4, and L4-5 joints. The patient stated that he did not want do this, as he thinks it is just a "Band-Aid". I informed him that the true "Band-Aid" are the pain medications, as evidenced by his tolerance, and their lack of efficacy in chronic nonmalignant pain. Taking this into account, I will add in an anti-inflammatory, and begin to taper his pain medications down. We will discuss interventional options at his next visit, and proceed accordingly.



Signed electronically by Ryan T Krafft, DO (11/24/2014 1:01 PM)

[redacted]

Encounters

Encounter 3 Date 11/24/2014
Diagnosis Chronic pain disorder (338.4), Annular tear of lumbar disc (722.52), Lumbar spondylosis (721.3), Lumbago (724.2), Dysesthesia (782.0)

Encounter 2 Date 10/21/2014
Diagnosis Chronic pain disorder (338.4), Annular tear of lumbar disc (722.52), Lumbar spondylosis (721.3), Dysesthesia (782.0), Lumbago (724.2), Controlled substance agreement signed (V58.69)

Encounter 1 Date 10/06/2014
Diagnosis Chronic pain disorder (338.4), Annular tear of lumbar disc (722.52), Lumbar spondylosis (721.3), Lumbago (724.2), Dysesthesia (782.0)

[redacted]

History & Physical Report #1

Carl Lucas
1/5/2015 9:58 AM
Location: The Pain Center Irmo
Patient #: [redacted]
DOB: [redacted]
Married / Language: English / Race: White
Male

History of Present Illness (Ryan T Krafft, DO; 1/5/2015 5:06 PM)

The patient is a 47 year old male who presents with a complaint of Pain. The pain has been occurring in constant pattern. The course has been decreasing. The pain is characterized as aching and sharp. The pain is described as being located in the lower back, lumbosacral area, right side and left side. The patient describes the pain as 7 out of 10. The pain radiates to the right thigh, left thigh, right leg, right lower extremity, right foot, left leg, left lower extremity, left foot and right hip. The symptoms are aggravated by lifting, standing, walking, pushing and pulling. The symptoms are relieved by rest, pain medications prescribed and prescribed muscle stimulator.

Note: Mr. Lucas comes in today to discuss his pain issues. He states that his pain is better, which he attributes to the diclofenac. Depending on how active he is during the day determines how bad the pain is. He continues to use the TENS and the back brace.

Medication History (Michael Collins; 1/5/2015 10:00 AM)
Amlodipine Besy-Benazepril HCl (5-20MG Capsule, Oral daily) Active.
MetFORMIN HCl (500MG Tablet, Oral daily) Active.
NexIUM (40MG Packet, Oral daily) Active.
Zolpidem Tartrate (10MG Tablet, Oral daily) Active.
ClonazePAM (0.5MG Tablet, Oral daily) Active.
DULoxetine HCl (60MG Capsule DR Part, Oral daily) Active.

Allergies (Michael Collins; 1/5/2015 10:00 AM)
Penicillins. Rash.

Problem List/Past Medical (Michael Collins; 1/5/2015 10:00 AM)
No history of receiving blood or blood product transfusion(s)
Positive history for chicken pox
High blood pressure
Diabetes Mellitus, Type II
Annular tear of lumbar disc (722.52)
Chronic pain disorder (338.4)
Dysesthesia (782.0)
Lumbago (724.2)
Lumbar spondylosis (721.3)
Anxiety/Depression
Erectile dysfunction
Gastroesophageal Reflux Disease
The patient has not been exposed to AIDS, HIV, hepatitis, TB, influenza, MMR, DPT, polio or tetanus. There have been no recent rashes or viral illnesses.

Past Surgical History (Michael Collins; 1/5/2015 10:00 AM)
Tonsillectomy and adenoidectomy
Hernia Repair

Family History (Michael Collins; 1/5/2015 10:00 AM)
The father is living
The mother is living

Social History (Michael Collins; 1/5/2015 10:00 AM)
Caffeine Use. TEA & SODA
Tobacco Use. Former smoker.
Alcohol Use. Occasional alcohol use.
Highest Education Level Attained. High school graduate.
Exercise. Inactive.
No Drug Use
Marital status. Married.
Most recent primary occupation. Other service.

Other Problems (Michael Collins; 1/5/2015 10:00 AM)
Controlled substance agreement signed (V58.69)

Review of Systems (Michael Collins; 1/5/2015 10:00 AM)
General: Present- **Appetite Loss, Fatigue** and Weight Gain. Not Present- Chills, Fever, Night Sweats and Weight Loss.
Skin: Not Present- Rash.
HEENT: Present- **Sneezing, Sleep Apnea, Seasonal Allergies** and **Snoring**. Not Present- Visual Disturbances, Hearing Loss, Ear Pain, Sore Throat and Facial Numbness/Tingling.
Neck: Not Present- Neck Pain and Neck Stiffness.

[redacted]

Respiratory: Not Present- Cough, Wheezing and Dyspnea.
Cardiovascular: Present- **Abnormal Blood Pressure, Calf Cramps, Elevated Blood Pressure, Leg Cramps** and **Night Cramps**. Not Present- Chest Pain, Palpitations and Difficulty Breathing On Exertion.
Gastrointestinal: Present- **Belching, Gas, Heartburn** and **Indigestion**. Not Present- Abdominal Pain, Change in Bowel Habits, Diarrhea, Difficulty Swallowing, Nausea and Vomiting.
Male Genitourinary: Present- **Difficulty with Erection** and **Impotence**. Not Present- Urgency and Painful Urination.
Musculoskeletal: Present- See HPI, **Back Pain, Backache, Calf Pain, Decreased Range of Motion, Leg Cramps** and **Muscle Cramps**.
Neurological: Not Present- Confusion, Dizziness, Fainting, Personality Changes, Seizures, Vertigo and Weakness.
Psychiatric: Present- **Anxiety, Change in Sleep Pattern, Depression, Easily Irritated, Insomnia** and **Mood changes**. Not Present- Hallucinations, Memory Loss and Panic Attacks.
Endocrine: Not Present- Cold Intolerance, Excessive Sweating and Excessive Thirst.
Hematology: Not Present- Abnormal Bleeding and Easy Bruising.

Vitals (Michael Collins; 1/5/2015 10:06 AM)
1/5/2015 10:00 AM
Weight: 241.38 lb **Height:** 68.5 in
Body Surface Area: 2.3 m² **Body Mass Index:** 36.17 kg/m²
Pulse: 105 (Regular)
BP: 163/110 (Sitting, Left Arm, Standard)

Physical Exam (Ryan T Krafft, DO; 1/5/2015 5:07 PM)
The physical exam findings are as follows:

General
Mental Status - Alert. **General Appearance** - no acute distress, Well appearing and pleasant. **Build & Nutrition** - Obese.

Integumentary
General Characteristics: Skin Moisture - normal skin moisture. **Temperature** - normal warmth is noted.

Head and Neck
Head - normocephalic, atraumatic.

Eye
Sclera/Conjunctiva - Bilateral - anicteric sclerae.

ENMT
Mouth and Throat
Oral Cavity/Oropharynx: Oral Mucosa - moist.

Chest and Lung Exam
Inspection: Movements - Unlabored Breathing.

Cardiovascular
Cardiovascular examination reveals - no digital clubbing, cyanosis, edema, increased warmth or tenderness.

Neurologic
Motor:
Strength: 5/5 normal muscle strength - Left Upper Extremity, Left Lower Extremity, Right Upper Extremity and Right Lower Extremity.
Coordination: - Coordination appears to be normal.
Sensory:
Light Touch: Intact - Grossly.
General Assessment of Reflexes - **Right Biceps** - 0. **Left Biceps** - 0. **Right Brachioradialis** - 1+. **Left Brachioradialis** - 1+. **Right Triceps** - 0. **Left Triceps** - 0. **Right Patella** - 0. **Left Patella** - 0. **Right Achillis** - 0. **Left Achillis** - 0. **Neuro Exam - Bilateral** - Hoffman's Sign is negative.

Neuropsychiatric
The Screener and Opioid Assessment for Patients with Pain-Revised was administered to the patient - **The patient scored 18 on the SOAP-R.** **Orientation** - fully oriented. The patient's mood and affect are described as - normal. **Thought Processes/ Cognitive Function** - cognition intact.

Musculoskeletal
Spinal Exam:
Gait and Station:
Evaluation of Gait: Gait - Antalgic gait.
Lumbosacral Spine:
Inspection: Edema - Bilateral - No edema present. **Scars** - There are no scars present. **Alignment** - normal alignment.
Palpation:
Tenderness: Paraspinal - Bilateral - moderate tenderness in the paraspinal muscles, tenderness is noted in the mid lumbar area and noted in the lower lumbar area.
Facet Joints: Moderate - Bilateral - moderate tenderness over the L2 facet, moderate tenderness over the L3 facet and moderate tenderness over the L4 facet.
SI Joint - Bilateral - there is no tenderness over the SI joint on palpation.
Muscle: Lumbar Paraspinal - Bilateral - muscle tightness and mild paraspinal muscle spasm. Note: pt wearing lumbar brace
ROM: Flexion - flexion of the lumbar spine is mildly reduced. **Extension** - extension of the lumbar spine is severely restricted and extension elicits pain at the end range of motion. **Lateral Bending - Bilateral** - mildly reduced and elicits pain at the end range of motion.
Provocative Testing - Bilateral - Kemp's Test positive for axial back pain. Seated Leg Raising Test is negative.

Assessment & Plan (Ryan T Krafft, DO; 1/5/2015 5:12 PM)

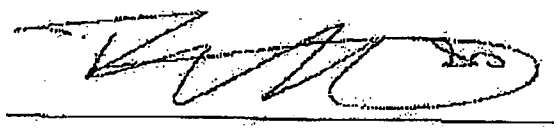
Chronic pain disorder (338.4)
Current Plans
| Started Oxycodone-Acetaminophen 5-325MG, 1 (one) Tablet two times daily, as needed, #60, 30 days starting 01/05/2015, No Refill.
| Restarted Diclofenac Sodium 75MG, 1 (one) Tablet DR two times daily, as needed, #60, 30 days starting 01/05/2015, No Refill.

Lumbar spondylosis (721.3)

Dysesthesia (782.0)

Lumbago (724.2)

Note: I had a long discussion with the patient regarding his pain issues. Since his pain has been improving, I will have him continue to taper down on the pain medication and continue on the NSAID, as noted above. I will plan to see him back in approximately one month and hopefully continue the weaning process. He agreed with this plan.



Signed electronically by Ryan T Krafft, DO (1/5/2015 5:13 PM)

History & Physical Report #2

Carl Lucas
2/9/2015 8:42 AM
Location: The Pain Center Irmo
Patient #: [redacted]
DOB: [redacted]
Married / Language: English / Race: White
Male

History of Present Illness (Derek McMurry; 2/9/2015 5:27 PM)

The patient is a 47 year old male who presents with a complaint of Pain. The pain has been occurring in constant pattern. The course has been constant. The pain is characterized as aching and sharp. The pain is described as being located in the lower back, lumbosacral area, right side and left side. The patient describes the pain as 8 out of 10. The pain radiates to the right thigh, left thigh, right leg, right lower extremity, right foot, left leg, left lower extremity, left foot and right hip. The symptoms are aggravated by lifting, standing, walking, pushing and pulling. The symptoms are relieved by rest, pain medications prescribed and prescribed muscle stimulator.

Note: "My pain increased but the doc lowered my medication. And, my TENS unit stopped working."

Medication History (Mechellee Young; 2/9/2015 9:05 AM)
Amlodipine Besy-Benazepril HCl (5-20MG Capsule, Oral daily) Active.
MetFORMIN HCl (500MG Tablet, Oral daily) Active.
NexIUM (40MG Packet, Oral daily) Active.
Zolpidem Tartrate (10MG Tablet, Oral daily) Active.
ClonazePAM (0.5MG Tablet, Oral daily) Active.
DULoxetine HCl (60MG Capsule DR Part, Oral daily) Active.

Allergies (Mechellee Young; 2/9/2015 9:05 AM)
Penicillins. Rash.

Problem List/Past Medical (Mechellee Young; 2/9/2015 9:05 AM)
The patient has not been exposed to AIDS, HIV, hepatitis, TB, influenza, MMR, DPT, polio or tetanus. There have been no recent rashes or viral illnesses
Chronic pain disorder (338.4)
Annular tear of lumbar disc (722.52)
Lumbago (724.2)
Dysesthesia (782.0)
Lumbar spondylosis (721.3)
Gastroesophageal Reflux Disease
High blood pressure
No history of receiving blood or blood product transfusion(s)
Positive history for chicken pox
Diabetes Mellitus, Type II
Erectile dysfunction
Anxiety/ Depression

Past Surgical History (Mechellee Young; 2/9/2015 9:05 AM)
Hernia Repair
Tonsillectomy and adenoidectomy

Family History (Mechellee Young; 2/9/2015 9:05 AM)
The father is living
The mother is living

Social History (Mechellee Young; 2/9/2015 9:05 AM)
No Drug Use
Marital status. Married.
Highest Education Level Attained. High school graduate.
Exercise. Inactive.
Most recent primary occupation. Other service.
Tobacco Use. Former smoker.
Caffeine Use. TEA & SODA
Alcohol Use. Occasional alcohol use.

Other Problems (Mechellee Young; 2/9/2015 9:05 AM)
Controlled substance agreement signed (V58.69)

Review of Systems (Mechellee Young; 2/9/2015 9:04 AM)
General: Present- **Appetite Loss, Fatigue** and Weight Gain. Not Present- Chills, Fever, Night Sweats and Weight Loss.
Skin: Not Present- Rash.
HEENT: Present- **Sneezing, Sleep Apnea, Seasonal Allergies** and **Snoring.** Not Present- Visual Disturbances, Hearing Loss, Ear Pain, Sore Throat and Facial Numbness/Tingling.
Neck: Not Present- Neck Pain and Neck Stiffness.
Respiratory: Not Present- Cough, Wheezing and Dyspnea.

[redacted]

Cardiovascular: Present- **Abnormal Blood Pressure**, **Calf Cramps**, **Elevated Blood Pressure**, **Leg Cramps** and **Night Cramps**. Not Present- Chest Pain, Palpitations and Difficulty Breathing On Exertion.
Gastrointestinal: Present- **Belching**, **Gas**, **Heartburn** and **Indigestion**. Not Present- Abdominal Pain, Change in Bowel Habits, Diarrhea, Difficulty Swallowing, Nausea and Vomiting.
Male Genitourinary: Present- **Difficulty with Erection** and **Impotence**. Not Present- Urgency and Painful Urination.
Musculoskeletal: Present- See HPI, **Back Pain**, **Backache**, **Calf Pain**, **Decreased Range of Motion**, **Leg Cramps** and **Muscle Cramps**.
Neurological: Not Present- Confusion, Dizziness, Fainting, Personality Changes, Seizures, Vertigo and Weakness.
Psychiatric: Present- **Anxiety**, **Change in Sleep Pattern**, **Depression**, **Easily Irritated**, **Insomnia** and **Mood changes**. Not Present- Hallucinations, Memory Loss and Panic Attacks.
Endocrine: Not Present- Cold Intolerance, Excessive Sweating and Excessive Thirst.
Hematology: Not Present- Abnormal Bleeding and Easy Bruising.

Vitals (Mechellee Young; 2/9/2015 9:09 AM)
2/9/2015 9:09 AM
Weight: 239.5 lb
Pain Level: 8/10
Pulse: 93 (Regular)
BP: 148/97 (Sitting, Left Arm, Standard)

2/9/2015 9:06 AM
Weight: 237 lb

Physical Exam (Derek McMurry; 2/9/2015 5:31 PM)
The physical exam findings are as follows:

General
Mental Status - Alert. **General Appearance** - no acute distress, Well appearing and pleasant. **Build & Nutrition** - Obese.

Integumentary
General Characteristics: Skin Moisture - normal skin moisture. **Temperature** - normal warmth is noted.

Head and Neck
Head - normocephalic, atraumatic.

Eye
Sclera/Conjunctiva - Bilateral - anicteric sclerae.

ENMT
Mouth and Throat
Oral Cavity/Oropharynx: Oral Mucosa - moist.

Chest and Lung Exam
Inspection: Movements - Unlabored Breathing.

Cardiovascular
Cardiovascular examination reveals - no digital clubbing, cyanosis, edema, increased warmth or tenderness.

Neurologic
Motor:
Strength: 5/5 normal muscle strength - Left Upper Extremity, Left Lower Extremity, Right Upper Extremity and Right Lower Extremity.
Coordination: - Coordination appears to be normal.
Sensory:
Light Touch: Intact - Grossly.
General Assessment of Reflexes - **Right Biceps** - 0, **Left Biceps** - 0, **Right Brachioradialis** - 1+, **Left Brachioradialis** - 1+, **Right Triceps** - 0, **Left Triceps** - 0, **Right Patella** - 0, **Left Patella** - 0, **Right Achillis** - 0, **Left Achillis** - 0. **Neuro Exam - Bilateral** - Hoffman's Sign is negative.

Neuropsychiatric
The Screener and Opioid Assessment for Patients with Pain-Revised was administered to the patient - **The patient scored 18 on the SOAP-R.** **Orientation** - fully oriented. The patient's mood and affect are described as - normal. **Thought Processes/ Cognitive Function** - cognition intact.

Musculoskeletal
Spinal Exam:
Gait and Station:
Evaluation of Gait: Gait - Antalgic gait.
Lumbosacral Spine:
Inspection: Edema - Bilateral - No edema present. **Scars** - There are no scars present. **Alignment** - normal alignment.
Palpation:
Tenderness: Paraspinal - Bilateral - moderate tenderness in the paraspinal muscles, tenderness is noted in the mid lumbar area and noted in the lower lumbar area.
Facet Joints: Moderate - Bilateral - moderate tenderness over the L2 facet, moderate tenderness over the L3 facet and moderate tenderness over the L4 facet.
SI Joint - Bilateral - there is no tenderness over the SI joint on palpation.
Muscle: Lumbar Paraspinal - Bilateral - muscle tightness and mild paraspinal muscle spasm. Note: pt wearing lumbar brace.
ROM: Flexion - flexion of the lumbar spine is mildly reduced. **Extension** - extension of the lumbar spine is severely restricted and extension elicits pain at the end range of motion. **Lateral Bending - Bilateral** - mildly reduced and elicits pain at the end range of motion.
Provocative Testing - Bilateral - Kemp's Test positive for axial back pain. Seated Leg Raising Test is negative.

Note: Stable, repeated exam findings this visit.
Assessment & Plan (Derek McMurry; 2/9/2015 5:32 PM)
Chronic pain disorder (338.4)
Current Plans
l Restarted Diclofenac Sodium 75MG, 1 (one) Tablet DR two times daily, as needed, #60, 30 days starting 02/09/2015, No Refill.
l Restarted Oxycodone-Acetaminophen 5-325MG, 1 (one) Tablet 1 daily as needed, #30, 30 days starting 02/09/2015, No Refill.

Annular tear of lumbar disc (722.52)

Lumbar spondylosis (721.3)

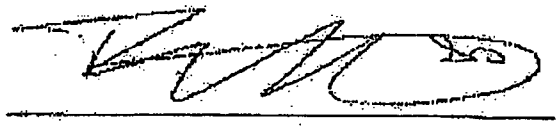
Lumbago (724.2)

Dysesthesia (782.0)

Note: This is a pleasant patient here to discuss his chronic pain. There were no substantial changes since he was here and his exam findings were essentially repeated. I filled his medication and he will reschedule in 4 weeks for an assessment.

History and Physical Note
Chart Review Note (Ryan T Krafft, DO; 2/10/2015 7:14 AM)
I was present during the history and physical note performed by Derek McMurry and have reviewed the findings.

Completed and submitted for review by Derek McMurry (2/9/2015 5:32 PM)



Signed electronically by Ryan T Krafft, DO (2/10/2015 7:14 AM)

Vital Signs

Date:	02/09/2015 09:06 AM	**Height:**		**Pulse Ox:**	-
Temperature:		**Weight:**	237 lb	**Pain Level:**	/10
Pulse:		**Neck:**		**LMP Date:**	-
Respirations:		**Waist:**			
Peak Flow:		**BMI:**	-	**Note:**	
Blood Pressure:		**BSA:**	-		
Reading Type:	Manual				
Cuff Location:	-				
Position:	-				

[redacted]

Encounters

Encounter 2 Date 02/09/2015
Diagnosis Chronic pain disorder (338.4), Annular tear of lumbar disc (722.52), Lumbar spondylosis (721.3), Lumbago (724.2), Dysesthesia (782.0)

Encounter 1 Date 01/05/2015
Diagnosis Chronic pain disorder (338.4), Lumbar spondylosis (721.3), Dysesthesia (782.0), Lumbago (724.2)

[redacted]

Pain Management Associates [illegible] SC [illegible]-1120
LUCAS, CARL (id # [redacted] dob. [redacted]

[redacted]

The Pain Center Irmo
7021 ST. ANDREWS ROAD, Suite 1
Irmo, SC 29212
Phone: 803-749-7751
Fax: 803-749-9060
Contact Phone: 803-749-7751

The Pain Center

Carl Lucas
03/09/2015 09:53 AM
Location: The Pain Center Irmo
Patient #: [redacted]
DOB: [redacted]
Marital status: Married / Language: English / Race: White / Ethnicity: Not Hispanic or Latino
Gender: Male

History of Present Illness *(Derek McMurry 03/09/2015 10:12 AM)*

The patient is a 47 year old male who presents for a recheck of Pain. The pain has been occurring in constant pattern. The course has been constant. The pain is characterized as aching and sharp. The pain is described as being located in the lower back, lumbosacral area, right side and left side. The patient describes the pain as 7 out of 10. The pain radiates to the right thigh, left thigh, right leg, right lower extremity, right foot, left leg, left lower extremity, left foot and right hip. The symptoms are aggravated by lifting, standing, walking, pushing and pulling. The symptoms are relieved by rest, pain medications prescribed and prescribed muscle stimulator.

Note: "Still having more pain stooping or bending. I got in a buddy's hot tub for about 20 minutes and slept great that night."

[redacted]

Allergies *(Dhon Campbell; 03/09/2015 09:54 AM)*
Penicillins: Rash

Past Medical History *(Dhon Campbell; 03/09/2015 09:54 AM)*
Anxiety/Depression
Erectile dysfunction
Diabetes Mellitus, Type II
Annular tear of lumbar disc (722.52)
Chronic pain disorder (338.4)
Lumbar spondylosis (721.3)
Dysesthesia (782.0)
Lumbago (724.2)
The patient has not been exposed to AIDS, HIV, hepatitis, TB, influenza, MMR, DPT, polio or tetanus. There have been no recent rashes or viral illnesses
No history of receiving blood or blood product transfusion(s)
Positive history for chicken pox
Gastroesophageal Reflux Disease
High blood pressure

Family History *(Dhon Campbell; 03/09/2015 09:54 AM)*
The father is living
The mother is living

Social History *(Dhon Campbell; 03/09/2015 09:54 AM)*
Alcohol Use: Occasional alcohol use
Highest Education Level Attained: High school graduate
Exercise: Inactive
Most recent primary occupation: Other service
No Drug Use
Marital status: Married
Caffeine Use: TEA & SODA
Tobacco Use: Former smoker

Medication History *(Dhon Campbell; 03/09/2015 09:54 AM)*
Diclofenac Sodium (75MG Tablet DR 1 (one) Tablet DR Oral two times daily, as needed, Taken starting 02/09/2015) Active - Hx Entry.
Oxycodone-Acetaminophen (5-325MG Tablet 1 (one) Tablet Oral 1 daily as needed, Taken starting 02/09/2015) Active - Hx Entry.
Amlodipine Besy-Benazepril HCl (5-20MG Capsule Oral daily) Active - Hx Entry.
MetFORMIN HCl (500MG Tablet Oral daily) Active - Hx Entry.
NexIUM (40MG Packet Oral daily) Active - Hx Entry.
Zolpidem Tartrate (10MG Tablet Oral daily) Active - Hx Entry.
ClonazePAM (0.5MG Tablet Oral daily) Active - Hx Entry.
DULoxetine HCl (60MG Capsule DR Part Oral daily) Active - Hx Entry.

Other Problems *(Dhon Campbell; 03/09/2015 09:54 AM)*
Controlled substance agreement signed (V58.69)
Unspecified Diagnosis

Past Surgical *(Dhon Campbell; 03/09/2015 09:54 AM)*
Tonsillectomy and adenoidectomy
Hernia Repair

[redacted]

Review of Systems *(Dijon Campbell; 03/09/2015 09:54 AM)*

General: Present- **Appetite Loss, Fatigue** and Weight Gain. Not Present- Chills, Fever, Night Sweats and Weight Loss.
Skin: Not Present- Rash.
HEENT: Present- **Sneezing, Sleep Apnea, Seasonal Allergies** and **Snoring**. Not Present- Visual Disturbances, Hearing Loss, Ear Pain, Sore Throat and Facial Numbness/Tingling.
Neck: Not Present- Neck Pain and Neck Stiffness.
Respiratory: Not Present- Cough, Wheezing and Dyspnea.
Cardiovascular: Present- **Abnormal Blood Pressure, Calf Cramps, Elevated Blood Pressure, Leg Cramps** and **Night Cramps.** Not Present- Chest Pain, Palpitations and Difficulty Breathing On Exertion.
Gastrointestinal: Present- **Belching, Gas, Heartburn** and **Indigestion.** Not Present- Abdominal Pain, Change in Bowel Habits, Diarrhea, Difficulty Swallowing, Nausea and Vomiting.
Male Genitourinary: Present- **Difficulty with Erection** and **Impotence.** Not Present- Urgency and Painful Urination.
Musculoskeletal: Present- See HPI, **Back Pain, Backache, Calf Pain, Decreased Range of Motion, Leg Cramps** and **Muscle Cramps.**
Neurological: Not Present- Confusion, Dizziness, Fainting, Personality Changes, Seizures, Vertigo and Weakness.
Psychiatric: Present- **Anxiety, Change in Sleep Pattern, Depression, Easily Irritated, Insomnia** and **Mood changes.** Not Present- Hallucinations, Memory Loss and Panic Attacks.
Endocrine: Not Present- Cold Intolerance, Excessive Sweating and Excessive Thirst.
Hematology: Not Present- Abnormal Bleeding and Easy Bruising.

Vitals *(Dijon Campbell; 03/09/2015 10:00 AM)*
03/09/2015 09:54 AM
Weight: 240 lb **Height:** 68.5 in
Body Surface Area: 2.29 m² **Body Mass Index:** 35.96 kg/m²
Pain level: 7/10
Pulse: 83 (Regular)
BP: 146/96 Electronic (Sitting, Left Arm, Standard)

Physical Exam *(Derek McHuny; 03/09/2015 10:17 AM)*
The physical exam findings are as follows:

General
Mental Status - Alert. **General Appearance** - no acute distress, Well appearing and pleasant. **Build & Nutrition** - Obese.

Integumentary
General Characteristics: Skin Moisture - normal skin moisture. **Temperature** - normal warmth is noted.

Head and Neck
Head - normocephalic, atraumatic.

Eye
Sclera/Conjunctiva - Bilateral - anicteric sclerae.

ENMT
Mouth and Throat
Oral Cavity/Oropharynx: Oral Mucosa - moist.

Chest and Lung Exam
Inspection: Movements - Unlabored Breathing.

Cardiovascular
Cardiovascular examination reveals - no digital clubbing, cyanosis, edema, increased warmth or tenderness.

Neurologic
Motor:
Strength: 5/5 normal muscle strength - Left Upper Extremity, Left Lower Extremity, Right Upper Extremity and Right

[redacted]

Lower Extremity.
Coordination: - Coordination appears to be normal.
Sensory :
Light Touch: Intact - Grossly.
General Assessment of Reflexes - **Right Biceps** - 0. **Left Biceps** - 0. **Right Brachioradialis** - 1+. **Left Brachioradialis** - 1+. **Right Triceps** - 0. **Left Triceps** - 0. **Right Patella** - 0. **Left Patella** - 0. **Right Achillis** - 0. **Left Achillis** - 0. **Neuro Exam** - **Bilateral** - Hoffman's Sign is negative.

Neuropsychiatric
The Screener and Opioid Assessment for Patients with Pain-Revised was administered to the patient - **The patient scored 18 on the SOAP-R. Orientation** - fully oriented. The patient's mood and affect are described as - normal. **Thought Processes/Cognitive Function** - cognition intact.

Musculoskeletal
Spinal Exam:
Gait and Station:
Evaluation of Gait: Gait - Antalgic gait
Lumbosacral Spine:
ROJM: ROM - The range of motion for the lumbar spine is mildly restricted in all planes of movement and motion for the lumbar spine is limited with pain exacerbated .
Provocative Testing - **Left** - Seated Straigh Leg Raising Test is negative. **Right** - Seated Straigh Leg Raising Test is positive. **Bilateral** - Kemp's Test positive for axial back pain.

Stable, repeated exam findings this visit.

[redacted]

Assessment & Plan *(Derek McMurry; 08/09/2015 04:46 PM)*

Chronic pain disorder (338.4)

Current Plans:

- Changed Oxycodone-Acetaminophen 5-325MG, 1 (one) Tablet 1 every other day as needed, #15, 30 days starting 03/09/2015, No Refill.
- Continued Diclofenac Sodium 75MG, 1 (one) Tablet DR two times daily, as needed, #60, 30 days starting 03/09/2015, No Refill.
- For today's visit the South Carolina Reporting & Identifications Prescription Tracking System (SCRIPTS) was accessed for this patient. The prescription history for controlled substances was reviewed. There does not appear to be any unusual or questionable findings at this time.
- Targeted drug testing is being ordered. The objectives are to identify the proper use of prescribed medications while identifying the potential for abuse, misuse, diversion, undisclosed substances, unsanctioned prescription medication, illicit substances, or substances that contribute to adverse events or drug-drug interactions. This patient has risk factors which makes targeted testing medically necessary.
  Orders:
  Pain Management Profile to include:
  1. Enzyme immunoassay to assess the following drug classes: amphetamines, barbiturates, benzodiazepines, buprenorphine, cocaine, heroin, MDMA, opiates, oxycodone, pcp, and THC. Ethyl glucuronide.
  2. Specimen validity testing.
  3. Confirmation testing for pertinent positive EIA findings and pertinent negative findings.
  4. LC-MS/MS testing for medications that are not detectable or poorly detected via enzyme immunoassay including: Opiates/opioids (codeine, morphine, hydrocodone, hydromorphone, oxycodone, oxymorphone, tramadol, methadone, fentanyl, buprenorphine, tapentadol, pentazocine, meperidine, propoxyphene and metabolites), Benzodiazepines (lorazepam, diazepam, clonazepam, alprazolam, temazepam, midazolam, triazolam), Amphetamine, Muscle relaxants (carisoprodol, meprobamate), Zolpidem, Illicit's (methamphetamine, cocaine), phentermine, methylphenidate, gabapentin, pregabalin, bath salts, PCP, and MDMA.
  5. LC-MS/MS testing for other medications as listed on the requisition.
- The patient's reported pain level is inconsistent with expected analgesia given the current opioid analgesic regimen. As such, a urine drug test is being ordered and is medically necessary. (V58.69)

Annular tear of lumbar disc (722.52)

Current Plans:

Lumbar spondylosis (721.3)

Current Plans:

Dysesthesia (782.0)

Current Plans:

Lumbago (724.2)

Current Plans:

This is a patient who stated he felt very good after soaking for 20 minutes in a hot tub and wanted to know if we would write a prescription for one. I declined due to lack of medical necessity. He agreed to continue tapering down on the medication so that was done as noted above. He did not have any questions beyond that. He is to RS in 4 weeks.

Electronically Signed by : Derek McMurry, (03/09/2015)

Co-signed Electronically signed by

[redacted]

The Pain Center Irmo
7021 ST. ANDREWS ROAD, Suite 1
Irmo, SC 29212
Phone: 803-749-7751
Fax: 803-749-4060
Contact Phone: 803-749-7751

The Pain Center

Carl Lucas
04/13/2015 07:56 AM
Location: The Pain Center Irmo
Patient # [redacted]
DOB: [redacted]
Marital status: Married / Language: English / Race: White / Ethnicity: Not Hispanic or Latino
Gender: Male

History of Present Illness *(Derek McMurry 04/13/2015 08:21 AM)*

The patient is a 48 year old male who presents for a recheck of Pain. The pain has been occurring in constant pattern. The course has been constant. The pain is characterized as aching and sharp. The pain is described as being located in the lower back, lumbosacral area, right side and left side. The patient describes the pain as 6 out of 10. The pain radiates to the right thigh, left thigh, right leg, right lower extremity, right foot, left leg, left lower extremity, left foot and right hip. The symptoms are aggravated by lifting, standing, walking, pushing and pulling. The symptoms are relieved by rest, pain medications prescribed and prescribed muscle stimulator.

Note: "My back is hurting. I have about 5 of the oxycodone pills left. I try to take them only when I can't stand the pain. I knew you were tapering me off."

[redacted]

Allergies *(Dixon Campbell; 04/13/2015 07:57 AM)*
Penicillins: Rash

Past Medical History *(Dixon Campbell; 04/13/2015 07:57 AM)*
Gastroesophageal Reflux Disease
High blood pressure
No history of receiving blood or blood product transfusion(s)
Positive history for chicken pox
Chronic pain disorder (338.4)
Annular tear of lumbar disc (722.52)
Lumbar spondylosis (721.3)
Lumbago (724.2)
Dysesthesia (782.0)
Diabetes Mellitus, Type II
Erectile dysfunction
Anxiety/Depression
The patient has not been exposed to AIDS, HIV, hepatitis, TB, influenza, MMR, DPT, polio or tetanus. There have been no recent rashes or viral illnesses

Family History *(Dixon Campbell; 04/13/2015 07:57 AM)*
The father is living
The mother is living

Social History *(Dixon Campbell; 04/13/2015 07:57 AM)*
Tobacco Use: Former smoker
Caffeine Use: TEA & SODA
Marital status: Married
Alcohol Use: Occasional alcohol use
No Drug Use
Most recent primary occupation: Other service
Highest Education Level Attained: High school graduate
Exercise: Inactive

Medication History *(Dixon Campbell; 04/13/2015 07:57 AM)*
Diclofenac Sodium (75MG Tablet DR 1 (one) Oral two times daily, as needed, Taken starting 03/09/2015) Active - Hx Entry.
Oxycodone-Acetaminophen (5-325MG Tablet 1 (one) Oral 1 every other day as needed, Taken starting 03/09/2015) Active - Hx Entry.
Amlodipine Besy-Benazepril HCl (5-20MG Capsule Oral daily) Active - Hx Entry.
MetFORMIN HCl (500MG Tablet Oral daily) Active - Hx Entry.
NexIUM (40MG Packet Oral daily) Active - Hx Entry.
Zolpidem Tartrate (10MG Tablet Oral daily) Active - Hx Entry.
ClonazePAM (0.5MG Tablet Oral daily) Active - Hx Entry.
DULoxetine HCl (60MG Capsule DR Part Oral daily) Active - Hx Entry.

Other Problems *(Dixon Campbell; 04/13/2015 07:57 AM)*
Controlled substance agreement signed (V58.69)
Unspecified Diagnosis

Past Surgical *(Dixon Campbell; 04/13/2015 07:57 AM)*
Tonsillectomy and adenoidectomy
Hernia Repair

[redacted]

Review of Systems *(Dlyon Campbell; 04/13/2015 07:57 AM)*

General: Present- **Appetite Loss, Fatigue** and Weight Gain. Not Present- Chills, Fever, Night Sweats and Weight Loss.
Skin: Not Present- Rash.
HEENT: Present- **Sneezing, Sleep Apnea, Seasonal Allergies** and **Snoring**. Not Present- Visual Disturbances, Hearing Loss, Ear Pain, Sore Throat and Facial Numbness/Tingling.
Neck: Not Present- Neck Pain and Neck Stiffness.
Respiratory: Not Present- Cough, Wheezing and Dyspnea.
Cardiovascular: Present- **Abnormal Blood Pressure, Calf Cramps, Elevated Blood Pressure, Leg Cramps** and **Night Cramps**. Not Present- Chest Pain, Palpitations and Difficulty Breathing On Exertion.
Gastrointestinal: Present- **Belching, Gas, Heartburn** and **Indigestion**. Not Present- Abdominal Pain, Change In Bowel Habits, Diarrhea, Difficulty Swallowing, Nausea and Vomiting.
Male Genitourinary: Present- **Difficulty with Erection** and **Impotence**. Not Present- Urgency and Painful Urination.
Musculoskeletal: Present- See HPI, **Back Pain, Backache, Calf Pain, Decreased Range of Motion, Leg Cramps** and **Muscle Cramps**.
Neurological: Not Present- Confusion, Dizziness, Fainting, Personality Changes, Seizures, Vertigo and Weakness.
Psychiatric: Present- **Anxiety, Change in Sleep Pattern, Depression, Easily Irritated, Insomnia** and **Mood changes**. Not Present- Hallucinations, Memory Loss and Panic Attacks.
Endocrine: Not Present- Cold Intolerance, Excessive Sweating and Excessive Thirst.
Hematology: Not Present- Abnormal Bleeding and Easy Bruising.

Vitals *(Dlyon Campbell; 04/13/2015 08:00 AM)*

04/13/2015 07:57 AM
Weight: 238 lb **Height:** 68.5 in
Body Surface Area: 2.28 m² **Body Mass Index:** 35.66 kg/m²
Pain level: 6/10
Pulse: 85 (Regular)
BP: 150/94 Electronic (Sitting, Left Arm, Standard)

Physical Exam *(Derek McMurry; 04/13/2015 08:21 AM)*
The physical exam findings are as follows:

General
Mental Status - Alert. **General Appearance** - no acute distress, Well appearing and pleasant. **Build & Nutrition** - Obese.

Integumentary
General Characteristics: Skin Moisture - normal skin moisture. **Temperature** - normal warmth is noted.

Head and Neck
Head - normocephalic, atraumatic.

Eye
Sclera/Conjunctiva - Bilateral - anicteric sclerae.

ENMT
Mouth and Throat
Oral Cavity/Oropharynx: Oral Mucosa - moist.

Chest and Lung Exam
Inspection: Movements - Unlabored Breathing.

Cardiovascular
Cardiovascular examination reveals - no digital clubbing, cyanosis, edema, increased warmth or tenderness.

Neurologic
Motor:
Strength: 5/5 normal muscle strength - Left Upper Extremity, Left Lower Extremity, Right Upper Extremity and Right

[redacted]

Lower Extremity.
Coordination: - Coordination appears to be normal.
Sensory :
Light Touch: Intact - Grossly.
General Assessment of Reflexes - **Right Biceps** - 0. **Left Biceps** - 0. **Right Brachioradialis** - 1+. **Left Brachioradialis** - 1+. **Right Triceps** - 0. **Left Triceps** - 0. **Right Patella** - 0. **Left Patella** - 0. **Right Achillis** - 0. **Left Achillis** - 0.
Neuro Exam - Bilateral - Hoffman's Sign is negative.

Neuropsychiatric
The Screener and Opioid Assessment for Patients with Pain-Revised was administered to the patient - **The patient scored 18 on the SOAP-R. Orientation** - fully oriented. The patient's mood and affect are described as - normal. **Thought Processes/Cognitive Function** - cognition intact.

Musculoskeletal
Spinal Exam:
Gait and Station:
Evaluation of Gait: Gait - Antalgic gait.
Lumbosacral Spine:
ROJM: ROM - The range of motion for the lumbar spine is mildly restricted in all planes of movement and motion for the lumbar spine is limited with pain exacerbated .
Provocative Testing - Bilateral - Kemp's Test positive for axial back pain. Bragard's Test negative and Seated Straigh Leg Raising Test is negative.

Stable, repeated exam findings this visit.

[redacted]

Assessment & Plan *(Derek McMurry; 04/13/2015 09:23 AM)*

Chronic pain disorder (338.4)

Current Plans:

- Restarted Zanaflex 4MG, 1 (one) Capsule two times daily, as needed, #60, 30 days starting 04/13/2015, No Refill.
- Continued Diclofenac Sodium 75MG, 1 (one) Tablet DR two times daily, as needed, #60, 30 days starting 04/13/2015, No Refill.
- For today's visit the South Carolina Reporting & Identifications Prescription Tracking System (SCRIPTS) was accessed for this patient. The prescription history for controlled substances was reviewed. There does not appear to be any unusual or questionable findings at this time.

Annular tear of lumbar disc (722.52)

Current Plans:

Lumbar spondylosis (721.3)

Current Plans:

Lumbago (724.2)

Current Plans:

Dysesthesia (782.0)

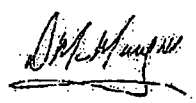
Current Plans:

This is a patient here for his chronic back pain. He has been tapering himself from the percocet. His exam findings have changed very little. I sent the Diclofenac and Zanaflex to his pharmacy and he is to RS in 4 weeks for an assessment to see how he's doing.

History & Physical Note

Chart Review Note *(Ryan T Kraft, DO; 4/13/2015 8:57:49 AM)*

I was present during the history and physical note performed by Derek McMurry and have reviewed the findings.



Electronically Signed by : Derek McMurry, (04/13/2015)

Co-signed Electronically signed by

[redacted]

The Pain Center Irmo
7021 ST. ANDREWS ROAD, Suite 1
Irmo, SC 29212
Phone: 803-749-7751
Fax: 803-749-4060
Contact Phone: 803-749-7751

The Pain Center

Carl Lucas
05/12/2015 08:47 AM
Location: The Pain Center Irmo
Patient #: [redacted]
DOB: [redacted]
Marital status: Married / Language: English / Race: White / Ethnicity: Not Hispanic or Latino
Gender: Male

History of Present Illness *(Derek McMurry 05/12/2015 06:11 PM)*

The patient is a 48 year old male who presents for a recheck of Pain. The pain has been occurring in constant pattern. The course has been constant. The pain is characterized as sharp, stabbing pain, tearing, tender and throbbing. The pain is described as being located in the lower back, lumbosacral area, right side and left side. The patient describes the pain as 6 out of 10. The pain radiates to the right thigh, left thigh, right leg, right lower extremity, right foot, left leg, left lower extremity, left foot and right hip. The symptoms are aggravated by lifting, standing, walking, pushing and pulling. The symptoms are relieved by rest, pain medications prescribed and prescribed muscle stimulator.

Note: "I'm using a TENS unit and it makes a difference."

[redacted]

Allergies *(Ursula Windham; 05/12/2015 08:40 AM)*
Penicillins: Rash

Past Medical History *(Ursula Windham; 05/12/2015 08:48 AM)*
The patient has not been exposed to AIDS, HIV, hepatitis, TB, influenza, MMR, DPT, polio or tetanus. There have been no recent rashes or viral illnesses
Anxiety/Depression
Annular tear of lumbar disc (722.52)
Chronic pain disorder (338.4)
Lumbar spondylosis (721.3)
Dysesthesia (782.0)
Lumbago (724.2)
No history of receiving blood or blood product transfusion(s)
High blood pressure
Gastroesophageal Reflux Disease
Erectile dysfunction
Diabetes Mellitus, Type II
Positive history for chicken pox

Family History *(Ursula Windham; 05/12/2015 08:48 AM)*
The father is living
The mother is living

Social History *(Ursula Windham; 05/12/2015 08:48 AM)*
Most recent primary occupation: Other service
Highest Education Level Attained: High school graduate
No Drug Use
Exercise: Inactive
Alcohol Use: Occasional alcohol use
Caffeine Use: TEA & SODA
Tobacco Use: Former smoker
Marital status: Married

Medication History *(Ursula Windham; 05/12/2015 08:48 AM)*
Zanaflex (4MG Capsule 1 (one) Oral two times daily, as needed, Taken starting 04/13/2015) Active - Hx Entry.
Diclofenac Sodium (75MG Tablet DR 1 (one) Oral two times daily, as needed, Taken starting 04/13/2015) Active - Hx Entry.
Oxycodone-Acetaminophen (5-325MG Tablet 1 (one) Oral 1 every other day as needed, Taken starting 03/09/2015) Active - Hx Entry.
Amlodipine Besy-Benazepril HCl (5-20MG Capsule Oral daily) Active - Hx Entry.
MetFORMIN HCl (500MG Tablet Oral daily) Active - Hx Entry.
NexIUM (40MG Packet Oral daily) Active - Hx Entry.
Zolpidem Tartrate (10MG Tablet Oral daily) Active - Hx Entry.
ClonazePAM (0.5MG Tablet Oral daily) Active - Hx Entry.
DULoxetine HCl (60MG Capsule DR Part Oral daily) Active - Hx Entry.

Other Problems *(Ursula Windham; 05/12/2015 08:48 AM)*
Controlled substance agreement signed (V58.69)
Unspecified Diagnosis
Unspecified Diagnosis

Past Surgical *(Ursula Windham; 05/12/2015 08:48 AM)*
Tonsillectomy and adenoidectomy
Hernia Repair

[redacted]

Review of Systems *(Ursula Windham; 05/12/2015 08:48 AM)*

General: Present- **Appetite Loss, Fatigue** and Weight Gain. Not Present- Chills, Fever, Night Sweats and Weight Loss.
Skin: Not Present- Rash.
HEENT: Present- **Sneezing, Sleep Apnea, Seasonal Allergies** and **Snoring**. Not Present- Visual Disturbances, Hearing Loss, Ear Pain, Sore Throat and Facial Numbness/Tingling.
Neck: Not Present- Neck Pain and Neck Stiffness.
Respiratory: Not Present- Cough, Wheezing and Dyspnea.
Cardiovascular: Present- **Abnormal Blood Pressure, Calf Cramps, Elevated Blood Pressure, Leg Cramps** and **Night Cramps**. Not Present- Chest Pain, Palpitations and Difficulty Breathing On Exertion.
Gastrointestinal: Present- **Belching, Gas, Heartburn** and **Indigestion**. Not Present- Abdominal Pain, Change in Bowel Habits, Diarrhea, Difficulty Swallowing, Nausea and Vomiting.
Male Genitourinary: Present- **Difficulty with Erection** and **Impotence**. Not Present- Urgency and Painful Urination.
Musculoskeletal: Present- See HPI, **Back Pain, Backache, Calf Pain, Decreased Range of Motion, Leg Cramps** and **Muscle Cramps**.
Neurological: Not Present- Confusion, Dizziness, Fainting, Personality Changes, Seizures, Vertigo and Weakness.
Psychiatric: Present- **Anxiety, Change in Sleep Pattern, Depression, Easily Irritated, Insomnia** and **Mood changes**. Not Present- Hallucinations, Memory Loss and Panic Attacks.
Endocrine: Not Present- Cold Intolerance, Excessive Sweating and Excessive Thirst.
Hematology: Not Present- Abnormal Bleeding and Easy Bruising.

Vitals *(Ursula Windham; 05/12/2015 08:52 AM)*

05/12/2015 08:48 AM
Weight: 241 lb, 6 oz **Height:** 68.5 in
Body Surface Area: 2.3 m² **Body Mass Index:** 36.17 kg/m²
Pain level: 6/10
Pulse: 90 (Regular)
BP: 154/95 Manual (Sitting, Left Arm, Standard)

Physical Exam *(Derek McMunn; 05/12/2015 06:11 PM)*
The physical exam findings are as follows:

General
Mental Status - Alert. **General Appearance** - no acute distress, Well appearing and pleasant. **Build & Nutrition** - Obese.

Integumentary
General Characteristics: Skin Moisture - normal skin moisture. **Temperature** - normal warmth is noted.

Head and Neck
Head - normocephalic, atraumatic.

Eye
Sclera/Conjunctiva - Bilateral - anicteric sclerae.

ENMT
Mouth and Throat
Oral Cavity/Oropharynx: Oral Mucosa - moist.

Chest and Lung Exam
Inspection: Movements - Unlabored Breathing.

Cardiovascular
Cardiovascular examination reveals - no digital clubbing, cyanosis, edema, increased warmth or tenderness.

Neurologic
Motor:
Strength: 5/5 normal muscle strength - Left Upper Extremity, Left Lower Extremity, Right Upper Extremity and Right

[redacted]

Lower Extremity.
Coordination: - Coordination appears to be normal.
Sensory :
Light Touch: Intact - Grossly.
General Assessment of Reflexes - **Right Biceps** - 0. **Left Biceps** - 0. **Right Brachioradialis** - 1+. **Left Brachioradialis** - 1+. **Right Triceps** - 0. **Left Triceps** - 0. **Right Patella** - 0. **Left Patella** - 0. **Right Achillis** - 0. **Left Achillis** - 0.
Neuro Exam - Bilateral - Hoffman's Sign is negative.

Neuropsychiatric
The Screener and Opioid Assessment for Patients with Pain-Revised was administered to the patient - **The patient scored 18 on the SOAP-R. Orientation** - fully oriented. The patient's mood and affect are described as - normal. **Thought Processes/Cognitive Function** - cognition intact.

Musculoskeletal
Spinal Exam:
Gait and Station:
Evaluation of Gait: Gait - Antalgic gait.
Lumbosacral Spine:
Inspection and Palpation: Tenderness - point tenderness is noted over the facet joints bilaterally. Surrounding tissue is - fibrous bands.
ROJM: ROM - The range of motion for the lumbar spine is mildly restricted in all planes of movement and motion for the lumbar spine is limited with pain exacerbated .
Provocative Testing - Bilateral - Kemp's Test positive for axial back pain. Bragard's Test negative and Seated Straigh Leg Raising Test is negative.

Stable, repeated exam findings this visit.

[redacted]

Assessment & Plan *(Derek McMurry; 05/12/2015 06:12 PM)*

Chronic pain disorder (338.4)

Current Plans:

- Continued Diclofenac Sodium 75MG, 1 (one) Tablet DR two times daily, as needed, #60, 30 days starting 05/12/2015, No Refill.
- Continued Zanaflex 4MG, 1 (one) Capsule two times daily, as needed, #60, 30 days starting 05/12/2015, No Refill.
- For today's visit the South Carolina Reporting & Identifications Prescription Tracking System (SCRIPTS) was accessed for this patient. The prescription history for controlled substances was reviewed. There does not appear to be any unusual or questionable findings at this time.

Annular tear of lumbar disc (722.52)

Current Plans:

Lumbar spondylosis (721.3)

Current Plans:

Dysesthesia (782.0)

Current Plans:

Lumbago (724.2)

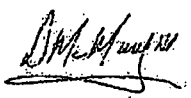
Current Plans:

This patient is here today for his chronic pain. He stated he has 2 pills left. He did not receive any Percocet today as we are considering him weaned from this medication. He did not have any questions. The TENS unit is apparently helping with his pain. He will RS in 4 weeks.

History & Physical Note

Chart Review Note *(Ryan T Kraft, DC; 5/13/2015 7:13:22 AM)*

I was present during the history and physical note performed by Derek McMurry and have reviewed the findings.



Electronically Signed by : Derek McMurry, (05/13/2015)

Co-signed Electronically signed by

[redacted]

The Pain Center Irmo
7021 ST. ANDREWS ROAD, Suite 1
Irmo, SC 29212
Phone: 803-749-7751
Fax: 803-749-4060
Contact Phone: 803-749-7751

The Pain Center

Carl Lucas
06/22/2015 09:40 AM
Location: The Pain Center Irmo
Patient [redacted]
DOB: [redacted]
Marital status: Married / Language: English / Race: White / Ethnicity: Not Hispanic or Latino
Gender: Male

History of Present Illness *(Derek McMurry 06/22/2015 01:38 PM)*

Patient words: Patient stated that he took his pain medication this morning.

"The pain comes and goes but it's always there"

The patient is a 48 year old male who presents for a recheck of Pain. The pain has been occuring in constant pattern. The course has been constant. The pain is characterized as sharp, stabbing pain, tearing, tender and throbbing. The pain is described as being located in the lower back, lumbosacral area, right side and left side. The patient describes the pain as 7 out of 10. The pain radiates to the right thigh, left thigh, right leg, right lower extremity, right foot, left leg, left lower extremity, left foot and right hip. The symptoms are aggravated by lifting, standing, walking, pushing and pulling. The symptoms are relieved by rest, pain medications prescribed and prescribed muscle stimulator.

[redacted]

Allergies *(Derek McMurry; 06/22/2015 10:02 AM)*
Penicillins: Rash

Past Medical History *(Derek McMurry; 06/22/2015 10:02 AM)*
Diabetes Mellitus, Type II
Positive history for chicken pox
Erectile dysfunction
Chronic pain disorder (338.4)
Annular tear of lumbar disc (722.52)
Lumbar spondylosis (721.3)
Lumbago (724.2)
Dysesthesia (782.0)
Gastroesophageal Reflux Disease
Anxiety/Depression
The patient has not been exposed to AIDS, HIV, hepatitis, TB, influenza, MMR, DPT, polio or tetanus. There have been no recent rashes or viral illnesses
High blood pressure
No history of receiving blood or blood product transfusion(s)

Family History *(Derek McMurry; 06/22/2015 10:02 AM)*
The father is living
The mother is living

Social History *(Derek McMurry; 06/22/2015 10:02 AM)*
Tobacco Use: Former smoker
Marital status: Married
No Drug Use
Most recent primary occupation: Other service
Highest Education Level Attained: High school graduate
Caffeine Use; TEA & SODA
Exercise: Inactive
Alcohol Use: Occasional alcohol use

Medication History *(Derek McMurry; 06/22/2015 10:02 AM)*
Zanaflex (4MG Capsule 1 (one) Oral two times daily, as needed, Taken starting 05/12/2015) Active - Hx Entry.
Diclofenac Sodium (75MG Tablet DR 1 (one) Oral two times daily, as needed, Taken starting 05/12/2015) Active - Hx Entry.
Oxycodone-Acetaminophen (5-325MG Tablet 1 (one) Oral 1 every other day as needed, Taken starting 03/09/2015) Active - Hx Entry.
Amlodipine Besy-Benazepril HCl (5-20MG Capsule Oral daily) Active - Hx Entry.
MetFORMIN HCl (500MG Tablet Oral daily) Active - Hx Entry.
NexIUM (40MG Packet Oral daily) Active - Hx Entry.
Zolpidem Tartrate (10MG Tablet Oral daily) Active - Hx Entry.
ClonazePAM (0.5MG Tablet Oral daily) Active - Hx Entry.
DULoxetine HCl (60MG Capsule DR Part Oral daily) Active - Hx Entry.

Other Problems *(Derek McMurry; 06/22/2015 10:02 AM)*
Unspecified Diagnosis
Controlled substance agreement signed (V58.69)
Unspecified Diagnosis

Past Surgical *(Derek McMurry; 06/22/2015 10:02 AM)*
Tonsillectomy and adenoidectomy
Hernia Repair

[redacted]

Review of Systems *(Ursula Windham; 06/22/2015 09:41 AM)*

General: Present- **Appetite Loss**, **Fatigue** and Weight Gain. Not Present- Chills, Fever, Night Sweats and Weight Loss.
Skin: Not Present- Rash.
HEENT: Present- **Sneezing**, **Sleep Apnea**, **Seasonal Allergies** and **Snoring**. Not Present- Visual Disturbances, Hearing Loss, Ear Pain, Sore Throat and Facial Numbness/Tingling.
Neck: Not Present- Neck Pain and Neck Stiffness.
Respiratory: Not Present- Cough, Wheezing and Dyspnea.
Cardiovascular: Present- **Abnormal Blood Pressure**, **Calf Cramps**, **Elevated Blood Pressure**, **Leg Cramps** and **Night Cramps**. Not Present- Chest Pain, Palpitations and Difficulty Breathing On Exertion.
Gastrointestinal: Present- **Belching**, **Gas**, **Heartburn** and **Indigestion**. Not Present- Abdominal Pain, Change in Bowel Habits, Diarrhea, Difficulty Swallowing, Nausea and Vomiting.
Male Genitourinary: Present- **Difficulty with Erection** and **Impotence**. Not Present- Urgency and Painful Urination.
Musculoskeletal: Present- See HPI, **Back Pain**, **Backache**, **Calf Pain**, **Decreased Range of Motion**, **Leg Cramps** and **Muscle Cramps**.
Neurological: Not Present- Confusion, Dizziness, Fainting, Personality Changes, Seizures, Vertigo and Weakness.
Psychiatric: Present- **Anxiety**, **Change in Sleep Pattern**, **Depression**, **Easily Irritated**, **Insomnia** and **Mood changes**. Not Present- Hallucinations, Memory Loss and Panic Attacks.
Endocrine: Not Present- Cold Intolerance, Excessive Sweating and Excessive Thirst.
Hematology: Not Present- Abnormal Bleeding and Easy Bruising.

Vitals *(Ursula Windham; 06/22/2015 09:46 AM)*

06/22/2015 09:42 AM
Weight: 238 lb **Height:** 68.5 in
Body Surface Area: 2.28 m² **Body Mass Index:** 35.66 kg/m²
Pain level: 7/10
Pulse: 88 (Regular)
BP: 111/76 Electronic (Sitting, Left Arm, Standard)

Physical Exam *(Derek McMurry; 06/22/2015 01:39 PM)*
The physical exam findings are as follows:

General
Mental Status - Alert. **General Appearance** - no acute distress, Well appearing and pleasant. **Build & Nutrition** - Obese.

Integumentary
General Characteristics: Skin Moisture - normal skin moisture. **Temperature** - normal warmth is noted.

Head and Neck
Head - normocephalic, atraumatic.

Eye
Normal - Normal eye movements.

ENMT
Ears
Pinna - **Bilateral** - no lesions and no masses.

Chest and Lung Exam
Inspection: Movements - Unlabored Breathing.

Cardiovascular
Cardiovascular examination reveals - no digital clubbing, cyanosis, edema, increased warmth or tenderness.

Neurologic
Motor:
Strength: 5/5 normal muscle strength - Left Upper Extremity, Left Lower Extremity, Right Upper Extremity and Right

[redacted]

Lower Extremity.
Coordination: - Coordination appears to be normal.
Sensory :
Light Touch: Intact - Grossly.
General Assessment of Reflexes - **Right Biceps** - 0. **Left Biceps** - 0. **Right Brachioradialis** - 1+. **Left Brachioradialis** - 1+. **Right Triceps** - 0. **Left Triceps** - 0. **Right Patella** - 0. **Left Patella** - 0. **Right Achillis** - 0. **Left Achillis** - 0.

Neuropsychiatric
The Screener and Opioid Assessment for Patients with Pain-Revised was administered to the patient - **The patient scored 18 on the SOAP-R. Orientation** - fully oriented. The patient's mood and affect are described as - normal. **Thought Processes/Cognitive Function** - cognition intact.

Musculoskeletal
Spinal Exam:
Gait and Station:
Evaluation of Gait: Gait - Antalgic gait.
Lumbosacral Spine:
Inspection and Palpation: Tenderness - point tenderness is noted over the facet joints bilaterally. Surrounding tissue is - fibrous bands.
ROJM: ROM - The range of motion for the lumbar spine is mildly restricted in all planes of movement and motion for the lumbar spine is limited with pain exacerbated .
Provocative Testing - Left - Kemp's Test positive for axial back pain and Seated Straigh Leg Raising Test is positive. **Right** - Kemp's Test positive for axial back pain and Seated Straigh Leg Raising Test is positive.

Stable, repeated exam findings this visit.

[redacted]

Assessment & Plan *(Derek McMurry; 06/22/2015 01:40 PM)*

Chronic pain disorder (338.4)

Current Plans:

- Continued Diclofenac Sodium 75MG, 1 (one) Tablet DR two times daily, as needed, #60, 30 days starting 06/22/2015, No Refill.
- Continued Zanaflex 4MG, 1 (one) Capsule two times daily, as needed, #60, 30 days starting 06/22/2015, No Refill.
- Started Gabapentin 300MG, 1 (one) Capsule two times daily, #60, 30 days starting 06/22/2015, No Refill.
- For today's visit the South Carolina Reporting & Identification Prescription Tracking System (SCRIPTS) was accessed for this patient. The prescription history for controlled substances was reviewed. There does not appear to be any unusual or questionable findings at this time.
- Targeted drug testing is being ordered. The objectives are to identify the proper use of prescribed medications while identifying the potential for abuse, misuse, diversion, undisclosed substances, unsanctioned prescription medication, illicit substances, or substances that contribute to adverse events or drug-drug interactions. This patient has risk factors which makes targeted testing medically necessary.
  Orders:
  Pain Management Profile to include:
  1. Enzyme immunoassay to assess the following drug classes: amphetamines, barbiturates, benzodiazepines, buprenorphine, cocaine, heroin, MDMA, opiates, oxycodone, pcp, and THC. Ethyl glucuronide.
  2. Specimen validity testing.
  3. Confirmation testing for pertinent positive EIA findings and pertinent negative findings.
  4. LC-MS/MS testing for medications that are not detectable or poorly detected via enzyme immunoassay including: Opiates/opioids (codeine, morphine, hydrocodone, hydromorphone, oxycodone, oxymorphone, tramadol, methadone, fentanyl, buprenorphine, tapentadol, pentazocine, meperidine, propoxyphene and metabolites), Benzodiazepines (lorazepam, diazepam, clonazepam, alprazolam, temazepam, midazolam, triazolam), Amphetamine, Muscle relaxants (carisoprodol, meprobamate), Zolpidem, Illicit's (methamphetamine, cocaine), phentermine, methylphenidate, gabapentin, pregabalin, bath salts, PCP, and MDMA.
  5. LC-MS/MS testing for other medications as listed on the requisition.
- The patient's reported pain level is inconsistent with expected analgesia given the current opioid analgesic regimen. As such, a urine drug test is being ordered and is medically necessary. (V58.69)

Lumbar spondylosis (721.3)

Current Plans:

Lumbago (724.2)

Current Plans:

Dysesthesia (782.0)

Current Plans:

Other intervertebral disc displacement of lumbar region (722.10)

Current Plans:

He is progressing as expected considering his chronic pain. His medications were refilled as noted. Questions were answered. I will see him back in a month for an assessment.

History & Physical Note

Chart Review Note *(Ryan T Kniffe, DO; 6/22/2015 5:05:39 PM)*

I was present during the history and physical note performed by Derek McMurry and have reviewed the findings.

Electronically Signed by : Derek McMurry, (06/22/2015)

Co-signed Electronically signed by

[redacted]

The Pain Center Irmo
7021 ST. ANDREWS ROAD, Suite 1
Irmo, SC 29212
Phone: 803-749-7751
Fax: 803-749-4060
Contact Phone: 803-749-7751

The Pain Center

Carl Lucas
07/20/2015 09:24 AM
Location: The Pain Center Irmo
Patient #: [redacted]
DOB: [redacted]
Marital status: Married / Language: English / Race: White / Ethnicity: Not Hispanic or Latino
Gender: Male

History of Present Illness *(Derek McMurry 07/20/2015 10:11 AM)*

Patient words: Pt states he took Zanaflex, Diclofenac, and Gabapentin this morning and has pills remaining. Do you think massage would help?

The patient is a 48 year old male who presents for a recheck of Pain. The pain has been occurring in constant pattern. The course has been constant. The pain is characterized as sharp, stabbing pain, tearing, tender and throbbing. The pain is described as being located in the lower back, lumbosacral area, right side and left side. The patient describes the pain as 7 out of 10. The pain radiates to the right thigh, left thigh, right leg, right lower extremity, right foot, left leg, left lower extremity, left foot and right hip. The symptoms are aggravated by lifting, standing, walking, pushing and pulling. The symptoms are relieved by rest, pain medications prescribed and prescribed muscle stimulator.

[redacted]

Allergies *(Laura Willingham; 07/20/2015 09:34 AM)*
Penicillins: Rash

Past Medical History *(Laura Willingham; 07/20/2015 09:34 AM)*
No history of receiving blood or blood product transfusion(s)
High blood pressure
Chronic pain disorder (338.4)
Annular tear of lumbar disc (722.52)
Lumbar spondylosis (721.3)
Dysesthesia (782.0)
Lumbago (724.2)
Erectile dysfunction
Diabetes Mellitus, Type II
Positive history for chicken pox
The patient has not been exposed to AIDS, HIV, hepatitis, TB, influenza, MMR, DPT, polio or tetanus. There have been no recent rashes or viral illnesses
Gastroesophageal Reflux Disease
Anxiety/Depression

Family History *(Laura Willingham; 07/20/2015 09:34 AM)*
The father is living
The mother is living

Social History *(Laura Willingham; 07/20/2015 09:34 AM)*
Exercise: Inactive
Alcohol Use: Occasional alcohol use
Highest Education Level Attained: High school graduate
Caffeine Use: TEA & SODA
Tobacco Use: Former smoker
Marital status: Married
No Drug Use
Most recent primary occupation: Other service

Medication History *(Laura Willingham; 07/20/2015 09:34 AM)*
Zanaflex (4MG Capsule 1 (one) Oral two times daily, as needed, Taken starting 06/22/2015) Active - Hx Entry.
Diclofenac Sodium (75MG Tablet DR 1 (one) Oral two times daily, as needed, Taken starting 06/22/2015) Active - Hx Entry.
Oxycodone-Acetaminophen (5-325MG Tablet, 1 (one) Oral 1 every other day as needed, Taken starting 03/09/2015) Active.
Gabapentin (300MG Capsule 1 (one) Capsule Oral two times daily, Taken starting 06/22/2015) Active - Hx Entry.
Amlodipine Besy-Benazepril HCl (5-20MG Capsule, Oral daily) Active.
MetFORMIN HCl (500MG Tablet, Oral daily) Active.
NexIUM (40MG Packet, Oral daily) Active.
Zolpidem Tartrate (10MG Tablet, Oral daily) Active.
ClonazePAM (0.5MG Tablet, Oral daily) Active.
DULoxetine HCl (60MG Capsule DR Part, Oral daily) Active.

Other Problems *(Laura Willingham; 07/20/2015 09:34 AM)*
Unspecified Diagnosis
Controlled substance agreement signed (V58.69)
Other intervertebral disc displacement of lumbar region (722.10)
Unspecified Diagnosis

Past Surgical *(Laura Willingham; 07/20/2015 09:34 AM)*
Hernia Repair
Tonsillectomy and adenoidectomy

[redacted]

Review of Systems *(Laura Willingham; 07/20/2015 09:34 AM)*

General: Present- **Appetite Loss, Fatigue** and Weight Gain. Not Present- Chills, Fever, Night Sweats and Weight Loss.
Skin: Not Present- Rash.
HEENT: Present- **Sneezing, Sleep Apnea, Seasonal Allergies** and **Snoring**. Not Present- Visual Disturbances, Hearing Loss, Ear Pain, Sore Throat and Facial Numbness/Tingling.
Neck: Not Present- Neck Pain and Neck Stiffness.
Respiratory: Not Present- Cough, Wheezing and Dyspnea.
Cardiovascular: Present- **Abnormal Blood Pressure, Calf Cramps, Elevated Blood Pressure, Leg Cramps** and **Night Cramps**. Not Present- Chest Pain, Palpitations and Difficulty Breathing On Exertion.
Gastrointestinal: Present- **Belching, Gas, Heartburn** and **Indigestion**. Not Present- Abdominal Pain, Change in Bowel Habits, Diarrhea, Difficulty Swallowing, Nausea and Vomiting.
Male Genitourinary: Present- **Difficulty with Erection** and **Impotence**. Not Present- Urgency and Painful Urination.
Musculoskeletal: Present- See HPI, **Back Pain, Backache, Calf Pain, Decreased Range of Motion, Leg Cramps** and **Muscle Cramps**.
Neurological: Not Present- Confusion, Dizziness, Fainting, Personality Changes, Seizures, Vertigo and Weakness.
Psychiatric: Present- **Anxiety, Change in Sleep Pattern, Depression, Easily Irritated, Insomnia** and **Mood changes**. Not Present- Hallucinations, Memory Loss and Panic Attacks.
Endocrine: Not Present- Cold Intolerance, Excessive Sweating and Excessive Thirst.
Hematology: Not Present- Abnormal Bleeding and Easy Bruising.

Vitals *(Laura Willingham; 07/20/2015 09:29 AM)*

07/20/2015 09:34 AM
Weight: 235 lb, 6 oz **Height:** 68.5 in
Body Surface Area: 2.27 m² **Body Mass Index:** 35.27 kg/m²
Pulse: 91 (Regular)
BP: 148/92 Electronic (Sitting, Left Arm, Large)

Physical Exam *(Derek McMurry; 07/20/2015 10:16 AM)*
The physical exam findings are as follows:

General
Mental Status - Alert. **General Appearance** - no acute distress, Well appearing and pleasant. **Build & Nutrition** - Obese.

Integumentary
General Characteristics: Skin Moisture - normal skin moisture. **Temperature** - normal warmth is noted.

Head and Neck
Head - normocephalic, atraumatic.

Eye
Normal - Normal eye movements.

ENMT
Ears
Pinna - Bilateral - no lesions and no masses.

Chest and Lung Exam
Inspection: Movements - Unlabored Breathing.

Cardiovascular
Cardiovascular examination reveals - no digital clubbing, cyanosis, edema, increased warmth or tenderness.

Neurologic
Motor:
Strength: 5/5 normal muscle strength - Left Upper Extremity, Left Lower Extremity, Right Upper Extremity and Right Lower Extremity.

[redacted]

Coordination: - Coordination appears to be normal.
Sensory :
Light Touch: Intact - Grossly.
General Assessment of Reflexes - **Right Biceps** - 0. **Left Biceps** - 0. **Right Brachioradialis** - 1+. **Left Brachioradialis** - 1+. **Right Triceps** - 0. **Left Triceps** - 0. **Right Patella** - 0. **Left Patella** - 0. **Right Achillis** - 0. **Left Achillis** - 0.

Neuropsychiatric
The Screener and Opioid Assessment for Patients with Pain-Revised was administered to the patient - **The patient scored 18 on the SOAP-R. Orientation** - fully oriented. The patient's mood and affect are described as - normal. **Thought Processes/Cognitive Function** - cognition intact.

Musculoskeletal
Spinal Exam:
Gait and Station:
Evaluation of Gait: Gait - Antalgic gait.
Lumbosacral Spine:
Inspection and Palpation: Tenderness - point tenderness is noted over the facet joints bilaterally. Surrounding tissue is - fibrous bands, rigidity and spasticity.
ROJM: ROM - The range of motion for the lumbar spine is mildly restricted in all planes of movement and motion for the lumbar spine is limited with pain exacerbated .
Provocative Testing - Left - Kemp's Test positive for axial back pain and Seated Straigh Leg Raising Test is positive.
Right - Kemp's Test positive for axial back pain and Seated Straigh Leg Raising Test is positive.

Stable, repeated exam findings this visit.

[redacted]

Assessment & Plan *(Derek McMurry; 07/20/2015 10:17 AM)*

Chronic pain disorder (338.4)
Current Plans:

- PT EVALUATION (Eval & Treat); Routine (Therapeutic massage: 1x/week 4 weeks, PRN thereafter.)
- Continued Gabapentin 300MG, 1 (one) Capsule two times daily, #60, 30 days starting 07/20/2015, No Refill.
- Continued Diclofenac Sodium 75MG, 1 (one) Tablet DR two times daily, as needed, #60, 30 days starting 07/20/2015, No Refill.
- Continued Zanaflex 4MG, 1 (one) Capsule two times daily, as needed, #60, 30 days starting 07/20/2015, No Refill.
- For today's visit the South Carolina Reporting & Identifications Prescription Tracking System (SCRIPTS) was accessed for this patient. The prescription history for controlled substances was reviewed. There does not appear to be any unusual or questionable findings at this time.

Annular tear of lumbar disc (722.52)
Current Plans:

Lumbar spondylosis (721.3)
Current Plans:

Dysesthesia (782.0)
Current Plans:

Lumbago (724.2)
Current Plans:

I think therapeutic massage would be beneficial for him and this was ordered and printed. His medications remain effective and have been sent to the pharmacy. He is to RS in 4 weeks.

History & Physical Note

Chart Review Note *(Ryan T Kraft, DO; 7/20/2015 11:24:20 AM)*
I was present during the history and physical note performed by Derek McMurry and have reviewed the findings.

Electronically Signed by : Derek McMurry, (07/20/2015)

Co-signed Electronically signed by

The Pain Center Irmo
7021 ST. ANDREWS ROAD, Suite 1
Irmo, SC 29212
Phone: 803-749-7751
Fax: 803-749-4060
Contact Phone: 803-749-7751

The Pain Center

Orders

07/20/2015

Carl Lucas
[redacted]

- Sc Fep NONE R57806827 No
- Caremark misc CMX00012 6500/6500 2500 No

Assessment:

- Chronic pain disorder
- Annular tear of lumbar disc
- Lumbar spondylosis
- Dysesthesia
- Lumbago
- SPASM

Laboratories:

Procedures:

- Therapeutic massage: 1x/week 4 weeks, PRN thereafter.

Electronically signed by Derek McMurry,

07/20/2015 09:24 AM

Electronically Signed by Derek McMurry

The Pain Center Irmo
7021 ST. ANDREWS ROAD, Suite 1
Irmo, SC 29212
Phone: 803-749-7751
Fax: 803-749-4060
Contact Phone: 803-749-7751

The Pain Center

Carl Lucas
08/17/2015 09:55 AM
Location: The Pain Center Irmo
Patient #: [redacted]
DOB: [redacted]
Marital status: Married / Language: English / Race: White / Ethnicity: Not Hispanic or Latino
Gender: Male

History of Present Illness *(Derek McMurry 08/17/2015 10:37 AM)*

Patient words: I tried to do everything I was told to do. Work comp doesn't acknowledge anything. I tried to go to Botanical Gardens. By the time I got to the gate I was ready to leave my back hurt so bad. Whatever I try to do during the day, I pay for it at night.

The patient is a 48 year old male who presents for a recheck of Pain. The pain has been occurring in constant pattern. The course has been constant. The pain is characterized as sharp, stabbing pain, tearing, tender and throbbing. The pain is described as being located in the lower back, lumbosacral area, right side and left side. The patient describes the pain as 7 out of 10. The pain radiates to the right thigh, left thigh, right leg, right lower extremity, right foot, left leg, left lower extremity, left foot and right hip. The symptoms are aggravated by lifting, standing, walking, pushing and pulling. The symptoms are relieved by rest, pain medications prescribed and prescribed muscle stimulator.

Allergies *(Diyon Campbell; 08/17/2015 09:59 AM)*
Penicillins: Rash

Past Medical History *(Diyon Campbell; 08/17/2015 09:59 AM)*
Gastroesophageal Reflux Disease
Anxiety/Depression
The patient has not been exposed to AIDS, HIV, hepatitis, TB, influenza, MMR, DPT, polio or tetanus. There have been no recent rashes or viral illnesses
Chronic pain disorder (338.4 | G89.4)
Annular tear of lumbar disc (722.52 | M51.36)
Lumbar spondylosis (721.3 | M47.9)
Dysesthesia (782.0 | R20.8)
Lumbago (724.2 | M54.5)
High blood pressure
No history of receiving blood or blood product transfusion(s)
Diabetes Mellitus, Type II
Positive history for chicken pox
Erectile dysfunction

Family History *(Diyon Campbell; 08/17/2015 09:59 AM)*
The father is living
The mother is living

Social History *(Diyon Campbell; 08/17/2015 09:59 AM)*
Most recent primary occupation: Other service
Marital status: Married
No Drug Use
Highest Education Level Attained: High school graduate
Caffeine Use: TEA & SODA
Exercise: Inactive
Alcohol Use: Occasional alcohol use
Tobacco Use: Former smoker

Medication History *(Diyon Campbell; 08/17/2015 09:59 AM)*
Zanaflex (4MG Capsule 1 (one) Oral two times daily, as needed, Taken starting 07/20/2015) Active - Hx Entry.
Diclofenac Sodium (75MG Tablet DR 1 (one) Oral two times daily, as needed, Taken starting 07/20/2015) Active - Hx Entry.
Oxycodone-Acetaminophen (5-325MG Tablet 1 (one) Oral 1 every other day as needed, Taken starting 03/09/2015) Active - Hx Entry.
Gabapentin (300MG Capsule 1 (one) Oral two times daily, Taken starting 07/20/2015) Active - Hx Entry.
Amlodipine Besy-Benazepril HCl (5-20MG Capsule Oral daily) Active - Hx Entry.
MetFORMIN HCl (500MG Tablet Oral daily) Active - Hx Entry.
NexIUM (40MG Packet Oral daily) Active - Hx Entry.
Zolpidem Tartrate (10MG Tablet Oral daily) Active - Hx Entry.
ClonazePAM (0.5MG Tablet Oral daily) Active - Hx Entry.
DULoxetine HCl (60MG Capsule DR Part Oral daily) Active - Hx Entry.

Other Problems *(Diyon Campbell; 08/17/201509:59 AM)*
Controlled substance agreement signed (V58.69 | Z79.899)
Other intervertebral disc displacement of lumbar region (722.10 | M51.26)
Unspecified Diagnosis
Unspecified Diagnosis

Past Surgical *(Diyon Campbell; 08/17/2015 09:59 AM)*
Hernia Repair
Tonsillectomy and adenoidectomy

Review of Systems *(Diyon Campbell; 08/17/2015 09:59 AM)*
General: Present- **Appetite Loss, Fatigue** and Weight Gain. Not Present- Chills, Fever, Night Sweats and Weight Loss.
Skin: Not Present- Rash.
HEENT: Present- **Sneezing, Sleep Apnea, Seasonal Allergies** and **Snoring**. Not Present- Visual Disturbances, Hearing Loss, Ear Pain, Sore Throat and Facial Numbness/Tingling.
Neck: Not Present- Neck Pain and Neck Stiffness.
Respiratory: Not Present- Cough, Wheezing and Dyspnea.
Cardiovascular: Present- **Abnormal Blood Pressure, Calf Cramps, Elevated Blood Pressure, Leg Cramps** and **Night Cramps**. Not Present- Chest Pain, Palpitations and Difficulty Breathing On Exertion.
Gastrointestinal: Present- **Belching, Gas, Heartburn** and **Indigestion**. Not Present- Abdominal Pain, Change in Bowel Habits, Diarrhea, Difficulty Swallowing, Nausea and Vomiting.
Male Genitourinary: Present- **Difficulty with Erection** and **Impotence**. Not Present- Urgency and Painful Urination.
Musculoskeletal: Present- See HPI, **Back Pain, Backache, Calf Pain, Decreased Range of Motion, Leg Cramps** and **Muscle Cramps**.
Neurological: Not Present- Confusion, Dizziness, Fainting, Personality Changes, Seizures, Vertigo and Weakness.
Psychiatric: Present- **Anxiety, Change in Sleep Pattern, Depression, Easily Irritated, Insomnia** and **Mood changes**. Not Present- Hallucinations, Memory Loss and Panic Attacks.
Endocrine: Not Present- Cold Intolerance, Excessive Sweating and Excessive Thirst.
Hematology: Not Present- Abnormal Bleeding and Easy Bruising.

Vitals *(Diyon Campbell; 08/17/2015 10:03 AM)*
08/17/2015 09:59 AM
Weight: 232 lb, 6 oz **Height:** 68.5 in
Body Surface Area: 2.26 m² **Body Mass Index:** 34.82 kg/m²
Pain level: 6/10
Pulse: 88 (Regular)
BP: 152/95 Electronic (Sitting, Left Arm, Standard)

Physical Exam *(Derek McMurry; 08/17/2015 10:38 AM)*
The physical exam findings are as follows:

General
Mental Status - Alert. **General Appearance** - no acute distress, Well appearing and pleasant. **Build & Nutrition** - Obese.

Integumentary
General Characteristics: Skin Moisture - normal skin moisture. **Temperature** - normal warmth is noted.

Head and Neck
Head - normocephalic, atraumatic.

Eye
Normal - Normal eye movements.

ENMT
Ears
Pinna - **Bilateral** - no lesions and no masses.

Chest and Lung Exam
Inspection: Movements - Unlabored Breathing.

Cardiovascular
Cardiovascular examination reveals - no digital clubbing, cyanosis, edema, increased warmth or tenderness.

Neurologic
Motor:
Strength: 5/5 normal muscle strength - Left Upper Extremity, Left Lower Extremity, Right Upper Extremity and Right

Lower Extremity.
Coordination: - Coordination appears to be normal.
Sensory :
Light Touch: Intact - Grossly.
General Assessment of Reflexes - **Right Biceps** - 0. **Left Biceps** - 0. **Right Brachioradialis** - 1+. **Left Brachioradialis** - 1+. **Right Triceps** - 0. **Left Triceps** - 0. **Right Patella** - 0. **Left Patella** - 0. **Right Achillis** - 0. **Left Achillis** - 0.
Neuro Exam - Bilateral - Hoffman's Sign is negative.

Neuropsychiatric
The Screener and Opioid Assessment for Patients with Pain-Revised was administered to the patient - **The patient scored 18 on the SOAP-R. Orientation** - fully oriented. The patient's mood and affect are described as - normal. **Thought Processes/Cognitive Function** - cognition intact.

Musculoskeletal
Spinal Exam:
Gait and Station:
Evaluation of Gait: Gait - Antalgic gait.
Lumbosacral Spine:
Inspection and Palpation: Tenderness - point tenderness is noted over the facet joints bilaterally. Surrounding tissue is - fibrous bands, rigidity and spasticity.
ROJM: ROM - The range of motion for the lumbar spine is mildly restricted in all planes of movement and motion for the lumbar spine is limited with pain exacerbated .
Provocative Testing - Left - Kemp's Test positive for axial back pain. **Right** - Kemp's Test positive for axial back pain. **Bilateral** - Straight Leg Raising test is positive and Yeoman's Test positive.

Stable, repeated exam findings this visit.

Assessment & Plan *(Derek McMurry; 08/17/201510:42 AM)*
Chronic pain disorder (338.4 | G89.4)
Current Plans:

- Continued Gabapentin 300MG, 1 (one) Capsule two times daily, #60, 30 days starting 08/17/2015, Ref. x1.
- Continued Diclofenac Sodium 75MG, 1 (one) Tablet DR two times daily, as needed, #60, 30 days starting 08/17/2015, Ref. x1.
- Continued Zanaflex 4MG, 1 (one) Capsule two times daily, as needed, #60, 30 days starting 08/17/2015, Ref. x1.
- Goal: Improve quality of life.

- Follow up in 2 months or as needed

Annular tear of lumbar disc (722.52 | M51.36)
Current Plans:

Lumbar spondylosis (721.3 | M47.9)
Current Plans:

Lumbago (724.2 | M54.5)
Current Plans:

Dysesthesia (782.0 | R20.8)
Current Plans:

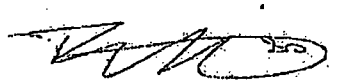
Other intervertebral disc displacement of lumbar region (722.10 | M51.26)
Current Plans:

- For today's visit the South Carolina Reporting & Identifications Prescription Tracking System (SCRIPTS) was accessed for this patient. The prescription history for controlled substances was reviewed. There does not appear to be any unusual or questionable findings at this time.

I had an extensive discussion with this patient and his wife today regarding his ongoing chronic pain issues. We discussed ordering electrodiagnostics for both LE, his inability to work at his previous employer due to not being "100%," and his daily limitations. As it turns out it appears his employer is self-insured for work comp and therein lies the delayed treatment. He stated he will discuss the issue with his attorney and we will proceed accordingly. For now the medication is still helping and he's tolerating it so that was refilled for 2 months.

History & Physical Note

Chart Review Note *(Ryan T Krafft, DO; 8/17/2015 12:38:09 PM)*
I was present during the history and physical note performed by Derek McMurry and have reviewed the findings.



Electronically Signed by : Ryan T Krafft, DO (08/17/2015)

Co-signed Electronically signed by

The Pain Center Irmo
7021 ST. ANDREWS ROAD, Suite 1
Irmo, SC 29212
Phone: 803-749-7751
Fax: 803-749-4060
Contact Phone: 803-749-7751

The Pain Center

Carl Lucas
10/16/2015 10:04 AM
Location: The Pain Center Irmo
Patient #[redacted]
DOB: [redacted]
Marital status: Married / Language: English / Race: White / Ethnicity: Not Hispanic or Latino
Gender: Male

History of Present Illness *(Derek McMurry 10/16/2015 10:48 AM)*

Patient words: "I cannot find a massage therapy place. I talked to someone and they said that the closest place was 75 miles away one way."

The patient is a 48 year old male

Note: Mr. Lucas comes in today for a follow up for his chronic pain. He complains of low back pain that radiates into his bilateral extremities. He describes it as a stabbing 'knife like' pain. He feels anything he does aggravates the pain. He reports the pain is unchanged and rates it as a 6/10 today. He states he took his medications this morning with about 50% relief. He states "I can tell when I don't take my medicine. It is unbearable."

Allergies *(Laura Willingham; 10/16/2015 10:10 AM)*
Penicillins: Rash

Past Medical History *(Laura Willingham; 10/16/2015 10:10 AM)*
Erectile dysfunction
Diabetes Mellitus, Type II
Positive history for chicken pox
Annular tear of lumbar disc (722.52 | M51.36)
Chronic pain disorder (338.4 | G89.4)
Lumbar spondylosis (721.3 | M47.9)
Lumbago (724.2 | M54.5)
Dysesthesia (782.0 | R20.8)
The patient has not been exposed to AIDS, HIV, hepatitis, TB, influenza, MMR, DPT, polio or tetanus. There have been no recent rashes or viral illnesses
Gastroesophageal Reflux Disease
Anxiety/Depression
No history of receiving blood or blood product transfusion(s)
High blood pressure

Family History *(Laura Willingham; 10/16/2015 10:10 AM)*
The father is living
The mother is living

Social History *(Laura Willingham; 10/16/2015 10:10 AM)*
Tobacco Use: Former smoker
Marital status: Married
No Drug Use
Most recent primary occupation: Other service
Exercise: Inactive
Alcohol Use: Occasional alcohol use
Highest Education Level Attained: High school graduate
Caffeine Use: TEA & SODA

Medication History *(Laura Willingham; 10/16/2015 10:10 AM)*
Zanaflex (4MG Capsule 1 (one) Oral two times daily, as needed, Taken starting 08/17/2015) Active - Hx Entry.
Diclofenac Sodium (75MG Tablet DR 1 (one) Oral two times daily, as needed, Taken starting 08/17/2015) Active - Hx Entry.
Oxycodone-Acetaminophen (5-325MG Tablet 1 (one) Oral 1 every other day as needed, Taken starting 03/09/2015) Active - Hx Entry.
Gabapentin (300MG Capsule 1 (one) Oral two times daily, Taken starting 08/17/2015) Active - Hx Entry.
Amlodipine Besy-Benazepril HCl (5-20MG Capsule Oral daily) Active - Hx Entry.
MetFORMIN HCl (500MG Tablet Oral daily) Active - Hx Entry.
NexIUM (40MG Packet Oral daily) Active - Hx Entry.
Zolpidem Tartrate (10MG Tablet Oral daily) Active - Hx Entry.
ClonazePAM (0.5MG Tablet Oral daily) Active - Hx Entry.
DULoxetine HCl (60MG Capsule DR Part Oral daily) Active - Hx Entry.

Other Problems *(Laura Willingham; 10/16/201510:10 AM)*
Unspecified Diagnosis
Controlled substance agreement signed (V58.69 | Z79.899)
Other intervertebral disc displacement of lumbar region (722.10 | M51.26)
Unspecified Diagnosis

Past Surgical *(Laura Willingham; 10/16/2015 10:10 AM)*
Hernia Repair
Tonsillectomy and adenoidectomy

Review of Systems *(Laura Willingham; 10/16/2015 10:10 AM)*
General: Present- **Appetite Loss**, **Fatigue** and Weight Gain. Not Present- Chills, Fever, Night Sweats and Weight Loss.
Skin: Not Present- Rash.
HEENT: Present- **Sneezing**, **Sleep Apnea**, **Seasonal Allergies** and **Snoring**. Not Present- Visual Disturbances, Hearing Loss, Ear Pain, Sore Throat and Facial Numbness/Tingling.
Neck: Not Present- Neck Pain and Neck Stiffness.
Respiratory: Not Present- Cough, Wheezing and Dyspnea.
Cardiovascular: Present- **Abnormal Blood Pressure**, **Calf Cramps**, **Elevated Blood Pressure**, **Leg Cramps** and **Night Cramps**. Not Present- Chest Pain, Palpitations and Difficulty Breathing On Exertion.
Gastrointestinal: Present- **Belching**, **Gas**, **Heartburn** and **Indigestion**. Not Present- Abdominal Pain, Change in Bowel Habits, Diarrhea, Difficulty Swallowing, Nausea and Vomiting.
Male Genitourinary: Present- **Difficulty with Erection** and **Impotence**. Not Present- Urgency and Painful Urination.
Musculoskeletal: Present- See HPI, **Back Pain**, **Backache**, **Calf Pain**, **Decreased Range of Motion**, **Leg Cramps** and **Muscle Cramps**.
Neurological: Not Present- Confusion, Dizziness, Fainting, Personality Changes, Seizures, Vertigo and Weakness.
Psychiatric: Present- **Anxiety**, **Change in Sleep Pattern**, **Depression**, **Easily Irritated**, **Insomnia** and **Mood changes**. Not Present- Hallucinations, Memory Loss and Panic Attacks.
Endocrine: Not Present- Cold Intolerance, Excessive Sweating and Excessive Thirst.
Hematology: Not Present- Abnormal Bleeding and Easy Bruising.

Vitals *(Laura Willingham; 10/16/2015 10:29 AM)*
10/16/2015 10:29 AM
Weight: 233 lb, 2 oz **Height:** 68.5 in
Body Surface Area: 2.26 m² **Body Mass Index:** 34.93 kg/m²
Pain level: 5/10
Pulse: 100 (Regular)
BP: 154/99 Manual (Sitting, Left Arm, Standard)

Physical Exam *(Derek McMurry; 10/16/2015 10:49 AM)*
The physical exam findings are as follows:

General
Mental Status - Alert. **General Appearance** - no acute distress, Well appearing and pleasant. **Build & Nutrition** - Obese.

Integumentary
General Characteristics: Skin Moisture - normal skin moisture. **Temperature** - normal warmth is noted.

Head and Neck
Head - normocephalic, atraumatic.

Eye
Normal - Normal eye movements.

ENMT
Ears
Pinna - **Bilateral** - no lesions and no masses.

Chest and Lung Exam
Inspection: Movements - Unlabored Breathing.

Cardiovascular
Cardiovascular examination reveals - no digital clubbing, cyanosis, edema, increased warmth or tenderness.

Peripheral Vascular
Lower Extremity: Inspection - Bilateral - Inspection Normal.

Neurologic
Motor:
Strength: 5/5 normal muscle strength - Left Upper Extremity, Left Lower Extremity, Right Upper Extremity and Right Lower Extremity.
Coordination: - Coordination appears to be normal.
Sensory :
Light Touch: Intact - Grossly.
General Assessment of Reflexes - **Right Biceps** - 0. **Left Biceps** - 0. **Right Brachioradialis** - 1+. **Left Brachioradialis** - 1+. **Right Triceps** - 0. **Left Triceps** - 0. **Right Patella** - 0. **Left Patella** - 0. **Right Achillis** - 0. **Left Achillis** - 0.
Neuro Exam - Bilateral - Hoffman's Sign is negative.

Neuropsychiatric
The Screener and Opioid Assessment for Patients with Pain-Revised was administered to the patient - **The patient scored 18 on the SOAP-R. Orientation** - fully oriented. The patient's mood and affect are described as - normal. **Thought Processes/Cognitive Function** - cognition intact.

Musculoskeletal
Spinal Exam:
Gait and Station:
Evaluation of Gait: Gait - Antalgic gait.
Lumbosacral Spine:
Inspection and Palpation: Tenderness - point tenderness is noted over the facet joints bilaterally. Surrounding tissue is - fibrous bands, rigidity and spasticity.
ROJM: ROM - The range of motion for the lumbar spine is mildly restricted in all planes of movement and motion for the lumbar spine is limited with pain exacerbated .
Provocative Testing - Bilateral - Kemp's Test positive for axial back pain, Straight Leg Raising test is positive and Yeoman's Test positive. Kemp's Test negative.

Assessment & Plan *(Derek McMurry; 10/16/201510:49 AM)*

Chronic pain disorder (338.4 | G89.4)

Current Plans:

- Changed Gabapentin 300MG, 1 (one) Capsule three times daily, #90, 30 days starting 10/16/2015, Ref. x1.
- Continued Diclofenac Sodium 75MG, 1 (one) Tablet DR two times daily, as needed, #60, 30 days starting 10/16/2015, Ref. x1.
- Continued Zanaflex 4MG, 1 (one) Capsule two times daily, as needed, #60, 30 days starting 10/16/2015, Ref. x1.
- Goal: Maintain functional ability.

- The South Carolina Reporting & Identifications Prescription Tracking System was reviewed for this patient today to assess prescription history for controlled substances. Upon review, the patient does not show any current unusual or questionable findings. There does not appear to be overlapping prescriptions.
- Follow up in 2 months or as needed

Annular tear of lumbar disc (722.52 | M51.36)

Current Plans:

Lumbar spondylosis (721.3 | M47.9)

Current Plans:

Dysesthesia (782.0 | R20.8)

Current Plans:

Lumbago (724.2 | M54.5)

Current Plans:

I had an extensive visit with this patient today regarding his chronic pain issues. Questions were answered to his satisfaction. He's pleased with the course of his pain management and his progress is as expected considering his chronic pain diagnoses. I have increased the Gabapentin 300mg three times per day. I will see him back in 2 months.

History & Physical Note

Chart Review Note *(Ryan T Krafft, DO; 10/16/2015 12:58:02 PM)*

I was present during the history and physical note performed by Derek McMurry and have reviewed the findings.

Electronically Signed by : Ryan T Krafft, DO (10/16/2015)

Co-signed Electronically signed by

The Pain Center Irmo
7021 ST. ANDREWS ROAD, Suite 1
Irmo, SC 29212
Phone: 803-749-7751
Fax: 803-749-4060
Contact Phone: 803-749-7751

The Pain Center

Carl Lucas
12/21/2015 09:46 AM
Location: The Pain Center Irmo
Patient #: [redacted]
DOB: [redacted]
Marital status: Married / Language: English / Race: White / Ethnicity: Not Hispanic or Latino
Gender: Male

History of Present Illness *(Derek McMurry 12/21/2015 10:07 AM)*

The patient is a 48 year old male

Note: Mr. Lucas is here today for a follow up regarding his chronic pain. He has been out of his medication for almost two weeks, so his pain is slightly worsening due to the fact he has not had any medication. He describes it as a constant type of pain that today he rates as being a 6/10.

[redacted]

Allergies *(Diyon Campbell; 12/21/2015 09:51 AM)*
Penicillins: Rash

Past Medical History *(Diyon Campbell; 12/21/2015 09:51 AM)*
No history of receiving blood or blood product transfusion(s)
High blood pressure
Lumbar spondylosis (721.3 | M47.9)
Annular tear of lumbar disc (722.52 | M51.36)
Chronic pain disorder (338.4 | G89.4)
Dysesthesia (782.0 | R20.8)
Lumbago (724.2 | M54.5)
Diabetes Mellitus, Type II
Positive history for chicken pox
Erectile dysfunction
Gastroesophageal Reflux Disease
Anxiety/Depression
The patient has not been exposed to AIDS, HIV, hepatitis, TB, influenza, MMR, DPT, polio or tetanus. There have been no recent rashes or viral illnesses

Family History *(Diyon Campbell; 12/21/2015 09:51 AM)*
The father is living
The mother is living

Social History *(Diyon Campbell; 12/21/2015 09:51 AM)*
Highest Education Level Attained: High school graduate
Caffeine Use: TEA & SODA
Alcohol Use: Occasional alcohol use
Exercise: Inactive
Tobacco Use: Former smoker
Most recent primary occupation: Other service
Marital status: Married
No Drug Use

Medication History *(Diyon Campbell; 12/21/2015 09:51 AM)*
Zanaflex (4MG Capsule 1 (one) Oral two times daily, as needed, Taken starting 10/16/2015) Active - Hx Entry.
Diclofenac Sodium (75MG Tablet DR 1 (one) Oral two times daily, as needed, Taken starting 10/16/2015) Active - Hx Entry.
Oxycodone-Acetaminophen (5-325MG Tablet 1 (one) Oral 1 every other day as needed, Taken starting 10/16/2015) Active - Hx Entry.
Gabapentin (300MG Capsule 1 (one) Oral three times daily, Taken starting 10/16/2015) Active - Hx Entry.
Amlodipine Besy-Benazepril HCl (5-20MG Capsule, Oral daily) Active.
MetFORMIN HCl (500MG Tablet, Oral daily) Active.
NexIUM (40MG Packet, Oral daily) Active.
Zolpidem Tartrate (10MG Tablet, Oral daily) Active.
ClonazePAM (0.5MG Tablet, Oral daily) Active.
DULoxetine HCl (60MG Capsule DR Part, Oral daily) Active.

Other Problems *(Diyon Campbell; 12/21/201509:51 AM)*
Unspecified Diagnosis
Controlled substance agreement signed (V58.69 | Z79.899)
Other intervertebral disc displacement of lumbar region (722.10 | M51.26)
Unspecified Diagnosis

Past Surgical *(Diyon Campbell; 12/21/2015 09:51 AM)*
Tonsillectomy and adenoidectomy
Hernia Repair

Review of Systems *(Dlyon Campbell; 12/21/2015 09:51 AM)*
General: Present- **Appetite Loss, Fatigue** and Weight Gain. Not Present- Chills, Fever, Night Sweats and Weight Loss.
Skin: Not Present- Rash.
HEENT: Present- **Sneezing, Sleep Apnea, Seasonal Allergies** and **Snoring**. Not Present- Visual Disturbances, Hearing Loss, Ear Pain, Sore Throat and Facial Numbness/Tingling.
Neck: Not Present- Neck Pain and Neck Stiffness.
Respiratory: Not Present- Cough, Wheezing and Dyspnea.
Cardiovascular: Present- **Abnormal Blood Pressure, Calf Cramps, Elevated Blood Pressure, Leg Cramps** and **Night Cramps**. Not Present- Chest Pain, Palpitations and Difficulty Breathing On Exertion.
Gastrointestinal: Present- **Belching, Gas, Heartburn** and **Indigestion**. Not Present- Abdominal Pain, Change in Bowel Habits, Diarrhea, Difficulty Swallowing, Nausea and Vomiting.
Male Genitourinary: Present- **Difficulty with Erection** and **Impotence**. Not Present- Urgency and Painful Urination.
Musculoskeletal: Present- See HPI, **Back Pain, Backache, Calf Pain, Decreased Range of Motion, Leg Cramps** and **Muscle Cramps**.
Neurological: Not Present- Confusion, Dizziness, Fainting, Personality Changes, Seizures, Vertigo and Weakness.
Psychiatric: Present- **Anxiety, Change in Sleep Pattern, Depression, Easily Irritated, Insomnia** and **Mood changes**. Not Present- Hallucinations, Memory Loss and Panic Attacks.
Endocrine: Not Present- Cold Intolerance, Excessive Sweating and Excessive Thirst.
Hematology: Not Present- Abnormal Bleeding and Easy Bruising.

Vitals *(Dlyon Campbell; 12/21/2015 10:05 AM)*
12/21/2015 10:04 AM
Weight: 232 lb, 2 oz **Height:** 68.5 in
Body Surface Area: 2.26 m² **Body Mass Index:** 34.78 kg/m²
Pain level: 6/10
Pulse: 94 (Regular)
BP: 121/87 Electronic (Sitting, Left Arm, Standard)

Physical Exam *(Derek McMurry; 12/21/2015 10:18 AM)*
The physical exam findings are as follows:

General
General Appearance - well appearing, no acute distress and pleasant. **Mental Status** - Alert. **Build & Nutrition** - Obese.

Integumentary
General Characteristics: Skin Moisture - normal skin moisture. **Temperature** - normal warmth is noted.

Head and Neck
Head - normocephalic, atraumatic.

Chest and Lung Exam
Inspection: Movements - Unlabored Breathing.

Peripheral Vascular
Lower Extremity: Inspection - Bilateral - Inspection Normal.

Neurologic
Motor:
Strength: 5/5 normal muscle strength - Left Upper Extremity, Left Lower Extremity, Right Upper Extremity and Right Lower Extremity.
Coordination: - Coordination appears to be normal.
Sensory :
Light Touch: Intact - Grossly.
General Assessment of Reflexes - **Right Biceps** - 0. **Left Biceps** - 0. **Right Brachioradialis** - 1+. **Left Brachioradialis** - 1+. **Right Triceps** - 0. **Left Triceps** - 0. **Right Patella** - 0. **Left Patella** - 0. **Right Achillis** - 0. **Left Achillis** - 0.

Neuropsychiatric
The Screener and Opioid Assessment for Patients with Pain-Revised was administered to the patient - **The patient scored 18 on the SOAP-R. Orientation** - fully oriented. The patient's mood and affect are described as - normal. **Thought Processes/Cognitive Function** - cognition intact.

Musculoskeletal
Spinal Exam:
Gait and Station:
Evaluation of Gait: Gait - Antalgic gait.
Lumbosacral Spine:
ROM: ROM - The range of motion for the lumbar spine is moderately restricted in all planes of movement and motion for the lumbar spine is limited with pain exacerbated . **Provocative Testing - Bilateral** - Seated Straight Leg Raising Test is positive.

Assessment & Plan *(Derek McMurry; 12/21/201510:17 AM)*

Chronic pain disorder (338.4 | G89.4)

Current Plans:

- Continued Gabapentin 300MG, 1 (one) Capsule three times daily, #90, 30 days starting 12/21/2015, Ref. x1.
- Continued Diclofenac Sodium 75MG, 1 (one) Tablet DR two times daily, as needed, #60, 30 days starting 12/21/2015, Ref. x1.
- Continued Zanaflex 4MG, 1 (one) Capsule two times daily, as needed, #60, 30 days starting 12/21/2015, Ref. x1.
- Random periodic drug testing to monitor the proper use of prescribed medications while identifying the potential for abuse, misuse, diversion, undisclosed substances, unsanctioned prescription medication, illicit substances, or substances that contribute to adverse events or drug-drug interactions. LC-MS/MS is used for many drug classes monitored because of the lower limits of detection for these prescribed and illicit drugs, minimizing the risk of false negatives and to identify substances that may not have been disclosed by the patient. This highly sensitive methodology provides detection of both recent and more remote use of prescribed and illicit substances often undetected by EIA which is necessary for the protection of the patient's health.
  Diagnosis: Z79.891 Long-term current use of opioid analgesic,
  Z51.81 Encounter for therapeutic drug level monitoring
  Orders:
  1. Enzyme immunoassay for the following drug classes: amphetamines, barbiturates, benzodiazepines, buprenorphine, cocaine, heroin, MDMA, opiates, oxycodone, pcp, and THC. Ethyl glucuronide.
  2. Definitive testing of presumptive pertinent positive findings and pertinent negative findings.
  3. LC-MS/MS testing for medications that are not detectable or poorly detected via enzyme immunoassay including: Opiates/opioids (codeine, morphine, hydrocodone, hydromorphone, oxycodone, oxymorphone, tramadol, methadone, fentanyl, buprenorphine, tapentadol, pentazocine, meperidine, propoxyphene and metabolites), Benzodiazepines (lorazepam, diazepam, clonazepam, alprazolam, temazepam, midazolam, triazolam), Amphetamine, Muscle relaxants (carisoprodol, meprobamate), Zolpidem, Illicit's (methamphetamine, cocaine), phentermine, methylphenidate, gabapentin, pregabalin, bath salts, PCP, and MDMA.
  4. Specimen validity testing.

Annular tear of lumbar disc (722.52 | M51.36)

Current Plans:

Lumbar spondylosis (721.3 | M47.9)

Current Plans:

Dysesthesia (782.0 | R20.8)

Current Plans:

Lumbago (724.2 | M54.5)

Current Plans:

Other intervertebral disc displacement of lumbar region (722.10 | M51.26)

Current Plans:

Controlled substance agreement signed (V58.69 | Z79.899)

Current Plans:

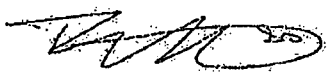
- For today's visit the South Carolina Reporting & Identifications Prescription Tracking System (SCRIPTS) was accessed for this patient. The prescription history for controlled substances was reviewed. There does not appear to be any unusual or questionable findings at this time.

I had a nice discussion with this patient regarding his chronic pain issues. He's still tolerating the medication which is maintaining good pain control so that was provided. He's progressing as expected considering his chronic diagnoses. The exam findings were still consistent. I addressed his questions and concerns. For now there are no changes in the plan. He is to reschedule in 4 weeks for an assessment.

[redacted]

History & Physical Note

Chart Review Note *(Ryan T Krafft, DO;* 12/21/2015 1:09:45 PM)
I was present during the history and physical note performed by Derek McMurry and have reviewed the findings.



Electronically Signed by : Ryan T Krafft, DO (12/21/2015)

Co-signed Electronically signed by

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Fax: 803-749-4060
Contact Phone: 803-749-7751

The Pain Center

Carl Lucas
03/09/2016 11:28 AM
Location: The Pain Center Irmo
Patient #: [redacted]
DOB: [redacted]
Marital status: Married / Language: English / Race: White / Ethnicity: Not Hispanic or Latino
Gender: Male

History of Present Illness *(Ryan T Krafft, DO 03/09/2016 12:43 PM)*

The patient is a 48 year old male

Note: Mr. Lucas comes in today for a follow up regarding his back pain. The pain radiates down both legs from the low back and is constant in nature. He feels like he is the same since the last visit and rates his pain as a 7/10 in severity. When asked how to describe his pain he states "hurt like hell". Medication, a warm bath, a swimming pool, and a tens unit alleviates the pain and bending, moving, twisting, stooping, and doing chores tends to aggravate the pain. He takes neurontin and zanaflex along with diclofenac for pain.

Allergies *(Stephanie Dulinsky; 03/09/2016 11:29 AM)*
Penicillins: Rash

Past Medical History *(Stephanie Dulinsky; 03/09/2016 11:29 AM)*
Anxiety/Depression
Gastroesophageal Reflux Disease
The patient has not been exposed to AIDS, HIV, hepatitis, TB, influenza, MMR, DPT, polio or tetanus. There have been no recent rashes or viral illnesses
Chronic pain disorder (G89.4)
Annular tear of lumbar disc (M51.36)
Lumbar spondylosis (M47.9)
Dysesthesia (R20.8)
Lumbago (M54.5)
No history of receiving blood or blood product transfusion(s)
High blood pressure
Erectile dysfunction
Diabetes Mellitus, Type II
Positive history for chicken pox

Family History *(Stephanie Dulinsky; 03/09/2016 11:29 AM)*
The mother is living
The father is living

Social History *(Stephanie Dulinsky; 03/09/2016 11:29 AM)*
Most recent primary occupation: Other service
Marital status: Married
No Drug Use
Exercise: Inactive
Alcohol Use: Occasional alcohol use
Highest Education Level Attained: High school graduate
Caffeine Use: TEA & SODA
Tobacco Use: Former smoker

Medication History *(Stephanie Dulinsky; 03/09/2016 11:29 AM)*
Zanaflex (4MG Capsule 1 (one) Oral two times daily, as needed, Taken starting 12/21/2015) Active - Hx Entry.
Diclofenac Sodium (75MG Tablet DR 1 (one) Oral two times daily, as needed, Taken starting 12/21/2015) Active - Hx Entry.
Gabapentin (300MG Capsule 1 (one) Oral three times daily, Taken starting 12/21/2015) Active - Hx Entry.
Amlodipine Besy-Benazepril HCl (5-20MG Capsule, Oral daily) Active.
MetFORMIN HCl (500MG Tablet, Oral daily) Active.
NexIUM (40MG Packet, Oral daily) Active.
Zolpidem Tartrate (10MG Tablet, Oral daily) Active.
ClonazePAM (0.5MG Tablet, Oral daily) Active.
DULoxetine HCl (60MG Capsule DR Part, Oral daily) Active.

Other Problems *(Stephanie Dulinsky; 03/09/201611:29 AM)*
Other intervertebral disc displacement of lumbar region (M51.26)
Controlled substance agreement signed (Z79.899)
Unspecified Diagnosis
Unspecified Diagnosis

Past Surgical *(Stephanie Dulinsky; 03/09/2016 11:29 AM)*
Hernia Repair
Tonsillectomy and adenoidectomy

Review of Systems *(Stephanie Dulinsky; 03/09/2016 11:29 AM)*

General: Present- **Appetite Loss, Fatigue** and Weight Gain. Not Present- Chills, Fever, Night Sweats and Weight Loss.
Skin: Not Present- Rash.
HEENT: Present- **Sneezing, Sleep Apnea, Seasonal Allergies** and **Snoring**. Not Present- Visual Disturbances, Hearing Loss, Ear Pain, Sore Throat and Facial Numbness/Tingling.
Neck: Not Present- Neck Pain and Neck Stiffness.
Respiratory: Not Present- Cough, Wheezing and Dyspnea.
Cardiovascular: Present- **Abnormal Blood Pressure, Calf Cramps, Elevated Blood Pressure, Leg Cramps** and **Night Cramps**. Not Present- Chest Pain, Palpitations and Difficulty Breathing On Exertion.
Gastrointestinal: Present- **Belching, Gas, Heartburn** and **Indigestion**. Not Present- Abdominal Pain, Change in Bowel Habits, Diarrhea, Difficulty Swallowing, Nausea and Vomiting.
Male Genitourinary: Present- **Difficulty with Erection** and **Impotence**. Not Present- Urgency and Painful Urination.
Musculoskeletal: Present- See HPI, **Back Pain, Backache, Calf Pain, Decreased Range of Motion, Leg Cramps** and **Muscle Cramps**.
Neurological: Not Present- Confusion, Dizziness, Fainting, Personality Changes, Seizures, Vertigo and Weakness.
Psychiatric: Present- **Anxiety, Change in Sleep Pattern, Depression, Easily Irritated, Insomnia** and **Mood changes**. Not Present- Hallucinations, Memory Loss and Panic Attacks.
Endocrine: Not Present- Cold Intolerance, Excessive Sweating and Excessive Thirst.
Hematology: Not Present- Abnormal Bleeding and Easy Bruising.

Vitals *(Stephanie Dulinsky; 03/09/2016 11:28 AM)*

03/09/2016 11:28 AM
Weight: 231 lb, 6 oz **Height:** 68.5 in
Body Surface Area: 2.25 m² **Body Mass Index:** 34.67 kg/m²
Pain level: 7/10
Pulse: 92 (Regular)
BP: 160/108 Manual (Sitting, Left Arm, Standard)

Physical Exam *(Ryan T Krafft; DO; 03/09/2016 12:43 PM)*

The physical exam findings are as follows:

General
General Appearance - well appearing, no acute distress and pleasant. **Mental Status** - Alert. **Build & Nutrition** - Obese.

Integumentary
General Characteristics: Skin Moisture - normal skin moisture. **Temperature** - normal warmth is noted.

Head and Neck
Head - normocephalic, atraumatic.

Chest and Lung Exam
Inspection: Movements - Unlabored Breathing.

Cardiovascular
Cardiovascular examination reveals - no digital clubbing, cyanosis, edema, increased warmth or tenderness.

Neurologic
Motor:
Strength: 5/5 normal muscle strength - Left Upper Extremity, Left Lower Extremity, Right Upper Extremity and Right Lower Extremity.
Coordination: - Coordination appears to be normal.
Sensory :
Light Touch: Intact - Grossly.
General Assessment of Reflexes - **Right Biceps** - 0. **Left Biceps** - 0. **Right Brachioradialis** - 1+. **Left Brachioradialis** - 1+. **Right Triceps** - 0. **Left Triceps** - 0. **Right Patella** - 0. **Left Patella** - 0. **Right Achilles** - 0. **Left Achilles** - 0.

Neuropsychiatric
The Screener and Opioid Assessment for Patients with Pain-Revised was administered to the patient - **The patient scored 18 on the SOAP-R. Orientation** - fully oriented. The patient's mood and affect are described as - normal. **Thought Processes/Cognitive Function** - cognition intact.

Musculoskeletal
Spinal Exam:
Gait and Station:
Evaluation of Gait: Gait - Antalgic gait.
Lumbosacral Spine:
Inspection: Erythema - **Bilateral** - No erythema present. **Edema** - **Bilateral** - No edema present. **Scars** - There are no scars present.
Palpation:
Tenderness: Paraspinal - **Bilateral** - moderate tenderness in the paraspinal muscles (wearing back brace).
Muscle: Lumbar Paraspinal - **Bilateral** - normal muscle tone with no spasm or trigger points present on palpation.
ROM: ROM - The range of motion for the lumbar spine is moderately restricted in all planes of movement and motion for the lumbar spine is limited with pain exacerbated. **Provocative Testing** - **Bilateral** - Kemp's Test positive for axial back pain. Seated Straight Leg Raising Test is negative.

Assessment & Plan *(Ryan T Krafft, DO; 03/09/201612:44 PM)*

Chronic pain disorder (G89.4)

Current Plans:

- Continued Gabapentin 300MG, 1 (one) Capsule three times daily, #90, 30 days starting 03/09/2016, Ref. x1.
- Continued Diclofenac Sodium 75MG, 1 (one) Tablet DR two times daily, as needed, #60, 30 days starting 03/09/2016, Ref. x1.
- Continued Zanaflex 4MG, 1 (one) Capsule two times daily, as needed, #60, 30 days starting 03/09/2016, Ref. x1.
- Goal: Maintain current level of pain control.
- The South Carolina Reporting & Identifications Prescription Tracking System was reviewed for this patient today to assess prescription history for controlled substances. Upon review, the patient does not show any current unusual or questionable findings. There does not appear to be overlapping prescriptions.

Annular tear of lumbar disc (M51.36)

Current Plans:

Lumbar spondylosis (M47.9)

Current Plans:

Dysesthesia (R20.8)

Current Plans:

Controlled substance agreement signed (Z79.899)

Current Plans:

Other intervertebral disc displacement of lumbar region (M51.26)

Current Plans:

Lumbago (M54.5)

Current Plans:

I had a long discussion with the patient regarding his chronic pain. He states he is doing relatively well with his current medication dosages. He states he is having difficulty losing weight and says he feels like he is starving already. I counseled him on monitoring his intake, and recommended he maintain at around 1200 calories per day. I will refill his prescriptions and see him back in approximately 4 weeks for follow up.

Electronically Signed by : Ryan T Krafft, DO (03/09/2016)

Co-signed Electronically signed by

The Pain Center Irmo
7021 ST. ANDREWS ROAD, Suite 1
Irmo, SC 29212
Phone: 803-749-7751
Fax: 803-749-4060
Contact Phone: 803-749-7751

The Pain Center

Carl Lucas
05/19/2016 09:42 AM
Location: The Pain Center Irmo
Patient [redacted]
DOB: [redacted]
Marital status: [redacted]
Gender: Male

History of Present Illness *(Derek McMurry, FNP 05/19/2016 10:05 AM)*

The patient is a 49 year old male

Note: Mr. Lucas comes in today regarding his chronic pain issues, he reports the following; the pain is located in his lower back and radiates down his legs, the pain is worsening, current pain level is an 8/10, he describes the pain as being a constant type of pain, prolonged activities s aggravate the pain, the medication helps some to alleviate the pain, last took his Gabapentin and Diclofenac last night around 9pm.

Allergies *(Dyon Campbell; 05/19/2016 09:48 AM)*
Penicillins: Rash

Past Medical History *(Dyon Campbell; 05/19/2016 09:48 AM)*
Diabetes Mellitus, Type II
Controlled substance agreement signed (Z79.899)
Other intervertebral disc displacement of lumbar region (M51.26)
Positive history for chicken pox
High blood pressure
Erectile dysfunction
Chronic pain disorder (G89.4)
Annular tear of lumbar disc (M51.36)
Lumbar spondylosis (M47.9)
Dysesthesia (R20.8)
Lumbago (M54.5)
Gastroesophageal Reflux Disease
Anxiety/Depression
The patient has not been exposed to AIDS, HIV, hepatitis, TB, influenza, MMR, DPT, polio or tetanus. There have been no recent rashes or viral illnesses
No history of receiving blood or blood product transfusion(s)

Family History *(Dyon Campbell; 05/19/2016 09:48 AM)*
The father is living
The mother is living

Social History *(Dyon Campbell; 05/19/2016 09:48 AM)*
Tobacco Use: Former smoker
Most recent primary occupation: Other service
Marital status: Married
No Drug Use
Alcohol Use: Occasional alcohol use
Highest Education Level Attained: High school graduate
Caffeine Use: TEA & SODA
Exercise: Inactive

Medication History *(Dyon Campbell; 05/19/2016 09:48 AM)*
Zanaflex (4MG Capsule 1 (one) Oral two times daily, as needed, Taken starting 03/09/2016) Active - Hx Entry.
Diclofenac Sodium (75MG Tablet DR 1 (one) Oral two times daily, as needed, Taken starting 03/09/2016) Active - Hx Entry.
Gabapentin (300MG Capsule 1 (one) Oral three times daily, Taken starting 03/09/2016) Active - Hx Entry.
Amlodipine Besy-Benazepril HCl (5-20MG Capsule Oral daily) Active - Hx Entry.
MetFORMIN HCl (500MG Tablet Oral daily) Active - Hx Entry.
NexIUM (40MG Packet Oral daily) Active - Hx Entry.
Zolpidem Tartrate (10MG Tablet Oral daily) Active - Hx Entry.
ClonazePAM (0.5MG Tablet Oral daily) Active - Hx Entry.
DULoxetine HCl (60MG Capsule DR Part Oral daily) Active - Hx Entry.

Past Surgical *(Dyon Campbell; 05/19/2016 09:48 AM)*
Hernia Repair
Tonsillectomy and adenoidectomy

Review of Systems *(Dyon Campbell; 05/19/2016 09:48 AM)*

General: Present- **Appetite Loss, Fatigue** and Weight Gain. Not Present- Chills, Fever, Night Sweats and Weight Loss.
Skin: Not Present- Rash.
HEENT: Present- **Sneezing, Sleep Apnea, Seasonal Allergies** and **Snoring.** Not Present- Visual Disturbances, Hearing Loss, Ear Pain, Sore Throat and Facial Numbness/Tingling.
Neck: Not Present- Neck Pain and Neck Stiffness.
Respiratory: Not Present- Cough, Wheezing and Dyspnea.
Cardiovascular: Present- **Abnormal Blood Pressure, Calf Cramps, Elevated Blood Pressure, Leg Cramps** and **Night Cramps.** Not Present- Chest Pain, Palpitations and Difficulty Breathing On Exertion.
Gastrointestinal: Present- **Belching, Gas, Heartburn** and **Indigestion.** Not Present- Abdominal Pain, Change in Bowel Habits, Diarrhea, Difficulty Swallowing, Nausea and Vomiting.
Male Genitourinary: Present- **Difficulty with Erection** and **Impotence.** Not Present- Urgency and Painful Urination.
Musculoskeletal: Present- See HPI, **Back Pain, Backache, Calf Pain, Decreased Range of Motion, Leg Cramps** and **Muscle Cramps.**
Neurological: Not Present- Confusion, Dizziness, Fainting, Personality Changes, Seizures, Vertigo and Weakness.
Psychiatric: Present- **Anxiety, Change in Sleep Pattern, Depression, Easily Irritated, Insomnia** and **Mood changes.** Not Present- Hallucinations, Memory Loss and Panic Attacks.
Endocrine: Not Present- Cold Intolerance, Excessive Sweating and Excessive Thirst.
Hematology: Not Present- Abnormal Bleeding and Easy Bruising.

Vitals *(Dyon Campbell; 05/19/2016 09:57 AM)*

05/19/2016 09:57 AM
Weight: 225 lb **Height:** 68.5 in
Body Surface Area: 2.22 m² **Body Mass Index:** 33.71 kg/m²
Pain level: 8/10
Pulse: 95 (Regular)
BP: 185/98 Electronic (Sitting, Left Arm, Standard)

Physical Exam *(Derek McHuny, FNP; 05/19/2016 10:06 AM)*

The physical exam findings are as follows:

General
General Appearance - well appearing, no acute distress and pleasant. **Mental Status** - Alert. **Build & Nutrition** - Obese.

Integumentary
General Characteristics: Skin Moisture - normal skin moisture. **Temperature** - normal warmth is noted.

Head and Neck
Head - normocephalic, atraumatic.

Neurologic
Motor:
Strength: 5/5 normal muscle strength - Left Upper Extremity, Left Lower Extremity, Right Upper Extremity and Right Lower Extremity.
Coordination: - Coordination appears to be normal.
Sensory:
Light Touch: Intact - Grossly.
General Assessment of Reflexes - **Right Biceps** - 0. **Left Biceps** - 0. **Right Brachioradialis** - 1+. **Left Brachioradialis** - 1+. **Right Triceps** - 0. **Left Triceps** - 0. **Right Patella** - 0. **Left Patella** - 0. **Right Achilles** - 0. **Left Achilles** - 0.

Neuropsychiatric
The Screener and Opioid Assessment for Patients with Pain-Revised was administered to the patient - **The patient scored 18 on the SOAP-R. Orientation** - fully oriented. The patient's mood and affect are described as - normal. **Thought Processes/Cognitive Function** - cognition intact.

Musculoskeletal
Spinal Exam:
Gait and Station:
Evaluation of Gait: Gait - Antalgic gait.
Lumbosacral Spine:

Inspection: Erythema - Bilateral - No erythema present. **Edema - Bilateral** - No edema present. **Scars** - There are no scars present.
Palpation:
Tenderness: Paraspinal - Bilateral - moderate tenderness in the paraspinal muscles (wearing back brace).
Muscle: Lumbar Paraspinal - Bilateral - normal muscle tone with no spasm or trigger points present on palpation.
ROM: ROM - The range of motion for the lumbar spine is moderately restricted in all planes of movement and motion for the lumbar spine is limited with pain exacerbated . **Provocative Testing - Bilateral** - Kemp's Test positive for axial back pain. Seated Straight Leg Raising Test is negative.

Assessment & Plan *(Derek McMurry, FNP; 05/19/201610:13 AM)*

Chronic pain disorder (G89.4)
Current Plans:

- Changed Gabapentin 400MG, 1 (one) Capsule three times daily, #90, 30 days starting 05/19/2016, Ref. x1.
- Continued Diclofenac Sodium 75MG, 1 (one) Tablet DR two times daily, as needed, #60, 30 days starting 05/19/2016, Ref. x1.
- Changed Zanaflex 4MG, 1 (one) Capsule three times daily, as needed, #90, 30 days starting 05/19/2016, Ref. x1.
- The South Carolina Reporting & Identifications Prescription Tracking System (SCRIPTS) was accessed for this patient today to assess their prescription history for controlled substances. Upon review, the patient does not show any unusual or questionable findings over the past year. There does not appear to be overlapping prescription from multiple physicians.

Lumbar spondylosis (M47.9)
Current Plans:

Annular tear of lumbar disc (M51.36)
Current Plans:

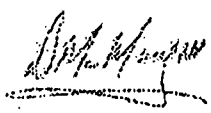
Dysesthesia (R20.8)
Current Plans:

Lumbago (M54.5)
Current Plans:

Other intervertebral disc displacement of lumbar region (M51.26)
Current Plans:

Controlled substance agreement signed (Z79.899)
Current Plans:

Meds increased as noted. Questions answered. Goal: improve pain control. I will see him back in 8 weeks.



Electronically Signed by : Derek McMurry, FNP (05/19/2016)

Co-signed Electronically signed by

The Pain Center Irmo
7021 ST. ANDREWS ROAD, Suite 1
Irmo, SC 29212
Phone: 803-749-7751
Fax: 803-749-1060
Contact Phone: 803-749-7751

The Pain Center

Carl Lucas
07/13/2016 02:58 PM
Location: The Pain Center Irmo
Patient #: [redacted]
DOB: [redacted]
Marital status: [redacted]
Gender: Male

History of Present Illness *(Derek McMurry, FNP 07/13/2016 04:35 PM)*

The patient is a 49 year old male

Note: Mr. Lucas comes in today in regards to his chronic pain issues, he states the following; the pain is located in his lower back and radiates into his legs, no significant changes have occurred, current pain level is a 6/10, prolonged activities aggravate the pain, the medication helps some to alleviate the pain, last took his Gabapentin and Diclofenac this morning around 7am. He states something has to change. His pain is not well controlled and he needs to do something. He reports that his FCE is scheduled soon but his work comp has stopped paying him completely and his private insurance won't cover therapy without getting reimbursed by work comp.

Allergies *(Derek McMurry, FNP; 07/13/2016 04:39 PM)*
Penicillins: Rash

Past Medical History *(Derek McMurry, FNP; 07/13/2016 04:39 PM)*
The patient has not been exposed to AIDS, HIV, hepatitis, TB, influenza, MMR, DPT, polio or tetanus. There have been no recent rashes or viral illnesses
No history of receiving blood or blood product transfusion(s)
Chronic pain disorder (G89.4)
Annular tear of lumbar disc (M51.36)
Lumbar spondylosis (M47.9)
Dysesthesia (R20.8)
Controlled substance agreement signed (Z79.899)
Other intervertebral disc displacement of lumbar region (M51.26)
Lumbago (M54.5)
High blood pressure
Erectile dysfunction
Diabetes Mellitus, Type II
Positive history for chicken pox
Anxiety/Depression
Gastroesophageal Reflux Disease

Family History *(Derek McMurry, FNP; 07/13/2016 04:39 PM)*
The father is living
The mother is living

Social History *(Derek McMurry, FNP; 07/13/2016 04:39 PM)*
Exercise: Inactive
Alcohol Use: Occasional alcohol use
Highest Education Level Attained: High school graduate
Caffeine Use; TEA & SODA
Tobacco Use: Former smoker
Most recent primary occupation: Other service
Marital status: Married
No Drug Use

Medication History *(Derek McMurry, FNP; 07/13/2016 04:39 PM)*
Zanaflex (4MG Capsule 1 (one) Oral three times daily, as needed, Taken starting 05/19/2016) Active - Hx Entry. (1 refill)
Diclofenac Sodium (75MG Tablet DR 1 (one) Oral two times daily, as needed, Taken starting 05/19/2016) Active - Hx Entry. (1 refill)
Gabapentin (400MG Capsule 1 (one) Oral three times daily, Taken starting 05/19/2016) Active - Hx Entry. (1 refill)
Amlodipine Besy-Benazepril HCl (5-20MG Capsule, Oral daily) Active.
MetFORMIN HCl (500MG Tablet, Oral daily) Active.
NexIUM (40MG Packet, Oral daily) Active.
Zolpidem Tartrate (10MG Tablet, Oral daily) Active.
ClonazePAM (0.5MG Tablet, Oral daily) Active.
DULoxetine HCl (60MG Capsule DR Part, Oral daily) Active.

Past Surgical *(Derek McMurry, FNP; 07/13/2016 04:39 PM)*
Tonsillectomy and adenoidectomy
Hernia Repair

Review of Systems *(Dijon Campbell; 07/13/2016 03:06 PM)*

General: Present- **Appetite Loss, Fatigue** and Weight Gain. Not Present- Chills, Fever, Night Sweats and Weight Loss.
Skin: Not Present- Rash.
HEENT: Present- **Sneezing, Sleep Apnea, Seasonal Allergies** and **Snoring**. Not Present- Visual Disturbances, Hearing Loss, Ear Pain, Sore Throat and Facial Numbness/Tingling.
Neck: Not Present- Neck Pain and Neck Stiffness.
Respiratory: Not Present- Cough, Wheezing and Dyspnea.
Cardiovascular: Present- **Abnormal Blood Pressure, Calf Cramps, Elevated Blood Pressure, Leg Cramps** and **Night Cramps**. Not Present- Chest Pain, Palpitations and Difficulty Breathing On Exertion.
Gastrointestinal: Present- **Belching, Gas, Heartburn** and **Indigestion**. Not Present- Abdominal Pain, Change in Bowel Habits, Diarrhea, Difficulty Swallowing, Nausea and Vomiting.
Male Genitourinary: Present- **Difficulty with Erection** and **Impotence**. Not Present- Urgency and Painful Urination.
Musculoskeletal: Present- See HPI, **Back Pain, Backache, Calf Pain, Decreased Range of Motion, Leg Cramps** and **Muscle Cramps**.
Neurological: Not Present- Confusion, Dizziness, Fainting, Personality Changes, Seizures, Vertigo and Weakness.
Psychiatric: Present- **Anxiety, Change in Sleep Pattern, Depression, Easily Irritated, Insomnia** and **Mood changes**. Not Present- Hallucinations, Memory Loss and Panic Attacks.
Endocrine: Not Present- Cold Intolerance, Excessive Sweating and Excessive Thirst.
Hematology: Not Present- Abnormal Bleeding and Easy Bruising.

Vitals *(Dijon Campbell; 07/13/2016 03:17 PM)*

07/13/2016 03:07 PM
Weight: 227 lb **Height:** 68.5 in
Body Surface Area: 2.23 m² **Body Mass Index:** 34.01 kg/m²
Pain level: 6/10
Pulse: 90 (Regular)
BP: 155/92 Electronic (Sitting, Left Arm, Standard)

Physical Exam *(Derek McMurry, FNP; 07/13/2016 04:26 PM)*
The physical exam findings are as follows:

General
General Appearance - well appearing, no acute distress and pleasant. **Mental Status** - Alert. **Build & Nutrition** - Obese.

Integumentary
General Characteristics: Skin Moisture - normal skin moisture. **Temperature** - normal warmth is noted.

Head and Neck
Head - normocephalic, atraumatic.

Neurologic
Motor:
Strength: 5/5 normal muscle strength - Left Upper Extremity, Left Lower Extremity, Right Upper Extremity and Right Lower Extremity.
Coordination: - Coordination appears to be normal.
Sensory :
Light Touch: Intact - Grossly.

Neuropsychiatric
The Screener and Opioid Assessment for Patients with Pain-Revised was administered to the patient - **The patient scored 18 on the SOAP-R. Orientation** - fully oriented. The patient's mood and affect are described as - normal. **Thought Processes/Cognitive Function** - cognition intact.

Musculoskeletal
Spinal Exam:
Gait and Station:
Evaluation of Gait: Gait - Antalgic gait.
Lumbosacral Spine:
Inspection: Erythema - Bilateral - No erythema present. **Edema - Bilateral** - No edema present. **Scars** - There are no scars present.

Palpation:
Tenderness: Paraspinal - Bilateral - moderate tenderness in the paraspinal muscles. **Midline** - moderate tenderness midline , tenderness is noted in the mid lumbar area, noted in the lower lumbar area and noted in the lumbosacral area. **Muscle: Lumbar Paraspinal - Bilateral** - normal muscle tone with no spasm or trigger points present on palpation. **ROM:** ROM - ROM for the lumbar spine is severely limited in all planes of movement and motion for the lumbar spine is limited with pain exacerbated . **Provocative Testing - Left** - Seated Straight Leg Raising Test is positive. **Right** - Seated Straight Leg Raising Test is positive. **Bilateral** - Kemp's Test positive for axial back pain and Yeoman's Test positive for SI joint pain.

Assessment & Plan *(Derek McMurry, FNP; 07/13/2016 4:40 PM)*

Chronic pain disorder (G89.4)

Current Plans:

- PT EVALUATION (Eval & Treat); Routine (Aquatherapy 2-3x/week 4-6 weeks, may incorporate massage therapy to the lumbar paraspinals.)
- Continued Gabapentin 400MG, 1 (one) Capsule three times daily, #90, 30 days starting 07/13/2016, Ref. x1.
- Continued Diclofenac Sodium 75MG, 1 (one) Tablet DR two times daily, as needed, #60, 30 days starting 07/13/2016, Ref. x1.
- Continued Zanaflex 4MG, 1 (one) Capsule three times daily, as needed, #90, 30 days starting 07/13/2016, Ref. x1.
- Restarted Oxycodone-Acetaminophen 7.5-325MG, 1 (one) Tablet two times daily, as needed, #60, 30 days starting 07/13/2016, No Refill.
- A *"Controlled Substance Agreement"* was given to the patient to read and then explained in detail. After voicing agreement, the patient signed the pain management agreement indicating understanding and agreement to comply.
- An opioid risk assessment performed on the patient classified the patient as low risk. (See test) As such, random drug testing is recommended 2 times per year.

Lumbar spondylosis (M47.9)

Current Plans:

Annular tear of lumbar disc (M51.36)

Current Plans:

Dysesthesia (R20.8)

Current Plans:

Lumbago (M54.5)

Current Plans:

Other intervertebral disc displacement of lumbar region (M51.26)

Current Plans:

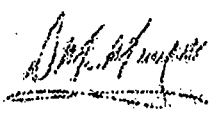
Controlled substance agreement signed (Z79.899)

Current Plans:

Bilateral myofascial pain (M79.1)

Current Plans:

We talked about seeing a neurosurgeon but he recalls seeing Dr. Boyd and was told to continue pain management. Dr. Webb provided the medications as noted above. Hopefully he will have improved pain control. I am eager to see the results of his upcoming FCE. He is also requesting a note for his commerical drivers license but it was addressed to a different clinic. His physical for that is tomorrow. He will have a corrected form faxed here and will need that sent back tomorrow or he may lose his license. I will requeue a referral for aquatherapy and massage therapy per his request.



Electronically Signed by : Derek McMurry, FNP (07/13/2016)

Co-signed Electronically signed by

Carl Lucas
8/10/2016 3:39 PM
Location: The Pain Center Irmo
Patient #: [redacted]
DOB: [redacted]
Male

History of Present Illness (Tonisha Meekins; 8/10/2016 3:49 PM)
The patient is a 49 year old male

Note:Mr. Lucas comes in today in regards to his chronic pain issues, he states the following; the pain is located in his lower back and radiates into his legs. Pt states that his pain has decreased since starting back on his Oxycodone. His current pain level is 4/10. His symptoms are aching and throbbing constantly. Pt states that his pain is aggravate by daily exertion and relieved by heat/ice, medication, warm baths, and a tins unit.

Problem List/Past Medical (Stephanie A Webb, DO; 8/10/2016 5:16 PM)
Gastroesophageal Reflux Disease
Anxiety/Depression
Controlled substance agreement signed (Z79.899)
Dysesthesia (R20.8)
Lumbar spondylosis (M47.9)
Other intervertebral disc displacement of lumbar region (M51.26)
Lumbago (M54.5)
Annular tear of lumbar disc (M51.36)
Chronic pain disorder (G89.4)
The patient has not been exposed to AIDS, HIV, hepatitis, TB, influenza, MMR, DPT, polio or tetanus.
There have been no recent rashes or viral illnesses
No history of receiving blood or blood product transfusion(s)
High blood pressure
Diabetes Mellitus, Type II
Positive history for chicken pox
Erectile dysfunction

Allergies (Stephanie A Webb, DO; 8/10/2016 5:16 PM)
Penicillins. Rash.

Other Problems (Stephanie A Webb, DO; 8/10/2016 5:16 PM)
Lumbar facet joint pain (M54.5)
Bilateral myofascial pain (M79.1)

Past Surgical History (Stephanie A Webb, DO; 8/10/2016 5:16 PM)
Hernia Repair
Tonsillectomy and adenoidectomy

Family History (Stephanie A Webb, DO; 8/10/2016 5:16 PM)
The mother is living
The father is living

Social History (Stephanie A Webb, DO; 8/10/2016 5:16 PM)
Marital status. Married.
No Drug Use
Alcohol Use. Occasional alcohol use.
Highest Education Level Attained. High school graduate.
Caffeine Use. TEA & SODA

[redacted]

Exercise. Inactive.
Most recent primary occupation. Other service.
Tobacco Use. Former smoker.

Review of Systems (Tonisha Meekins; 8/10/2016 3:53 PM)
General: Present- Fatigue and Weight Loss.
HEENT: Present- Headache.
Cardiovascular: Present- Difficulty Breathing Lying Down and Leg Pain and/or Swelling.
Musculoskeletal: Present- Back Pain.
Neurological: Present- Numbness and Tingling.
Psychiatric: Present- Change in Sleep Pattern and Depression.

Vitals (Tonisha Meekins; 8/10/2016 3:53 PM)
8/10/2016 3:53 PM
Weight: 229.25 lb Height: 68.5 in
Body Surface Area: 2.24 m² Body Mass Index: 34.35 kg/m²
Pain Level: 4/10
Pulse: 85 (Regular)
BP: 121/76 (Sitting, Left Arm, Standard)

Physical Exam (Stephanie A Webb, DO; 8/10/2016 5:13 PM)
The physical exam findings are as follows:

General
General Appearance - well appearing, no acute distress and pleasant. Mental Status - Alert. Build & Nutrition - Obese.

Integumentary
General Characteristics: Skin Moisture - normal skin moisture. Temperature - normal warmth is noted.

Head and Neck
Head - normocephalic, atraumatic.

Neurologic
Motor:
Strength: 5/5 normal muscle strength - Left Upper Extremity, Left Lower Extremity, Right Upper Extremity and Right Lower Extremity.
Coordination: - Coordination appears to be normal.
Sensory :
Light Touch: Intact - Grossly.

Neuropsychiatric
The Screener and Opioid Assessment for Patients with Pain-Revised was administered to the patient - The patient scored 16 on the SOAP-R. Orientation - fully oriented. The patient's mood and affect are described as - normal. Thought Processes/Cognitive Function - cognition intact.

Musculoskeletal
Spinal Exam:
Gait and Station:
Evaluation of Gait: Gait - Gait appears normal.
Lumbosacral Spine:
Inspection: Erythema - Bilateral - No erythema present. Edema - Bilateral - No edema present. Scars - There are no scars present.
Palpation:
Tenderness: Paraspinal - Bilateral - moderate tenderness in the paraspinal muscles. Midline - moderate tenderness midline , tenderness is noted in the mid lumbar area, noted in the lower lumbar area and noted in the lumbosacral area.

Muscle: Lumbar Paraspinal - Bilateral - muscle tightness.
ROM: ROM - ROM for the lumbar spine is severely limited in all planes of movement and motion for the lumbar spine is limited with pain exacerbated . Provocative Testing - Bilateral - Kemp's Test positive for axial back pain. Straight Leg Raising test is negative.

Assessment & Plan (Stephanie A Webb, DO; 8/10/2016 5:16 PM)

Chronic pain disorder (G89.4)

Annular tear of lumbar disc (M51.36)

Lumbar facet joint pain (M54.5)

Lumbago (M54.5)

Bilateral myofascial pain (M79.1)

Current Plans

- The South Carolina Reporting & Identifications Prescription Tracking System (SCRIPTS) was accessed for this patient today to assess their prescription history for controlled substances. Upon review, the patient does not show any unusual or questionable findings over the past year. There does not appear to be overlapping prescription from multiple physicians.
- Goal: Maintain functional ability.
- Continued Oxycodone-Acetaminophen 7.5-325MG, 1 (one) Tablet two times daily, as needed, #60, 30 days starting 08/10/2016, No Refill.
- Continued Zanaflex 4MG, 1 (one) Capsule three times daily, as needed, #90, 30 days starting 08/10/2016, Ref. x1. 1 refill
- Continued Diclofenac Sodium 75MG, 1 (one) Tablet DR two times daily, as needed, #60, 30 days starting 08/10/2016, Ref. x1. 1 refill
- Continued Gabapentin 400MG, 1 (one) Capsule three times daily, #90, 30 days starting 08/10/2016, Ref. x1. 1 refill

Note:I had an extensive visit with Mr. Lucas concerning is chronic pain. He had been seeing Dr. Krafft and Derek McMurry, NP in the past. This is my first encounter with this patient. Previous notes reviewed and it appears MRI of the lumbar spine c/w degenerative changes and facet arthropathy. PMP Scripts was reviewed and is consistent with Percocet. He has not recently been through PT due to WC not paying for physical therapy. He continues to work with WC to try and obtain authorization for aquatherapy and massage. He stated that his WC adjuster had found a place that was approximately 75 miles from his house, but he refused. He had been offered injections in the past and refused them. He reported that the Percocet is still effective and was refilled as noted. He is asking me to write for a hot tub which I told him I am not willing to do as this is a luxury and not a medical necessity. There were no substantial changes in his exam. He will RTC in one month for medication refill with NP. Transcribed by Lynne Jobes, CMA Reviewed by Dr. Stephanie Webb, DO

Signed electronically by Stephanie A Webb, DO (8/10/2016 5:17 PM)

[redacted]

Carl Lucas
9/7/2016 9:40 AM
Location: The Pain Center Irmo
Patient #: [redacted]
DOB: [redacted]
[redacted]
Male

History of Present Illness (Derek McMurry, FNP; 9/7/2016 10:26 AM)
The patient is a 49 year old male

Note:Mr. Lucas returns today to discuss his chronic back pain. He describes the pain as sharp, shooting, stabbing and throbbing. He took his Oxycodone this morning with relief. He reports no notable changes at this time but did report wanting a new back brace. He stated his broke and it really helps.

Problem List/Past Medical (Ursula Windham; 9/7/2016 9:40 AM)
Chronic pain disorder (G89.4)
Erectile dysfunction
Positive history for chicken pox
Annular tear of lumbar disc (M51.36)
Controlled substance agreement signed (Z79.899)
Dysesthesia (R20.8)
Lumbago (M54.5)
Other intervertebral disc displacement of lumbar region (M51.26)
Lumbar spondylosis (M47.9)
Anxiety/Depression
Gastroesophageal Reflux Disease
No history of receiving blood or blood product transfusion(s)
High blood pressure
Diabetes Mellitus, Type II
The patient has not been exposed to AIDS, HIV, hepatitis, TB, influenza, MMR, DPT, polio or tetanus.
There have been no recent rashes or viral illnesses

Allergies (Ursula Windham; 9/7/2016 9:40 AM)
Penicillins. Rash.

Other Problems (Ursula Windham; 9/7/2016 9:40 AM)
Bilateral myofascial pain (M79.1)
Lumbar facet joint pain (M54.5)

Past Surgical History (Ursula Windham; 9/7/2016 9:40 AM)
Hernia Repair
Tonsillectomy and adenoidectomy

Family History (Ursula Windham; 9/7/2016 9:40 AM)
The father is living
The mother is living

Social History (Ursula Windham; 9/7/2016 9:40 AM)
Tobacco Use. Former smoker.
Most recent primary occupation. Other service.
No Drug Use
Alcohol Use. Occasional alcohol use.
Marital status. Married.
Highest Education Level Attained. High school graduate.
Caffeine Use. TEA & SODA

[redacted]

Exercise. Inactive.

Medication History (Ursula Windham; 9/7/2016 9:40 AM)
Oxycodone-Acetaminophen (7.5-325MG Tablet, 1 (one) Oral two times daily, as needed, Taken starting 08/10/2016) Active.
Zanaflex (4MG Capsule, 1 (one) Oral three times daily, as needed, Taken starting 08/10/2016) Active. (1 refill)
Diclofenac Sodium (75MG Tablet DR, 1 (one) Oral two times daily, as needed, Taken starting 08/10/2016) Active. (1 refill)
Gabapentin (400MG Capsule, 1 (one) Oral three times daily, Taken starting 08/10/2016) Active. (1 refill)
Amlodipine Besy-Benazepril HCl (5-20MG Capsule, Oral daily) Active.
MetFORMIN HCl (500MG Tablet, Oral daily) Active.
NexIUM (40MG Packet, Oral daily) Active.
Zolpidem Tartrate (10MG Tablet, Oral daily) Active.
ClonazePAM (0.5MG Tablet, Oral daily) Active.
DULoxetine HCl (60MG Capsule DR Part, Oral daily) Active.

Review of Systems (Ursula Windham; 9/7/2016 9:40 AM)
General: Present- **Fatigue and Weight Loss.**
HEENT: Present- **Headache.**
Cardiovascular: Present- **Difficulty Breathing Lying Down and Leg Pain and/or Swelling.**
Musculoskeletal: Present- **Back Pain.**
Neurological: Present- **Numbness and Tingling.**
Psychiatric: Present- **Change in Sleep Pattern and Depression.**

Vitals (Ursula Windham; 9/7/2016 9:49 AM)
9/7/2016 9:48 AM
Weight: 222.13 lb **Height:** 68.5 in
Body Surface Area: 2.21 m^2 **Body Mass Index:** 33.26 kg/m^2
Pain Level: 6/10
Pulse: 69 (Regular)
BP: 119/72 (Sitting, Left Arm, Standard)

Physical Exam (Derek McMurry, FNP; 9/7/2016 10:27 AM)
The physical exam findings are as follows:
General
General Appearance - well appearing, no acute distress and pleasant. Mental Status - Alert. Build & Nutrition - Obese.

Integumentary
General Characteristics: Skin Moisture - normal skin moisture. Temperature - normal warmth is noted.

Head and Neck
Head - normocephalic, atraumatic.

Neurologic
Motor:
Strength: 5/5 normal muscle strength - Left Upper Extremity, Left Lower Extremity, Right Upper Extremity and Right Lower Extremity.
Coordination: - Coordination appears to be normal.
Sensory:
Light Touch: Intact - Grossly.

Neuropsychiatric
The Screener and Opioid Assessment for Patients with Pain-Revised was administered to the patient - The patient scored 18 on the SOAP-R. Orientation - fully oriented. The patient's mood and affect are described as - normal. Thought Processes/Cognitive Function - cognition intact.

[redacted]

Musculoskeletal
Spinal Exam:
Gait and Station:
Evaluation of Gait: Gait - Gait appears normal.
Lumbosacral Spine:
Inspection: Erythema - Bilateral - No erythema present. **Edema - Bilateral** - No edema present. **Scars** - There are no scars present.
Palpation:
Tenderness: Paraspinal - Bilateral - moderate tenderness in the paraspinal muscles. **Midline** - moderate tenderness midline , tenderness is noted in the mid lumbar area, noted in the lower lumbar area and noted in the lumbosacral area.
Muscle: Lumbar Paraspinal - Bilateral - muscle tightness.
ROM: ROM - ROM for the lumbar spine is severely limited in all planes of movement and motion for the lumbar spine is limited with pain exacerbated . **Provocative Testing - Bilateral** - Facet loading is positive for axial back pain.

Assessment & Plan (Derek McMurry, FNP; 9/7/2016 10:28 AM)

Chronic pain disorder (G89.4)
Current Plans

- The South Carolina Reporting & Identifications Prescription Tracking System (SCRIPTS) was accessed for this patient today to assess their prescription history for controlled substances. Upon review, the patient does not show any unusual or questionable findings over the past year. There does not appear to be overlapping prescription from multiple physicians.
- Continued Oxycodone-Acetaminophen 7.5-325MG, 1 (one) Tablet two times daily, as needed, #60, 30 days starting 09/07/2016, No Refill.
- This patient is being targeted for drug testing today. Targeted drug testing is ordered because the patient has displayed a risk factors which makes this drug testing medically necessary. The objectives of a targeted test is to identify the proper use of prescribed medications while identifying the potential for abuse, misuse, diversion, undisclosed substances, unsanctioned prescription medication, illicit substances, or substances that contribute to adverse events or drug-drug interactions. This also provides objectivity to the treatment plan while reinforcing therapeutic compliance with the patient. Orders: 1. Enzyme immunoassay to assess the following drug classes: Barb, THC, ETOH, Etg, PCP, and MDMA. 2. Definitive testing for pertinent positive and pertinent negative presumptive findings. 3. Definitive LC-MS/MS testing for medications that are not detectable or poorly detected via enzyme immunoassay including: Opiates/opioids (codeine, morphine, hydrocodone, hydromorphone, oxycodone, oxymorphone, tramadol, methadone, fentanyl, buprenorphine, tapentadol, pentazocine, meperidine, propoxyphene and metabolites), Benzodiazepines (lorazepam, diazepam, clonazepam, alprazolam, temazepam, midazolam, triazolam), Amphetamine, Muscle relaxants (carisoprodol, meprobamate), Zolpidem, Illicit's (methamphetamine, cocaine), phentermine, methylphenidate, gabapentin, pregabalin, bath salts, PCP, and MDMA. 4. LC-MS/MS testing for other medications as listed on the requisition. 5. Specimen validity testing.
- Urine drug testing is medically necessary because this patient has had a previous inconsistent drug test. (see entire medical record and previous drug test.) As such, the patient is considered a higher risk with a significant pre-test probability of non-adherence to the prescribed pharmacological regimen based on history of inconsistent drug test. Patient should be tested 3-4 times every 6 months until consistent or until stratified at a lower risk. Z79.891 Long term use of opiate analgesic Z51.81 Encounter for therapeutic drug level monitoring

Lumbar spondylosis (M47.9)

Dysesthesia (R20.8)

Controlled substance agreement signed (Z79.899)

[redacted]

Other intervertebral disc displacement of lumbar region (M51.26)

Annular tear of lumbar disc (M51.36)

Current Plans

- Patient has a painful condition that will be helped by restricting mobility of the trunk to support weak spinal muscles. Thus I am prescribing a lumbar brace (L0637).

Lumbago (M54.5)

Note:UDT - oxycodone in July. Retest today. Back brace fitted and ordered. Meds refilled. He will RTC in 4 weeks.

Signed electronically by Derek McMurry, FNP (9/7/2016 10:28 AM)

[redacted]

Carl Lucas
10/25/2016 10:04 AM
Location: The Pain Center Irmo
Patient #: [redacted]
DOB: [redacted]
[redacted]
Male

History of Present Illness (Derek McMurry, FNP; 10/25/2016 2:37 PM)
The patient is a 49 year old male

Note:The patient is here today with complaints of low back pain radiating down into his LE's. Current pain is described as cramping, tight and pinching. The patient states their pain level before medication 7/10; after medication 6/10 on the pain scale. The patient states their pain is constant and relieved by sitting and resting; aggravated by sitting, standing, walking, lifting, bending, and lying down. Last dose of Oxycodone was taken 2 days ago; this provided the patient with 50% relief. Patient reports no side effects to the medications listed above. Patient states that he has not received his back brace in the mail yet; he also reports that he has not been sleeping well, having increased pain.

Problem List/Past Medical (Tonisha Meekins; 10/25/2016 10:12 AM)
The patient has not been exposed to AIDS, HIV, hepatitis, TB, influenza, MMR, DPT, polio or tetanus.
There have been no recent rashes or viral illnesses
Lumbago (M54.5)
High blood pressure
Diabetes Mellitus, Type II
Annular tear of lumbar disc (M51.36)
Lumbar spondylosis (M47.9)
Dysesthesia (R20.8)
Chronic pain disorder (G89.4)
Other intervertebral disc displacement of lumbar region (M51.26)
Controlled substance agreement signed (Z79.899)
Positive history for chicken pox
Erectile dysfunction
Anxiety/Depression
No history of receiving blood or blood product transfusion(s)
Gastroesophageal Reflux Disease

Allergies (Tonisha Meekins; 10/25/2016 10:12 AM)
Penicillins. Rash.

Other Problems (Tonisha Meekins; 10/25/2016 10:12 AM)
Lumbar facet joint pain (M54.5)
Bilateral myofascial pain (M79.1)

Past Surgical History (Tonisha Meekins; 10/25/2016 10:12 AM)
Tonsillectomy and adenoidectomy
Hernia Repair

Family History (Tonisha Meekins; 10/25/2016 10:12 AM)
The father is living
The mother is living

Social History (Tonisha Meekins; 10/25/2016 10:12 AM)
Exercise. Inactive.
Caffeine Use. TEA & SODA
Most recent primary occupation. Other service.

[redacted]

No Drug Use
Tobacco Use. Former smoker.
Highest Education Level Attained. High school graduate.
Alcohol Use. Occasional alcohol use.
Marital status. Married.

Medication History (Tonisha Meekins; 10/25/2016 10:12 AM)
Oxycodone-Acetaminophen (7.5-325MG Tablet, 1 (one) Oral two times daily, as needed, Taken starting 09/07/2016) Active.
Zanaflex (4MG Capsule, 1 (one) Oral three times daily, as needed, Taken starting 08/10/2016) Active. (1 refill)
Diclofenac Sodium (75MG Tablet DR, 1 (one) Oral two times daily, as needed, Taken starting 08/10/2016) Active. (1 refill)
Gabapentin (400MG Capsule, 1 (one) Oral three times daily, Taken starting 08/10/2016) Active. (1 refill)
Amlodipine Besy-Benazepril HCl (5-20MG Capsule, Oral daily) Active.
MetFORMIN HCl (500MG Tablet, Oral daily) Active.
NexIUM (40MG Packet, Oral daily) Active.
Zolpidem Tartrate (10MG Tablet, Oral daily) Active.
ClonazePAM (0.5MG Tablet, Oral daily) Active.
DULoxetine HCl (60MG Capsule DR Part, Oral daily) Active.

Review of Systems (Tonisha Meekins; 10/25/2016 10:12 AM)
General: Present- **Fatigue** and **Weight Loss.**
HEENT: Present- **Headache.**
Cardiovascular: Present- **Difficulty Breathing Lying Down** and **Leg Pain and/or Swelling.**
Musculoskeletal: Present- **Back Pain.**
Neurological: Present- **Numbness** and **Tingling.**
Psychiatric: Present- **Change in Sleep Pattern** and **Depression.**

Vitals (Tonisha Meekins; 10/25/2016 10:42 AM)
10/25/2016 10:42 AM
Weight: 220 lb **Height:** 68.5 in
Body Surface Area: 2.2 m² **Body Mass Index:** 32.96 kg/m²
Pain Level: 7/10
Pulse: 82 (Regular)
BP: 146/100 (Sitting, Left Arm, Standard)

Physical Exam (Derek McMurry, FNP; 10/25/2016 2:37 PM)
The physical exam findings are as follows:
General
General Appearance - well appearing, no acute distress and pleasant. **Mental Status** - Alert. **Build & Nutrition** - Obese.

Integumentary
General Characteristics: Skin Moisture - normal skin moisture. **Temperature** - normal warmth is noted.

Head and Neck
Head - normocephalic, atraumatic.

Neurologic
Sensory :
Light Touch: Intact - Grossly. **Neuro Exam** - Bilateral - Hoffman's Sign is negative.

Neuropsychiatric
The Screener and Opioid Assessment for Patients with Pain-Revised was administered to the patient - The patient scored 18 on the SOAP-R. **Orientation** - fully oriented. The patient's mood and affect are

described as - normal. Thought Processes/Cognitive Function - cognition intact.

Musculoskeletal
Spinal Exam:
Gait and Station:
Evaluation of Gait: Gait - Gait appears normal.
Lumbosacral Spine:
Inspection: Erythema - Bilateral - No erythema present. **Edema - Bilateral** - No edema present. **Scars** - There are no scars present.
Palpation:
Tenderness: Paraspinal - Bilateral - moderate tenderness in the paraspinal muscles. **Midline** - moderate tenderness midline , tenderness is noted in the mid lumbar area, noted in the lower lumbar area and noted in the lumbosacral area.
Muscle: Lumbar Paraspinal - Bilateral - muscle tightness.
ROM: ROM - ROM for the lumbar spine is severely limited in all planes of movement and motion for the lumbar spine is limited with pain exacerbated . **Provocative Testing - Bilateral** - Facet loading is positive for axial back pain and Straight Leg Raising test is positive.

Assessment & Plan (Derek McMurry, FNP; 10/25/2016 3:19 PM)

Chronic pain disorder (G89.4)
Current Plans
- The South Carolina Reporting & Identifications Prescription Tracking System was reviewed for this patient today to assess prescription history for controlled substances. Upon review, the patient does not show any current unusual or questionable findings. There does not appear to be overlapping prescriptions.
- Continued Oxycodone-Acetaminophen 7.5-325MG, 1 (one) Tablet two times daily, as needed, #60, 30 days starting 10/25/2016, No Refill.
- A referral will be obtained for a chiropractor

Dysesthesia (R20.8)

Lumbar spondylosis (M47.9)

Other intervertebral disc displacement of lumbar region (M51.26)

Lumbago (M54.5)

Annular tear of lumbar disc (M51.36)

Controlled substance agreement signed (Z79.899)

Note:Jennifer, CC, brought some paperwork from his WC for my review. However, it requires a "physician signature" so she's going to discuss this further with the MCO and the doctor. I reviewed every office visit since he's been coming here. He was weaned off the pain medication and Dr. Webb agreed to provide the Percocet again after reviewing his chart. The work comp paperwork is requesting documentation regarding ongoing COT and MMI. This is a case where Mr. Lucas declined lumbar facet injections with Dr. Krafft. I brought this up again with him today and he stated, "I've done my research and I don't want any shots in my back. The people I've talked to all say they would never do it again." I asked what specific "shots" they had and listed several. He stated he didn't know. I let him know that this is a poor comparison, to not know the details of what someone else went through and to infer he would have the same outcome and that this is not "research." He then stated to me that if I could give him a 100% guarantee that the injections would work, he'd do it, otherwise he has no interest in doing any injections. He stated he'd like to continue with the medication. I spoke with Dr. Muniz and gave him a succint

story on this case. I let him know that outside of choosing not to move forward with facet injections, Mr. Lucas has been a compliant patient. He was willing to try PT, aquatherapy, massage therapy, etc. He did the FCE that was ordered. Of course, his MCO for work comp would allow PT but only if he went 75 miles away from this area. This is unreasonable. Dr. Muniz provided the pain medication w/o changes but I did inform Mr. Lucas the likelihood that his MCO is going to stop paying for the medication as he is unwilling to try alternative therapies such as injections. Dr. Muniz also suggested trying a chiropractor so I will queue a referral for that. Mr. Lucas stated he's willing to try that too.

Signed electronically by Derek McMurry, FNP (10/25/2016 3:20 PM)

LEXINGTON Brain and Spine INSTITUTE
A Lexington Medical Center Physician Practice

Lexington Brain and Spine Institute
146 N. Hospital Drive, Suite 120
West Columbia, SC 29169
(803) 935-8410

Patient: CARL LUCAS
[redacted]

DOS:03/10/2016
DOB: [redacted]
Gender: M
MR#: [redacted]
Provider: Scott B. Boyd MD

Vitals
Vital Signs [Data Includes: Current Encounter]
Recorded: 10Mar2016 04:16PM
Heart Rate: 88
Height: 5 ft 10 in
Blood Pressure: 149 / 101
Weight: 231 lb 6 oz
BMI Calculated: 33.2
BSA Calculated: 2.22

Chief Complaint
Low back pain

History of Present Illness
Mr. Lucas is a 48-year-old man here for an IME regarding work-related injury that occurred 1 1714. He says that he was lifting a box of vodka above his head and felt pain into his low back into his abdomen. Apparently he developed a hernia and had a herniorrhaphy. Now he continued to have problems with his back that has continued to be an issue since then. He says it is constant and worse with any sort of mechanical activities such as bending or lifting or twisting at the waist. He describes abnormal sensations in the legs such as numbness or "jumping" of the legs at times particularly at night when he is in bed. Does not appear to have radicular pain per se. He has not been working since the injury.

Dr. Ryan Krafft has been following him. He has gone through numerous physical therapy sessions those of which ended about a year ago. They do not give him any significant long lasting relief. He's been wearing a back brace as needed as well as a TENS unit daily. He says that he did not want to have any sort of injection.

Active Problems
1. Annular tear of disc (722.90) (M51.9)
2. Arthritis (716.90) (M19.90)
3. Depression (311) (F32.9)
4. Esophageal reflux (530.81) (K21.9)
5. Hematuria (599.70) (R31.9)
6. Hypercholesterolemia (272.0) (E78.0)
7. Hypogonadism, testicular (257.2) (E29.1)
8. Idiopathic hypertension (401.9) (I10)
9. Insomnia (780.52) (G47.00)
10. Muscle spasm (728.85) (M62.838)
11. Obstructive apnea (327.23) (G47 33)
12. Sleep apnea (780.57) (G47.30)
13. Type 2 diabetes mellitus (250.00) (E11.9)
14. Umbilical hernia (553.1) (K42.9)

[redacted]

Date of Service: 03/10/2016
Patient Name: CARL E. LUCAS
Patient DOB: [redacted]
MR#: [redacted]
Gender: M
Provider: Scott B. Boyd MD

Past Medical History
1. History of pharyngitis (V12.69) (Z87.09)
2. History of upper respiratory infection (V12.09) (Z87.09)
3. History of Sprain of ribs (848 3) (S23.41XA)
4. History of Weight gain (783.1) (R63.5)

Surgical History
1. History of Hernia Repair
2. History of Laparoscopy Repair Of Epigastric Hernia Incarcerated
3. History of Tonsillectomy

Family History
1. Family history of Stomach cancer
2. Family history of Diabetes mellitus
3. Family History of heart disease (V17.49) (Z82.49)
4. Family history of Allergies
5. Family history of Asthma (V17.5)
6. Family history of Cancer
7. Family history of Hypertension (V17.49)

Social History
- Never a smoker
- No alcohol use
- Non smoker (V49.89) (Z78.9)

Current Meds
1. Amlodipine Besy-Benazepril HCl - 5-20 MG Oral Capsule; TAKE 1 CAPSULE DAILY;
   Therapy: 23Sep2012 to (Evaluate:01Feb2016) Requested for: 10Aug2015; Last Rx:05Aug2015 Ordered
2. ClonazePAM 1 MG Oral Tablet; TAKE 1/2 TO 1 TABLET AT BEDTIME;
   Therapy: 04Nov2014 to (Evaluate:01Feb2016); Last Rx:05Aug2015 Ordered
3. Esomeprazole Magnesium 40 MG Oral Capsule Delayed Release; take 1 cap daily;
   Therapy: 01Aug2012 to (Last Rx:05Aug2015) Requested for: 10Aug2015 Ordered
4. Gabapentin 300 MG Oral Capsule; TAKE 1 CAPSULE TWICE DAILY;
   Therapy: 08Jul2015 to (Evaluate:01Feb2016) Requested for: 10Aug2015; Last Rx:05Aug2015 Ordered
5. Invokamet 150-1000 MG Oral Tablet; Take one tablet twice a day;
   Therapy: 08Jul2015 to (Last Rx:05Aug2015) Requested for: 10Aug2015 Ordered
6. MetFORMIN HCl - 1000 MG Oral Tablet; TAKE 1 TABLET TWICE DAILY;
   Therapy: 11Feb2013 to (Evaluate:01Feb2016) Requested for: 10Aug2015; Last Rx:05Aug2015 Ordered
7. Misc Med/ Pharmacy Order; glucometer test strips
   test bid;
   Therapy: 19May2015 to (Evaluate:15Nov2015); Last Rx:19May2015 Ordered
8. TiZANidine HCl - 4 MG Oral Tablet;
   Therapy: 27May2015 to Recorded
9. Venlafaxine HCl ER 150 MG Oral Capsule Extended Release 24 Hour; TAKE 1 CAPSULE DAILY;
   Therapy: 04Nov2014 to (Evaluate:01Feb2016) Requested for: 05Aug2015; Last Rx:05Aug2015 Ordered

Allergies
1. Penicillins

[redacted]

Date of Service: 03/10/2016
Patient Name: CARL E. LUCAS
Patient DOB: [redacted]
MR#: [redacted]
Gender: M
Provider:Scott B. Boyd MD

Results/Data

MRI of lumbar spine from April 2014 shows mild to moderate degenerative changes throughout the lumbar spine. No significant foraminal or central canal narrowing. No surgical lesions.

Physical Exam

GEN:This is a well-developed well-nourished appearing patient in no acute distress.
HEENT: Normocephalic and atraumatic. No icterus. Mucous membranes are moist and pink.
BACK: Mild to moderate decreased range of motion in all cardinal planes No point tenderness Negative Kemp's maneuver.
CV: Regular rate and rhythm.
PULM: Clear to auscultation.
ABD: Soft, nondistended and nontender.
EXT: No peripheral edema, clubbing, or cyanosis.
SKIN: Warm dry and intact.
PSYCH: Normal mood and affect.
NEURO: Awake, alert, and conversant. GCS is 15. Cranial nerves 3-12 are normal. Speech is fluent with normal content. Motor strength throughout the upper and lower extremities tested in each individual muscle groups is 5/5. Sensory exam is normal throughout the upper and lower extremities in all dermatomes. DTR's are 1-2+ throughout the wrists, biceps, triceps, patellar, and achilles reflexes. Gait is fluid. Tandem gait testing is normal. No Hoffmann's sign or clonus.

Assessment

Assessment: Severe persistent low back pain following work injury in January 2014. In reviewing his MRI scan physical exam in all of his records do not believe that there is a good surgical option here. Instead he is going to need to follow-up with Dr. craft his pain management physician for medical management of his pain.
As far as causation Mr. Lucas tells me that many years ago he had some low back problems but that was fixed by taking his wallet out of his pocket when he was driving and that he was having no back problems prior to his January 14 injury. Years ago he treated with Dr. Mike Harris for this. He states that his low back pain started when he was picking up a box on 01/17/2014 and has had back pain consistently ever since. Therefore based on his history I believe his symptoms are causally related to his reported incident. He clearly has chronic long-standing degenerative changes of his facets at preexisted his injury but this was by his history asymptomatic.
I believe he is at maximum medical improvement. I would assign an 8% impairment of the whole person based on DRE lumbar category #2 I believe he is going to need future medical care with his pain management physician as outlined above.

Plan

Plan: Follow-up with pain management. He is at MMI as of today. Details as outlined above
No surgical indications.

Carbon Copy Recipients

1. Boyd, Scott B. MD - RefProv1-Encounter

Signatures

Electronically signed by : Scott Boyd, MD; Mar 10 2016 6:03PM EST

[redacted]

J. Adger Brown, Jr., MA, CDMS
Rehabilitation Consulting

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4705 Crystal Drive
Columbia, SC 29206

May 30, 2016

TRANSMITTED VIA E-MAIL

Ms. Elizabeth McMahon-Pentz, Attorney at Law
McWhirter, Bellinger & Associates
119 E. Main Street
Lexington, SC 29072

RE:	Claimant	:Carl Eddie Lucas
	Employer	:Republic National Distributing Company
	DOA	:4/30/13 and 1/17/14
	SSN	[redacted]
	Date of Interview	:5/26/16
	Our File No.	:16-0593

Dear Ms. McMahon-Pentz:

Attached please find my vocational evaluation report and billing statement on your client Eddie Lucas. I believe the medical record supports the opinion that this gentleman is not going to be able to return to his former work as a delivery driver driving long distances over long periods of time and having to do significant lifting. Although I respect the fact that this man probably has a significant amount of pain, and he is still in pain management, the record does not really provide much about what he is or is not capable of doing now from a physical standpoint, or his ability to work on a sustained basis. I admit being rather confused by most of Dr. Krafft's notes which appear internally inconsistent, however, the fact remains that Dr. Krafft, who is the current, long-term treating physician and pain management specialist, is not providing much in the way of guidance about physical abilities. To that end, I recommend that you consider getting a functional capacity evaluation to try to resolve this impasse.

Thank you for allowing me to assist you with Mr. Lucas' evaluation. If you have any questions, please don't hesitate to call me.

Sincerely yours,

J. Adger Brown, Jr.

J. Adger Brown, Jr., MA, CDMS
Rehabilitation Consultant

JAB:drf

[redacted]

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4705 Crystal Drive
Columbia, SC 29206

May 30, 2016

TRANSMITTED VIA E-MAIL

RE:	Claimant	:Carl Eddie Lucas
	Employer	:Republic National Distributing Company
	DOA	:4/30/13 and 1/17/14
	SSN	[redacted]
	Date of Interview	:5/26/16
	Our File No.	:16-0593

VOCATIONAL EVALUATION REPORT

INTRODUCTION:

Eddie Lucas is a 49-year-old man who is kindly referred to me by his attorney in connection with work-related injuries occurring in April, 2013 and January, 2014. Mr. Lucas, who was employed as a Route Delivery Driver for Republic National Distributing, sustained injuries in both cases while lifting cases of liquor for his employer.

As I understand it, on April 30, 2013, Mr. Lucas was in the back of truck moving some cases that had shifted while he had been driving. In so doing, he felt the sudden onset of pain in his lower back and abdomen. In May, 2013, he underwent hernia surgery, was out of work for about nine weeks, and returned to work thereafter on his regular duty. He states, though, that during this time, he was continuing to have abdominal pain and lower back pain but continued working without intervening medical care. In January, 2014, again while moving some cases of liquor, he felt a pull in his lower back, with sharp pain which, within a few months, was radiating into both of his lower extremities, the right being equal to the left. He states he worked that day and one more day and has been out of work ever since.

The report that follows is being requested to discuss the impact of Mr. Lucas' injury, subsequent treatment and current physical limitations on his ability to engage in any form of substantial, gainful work. The reports that follows is derived not only from my clinical interview with Mr. Lucas, but also on a review of medical records, including those of the staff at Lexington Medical Center Occupational Health; physical therapy records from First Physical Therapy; and office notes of Dr. Thomas Armsey, MD, Dr. Michael P. Harris, MD, and Dr. Ryan T. Krafft, DO.

[redacted]

MEDICAL HISTORY:

Mr. Lucas advises me that at the time of his accidents, he was under continuing medical care for controlled high blood pressure and Type II diabetes. He states that since his accidents, he has not been diagnosed with any other unrelated medical problems, nor has he been in any other accidents.

Approximately 27 years ago while working for Mashburn Construction, Mr. Lucas was hit in the head with a concrete block, was out of work for a few weeks, and ultimately returned to work without any residual complications. As a child, he broke his collar bone on three occasions in childhood accidents but likewise healed up without any residual problems. In connection with Mr. Lucas' accident in April, 2013, he underwent an umbilical hernia repair, and approximately 12 years ago underwent what appears to have been orthognathic surgery for a deviated septum, at which time he also had his tonsils removed. With these exceptions, Mr. Lucas' given history is negative for any other negative work-related injuries, significant motor vehicle accidents, serious personal injuries, or other surgical procedures.

The notes available for my review began on January 17, 2014, with Donna Padgett, a nurse practitioner from Lexington Medical Center, referenceing Mr. Lucas' history of an umbilical hernia repair, confirming that following surgery he returned to work but has continued to have persistent abdominal discomfort, and at the time of this note, was having additional back pain. Mr. Lucas was diagnosed with an exacerbation of back pain following his injury on April 30, 2013. It was Ms. Padgett's decision to let his surgeon follow up with the abdominal pain and focus on the back pain which appeared muscular in nature. It was noted that Mr. Lucas had gained about 13 pounds, that treatment was required for the back, including core strengthening, that he needed to get a MRI, and needed to be set up with physical therapy. It was also noted that Mr. Lucas was working very long hours on his job, which was also contributing to his back pain. Recommendations were made to limit his activity to lifting and handling no more than 20 pounds, with no prolonged sitting or standing, and very limited bending, twisting, stooping and squatting. He was noted of being capable of driving for about 45 minutes to an hour at a time, three to four times a day, and needed to limit his work day to 8-10 hours, again with the plans focusing on rehabilitation and exercise, with less reliance on pain medications.

On January 28, 2014, Mr. Lucas saw Ms. Padgett again who this time limited him to lifting and handling no more than 10 pounds, with no prolonged sitting, standing or other physical activities. Again, he was restricted in his driving, now being prohibited from commercial driving and limiting his day to eight hours. It was Ms. Padgett's opinion that he had not improved since having been seen last, and that despite an initial effort to have this man work within the limitations, he had apparently returned to his regular duties, driving 10-12 hours a day, presumably performing all of his regular duties, which made his back worse. Ms. Padgett at this point was diagnosing low back pain-thoracolumbar. Ms. Padgett records that Mr. Lucas was adamant that he could not work, was miserable all the time, with her thinking he should now be seen by a back specialist. She referenced that the aforementioned request for physical therapy and a MRI study had not been dealt with. Again, fairly sedentary restrictions were imposed.

Between February 4 and May 16, 2014, Mr. Lucas was involved in a physical therapy program at First Physical Therapy. It appears that Mr. Lucas was referred for this therapy by Dr. Thomas Armsey whom I believe was now treating Mr. Lucas for his back complaints. The introductory therapy note references Mr. Lucas' having been put back to work too soon after surgery. It looks like Mr. Lucas went to about 43 therapy sessions, with his therapy goals only being partially met. The last therapy note I have is dated May 16, 2014 and makes reference to Mr. Lucas' possibly being able to perform (undefined) light duty.

Notes from Dr. Armsey, who apparently referred Mr. Lucas to therapy, began on February 17, 2014, noting complaints of low back and lumbar spine problems. Dr. Armsey put Mr. Lucas in an Exos spine brace, put him on medication, including Norco, and ordered physical therapy, although it looks like he was already in physical therapy by this time. Dr. Armsey noted that Mr. Lucas continued to complain of low back pain, with occasional left lower extremity radiculopathy. His note reflects recommendations for the back brace, muscle relaxants, pain medication, and formal physical therapy, putting in a work status note that Mr. Lucas could perform light duty, but actually giving limitations that are strictly sedentary in nature.

On March 17, 2014, Dr. Armsey reiterated the sedentary lifting duty requirements, and on April 14, 2014 was recording problems with pain interfering with normal activities of daily living. Apparently somewhere in the process, Mr. Lucas was provided a TENS unit, in addition to having his Norco increased in strength, and continuing him on his sedentary activities.

On May 12, 2014, Dr. Armsey stated that Mr. Lucas was showing very slow improvement regarding the lower back, needed to continue his formal physical therapy for four more weeks, anticipating his reaching MMI in the coming month, with his MRI not showing any pathology that would necessitate surgery. Sometime on or around May 25, 2014, Dr. Armsey increased Mr. Lucas' lifting restrictions to about 20 pounds, with a prohibition against any overhead work, kneeling, squatting, crawling, or any prolonged standing. The last note I have from Dr. Armsey is dated June 9, 2014, again having Mr. Lucas on limited, light duty. Responding to a brief interrogatory dated September 16, 2014, Dr. Armsey recommended pain management for Mr. Lucas.

On June 6, 2014, Mr. Lucas began pain management treatment with Dr. Ryan Krafft at the Pain Center of Irmo. Dr. Krafft's initial note of October 6, 2014 referenced back complaints, with a pain level of 7/10, diagnosing an annular tear of a lumbar disc, lumbar spondylosis, lumbago and dysesthesias. It was Dr. Krafft's opinion that Mr. Lucas' pain was related to lumbar facet arthropathy, with 80% of the pain located in the lumbar spine and 20% radiating into the legs. Recommendations were made for a follow-up MRI. Subsequent notes reference problems in initially getting this man's MRI, but by November 24, 2014, Dr. Krafft was noting a lack of any significant objective findings to account for Mr. Lucas' pain but noted that he did have some degree of facet arthropathy noted on his MRI, consistent with his physical exam. An offer was made for spinal injections, which was rejected by Mr. Lucas. Plans were made to continue with pain management, with medication management, trying to taper his medications down.

[redacted]

From that point forward, what I have for my review are numerous office notes from Dr. Krafft which present a rather confusing sense of internally inconsistent and apparently conflicting opinions. For example, on January 5, 2014, Dr. Krafft describes Mr. Lucas by noting pain levels of 7 out of 10 with radiation to the lower extremities, with his symptoms aggravated by lifting, standing, walking, pushing and pulling; but in his summary, he states that Mr. Lucas is improving, wants to lower his medication and continued him on anti-inflammatories. This same pattern of office notes containing reflections of severe levels of pain, radiation and significant aggravation with activities, are regularly paired with summary notes indicating no substantial change, good pain control with medication, and other such opinions. Looking at these notes in the whole, it does not appear that Mr. Lucas' pain complaints have diminished since beginning treatment, with Mr. Lucas continuing to be described as having severe pain with significant functional limitations, but with summary notes showing good pain control, good toleration of his medication, and that he continues progressing as expected. The last note I have from Dr. Krafft dated March 9, 2016 again describes Mr. Lucas' pain as a 7/10 and that he "hurts like hell," stating in the summary that he is doing relatively well with his medication, is having difficulty losing weight, and was recommended for a 1,200 calorie diet.

While under the care of Dr. Armsey and Dr. Krafft, Mr. Lucas was also seeing Dr. Michael Harris, his family physician whose records note treatment for continuing back problems, but also monitored his non-injury-related problems, including diabetes and high blood pressure. Dr. Harris' notes, however, do make reference to problems with extreme frustration and depression going back at least to September of 2014, with Dr. Harris instituting medication management for depression and problems with sleep. The notes I have from Dr. Harris end on December 22, 2014, with Mr. Lucas advising me during the course of our interview that he has recently started seeing him again.

Mr. Lucas is a right-hand dominant individual who is 5'-10" tall and states he now weighs about 225 pounds. He advises me that he weighed about 220 pounds or so at the time of his accident, gained up to 233 pounds, and has lost down to his present weight. As noted above, Mr. Lucas advises me that has resumed seeing Dr. Harris for management of his depression and general medical problems, having last seen him on May 23, 2016, without having scheduled a follow-up appointment as of yet. He continues to see Dr. Krafft for pain management, having last seen him the week before this interview.

Mr. Lucas was not clear about his medication, but based on Mr. Lucas' statements and what I have gleaned from the medical records, it appears that he is on Amlodopine for high blood pressure, Metformin for his diabetes, Effexor 75 mg 1/day for depression, in addition to taking 400 mg 3/day of Gabapentin, 75 mg 2/day of Diclofenac, perhaps Zanaflex 4 mg 1/day, in addition to two sleep medications, including Clonazepam.

In addition to his prescription medications, Mr. Lucas advises me that he is taking calcium and magnesium supplements, uses hot showers and occasionally a heating pad for the further relief of back pain, and has a TENS unit that he uses about three times a day, 15 minutes each time, which provides him some degree of improvement. Mr. Lucas has a velcro back brace that he states he wears all the time.

EDUCATIONAL BACKGROUND:

Mr. Lucas advises me that he graduated from the 12th grade at Lexington High School in 1986. During his senior year, he took auto body classes, getting a certificate through the Lexington Vocational Educational Center. Based on Mr. Lucas' educational background, work history and self-report, the assumption is made that he is a reasonably literate individual who would not have any problems in a job requiring routine reading and writing. There is no history of any military service.

WORK HISTORY:

At the time of Mr. Lucas' injury, he was employed by Republic National Distributing working as a delivery driver. He recalls beginning this work on October 1, 2013, was injured for the first time on April 30, 2013, was out of work for about nine weeks, returned to employment until January, 2014, when he had his second injury. He states he worked the day of injury, plus one more day, and has been out of work since. Since that time, he states he has not returned to work with his employer or with any other employer. For his efforts, he states he was bringing home about $1,700.00 every two weeks after taxes. Mr. Lucas advises me that is receiving a Workers Comp check of $529.04 per week, which would be indicative of an hourly rate of $19.84. Mr. Lucas also tells me that he was working a significant amount of overtime on a fairly regular basis. It is not clear if his current comp, rate takes this into account; however, I will leave that to Mr. Lucas' attorney to verify.

On his job, Mr. Lucas would deliver liquor for his employer to a number of locations largely throughout the lowcountry. His truck was pre-loaded at the Dixiana, SC warehouse site. He would then drive a route, making 18-22 stops per day. At each location he would have to unload and stack the product either in the store itself or in a storage area. Mr. Lucas did not have to stock shelves. He drove a somewhat different route every day, alternately covering the Hilton Head area, Conway, Edgefield, Walterboro, and then again back to Hilton Head. This type of work was semi-skilled employment, typically performed at the medium level of physical exertion. This type of work required prolonged sitting, climbing in and out of his truck cab and the body of his van, repetitively lifting cases of liquor typically weighing in the 20-30 pound range, using a hand truck, and performing other such duties.

Between April,2012 and October, 2013, Mr. Lucas worked first as a sales associate, then an assistant manager at Lion's Den, earning between $12-13.00 per hour, plus receiving a $650.00 bonus every quarter. In this job he would have to stock shelves, sell product, operate the cash register, wait on customers, place orders and supervise a staff of eight. This work would be at the upper range of light physical demand and skilled in nature.

Between September, 2008 and April 2012, Mr. Lucas worked for Panther Express as an over-the-road delivery driver, bringing home between $4,000-5,000.00 per month. In this job he would drive throughout the 48 states and Canada, driving a no-touch load; that is, he did not have to load or unload but simply go from one location to the other. He states he and his wife drove together, with their being on the road for about six weeks at a time, home for one week, then out for another six. This type of

work was light to medium in its physical demands, requiring prolonged sitting, the operation of a tractor-trailer, the maintenance of a CDL and physical certification, minor routine maintenance and inspection of his vehicle, and the maintenance of driving logs.

Between 2002 and 2008, Mr. Lucas was self-employed, operating Eddie's Towing Service as an owner and operator. He states that he operated a fleet of 14 trucks and drivers, providing 24/7 dispatch services for light, medium and heavy hauling. He states he was a working supervisor, taking calls, dispatching from the road, and performing work which would have been skilled due to his managerial responsibilities, and medium in terms of its physical demands as performed.

In summary, all of Mr. Lucas' prior work has been fairly physical work requiring if not prolonged sitting, certainly a reasonable degree of standing, particularly in his retail work, with all of his jobs requiring lifting, handling and moving materials at least on an intermittent basis. The skills associated with this type of employment were generally transferable to other jobs in trucking and transportation, assuming an individual has the capacity to perform this type of work on a sustained basis, with some additional skills in retail skills that would be transferrable to other jobs, typically at the light level of physical exertion.

OBSERVATIONS:

Mr. Lucas arrived on time for the appointment he had scheduled with me. His presentation was that of an overweight individual who was casually but neatly dressed and groomed. Throughout the course of our interview which lasted approximately an hour and a half, Mr. Lucas shifted about periodically in a low back office-style chair, appearing to be in some degree at the beginning of our interview, with his apparently becoming more uncomfortable as our time together progressed. The information Mr. Lucas provided was quite consistent with the medical record. There was no indication of exaggeration or embellishment, but clearly this man is quite invested in his pain symptoms, is concerned about his ability to work, and expresses a certain degree of desperation to try to get some relief from his pain, stating that sometimes he just wished that the pain would improve somewhat, so that he could get a break. Mr. Lucas comes across as a somewhat despondent and perhaps somewhat anxious individual, although I'm not sure that the symptoms - at least those that I saw - rise to the level of clinical significance, although such an opinion would probably best be left to his medical doctor or a psychologist.

CONCLUSIONS:

Eddie Lucas is a 49-year-old individual involved in a pair of work-related accidents, with his having been out of work since January of 2014. Mr. Lucas has been under fairly consistent medical care since that time. Physical therapy records which continue through May of 2014 show that, despite numerous visits, his therapy goals were only partially met. Dr. Armsey, the orthopaedist, noted consistent problems with Mr. Lucas' back, with a work status note of June, 2014 giving fairly light duty

restrictions and noting the need for pain management services.

Mr. Lucas has been involved in pain management since October of 2014, with Dr. Krafft's notes showing complaints of significant pain and limited progress, mixed with opinions showing that this man's pain is well controlled and that he is progressing as expected. Despite internal conflicts within Dr. Krafft's notes, his records do not contain any opinions regarding function abilities, physical limitations or descriptions regarding this man's ability to persist in any type of physical activity on a sustained basis, as would be required in employment. That is to say Dr. Krafft's notes provide very little, if anything, in the way of guidance regarding what Mr. Lucas would be capable of doing in an occupational setting.

From a vocational standpoint, it is my opinion, within a reasonable degree of vocational certainty, that Mr. Lucas is not capable of returning to his former employment which was at least medium in its physical demands. The medical records consistently either state or allude to an inability to sit for prolonged periods of time, as would be required of a route driver, or do any heavy lifting. Although Mr. Lucas appears to still be in a significant amount of pain requiring medication and continued pain management, what we don't know is what this gentleman could do perhaps of a lighter nature on a sustained basis. For that reason, it is my opinion that Mr. Lucas should be considered at least temporarily totally disabled, due to a lack of information as to what he could or could not do safely in a work setting. Job placement at this point would be impractical, as he would not be able to provide a perspective employer of any opinions regarding his ability to perform work activities on a sustained basis.

I would strongly suggest that consideration be given to getting a functional capacity evaluation for Mr. Lucas. Such an evaluation should be performed by an independent provider who has not seen Mr. Lucas before and should focus not only on his maximum physical abilities, but more importantly on his sustained abilities and stamina to work throughout a 8-hour day and a 5-day week. With that information in hand, it would be easier to render a vocational opinion regarding this man's ability to work, although his ultimate ability to find employment is also going to be affected by the type of medication he is currently taking, the length of time Mr. Lucas has been out of work, and the nature of his physical restrictions.

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March 4, 2017

TRANSMITTED VIA E-MAIL

Ms. Elizabeth McMahon-Pentz, Attorney at Law
McWhirter, Bellinger & Associates
119 E. Main Street
Lexington, SC 29072

RE: Carl Eddie Lucas v. Republic National Distributing Company

Dear Ms. McMahon-Pentz:

Please allow this letter to serve as my second addendum regarding your client Eddie Lucas. It is recalled that I originally submitted a vocational evaluation in this matter on May 30, 2016, with an addendum of August 16, 2016. At the time I completed this first addendum, I was describing Mr. Lucas an as individual who was post-status two work-related injuries sustained in the course of his employment as a delivery driver with Republic National Distributing Company. When I initially completed my report, I did not have much in the way of information to guide me as to Mr. Lucas' functional ability. Later, I received a functional capacity evaluation dated July 29, 2016, which showed the ability to lift in the 10-16 pound range, which was somewhat more than sedentary and into the light range, as well. From a physical standpoint, it appeared the functional capacity evaluation supported the opinion that this man would be capable of sedentary work, with a limited degree of light duty activity. It was my opinion that Mr. Lucas could not return to his former work, which was at least medium, and that he would, more likely than not, sustain a significant loss of earnings down to a range of around ± $12.00 per hour. It was my recommendation that Mr. Lucas make an application to the South Carolina Department of Vocational Rehabilitation for job placement assistance.

Recently, you sent me additional medical records from Dr. Mitchell W. Jacocks of Lexington Cardiology. Dr. Jacocks noted syncopal episodes of an undefined ideology, possibly vagal in nature and related to his high blood pressure. Recommendations were made for a catheterization. The cardiac catheterization showed a normal left ventricular function and normal coronary arteries. A follow-up note of December 15, 2016 indicated Dr. Jacocks' opinion that Mr. Lucas could return to work on December 21, 2016, although the note does not address the issue of physical limitations or restrictions, nor do I have any opinions as to whether or not Dr. Jacocks was aware of this man's employment setting.

On December 27, 2016, Dr. Jacocks stated that, in the interim, Mr. Lucas had not had any syncopal episodes, noted that he was working as a school bus driver, that his blood pressure remained elevated and was probably being exacerbated by chronic pain. A few days later on January 5, 2017, Dr. Jacocks issued a "to whom it may concern" statement that this man could not return to work pending

[redacted]

a further evaluation.

On January 23, 2017, Dr. Jacocks completed a set of interrogatories indicating that this man's blood pressure and chest pain was most probably caused or aggravated by his low back pain and that he did not require further cardiac treatment.

In an independent conversation with your office, it is understood that Mr. Lucas had attempted to work as a bus driver from approximately September 1, 2016 until approximately December 8, 2016. I am told that on December 5th, this gentleman passed out, was taken to the hospital, and tests were run which found nothing to be wrong with his brain or heart. As he continued to have syncopal episodes, his cardiologist Dr. Jacocks has told him not to drive until further notice.

From a vocational standpoint, it appears that Mr. Lucas has continuing syncopal issues and may have additional limitations due to his physical problems and his continuing high blood pressure. In the absence of any other records, it remains my opinion that this man would not be capable of returning to his former employment, that he would, more likely than not and at best, may have to seek something of a more sedentary nature, hopefully at a lower stress level, that would not subject himself or others to risk should he have a syncopal episode. Additionally he would sustain a significant loss of earnings as previously outlined in my evaluation. That having been said, Mr. Lucas' addition syncopal episodes stemming from his accident, as outlined by Dr. Jacocks' interrogatories, now raises the possibility that he may be unable to work safely in any capacity rendering him totally disabled pending receipt of objective documentation to the contrary.

Thank you for allowing me to offer this supplemental opinion. If anything further is needed, please don't hesitate to call me.

Sincerely yours,

J. Adger Brown, Jr.

J. Adger Brown, Jr., MA, CDMS
Rehabilitation Consultant

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[redacted]

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August 16, 2016

TRANSMITTED VIA E-MAIL

Ms. Elizabeth McMahon-Pentz, Attorney at Law
McWhirter, Bellinger & Associates
119 E. Main Street
Lexington, SC 29072

RE: Carl Eddie Lucas v. Republic National Distributing Company

Dear Ms. McMahon-Pentz:

Please allow this letter to serve as an addendum to my Vocational Evaluation of May 30, 2016 on your client Eddie Lucas. You will recall that I described Mr. Lucas as a 49-year-old man involved in a pair of work-related injuries in the course of his work as a delivery driver with Republic National Distributing Company. The body of the medical information available for my review supported the opinion at that time that Mr. Lucas was not capable of returning to his former employment because of its significant physical demands. Unfortunately, the record did not provide much guidance at to what Mr. Lucas could be capable of doing on a sustained basis, as would be required in any alternate employment. For that reason, I offered the opinion that Mr. Lucas was at least temporarily totally disabled due to a lack of information and suggested getting an updated functional capacity evaluation.

Recently, you forwarded me the results of a FCE completed at Columbia Rehabilitation Clinic on July 29, 2016. In summary, the evaluation indicated that Mr. Lucas put out a good effort, qualifying for a limited range of light-to-medium work; that is, being physically capable of performing some, but not all, of the physical requirements of light or medium employment. Specifically, Mr. Lucas was found capable of lifting in the 10-16 pound range, which is somewhat more than sedentary, but clearly into the light range. For the purposes of this opinion, it is my assessment that Mr. Lucas should, from a physical standpoint, be capable of sedentary work and a limited degree of light duty activity.

This information is consistent with the earlier-reviewed records which support the opinion that Mr. Lucas cannot return to his former work, which was at least medium in its physical demands, but would indicate the ability to work at a sedentary to limited range of light work. Unfortunately, many of Mr. Lucas' skills were closely related to his need and ability to drive a truck, load and unload, stock, and perform other work. Although I believe some of Mr. Lucas' skills in sales would be

transferrable to other forms of employment, it would appear more likely than not that he would sustain a loss of earnings in so doing. Without the completion of a formal labor market survey, but based on my familiarity with the job market and having been involved in job placement for close to 40 years, I would offer the opinion that Mr. Lucas would most likely be able to return to work at a salary of approximately $12.00 an hour, plus or minus. This would result in a loss of earnings for this gentleman. I also observed that Mr. Lucas has been out of work for some time, and with his now being 49 years old, will likely face some additional difficulties in returning to employment. For this reason, I would suggest that consideration be given to Mr. Lucas' making an application to the South Carolina Department of Vocational Rehabilitation for job placement assistance.

Thank you for allowing me to offer this addendum. If anything further is needed, please don't hesitate to contact me.

Sincerely yours,

J. Adger Brown, Jr.

J. Adger Brown, Jr., MA, CDMS
Rehabilitation Consultant

JAB:drf

Received 01/06/2014 12:36PM in 00:29 on line [0] for SOUTHERNSURGICAL2 * Pg 1/2
01-06-'14 12:33 FROM- T-399 P0001/0002 F-352

Advanced Pain Therapies
7921 Broad River Rd.
PO Box 1997
Irmo, SC 29063
Phone: 803-749-8685
Fax: 803-749-8909

Date: 1/6/13

To: Connie

Fax: 796-9085

From: William T. Odom, MD

Re: Carl Lucas / **D.O.B.:** [redacted]

I have reviewed the records that were sent on the above mentioned patient.

Thank you for the referral. However, at this time I feel that I have nothing to offer this patient.

If you have any questions, you may contact my office.

Thank You.

[redacted]

114 Gateway Corporate Blvd
Columbia, SC 29203-9785
Phone: (803) 227-8000
Fax: (803) 227-8015

Encounter Summary - Progress Note
Date Printed: 10/20/2014
Claim Number:30141636734-0001

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Patient	Lucas, Carl (47 YR, M) [redacted]
DOB	[redacted]

Patient Demographics:

Address	[redacted]	**Home Phone**	[redacted]
		Work Phone	

Encounter Notes:

Encounter Reason/Date	Worker's Comp New Back, L-Spine Problem, New Back NEW BACK: IME FOR RTW STATUS AND MMI/ back 10/15/2014 - 02:30PM - Lexington
History of Present Illness	Mr. Lucas is here for clinical evaluation regarding lower back issues. We were asked to take an independent medical evaluation. This gentleman's note that I have on top of my chart is to determine return to work status and MMI. My understanding from Mr. Lucas is that he injured himself in January of 2014 at work, had to do with boxes that he states were full of gallon bottles of Vodka and that he injured his back lifting, turning and twisting those. The patient apparently was seen and evaluated and treated; he states, by Dr. Thomas Armsey, who told him that he had an annular tear of multiple discs in his back. He states his difficulty started in January. He states he works for a company called RNDC, it is a delivery job. He has worked there for five to six years. Before that he worked as a tow-truck driver. I do not have any notes from Dr. Armsey's clinic and I do not have any notes on this gentleman prior to today. He does have a chart number, which would suggest that he has been seen and evaluated previously at the Moore Clinic for some type of orthopedic issues, but I do not have any notes from that date. He denies any previous injury or treatment of his back. He states his primary care doctor is Dr. Michael Harris, and he states that Dr. Michael Harris has never seen, evaluated or treated him for back problems. The patient presents today with some plain x rays from 02/17/2014, this suggested deep seated L5 S1 with minimal changes of the disc at L5 S1. He also presented with an MRI on 02/03/2014. The MRI essentially was unremarkable, open canal, the signal of the discs look similar. Did not see any overt evidence of compelling soft tissue disc injury here, saw a little bit of mild changes at the L4-L5 facets and some minimal degenerative changes at L5-S1, just some subtle signal loss there but no evidence of an acute physical injury. He states he was injured at work. Currently, he states he has pain with exercise before doing and after sitting, standing, walking, bending forward and backwards. Pain is reduced lying down, pain pills, muscle relaxants.
Review of Systems	**Additionally reports: The patient states he has difficulty with diabetes, sexual difficulties. As far as other conditions, he denies stomach problems, arthritis, gout, cancer, heart, epilepsy, weight loss, or bowel or bladder problems. He was given forms to fill out for review of systems, but he did not fill those out.** **MEDICATIONS** **He did fill out a list of medications, which he states currently he is taking oxycodone 7.5 mg/325 mg. He takes those three times a day, also he is on soma Zolpidem, Klonopin, amlodipine, Duloxatine, Nexium, and metformin.**

ALLERGIES
States he is allergic to penicillin.

As far as his pain today, he states it is 2/10. His Oswestry scale states he is 42 out of a possible 50. States he can only lift very light weights at most, cannot walk without increasing pain, said pain prevents him sitting more than one-half hour and prevents him from standing for more than one-half hour. States the pain prevents him from sleeping at all, interferes with social life. Pain restricts all forms of travel and the pain is gradually worsening. He complains of stabbing, aching pain, and discomfort in his lower back. He also complains of numbness in both of his legs.

Vitals

Ht:	5 ft 10 in	Wt:	226 lbs	BMI:	32.4
BP:		Pain Scale:	3	Pain Scale Type:	Numeric

Results/Interpretations

X-RAY, LUMBAR SPINE
- Possibility of Pregnancy?: N

Review of x-ray, lumbar spine taken on 10/15/2014 at MOORE CENTER FOR ORTHOPEDICS shows:

Adult Lumbar Spine:

Radiographic Findings: **L5-S1 degenerative disc disease and bilateral L4-L5 facet arthropathy** but no fracture, no dislocation, joint spaces well preserved, and normal alignment.

X-RAY, PELVIS
- Possibility of Pregnancy?: N

Review of x-ray, pelvis taken on 10/15/2014 at MOORE CENTER FOR ORTHOPEDICS shows:

Adult Pelvis:

Radiographic Findings: **bilateral osteoarthritis sacroiliac joint(s)** but no fracture, no dislocation, joint spaces well preserved, and normal alignment.

Physical Exam

Patient is a 47-year-old male.

Constitutional: General Appearance: healthy-appearing, NAD, and normal body habitus.

Psychiatric: Orientation: oriented to time, place, and person. Mood and Affect: normal mood and affect and active and alert.

Cardiovascular System: Arterial Pulses Right: carotid normal. Arterial Pulses Left: carotid normal. Edema Right: none and (normal) tenderness. Edema Left: none. Capillary Refill Right: LE capillary refill test normal. Capillary Refill Left: LE capillary refill test normal.

Cervical Spine: Inspection: no deformity, ecchymosis, effusion, or muscle atrophy and normal alignment and shoulders level. Soft Tissue Palpation Right: no tenderness of the paracervicals, the supraclavicular fossa, the trapezius, or the rhomboid and no trigger point pain. Soft Tissue Palpation Left: no tenderness of the paracervicals, the supraclavicular fossa, or the trapezius and no trigger point pain. Bony Palpation: no tenderness of the occipital protuberance, the mastoid process, the transverse process, or the spinous process. ROM: no crepitus or pain with motion and flexion normal, extension normal, rotation normal, and lateral flexion normal. C5 Right: abduction deltoid 5/5 and external rotation infraspinatus 5/5. C5 Left: abduction deltoid 5/5 and external rotation infraspinatus 5/5. C6 Right: flexion biceps 5/5. C6 Left: flexion biceps 5/5. C7 Right: extension triceps 5/5 and flexion wrist 5/5. C7 Left: extension triceps 5/5 and flexion wrist 5/5. C8 Left: flexion fingers 5/5. C8 Right: flexion fingers 5/5. T1 Right: abduction fingers 5/5. T1 Left: abduction fingers 5/5.

Thoracic Spine: Inspection: no deformity or ecchymosis and normal alignment. Bony Palpation: no tenderness of the post spine, the paraspinal muscle, the spinous process at T, or the transverse process at T. Soft Tissue Palpation: no tenderness of the paraspinals left or the paraspinals right. Active Range of Motion: flexion normal, extension normal, lateral flexion normal, and rotation normal. Passive Range of Motion: flexion normal, extension normal, lateral flexion normal, and rotation normal. Strength: rib strength normal, flexion normal, extension normal, and rotation and lateral flexion normal.

Lumbar Spine:: Inspection: no deformity or ecchymoses and normal alignment and pelvis level. Bony Palpation: no tenderness of the spinous process, the transverse process, the sacral promontory, the sacrum, or the coccyx. ROM: **rotation right (15deg) and left (15deg); flexion (60deg), extension (20deg), lateral flexion right (20deg), and lateral flexion left (20deg)**; and no pain with motion; **increased pain with pinch test and rotation**. Bony Palpation Right Hip: no tenderness of the iliac crest, the PSIS, the sciatic notch, the SI joint, or the greater trochanter. Bony Palpation Left Hip: no

tenderness of the iliac crest, the PSIS, the sciatic notch, the SI joint, or the greater trochanter. Soft Tissue Palpation Right: no tenderness of the paraspinal region, the gluteus maximus, or the inguinal ligament. Soft Tissue Palpation Left: no tenderness of the paraspinal region, the gluteus maximus, or the inguinal ligament. L1-2 Right: hip flexion iliopsoas 5/5. L1-2 Left: hip flexion iliopsoas 5/5. L3 Right: knee extension quadriceps 5/5. L3 Left: knee extension quadriceps 5/5. L5 Motor Strength Right: ankle dorsiflexion tibialis anterior 5/5 and great toe extension extensor hallucis longus 5/5. L5 Motor Strength Left: ankle dorsiflexion tibialis anterior 5/5 and great toe extension extensor hallucis longus 5/5. S1 Motor Strength Right: plantar flexion gastrocnemius 5/5. S1 Motor Strength Left: plantar flexion gastrocnemius 5/5.

Alignment:: Right Hip/Pelvis: pelvis level and pelvic tilt normal. Left Pelvis/Hips: pelvis level and pelvic tilt normal. Legs: LLD absent and hamstring flexibility normal.

Neurological:: Coordination: heel to shin normal. Biceps Reflex Right: **absent (0)**. Biceps Reflex Left: **absent (0)**. Brachioradialis Reflex Right: **absent (0)**. Brachioradialis Reflex Left: **absent (0)**. Triceps Reflex Right: **absent (0)**. Triceps Reflex Left: **absent (0)**. Ankle Reflex Right: **diminished (1)**. Ankle Reflex Left: **diminished (1)**. Babinski Reflex Right: Babinski negative. Babinski Reflex Left: Babinski negative. Knee Reflex Right: **diminished (1)**. Knee Reflex Left: normal (2) and **diminished (1)**. Sensation on the Right: L3 intact, L4 intact, L5 intact, and S1 intact. Sensation on the Left: L3 intact, L4 intact, L5 intact, and S1 intact. Motor Right: hip flexor normal, quadriceps normal, hamstring normal, greater soleus normal, anterior tibialis normal, and extensor hallucis longis normal; **no SLR or neurotension signs.** Motor Left: hip flexor normal, quadriceps normal, hamstring normal, greater soleus normal, anterior tibialis normal, and extensor hallucis longis normal.

SI joints cause LBP not lateralizing SI joint issues
Clinical examination of this patient is charted in his Athena chart. Evaluation of his back shows fairly level shoulders, level pelvis, and paraspinal muscles do seem symmetric. The patient is 5 feet 10 inches and 226 pounds. His BMI is 32. During his clinical examination, he is able to go from sitting to standing, standing to sitting, sitting supine without issues. Does appear to have fairly normal mechanics to his back, initial evaluation finds him in a T-shirt and shorts. He is able to change out of his regular clothes without assistance. At the end of the evaluation, he was noted to be in a circumferential corset with stays. He states that he had 42 episodes of physical therapy. He states that his back has not gotten any better with that. He feels like he is at a plateau with that. He states sometimes he feels like his back locks up. He states it is difficult for him to pick up his 19-year-old granddaughter. He apparently was referred after failure of physical therapy to Dr. Croft, who is a pain management doctor, who put him on oxycodone. He is also taking Ambien and Klonopin.

IMAGING
X-rays of his lumbar supine show adequate alignment of lumbar spine with normal lordosis, adequate disc height at L5-S1. It appears that he has had some type of hernia repair in his anterior abdomen. Pelvis looks unremarkable. There has been a little bit of sclerosis at both SI joints. The patient's oblique views show minimal changes in the facet joints at L4-L5 and L5-S1. Flexion-extension views shows no evidence of gross instability, lysis, or listhesis. Again, excellent disc height was noted throughout the lumbar spine. No significant evidence of structural pathology is noted on his plain films to include lateral, flexion, and extension views.

Assessment and Plan

subjective c/o lower back pain
Clinical impression is of subjective complaints of back pain and the patient states he injured his back on the job.

Mr. Lucas presents a bit of a difficult case by the contrast of objective versus subjective clinical complaints. He has had extensive treatment for subjective complaints of back pain. He has subjective complaints of leg pain. His MRI of his lumbar spine shows an open canal without evidence of significant encroachment upon any nerves in his lower back. The discs look fairly symmetric and equal in signal. There is no significant evidence of a significant structural injury to his back based upon his MRI. This absence of pathology is further bonified by his plain x-rays, which also include flexion and extension views that again show no significant evidence of structural pathology. At this point, he has now had 42 visits of physical therapy. He has had extensive clinical visits and is undergoing chronic pain management. However all this is present directly opposite and in contrast to a MRI plain film and clinical examination, which is completely benign. His reflexes are present. He has no straight leg raise. He has no neural tension signs. He has no clinical evidence objectively of any evidence of neurologic deficit, sensory deficit or motor deficit.

At this point other than his subjective clinical complaints, I certainly do not see any contraindication at this juncture that would suggest that Mr. Lucas can't return to his normal activities and duties. I certainly do not see by evidence of his MRI and plain x-rays on my exam today any suggestion remotely that he would benefit from surgical intervention based upon the fact that he has not gotten better with extensive physical

therapy and medications. Based upon the fact that he has no indication at this point for surgical intervention by default I would suggest he is at maximum medical improvement, although it is difficult to ascribe any evidence of impairment to his back. I do not see any evidence on MRI of a large annular tear that he suggested Dr. Armsey stated he had. I certainly do not see any clinical evidence that he has improved from any therapy in the past. I do not see any evidence that further therapy is indicated. Again, other than subjective clinical complaints, Mr. Lucas' MRI, plain films, and exam here today do not suggest any significant evidence of orthopedic spinal pathology. I do suggest at this point, based upon the absence of anatomic evidence of injury, I certainly do not see any contraindication from that standpoint of his return to normal activities and duties. I do not feel at this point that I have any suggestions for further therapy or treatment and feel at this point, he is at MMI. I am unable to ascribe any significant impairment based upon the structural principles, MRI, plain x-rays, or pre-existing disease.

The one thing that is interesting and unique is that his MRI was done quite shortly after his injury and indeed present on the MRI there is very little evidence of any type of acute injury. No soft tissue disc injury, no facet injury. No fracture, tumor, infection, or cancer lesion.

The acuity of the nature to his injury certainly would suggest during his injury he did not have a significant structural injury to his lumbar spine.

I do not really have any suggestion from orthopedic standpoint for further treatment. I do feel at this point that in chronic pain management those individuals, who have little evidence of anatomic principles are certainly at risk for concretization of chronic pain syndrome. He certainly has had extensive treatment for a problem which based on his original MRI and films drew little evidence of root and anatomic injury or objective anatomic structural evaluation.

I recommend at this point that the patient be allowed to return back to his normal activities and duties. If he feels he cannot do those activities and feels that he does not wish to return to those activities, this will be a topic for he and his employer to engage a conversation. I do not feel at this point, this issue will be resolved in orthopedic office.

1. Low back pain
724.2: lumbago
- X-RAY, LUMBAR SPINE
  Possibility of Pregnancy?: N
- X-RAY, PELVIS
  Possibility of Pregnancy?: N

Discussion
Patient Instructions
no recommendations..seen for IME

Return to Office
- as needed

Patient Medical History:

Allergies List	Reviewed Allergies **PENICILLIN G**
Medications	Reviewed Medications

Name	Date
amlodipine 5 mg-benazepril 20 mg capsule	09/29/14 filled
cefdinir 300 mg capsule	01/02/14 filled
clonazepam 1 mg tablet	10/14/14 filled
duloxetine 60 mg capsule,delayed release	09/11/14 filled
Hydromet 5 mg-1.5 mg/5 mL syrup	01/02/14 filled
metformin 500 mg tablet	09/21/14 filled
Nexium 40 mg capsule,delayed release	08/26/14 filled
oxycodone-acetaminophen 10 mg-325 mg	10/10/13 filled

	tablet
	zolpidem 10 mg tablet — 09/11/14 filled
Family History	Reviewed Family History Father - Diabetes mellitus - Heart disease

Past Medical History

No Past Medical Problems Reported	N	Heart Disease	N
Other	N	Heart Murmur	N
Anemia	N	Hepatitis	N
Anxiety Disorder	N	High Cholesterol	N
Arthritis	N	History of Fracture(s)	N
Asthma or COPD	N	Hypertension	N
Bleeding Disorder	N	Incontinence	N
Bleeding Ulcers	N	Internal Cardiac Defibrillator	N
Blood Clots (Deep Vein Thombrosis / Pulmonary Embolism)	N	Joint pain	N
Cancer	N	Kidney Disease	N
Chronic pain	N	Leg or Foot Ulcers	N
Claustrophobic	N	Liver Disease	N
Connective tissue disorders	N	Organ Transplant	N
Coronary Artery Disease (Stents/Bypass)	N	Osteoporosis	N
Diabetes	Y	Pacemaker	N
Difficulty with Anesthesia	N	Peripheral Vascular Disease	N
Fibromyalgia	N	Rheumatoid Arthritis	N
Frequent falls	N	Seizures/Epilepsy	N
GERD/Reflux	N	Skin disorders	N
Gout	N	Stroke	N
HIV or AIDS	N	Thyroid Problems	N
Headaches and/or Migraines	N	Tuberculosis	N
Heart Attack (MI)	N	Urinary Tract Infection	N

Vaccine History	None recorded.

Electronically Signed by: WILLIAM T. FELMLY, MD

Lexington Medical Center

LCHSD SERVICE AREA

LUCAS,CARL E
MRN: [redacted]
DOB: [redacted] Sex: M
Adm: 12/5/2016, D/C: 12/6/2016

Patient Demographics

Address	Phone	E-mail Address
[redacted]	[redacted] (Home) (Mobile)	[redacted]

Admission Information - Patient Record Only

Arrival Date/Time:	12/05/2016 1123	Admit Date/Time:	12/05/2016 1123	IP Adm. Date/Time:	
Admission Type:	Emergency	Point of Origin:	Non-healthcare Facility	Admit Category:	
Means of Arrival:	Ambulance	Primary Service:	Emergency Medicine	Secondary Service:	N/A
Transfer Source:		Service Area:	Lchsd Service Area	Unit:	Lmc Emergency Department
Admit Provider:		Attending Provider:	Brucker, Brenna M., MD	Referring Provider:	

Discharge Information - Patient Record Only

Discharge Date/Time	Discharge Disposition	Discharge Destination	Discharge Provider	Unit
12/06/2016 1020	Home Or Self Care	None	None	Lmc Emergency Department

Final Diagnoses (ICD-10-CM)

Code	Description	POA	CC	HAC	Affects DRG
R55 [Principal]	Syncope and collapse				
I95.9	Hypotension, unspecified				
I10	Essential (primary) hypertension				
E11.9	Type 2 diabetes mellitus without complications				
K21.9	Gastro-esophageal reflux disease without esophagitis				
G47.30	Sleep apnea, unspecified				
Z79.84	Long term (current) use of oral hypoglycemic drugs				
Z87.891	Personal history of nicotine dependence				

ED Notes

ED Provider Notes by Brucker, Brenna M., MD on 12/05/16 1537

Author: Brucker, Brenna M., MD | Service: Emergency Medicine | Author Type: Physician
Filed: 12/05/16 1537 | Date of Service: 12/05/16 1527 | Status: Signed
Editor: Brucker, Brenna M., MD (Physician)

History

Chief Complaint
Patient presents with
- Hypotension
  syncopal episode at home, found by EMS to be easily aroused. 80's SBP, weakness, dizziness
- Dizziness

HPI Comments: Very pleasant patient with PMH of DM, HTN presents with syncope.
Patient does not remember what happened. He began to feel nauseous while sitting. He believes he stood up and take a few steps. He had syncope and fell. He had decreased consciousness for ? 1- 3 minutes per family. There was some preceding nausea and lightheadedness but NO preceding CP, SOB, abdominal or low back pain.
The episode was brief, less than a few minutes with no generalized tonic-clonic activity, incontinence of bowel or bladder or tongue trauma.
Found by EMS to have GCS of 15 and normal glucose but initial BP 80/40 which improved to 140/80 after 1L PTA.
Patient denies headache, diplopia, dysarthria, dysphagia. Felt some vertigo briefly.
No recent fevers, vomiting, diarrhea, melena, motor weakness, visual disturbances or sensory changes. Had flu 2 weeks ago. Denies recent medication changes to his pain meds.

Patient is a 49 y.o. male.The history is provided by the patient and the spouse.
Loss of Consciousness
Timing/Onset: **Acute**
Episode duration: **3 minutes**
Frequency: **Once**
Severity of pain: **No pain**
Progression: **Resolved**
associated with: **nothing**
Exacerbating factors: **nothing**
Relieved by: **Nothing**
Associated symptoms: **no aphasia, no back pain, no bladder incontinence, no chest pain, no dizziness, no dysphasia, no numbness in extremities, no facial droop, no focal weakness, no gait problem, no headaches, no neck pain, no palpitations, no shortness of breath, no slurred speech** and **no visual changes**

Past Medical History

Diagnosis	Date
• Decreased sensation *hands, legs*	
• Diabetes mellitus	
• Flu	2 weeks ago

ED Notes (continued)

ED Provider Notes by Brucker, Brenna M., MD on 12/05/16 1537 (continued)

- GERD (gastroesophageal reflux disease)
- Hypertension
- Kidney stone
  passed
- Sleep apnea

Past Surgical History

Procedure	Laterality	Date
• Tonsillectomy		
• Nose surgery		

History reviewed. No pertinent family history.

Social History

Social History Narrative

Social History

Substance Use Topics

• Smoking status:	Former Smoker
Quit date:	5/27/1991
• Smokeless tobacco:	None
• Alcohol use	No

Review of Systems

Constitutional: Negative.
HENT: Negative for congestion, ear pain and facial swelling.
Respiratory: Negative. Negative for shortness of breath.
Cardiovascular: Positive for syncope. Negative for chest pain and palpitations.
Gastrointestinal: Negative.
Genitourinary: Negative. Negative for bladder incontinence.
Musculoskeletal: Negative for back pain, gait problem and neck pain.
Skin: Negative.
Neurological: Positive for syncope. Negative for dizziness, focal weakness, speech difficulty and headaches.
Psychiatric/Behavioral: Negative for agitation and confusion.
All other systems reviewed and are negative.

Physical Exam

Initial ED Vital Signs:

Blood Pressure: 130/90 Heart Rate: 66 Temp: 97.2 °F (36.2 °C) Resp: 16 SpO2: 99 %

ED Notes (continued)

ED Provider Notes by Brucker, Brenna M., MD on 12/05/16 1537 (continued)

Last Documented Vital Signs This Encounter:
Blood Pressure: 163/98
MAP (mmHg): 118
Heart Rate: 58
Temp: 97.2 °F (36.2 °C)
Resp: 16
SpO2: 96 %
Height: 175.3 cm (5' 9")
Weight: 94.3 kg (208 lb)

height is 1.753 m (5' 9") and weight is 94.3 kg (208 lb). His temperature is 97.2 °F (36.2 °C). His blood pressure is 163/98 and his pulse is 58. His respiration is 16 and oxygen saturation is 96%.

Physical Exam
Constitutional: He is oriented to person, place, and time. He appears well-developed and well-nourished. No distress.
HENT:
Head: Normocephalic and atraumatic.
Eyes: No scleral icterus.
Neck: Normal range of motion. Neck supple. No tracheal deviation present.
Cardiovascular: Normal rate and regular rhythm.
No murmur heard.
Pulmonary/Chest: Effort normal and breath sounds normal. No respiratory distress.
Abdominal: Soft. Bowel sounds are normal. There is no tenderness.
Musculoskeletal: Normal range of motion. He exhibits no tenderness or deformity.
Neurological: He is alert and oriented to person, place, and time. No cranial nerve deficit.
Skin: Skin is warm and dry. No pallor.
Psychiatric: He has a normal mood and affect. His behavior is normal.
Nursing note and vitals reviewed.

ED Course

Procedures

CT Head Without Contrast
Final Result
No acute intracranial finding. Sinus disease as above.

XR Chest 1 View Portable
Final Result
No evidence of acute cardiopulmonary disease.

ED Notes (continued)

ED Provider Notes by Brucker, Brenna M., MD on 12/05/16 1537 (continued)

Results for orders placed or performed during the hospital encounter of 12/05/16

CBC and Differential

Result	Value	Ref Range
WBC	9.3	4.0 - 11.0
RBC	4.77	4.60 - 6.10
HGB	15.1	13.5 - 18.0 g/dL
HCT	44.6	41.0 - 53.0 %
MCV	93.5	80.0 - 98.0
MCH	31.7	27.0 - 32.0 pg
MCHC	33.9	32.0 - 36.0 g/dL
RDW	12.7	11.5 - 14.5 %
RDW (SD)	44.3 (H)	35.1 - 43.9
PLT	296	130 - 400
MPV	10.2	7.5 - 10.5
NRBC,AUTO	<2.0	<2 %
ABS NRBC,AUTO	NOT APPLICABLE	<1
% Neutrophils	54	43 - 72 %
% Lymphocytes	36	17 - 44 %
% Monocytes	8	0 - 10 %
% Eosinophils	1	0 - 5 %
% Basophils	1	0 - 3 %
% IMMATURE GRANULOCYTES	0	<1 %
Abs Neutrophils	5.13	1.7 - 8.0
Abs Lymphocytes	3.32	0.7 - 5.0
Abs Monocytes	0.70	0.0 - 1.1
Abs Eosinophils	0.06	0.0 - 0.6
Abs Basophils	0.07	0.0 - 0.2
ABS IMMATURE GRANULOCYTES	0.04	<1

Comprehensive Metabolic Panel

Result	Value	Ref Range
Glucose	156 (H)	70 - 99 mg/dL
Sodium	138	136 - 145
Potassium	4.9	3.5 - 5.1
Chloride	105	98 - 107
CO2	23	21 - 32
Anion Gap	10	5 - 16
BUN	13	7 - 18 mg/dL
Creatinine	1.2	0.6 - 1.3 mg/dL
Calcium	8.6	8.5 - 10.1 mg/dL
Bilirubin Total	0.3	0.2 - 1.0 mg/dL
Total Protein	7.8	6.4 - 8.2 g/dL
Albumin	3.9	3.4 - 5.0 g/dL
AST	27	10 - 37 U/L
ALT	46	14 - 63 U/L
Alkaline Phos.	74	45 - 117 U/L
eGFR	>60	>60 mL/min/1.73 sqm
Comment:	(Multiply result X 1.2 if Afr. Am.)	

Lipase

Result	Value	Ref Range

ED Notes (continued)

ED Provider Notes by Brucker, Brenna M., MD on 12/05/16 1537 (continued)

Lipase	238	73 - 393 U/L

Troponin

Result	Value	Ref Range
Troponin I	<0.015	<0.045 ng/mL

D-dimer, quantitative

Result	Value	Ref Range
D-dimer	188	0 - 300 ng/mL DDU

Comment:

VTE cut-off is 230 ng/mL DDU

A negative D-Dimer result when combined with a clinical assessment of low pretest probability has a strong negative predictive value for DVT or PE. The upper reference range may be used to evaluate DIC while the VTE cut-off value is used for the evaluation of VTE.

NT B-type natriuretic peptide

Result	Value	Ref Range
NTBNP	13.0	<125 pg/mL

Comment:

Varied NT-proBNP reference ranges are published. The following attempts to optimize sensitivity and specificity. Clinical correlation is important.

<125 pg/ml: "Normal" No biochemical evidence of CHF.
>125 to <450 pg/ml: CHF is not excluded, suggest follow-up testing if clinically suspect. especially if age <75 yrs.
>450 to <1000 pg/ml: Borderline range with CHF increasingly likely at higher results. Clinical correlation is important. The borderline range increases with patient age. (especially >75 yrs).
>1,000 pg/ml: Biochemical evidence of CHF with predictive values increasing at higher levels.
>10,000 pg/ml: Severe CHF is likely.

I
ncreasing NT-pro BNP levels reflect worsening CHF. Decreasing NT-pro BNP levels reflect clinical improvement.

Urinalysis

ED Notes (continued)

ED Provider Notes by Brucker, Brenna M., MD on 12/05/16 1537 (continued)

Result	Value	Ref Range
Collect Type, Urine	CLEAN VOIDED URINE	
Color	YELLOW	
Clarity, Urine	HAZY	
Glucose, Urine	LARGE (A)	NEGATIVE
Bilirubin, Urine	NEGATIVE	NEGATIVE
Ketones, Urine	TRACE (A)	NEGATIVE
SG, Urine	1.029	1.003 - 1.030
Blood, Urine	NEGATIVE	NEGATIVE
pH, Urine	6.0	4.6 - 8.0
Protein, Urine	SMALL (A)	NEGATIVE
Urobilinogen, Urine	NORMAL	NORMAL
Nitrite, Urine	NEGATIVE	NEGATIVE
Leukocyte Esterase, Urine	NEGATIVE	NEGATIVE
WBC, Urine	4	<6
Ca Ox Crystals, Urine	1+	
Mucous, Urine	PRESENT	
RBC, Urine	4 (H)	<4

All Medication Administration through 12/05/2016 1527

Date/Time	Order	Dose	Route	Action	Action by
12/05/2016 1225	**meclizine (ANTIVERT) tablet 12.5 mg**	12.5 mg	Oral	Given	Fontana, Angela Nunzia, RN

ED Discharge Orders

None

ED Prescriptions

None

Diagnosis:

Final diagnoses:
Syncope (Primary)
Hypotension
Benign essential HTN
DM (diabetes mellitus)

Follow Up Instructions:

No follow-up provider specified.

ED Notes (continued)

ED Provider Notes by Brucker, Brenna M., MD on 12/05/16 1537 (continued)

Disposition: Clinical Decision Unit
Departure Condition: Stable
Accepting Physician: Hensely
CDU Goal of Observation: Hydration, Other (syncope w/u)
CDU Plan of Action: IV Fluids, Repeat Diagnostics
Cardiac Risk Stratification Score: Low Risk

LMC ED MDM NO CC TIME:
Review of Previous: **Notes**
Notes comment: **5/29/16: 5/29/13 hernia repair**
Interpretation: **Pulse ox, labs, ECG and CT scan**
Labs comment: **Ddimer neg, trop neg**
ECG comment: **Rate 69, normal axis, normal intervals, no ischemia, no Brugada**
CT scan comment: **CT head no bleed**
Pulse Ox comment: **98% RA no hypoxia**
MDM Comments: **The patient presents with a syncopal episode of uncertain etiology.Initial Systolic <90, although resolved w fluids. Patient placed in CDU for further eval (MRI, cUS, fliuds, monitoring). The patient has a reassuring cardiac workup thus far in the ED with normal telemetric monitoring throughout the patient's course and negative lab workup thus far as above.**

I have independently reviewed and interpreted all labs / imaging / EKG for this patient.

Brucker, Brenna M.- was the Primary ED Provider for this patient.

ED Course

Brucker, Brenna M., MD
12/05/16 1537

Electronically Signed by Brucker, Brenna M., MD on 12/05/16 1537

Discharge Summaries

Discharge Summaries by Hall, Virginia C., NP on 12/06/16 0842

Author: Hall, Virginia C., NP | Service: (none) | Author Type: Emergency Mid-Level
Filed: 12/06/16 0842 | Date of Service: 12/06/16 0839 | Status: Cosign Needed
Editor: Hall, Virginia C., NP (Emergency Mid-Level) | Cosign Required: Yes

PHYSICIAN DISCHARGE SUMMARY:

Discharge Summaries (continued)

Discharge Summaries by Hall, Virginia C., NP on 12/06/16 0842 (continued)

PATIENT: Carl E Lucas	**DATE OF BIRTH**: [redacted]
ACCOUNT NUMBER: [redacted]	**M.R. #**: [redacted]
ADMISSION D/T: 12/5/2016 11:23 AM	**ADMITTING PROVIDER**: No admitting provider for patient encounter.
DISCHARGE D/T: 12/6/2016	**DISCHARGING PROVIDER**: Hall, Virginia C.

Active Problems:
* No active hospital problems. *

CLINICAL SUMMARY:

HOSPITAL COURSE: Patient presented to ED for syncope, episode was witnessed by wife and lasted less than 5 minutes. Complete return to baseline prior to arrival in ED. Laboratory and diagnostic imaging as below: negative for acute findings. Echo and Carotid US results are preliminary negative. Patient is felt safe to DC home, will place on Holter monitor.
Follow up with Dr. Harris.

SIGNIFICANT DIAGNOSTIC STUDIES:

Results for orders placed or performed during the hospital encounter of 12/05/16
CBC and Differential

Result	Value	Ref Range
WBC	9.3	4.0 - 11.0
RBC	4.77	4.60 - 6.10
HGB	15.1	13.5 - 18.0 g/dL
HCT	44.6	41.0 - 53.0 %
MCV	93.5	80.0 - 98.0
MCH	31.7	27.0 - 32.0 pg
MCHC	33.9	32.0 - 36.0 g/dL
RDW	12.7	11.5 - 14.5 %
RDW (SD)	44.3 (H)	35.1 - 43.9
PLT	296	130 - 400
MPV	10.2	7.5 - 10.5
NRBC,AUTO	<2.0	<2 %
ABS NRBC,AUTO	NOT APPLICABLE	<1
% Neutrophils	54	43 - 72 %
% Lymphocytes	36	17 - 44 %
% Monocytes	8	0 - 10 %
% Eosinophils	1	0 - 5 %
% Basophils	1	0 - 3 %
% IMMATURE GRANULOCYTES	0	<1 %
Abs Neutrophils	5.13	1.7 - 8.0
Abs Lymphocytes	3.32	0.7 - 5.0
Abs Monocytes	0.70	0.0 - 1.1
Abs Eosinophils	0.06	0.0 - 0.6

Discharge Summaries (continued)

Discharge Summaries by Hall, Virginia C., NP on 12/06/16 0842 (continued)

Abs Basophils	0.07	0.0 - 0.2
ABS IMMATURE GRANULOCYTES	0.04	<1

Comprehensive Metabolic Panel

Result	Value	Ref Range
Glucose	156 (H)	70 - 99 mg/dL
Sodium	138	136 - 145
Potassium	4.9	3.5 - 5.1
Chloride	105	98 - 107
CO2	23	21 - 32
Anion Gap	10	5 - 16
BUN	13	7 - 18 mg/dL
Creatinine	1.2	0.6 - 1.3 mg/dL
Calcium	8.6	8.5 - 10.1 mg/dL
Bilirubin Total	0.3	0.2 - 1.0 mg/dL
Total Protein	7.8	6.4 - 8.2 g/dL
Albumin	3.9	3.4 - 5.0 g/dL
AST	27	10 - 37 U/L
ALT	46	14 - 63 U/L
Alkaline Phos.	74	45 - 117 U/L
eGFR	>60	>60 mL/min/1.73 sqm

Lipase

Result	Value	Ref Range
Lipase	238	73 - 393 U/L

Troponin

Result	Value	Ref Range
Troponin I	<0.015	<0.045 ng/mL

D-dimer, quantitative

Result	Value	Ref Range
D-dimer	188	0 - 300 ng/mL DDU

NT B-type natriuretic peptide

Result	Value	Ref Range
NTBNP	13.0	<125 pg/mL

Urinalysis

Result	Value	Ref Range
Collect Type, Urine	CLEAN VOIDED URINE	
Color	YELLOW	
Clarity, Urine	HAZY	
Glucose, Urine	LARGE (A)	NEGATIVE
Bilirubin, Urine	NEGATIVE	NEGATIVE
Ketones, Urine	TRACE (A)	NEGATIVE
SG, Urine	1.029	1.003 - 1.030
Blood, Urine	NEGATIVE	NEGATIVE
pH, Urine	6.0	4.6 - 8.0
Protein, Urine	SMALL (A)	NEGATIVE
Urobilinogen, Urine	NORMAL	NORMAL
Nitrite, Urine	NEGATIVE	NEGATIVE
Leukocyte Esterase, Urine	NEGATIVE	NEGATIVE
WBC, Urine	4	<6
Ca Ox Crystals, Urine	1+	
Mucous, Urine	PRESENT	
RBC, Urine	4 (H)	<4

Discharge Summaries (continued)

Discharge Summaries by Hall, Virginia C., NP on 12/06/16 0842 (continued)

Troponin

Result	Value	Ref Range
Troponin I	<0.015	<0.045 ng/mL

ECG 12 lead

Result	Value	Ref Range
ECG REPORT SINUS RHYTHM NORMAL ECG NO SIGNIFICANT CHANGE SINCE LAST TRACING 05/27/2013		
ECG HEART RATE	69	/min
ECG RR INTERVAL	865	ms
ECG P DURATION	126	ms
ECG QRS DURATION	104	ms
ECG PR INTERVAL	176	ms
ECG QT INTERVAL	400	ms
ECG QTCB INTERVAL	428	ms
Q-T DISPERSION		ms
ECG P AXIS	48	deg
ECG QRS AXIS	-7	deg
ECG T AXIS	14	deg

CONSULTS: none

MEDICATIONS:

Current Facility-Administered Medications

Medication	Dose	Route	Frequency	Provider	Last Rate	Last Dose
• amLODIPine-benazepril (LOTREL) 5-20 combo dose		Oral	Daily	Brucker, Brenna M., MD		
• calcium carbonate antacid (TUMS) 648 mg tablet 1,296 mg	1,296 mg	Oral	PRN	Brucker, Brenna M., MD		
• canagliflozin-metFORMIN (INVOKAMET) 150-1000 MG tablet 1 tablet	1 tablet	Oral	BID with meals	Brucker, Brenna M., MD		1 tablet at 12/05/16 1731
• clonazePAM (KlonoPIN) tablet 0.5-1 mg	0.5-1 mg	Oral	Nightly	Brucker, Brenna M., MD		0.5 mg at 12/05/16 2103
• diclofenac (VOLTAREN) EC tablet 75 mg	75 mg	Oral	BID PRN	Brucker, Brenna M., MD		75 mg at 12/05/16 2109
• FLUoxetine (PROzac) capsule 60 mg	60 mg	Oral	Daily	Brucker, Brenna M., MD		60 mg at 12/05/16 1731
• gabapentin (NEURONTIN) capsule	400 mg	Oral	BID	Brucker, Brenna M., MD		400 mg at 12/05/16

Discharge Summaries (continued)

Discharge Summaries by Hall, Virginia C., NP on 12/06/16 0842 (continued)

400 mg					2103
• ibuprofen (ADVIL,MOTRIN) tablet 600 mg	600 mg	Oral	Q6H PRN	Brucker, Brenna M., MD	
• meclizine (ANTIVERT) tablet 12.5 mg	12.5 mg	Oral	TID PRN	Brucker, Brenna M., MD	12.5 mg at 12/05/16 1225
• ondansetron (ZOFRAN) injection 4 mg	4 mg	Intravenous	Q4H PRN	Brucker, Brenna M., MD	
• oxyCODONE-acetaminophen (PERCOCET) 7.5-325 mg per tablet 1 tablet	1 tablet	Oral	Q8H PRN	Brucker, Brenna M., MD	1 tablet at 12/05/16 2103
• tiZANidine (ZANAFLEX) tablet 4 mg	4 mg	Oral	Q8H PRN	Brucker, Brenna M., MD	
• zolpidem (AMBIEN) tablet 10 mg	10 mg	Oral	Nightly PRN	Brucker, Brenna M., MD	5 mg at 12/05/16 2107

Current Outpatient Prescriptions

Medication	Sig	Dispense	Refill
• amLODIPine-benazepril (LOTREL 5-20) 5-20 MG per capsule	Take 1 capsule by mouth daily as indicated for High Blood Pressure.		
• calcium carbonate antacid (TUMS) 648 mg TABS tablet	Take 1,296 mg by mouth as needed for heartburn.		
• canagliflozin-metFORMIN (INVOKAMET) 150-1000 MG tablet	Take 1 tablet by mouth 2 (two) times daily with meals.		
• clonazePAM (KLONOPIN) 1 mg tablet	Take 0.5-1 mg by mouth nightly.		
• diclofenac (VOLTAREN) 75 mg EC tablet	Take 75 mg by mouth 2 (two) times daily as needed.		1
• FLUoxetine HCl 60 MG TABS	Take 60 mg by mouth daily.		
• gabapentin (NEURONTIN) 400 MG capsule	Take 400 mg by mouth 2 (two) times daily.		
• oxyCODONE-acetaminophen (PERCOCET) 7.5-325 mg per tablet	Take 1 tablet by mouth every 12 (twelve) hours as needed for pain.		
• tiZANidine (ZANAFLEX) 4 mg tablet	Take 4 mg by mouth every 8 (eight) hours as needed.		
• zolpidem (AMBIEN) 10 mg tablet	Take 10 mg by mouth nightly as needed for sleep.		

VITAL SIGNS:

Visit Vitals

• BP	(!) 159/109 Comment: Nurse knows about his BP.

Discharge Summaries (continued)

Discharge Summaries by Hall, Virginia C., NP on 12/06/16 0842 (continued)

• Pulse	65
• Temp	97.3 °F (36.3 °C)
• Resp	16
• Ht	1.753 m (5' 9")
• Wt	94.3 kg (208 lb)
• SpO2	97%
• BMI	30.72 kg/m2

INDICATION FOR ADMISSION: syncope

DISCHARGE EXAM:

Physical Exam
Constitutional: He is oriented to person, place, and time. He appears well-developed and well-nourished. No distress.
HENT:
Head: Normocephalic and atraumatic.
Eyes: Conjunctivae are normal. Pupils are equal, round, and reactive to light. Right eye exhibits no discharge. Left eye exhibits no discharge. No scleral icterus.
Neck: Normal range of motion. No tracheal deviation present.
Cardiovascular: Normal rate, regular rhythm, normal heart sounds and intact distal pulses.
Pulmonary/Chest: Effort normal and breath sounds normal.
Abdominal: Soft. Bowel sounds are normal. There is no tenderness.
Musculoskeletal: Normal range of motion. He exhibits no edema.
Neurological: He is alert and oriented to person, place, and time. No cranial nerve deficit. Coordination normal.
Skin: Skin is warm and dry.
Nursing note and vitals reviewed

DISPOSITION: Carl E Lucas is being discharged home.

PATIENT INSTRUCTIONS:
Holter monitor
FU with Dr Harris

I have discussed my findings with the patient and he voices his understanding. Discharge instructions were provided in writing.

The primary Provider responsible for this patient was: Boguski, Lee J, MD
Note documented by Virginia C-Hall, DNP, FNP-C
Hall, Virginia C.

Electronically Signed by Hall, Virginia C., NP on 12/06/16 0842

History & Physicals

No notes of this type exist for this encounter.

Lexington Medical Center | LCHSD SERVICE AREA | LUCAS,CARL E
MRN: [redacted]
DOB: [redacted] Sex: M
Adm: 12/5/2016, D/C: 12/6/2016

History & Physicals (continued)

Encounter-Level H&P Scans:
There are no encounter level h&p scans.

Operative Notes
No notes of this type exist for this encounter.

Procedure Notes
No notes of this type exist for this encounter.

Anesthesia Post-Op Notes
No notes of this type exist for this encounter.

Delivery Notes
No notes of this type exist for this encounter.

Consult Notes
No notes of this type exist for this encounter.

Results

Resulted: 12/06/16 1105, Result status: Final result

Vascular US Carotid Bilateral [77489354]

Ordering provider: Brucker, Brenna M., MD 12/05/16 1719
Resulted by: Felton, Richard J, MD
Performed: 12/06/16 0807 - 12/06/16 0821
Resulting lab: HEARTLAB
Narrative:

Weight: kg / NaN lbs

Reading: Richard J.C. Felton, M.D.
Referring: BOGUSKILEEJ
Sonographer: Medea T. McNeil RDCS

History:
diabetes, hypertension .
CPT:
93880 Duplex scan of extracranial arteries; complete bilateral study
Study Quality/Indications:
Quality: The technical quality of the study was adequate.

Measurements:

Right Carotid PSV

Name	Value	Units
PCCA	119.73	cm/sec
DCCA	77.11	cm/sec
PICA	50.73	cm/sec
MICA	56.82	cm/sec
DICA	69	cm/sec
Vertebral	56.82	cm/sec
R ICA/CCA	0.42	ratio

Right Carotid EDV

Name	Value	Units

Lexington Medical Center | LCHSD SERVICE AREA | LUCAS,CARL E
MRN: [redacted]
DOB: [redacted] Sex: M
Adm: 12/5/2016, D/C: 12/6/2016

Results (continued)

Resulted: 12/06/16 1105, Result status: Final result

Vascular US Carotid Bilateral [77489354] (continued)

PCCA	22.32	cm/sec
DCCA	18.26	cm/sec
PICA	14.2	cm/sec
MICA	18.26	cm/sec
DICA	20.29	cm/sec

Left Carotid PSV

Name	Value	Units
PCCA	152.19	cm/sec
DCCA	93.35	cm/sec
PICA	50.73	cm/sec
MICA	58.85	cm/sec
DICA	56.82	cm/sec
Vertebral	36.53	cm/sec
L ICA/CCA	0.33	ratio

Left Carotid EDV

Name	Value	Units
PCCA	26.38	cm/sec
DCCA	20.29	cm/sec
PICA	14.2	cm/sec
MICA	18.26	cm/sec
DICA	20.29	cm/sec

Blood Pressures and Bruits

Name	Value	Units
R Systolic	158	mmHg
R Diastolic	99	mmHg
L Systolic	175	mmHg
L Diastolic	108	mmHg

Findings:

The right common carotid artery showed no evidence of plaque. The right internal carotid artery showed no evidence of plaque. The right external carotid artery showed no evidence of plaque. The left common carotid artery showed no evidence of plaque. The left internal carotid artery showed no evidence of plaque. The left external carotid artery showed no evidence of plaque.

Final Impressions:
1. There was no evidence of hemodynamically significant stenosis in either carotid system. Antegrade flow was present in both vertebral arteries.

Electronically signed in Heartlab by:Richard J.C. Felton, M.D. on 12/06/2016 11:05:41
Specimen Collection

Lexington Medical Center | LCHSD SERVICE AREA | LUCAS,CARL E
MRN: [redacted]
DOB: [redacted] Sex: M
Adm: 12/5/2016, D/C: 12/6/2016

Results (continued)

Resulted: 12/06/16 1105, Result status: Final result

Vascular US Carotid Bilateral [77489354] (continued)

Type	Source	Collected On
		12/06/16 0807

Resulted: 12/06/16 0838, Result status: Final result

Echo Transthoracic Adult Complete [77489362]

Ordering provider: Boguski, Lee J, MD 12/06/16 0740
Performed: 12/06/16 0747 - 12/06/16 0807
Resulted by: Williams, Richard Taylor, MD
Resulting lab: HEARTLAB

Narrative:
Height: 175.26 cm / 69.0 in
Weight: 94.35 kg / 207.9 lbs
BSA: 2.1
Type: Emergency Department

Reading: R, Taylor Williams M.D.
Reading: LCAR
Referring: BOGUSKILEEJ
Sonographer: Medea T. McNeil RDCS

History:
The patient has a history of: diabetes, HTN, .

Indication:Syncope, HTN, Dizziness, Sleep Apnea, Weakness, DM
BP: 148/93

Measurements

CHAMBERS MM/2D	Value
RVIDd (AP) 2D	3.81 cm
IVSd (2D)	1.68 cm
LVPWd (2D)	1.59 cm
LVIDd (2D)	3.92 cm
LVIDs (2D)	2.8 cm
EF Teichholz (2D)	55.55 %
Ao root diameter (2D)	3.47 cm

VOLUMES/MASS	Value
LV EDV SP 4CH (MOD)	85.26 ml
LV EDV SP 2CH (MOD)	94.2 ml
LV EDV BP	91.23 ml
BP EF (MOD)	60.5 %

DIASTOLIC/SYSTOLIC FUNCTI	Value
MV E-wave Vmax	0.82 m/sec
MV deceleration time	185.86 msec
MV A-wave Vmax	0.62 m/sec
P. vein S-wave Vmax	0.57 m/sec
P. vein D-wave Vmax	0.51 m/sec
P. vein S:D Vmax ratio	1.11 ratio
P. vein A-wave duration	101.5 msec

AORTIC VALVE	Value
AV Vmax	1.04 m/sec

Results (continued)

Resulted: 12/06/16 0838, Result status: Final result

Echo Transthoracic Adult Complete [77489362] (continued)

AV peak gradient	4.31 mmHg
LVOT diameter	2.22 cm
LVOT Vmax	0.86 m/sec
LVOT peak gradient	2.98 mmHg

MITRAL VALVE	Value
MVA (PHT)	4.08 cm2
MV PHT	53.9 msec

TRICUSPID VALVE	Value
TR Vmax	2.17 m/sec
RAP	3 mmHg
RVSP	21.79 mmHg

PULMONIC VALVE/QP:QS	Value
PV Vmax	0.9 m/sec

Findings
Study Type:
This is a complete Transthoracic echocardiogram containing real-time 2-dimensional, color flow, and spectral Doppler images.

Left Ventricle:
The left ventricular chamber size is normal. Mild concentric left ventricular hypertrophy is observed. Global left ventricular wall motion and contractility are within normal limits. The estimated ejection fraction is 55-60%. Normal left ventricular diastolic filling is observed.

Left Atrium:
The left atrium is mildly dilated.

Right Ventricle:
The right ventricular cavity is within the upper limits of normal in size. The right ventricular global systolic function is normal.

Right Atrium:
The right atrial cavity size is normal.

Aortic Valve:
The aortic valve leaflet mobility appears normal. The aortic valve leaflets appear normal. There is a trace of aortic regurgitation.

Mitral Valve:
Mitral valve leaflet mobility appears normal. The mitral valve leaflets appear normal. There is mild mitral regurgitation observed.

Tricuspid Valve:
Tricuspid valve leaflet mobility appears normal. The tricuspid valve leaflets are morphologically normal. There is mild tricuspid regurgitation. The estimated right ventricular systolic pressure is 21.79mmHg. No significant pulmonary hypertension is present.

Results (continued)

Resulted: 12/06/16 0838, Result status: Final result

Echo Transthoracic Adult Complete [77489362] (continued)

Pulmonic Vaive:
Pulmonic valve leaflet mobility appears normal. There is trace pulmonic regurgitation present.

Pericardium:
A trivial pericardial effusion is visualized.

Aorta:
The aortic root size is normal.

Venous:
The inferior vena cava is not well visualized.

Final Impressions:
1. The left ventricular chamber size is normal.
2. Mild concentric left ventricular hypertrophy is observed.
3. Global left ventricular wall motion and contractility are within normal limits.
4. The estimated ejection fraction is 55-60%.
5. The left atrium is mildly dilated.
6. The right ventricular cavity is within the upper limits of normal in size.
7. No significant valvular abnormalities.
8. No significant pulmonary hypertension is present.
9. A trivial pericardial effusion is visualized.

Electronically signed in Heartlab by:R, Taylor Williams M.D. on 12/06/2016 08:38:10

Specimen Collection

Type	Source	Collected On
		12/06/16 0754

Resulted: 12/06/16 0752, Result status: In process

Echo Limited [77489360]

Ordering provider:	Boguski, Lee J, MD 12/06/16 0740	Performed:	12/06/16 0747 - 12/06/16 0747
Resulting lab:	HEARTLAB		

Resulted: 12/05/16 1811, Result status: Final result

MRI Brain Without Contrast [77489353]

Ordering provider:	Brucker, Brenna M., MD 12/05/16 1719	Resulted by:	Pertile, Ariel Alejandro, MD
Performed:	12/05/16 1749 - 12/05/16 1803	Resulting lab:	PACS

Narrative:
CLINICAL DATA: Syncope. TIA workup.

COMPARISON: December 5, 2016.

TECHNIQUE: Multiplanar, multisequence MR images of the brain without contrast.

Lexington Medical Center | LCHSD SERVICE AREA | LUCAS,CARL E
MRN: [redacted]
DOB: [redacted] Sex: M
Adm: 12/5/2016, D/C: 12/6/2016

Results (continued)

Resulted: 12/05/16 1811, Result status: Final result

MRI Brain Without Contrast [77489353] (continued)

FINDINGS: There are no areas of restricted diffusion to indicate acute infarction. No hydrocephalus, midline shift or acute extra-axial fluid collections. There are no significant white matter signal changes to indicate underlying demyelinating disease. Normal flow voids seen in the intracranial internal carotid arteries and basilar artery.
There is essentially complete opacification of the right maxillary sinus and right ethmoid air cells. There is complete opacification of right frontal sinus. Mastoid air cells appear clear.

Impression:
1. No acute intracranial changes. Specifically, no evidence of acute intracranial infarction.
2. Right-sided sinus inflammatory changes.

Specimen Collection

Type	Source	Collected On
		12/05/16 1806

Resulted: 12/05/16 1545, Result status: Final result

Troponin [53196717]

Ordering provider: Brucker, Brenna M., MD 12/05/16 1439 | Resulting lab: LEXINGTON MEDICAL CENTER

Specimen Collection

Type	Source	Collected On
SERUM		12/05/16 1506

Components

	Value	Reference Range	Flag	Lab
Troponin I	<0.015	<0.045 ng/mL		LMC

Resulted: 12/05/16 1414, Result status: Final result

Urinalysis [53196715] (Abnormal)

Ordering provider: Brucker, Brenna M., MD 12/05/16 1153 | Resulting lab: LEXINGTON MEDICAL CENTER

Specimen Collection

Type	Source	Collected On
URINE		12/05/16 1345

Components

	Value	Reference Range	Flag	Lab
Collect Type, Urine	CLEAN VOIDED URINE			LMC
Color	YELLOW			LMC
Clarity, Urine	HAZY			LMC

Lexington Medical Center | LCHSD SERVICE AREA | LUCAS,CARL E
MRN: [redacted]
DOB: [redacted] Sex: M
Adm: 12/5/2016, D/C: 12/6/2016

Results (continued)

Resulted: 12/05/16 1414, Result status: Final result

Urinalysis [53196715] (Abnormal) (continued)

Glucose, Urine	LARGE	NEGATIVE	A	LMC
Bilirubin, Urine	NEGATIVE	NEGATIVE		LMC
Ketones, Urine	TRACE	NEGATIVE	A	LMC
SG, Urine	1.029	1.003 - 1.030		LMC
Blood, Urine	NEGATIVE	NEGATIVE		LMC
pH, Urine	6.0	4.6 - 8.0		LMC
Protein, Urine	SMALL	NEGATIVE	A	LMC
Urobilinogen, Urine	NORMAL	NORMAL		LMC
Nitrite, Urine	NEGATIVE	NEGATIVE		LMC
Leukocyte Esterase, Urine	NEGATIVE	NEGATIVE		LMC
WBC, Urine	4	<6		LMC
Ca Ox Crystals, Urine	1+			LMC
Mucous, Urine	PRESENT			LMC
RBC, Urine	4	<4	H	LMC

Resulted: 12/05/16 1252, Result status: Final result

CT Head Without Contrast [53196710]

Ordering provider: Brucker, Brenna M., MD 12/05/16 1150
Resulted by: Garris, Robert B, MD
Performed: 12/05/16 1230 - 12/05/16 1241
Resulting lab: PACS

Narrative:
CLINICAL DATA: Syncope, fall

COMPARISON: None

TECHNIQUE: Multiple axial CT images of the brain were obtained without contrast.

FINDINGS: Ventricles normal in size. Gray-white interface is maintained. No evidence of acute intracranial hemorrhage or extra-axial fluid collection. No CT evidence of acute large territorial vascular ischemia. Imaging of suprasellar region unremarkable. Bony structures are unremarkable. There is complete opacification of the right frontal sinus as well as partial opacification of anterior right ethmoid air cells. Near complete opacification visualized right maxillary sinus. Scalp soft tissues unremarkable.

Impression:
No acute intracranial finding. Sinus disease as above.

Specimen Collection

Type	Source	Collected On
		12/05/16 1245

Resulted: 12/05/16 1237, Result status: Final result

Comprehensive Metabolic Panel [53196705] (Abnormal)

Ordering provider: Brucker, Brenna M., MD 12/05/16 1150
Resulting lab: LEXINGTON MEDICAL CENTER

Specimen Collection

Lexington Medical Center | LCHSD SERVICE AREA | LUCAS,CARL E
MRN: [redacted]
DOB: [redacted] Sex: M
Adm: 12/5/2016, D/C: 12/6/2016

Results (continued)

Resulted: 12/05/16 1237, Result status: Final result

Comprehensive Metabolic Panel [53196705] (Abnormal) (continued)

Type	Source	Collected On
SERUM		12/05/16 1156

Components

	Value	Reference Range	Flag	Lab
Glucose	156	70 - 99 mg/dL	H	LMC
Sodium	138	136 - 145		LMC
Potassium	4.9	3.5 - 5.1		LMC
Chloride	105	98 - 107		LMC
CO2	23	21 - 32		LMC
Anion Gap	10	5 - 16		LMC
BUN	13	7 - 18 mg/dL		LMC
Creatinine	1.2	0.6 - 1.3 mg/dL		LMC
Calcium	8.6	8.5 - 10.1 mg/dL		LMC
Bilirubin Total	0.3	0.2 - 1.0 mg/dL		LMC
Total Protein	7.8	6.4 - 8.2 g/dL		LMC
Albumin	3.9	3.4 - 5.0 g/dL		LMC
AST	27	10 - 37 U/L		LMC
ALT	46	14 - 63 U/L		LMC
Alkaline Phos.	74	45 - 117 U/L		LMC
eGFR	>60	>60 mL/min/1.73 sqm		LMC

Comment: (Multiply result X 1.2 if Afr. Am.)

Resulted: 12/05/16 1237, Result status: Final result

Lipase [53196706]

Ordering provider: Brucker, Brenna M., MD 12/05/16 1150 | Resulting lab: LEXINGTON MEDICAL CENTER

Specimen Collection

Type	Source	Collected On
SERUM		12/05/16 1156

Components

	Value	Reference Range	Flag	Lab
Lipase	238	73 - 393 U/L		LMC

Resulted: 12/05/16 1237, Result status: Final result

NT B-type natriuretic peptide [53196709]

Ordering provider: Brucker, Brenna M., MD 12/05/16 1150 | Resulting lab: LEXINGTON MEDICAL CENTER

Specimen Collection

Type	Source	Collected On
SERUM		12/05/16 1156

Components

	Value	Reference Range	Flag	Lab
NTBNP	13.0	<125 pg/mL		LMC

Comment:

Results (continued)

NT B-type natriuretic peptide [53196709] (continued)

Resulted: 12/05/16 1237 Result status: Final result

Varied NT-proBNP reference ranges are published. The following attempts to optimize sensitivity and specificity. Clinical correlation is important.

<125 pg/ml: "Normal" No biochemical evidence of CHF.
>125 to <450 pg/ml: CHF is not excluded, suggest follow-up testing if clinically suspect. especially if age <75 yrs.
>450 to <1000 pg/ml: Borderline range with CHF increasingly likely at higher results. Clinical correlation is important. The borderline range increases with patient age. (especially >75 yrs).
>1,000 pg/ml: Biochemical evidence of CHF with predictive values increasing at higher levels.
>10,000 pg/ml: Severe CHF is likely.

Increasing NT-pro BNP levels reflect worsening CHF.
Decreasing NT-pro BNP levels reflect clinical improvement.

XR Chest 1 View Portable [53196711]

Resulted: 12/05/16 1229, Result status: Final result

Ordering provider: Brucker, Brenna M., MD 12/05/16 1150
Resulted by: Davis, Michael M., MD
Performed: 12/05/16 1218 - 12/05/16 1222
Resulting lab: PACS

Narrative:
CLINICAL DATA: Syncope

COMPARISON: 10/27/2005.

TECHNIQUE: Portable single frontal view of the chest was obtained at 1220 hours.

FINDINGS: The lungs are clear with no focal airspace disease or pleural effusion. There is no pneumothorax. The cardiomediastinal silhouette is unremarkable. The trachea is midline. There are normal hilar contours. Bones are unremarkable.

Impression:
No evidence of acute cardiopulmonary disease.

Specimen Collection

Type	Source	Collected On
		12/05/16 1228

Results (continued)

XR Chest 1 View Portable [53196711] (continued)

Resulted: 12/05/16 1229, Result status: Final result

Troponin [53196707]

Resulted: 12/05/16 1225, Result status: Final result

Ordering provider: Brucker, Brenna M., MD 12/05/16 1150 | Resulting lab: LEXINGTON MEDICAL CENTER

Specimen Collection

Type	Source	Collected On
SERUM		12/05/16 1156

Components

	Value	Reference Range	Flag	Lab
Troponin I	<0.015	<0.045 ng/mL		LMC

D-dimer, quantitative [53196708]

Resulted: 12/05/16 1210, Result status: Final result

Ordering provider: Brucker, Brenna M., MD 12/05/16 1150 | Resulting lab: LEXINGTON MEDICAL CENTER

Specimen Collection

Type	Source	Collected On
PLASMA		12/05/16 1156

Components

	Value	Reference Range	Flag	Lab
D-dimer	188	0 - 300 ng/mL DDU		LMC

Comment:

VTE cut-off is 230 ng/mL DDU

A negative D-Dimer result when combined with a clinical assessment of low pretest probability has a strong negative predictive value for DVT or PE. The upper reference range may be used to evaluate DIC while the VTE cut-off value is used for the evaluation of VTE.

CBC and Differential [53196704] (Abnormal)

Resulted: 12/05/16 1201, Result status: Final result

Ordering provider: Brucker, Brenna M., MD 12/05/16 1150 | Resulting lab: LEXINGTON MEDICAL CENTER

Specimen Collection

Type	Source	Collected On
Blood		12/05/16 1156

Components

	Value	Reference Range	Flag	Lab
WBC	9.3	4.0 - 11.0		LMC
RBC	4.77	4.60 - 6.10		LMC
HGB	15.1	13.5 - 18.0 g/dL		LMC

Lexington Medical Center | LCHSD SERVICE AREA | LUCAS,CARL E
MRN: [redacted]
DOB: [redacted] Sex: M
Adm: 12/5/2016, D/C: 12/6/2016

Results (continued)

Resulted: 12/05/16 1201. Result status: Final result

CBC and Differential [53196704] (Abnormal) (continued)

HCT	44.6	41.0 - 53.0 %		LMC
MCV	93.5	80.0 - 98.0		LMC
MCH	31.7	27.0 - 32.0 pg		LMC
MCHC	33.9	32.0 - 36.0 g/dL		LMC
RDW	12.7	11.5 - 14.5 %		LMC
RDW (SD)	44.3	35.1 - 43.9	H	LMC
PLT	296	130 - 400		LMC
MPV	10.2	7.5 - 10.5		LMC
NRBC,AUTO	<2.0	<2 %		LMC
ABS NRBC,AUTO	NOT APPLICABLE	<1		LMC
% Neutrophils	54	43 - 72 %		LMC
% Lymphocytes	36	17 - 44 %		LMC
% Monocytes	8	0 - 10 %		LMC
% Eosinophils	1	0 - 5 %		LMC
% Basophils	1	0 - 3 %		LMC
% IMMATURE GRANULOCYTES	0	<1 %		LMC
Abs Neutrophils	5.13	1.7 - 8.0		LMC
Abs Lymphocytes	3.32	0.7 - 5.0		LMC
Abs Monocytes	0.70	0.0 - 1.1		LMC
Abs Eosinophils	0.06	0.0 - 0.6		LMC
Abs Basophils	0.07	0.0 - 0.2		LMC
ABS IMMATURE GRANULOCYTES	0.04	<1		LMC

Testing Performed By

Lab - Abbreviation	Name	Director	Address	Valid Date Range
17 - LMC	LEXINGTON MEDICAL CENTER	Spalding, Martin John, MD [7409]	2720 Sunset Blvd West Columbia SC 29169	08/29/14 1256 - Present
19 - Unknown	HEARTLAB	Unknown	Unknown	10/15/12 1117 - Present
20 - Unknown	PACS	Unknown	Unknown	10/25/12 1643 - Present

Patient-Level E-Signatures:

HIPAA Notice of Privacy - Received on 12/5/2016

Acknowledgement of Receipt of Notice of Privacy Practices

Name: Lucas,Carl E

Address: [redacted]

City/State/Zip: [redacted]

Telephone: [redacted]

Account/Chart Number: [redacted]
CSN: [redacted]

I have received a copyof the Notice of Privacy Practices.

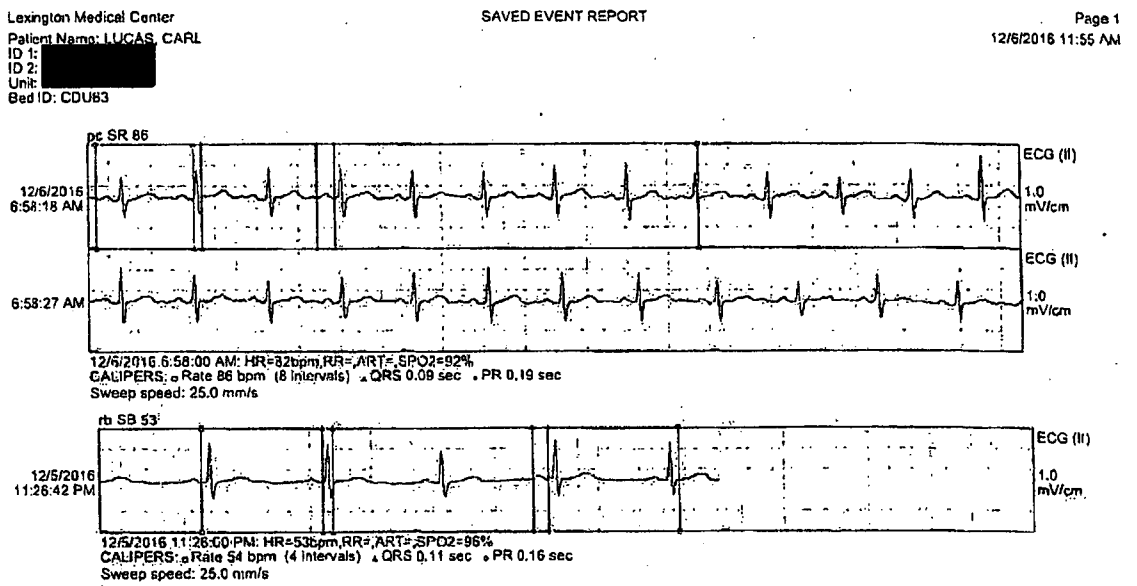
Lexington Medical Center | LCHSD SERVICE AREA | LUCAS,CARL E
MRN: [redacted]
DOB: [redacted] Sex: M
Adm: 12/5/2016, D/C: 12/6/2016

Encounter-Level E-Signatures: (continued)

There are no encounter-level e-signatures.

Encounter-Level Documents - 12/05/2016:

EKG and Vital Sign Slips - Scan on 12/6/2016 1155 (below)



EKG and Vital Sign Slips - Scan on 12/5/2016 2127 (below)

Lexington Medical Center

LCHSD SERVICE AREA

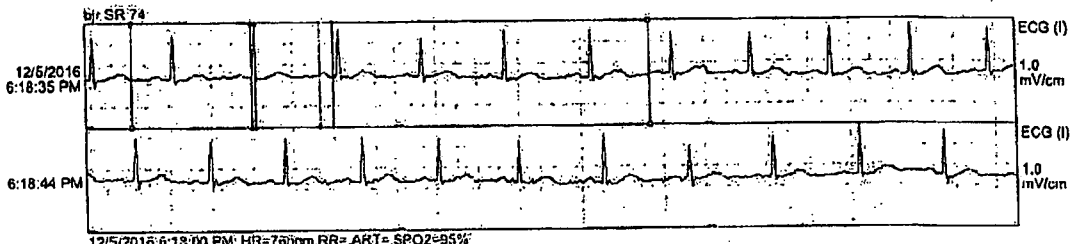
LUCAS,CARL E
MRN: [redacted]
DOB: [redacted] Sex: M
Adm: 12/5/2016, D/C: 12/6/2016

Encounter-Level Documents - 12/05/2016: (continued)

Lexington Medical Center
Patient Name: LUCAS, CARL
ID 1: [redacted]
ID 2:
Unit:
Bed ID: CDU63

SAVED EVENT REPORT

Page 1
12/5/2016 9:27 PM



12/5/2016 6:13:00 PM: HR=74bpm,RR=,ART=,SPO2=95%
CALIPERS: - Rate 74 bpm (5 Intervals) - QRS 0.05 sec - PR 0.14 sec
Sweep speed: 25.0 mm/s

--END OF REPORT--

Spacelabs Healthcare

EKG and Vital Sign Slips - Scan on 12/5/2016 1846 (below)

Lexington Medical Center

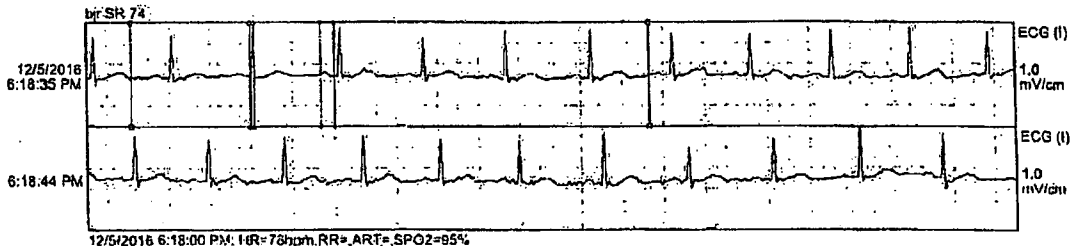
LCHSD SERVICE AREA

LUCAS,CARL E
MRN: [redacted]
DOB: [redacted] Sex: M
Adm: 12/5/2016, D/C: 12/6/2016

Encounter-Level Documents - 12/05/2016: (continued)

Lexington Medical Center — SAVED EVENT REPORT — Page 1

Patient Name: LUCAS, CARL
ID 1: [redacted]
ID 2:
Unit:
Bed ID CDU03



12/5/2016 6:18:00 PM: HR=78bpm,RR=,ART=,SPO2=95%
CALIPERS: Rate 74 bpm (5 intervals) QRS 0.05 sec PR 0.14 sec
Sweep speed: 25.0 mm/s

--END OF REPORT--

Spacelabs Healthcare

EKG and Vital Sign Slips - Scan on 12/6/2016 0730 : Perceptive Content Scan (below)

Lexington Medical Center

LCHSD SERVICE AREA

LUCAS,CARL E
MRN: [redacted]
DOB: [redacted] Sex: M
Adm: 12/5/2016, D/C: 12/6/2016

Encounter-Level Documents - 12/05/2016: (continued)

161205104044bf03 12/5/2016 10:52:16 AM
46 yrs Male

Eddie Lucas [redacted]

LEXINGTON COUNTY EMS
Department:
Room:
Operator:

Rate	73
PR	177
QRSd	93
QT	384
QTc	421
Axes	
P	49
QRS	-10
T	19

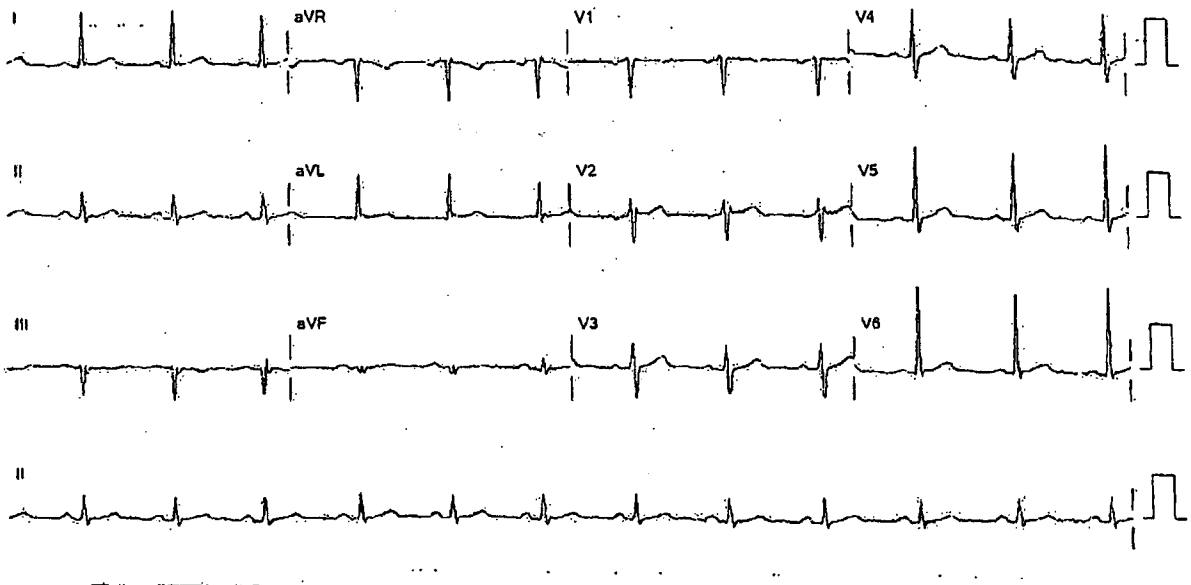
Sinus rhythm
- Probable left atrial enlargement

Normal P axis, V-rate 50- 99
P >.08mS, <-0.10mV V1

Reviewed By: MD
Time:
ED Interpretation:

- BORDERLINE ECG - Unconfirmed diagnosis

Incident ID: 161205104044bf03
Reference ID: 788



788-788 25 mm/sec Limb: 10 mm/mV Chest: 10 mm/mV [60* 0.05 - 40 Hz] PH1008 P?
161205104044bf03 12/5/2016 10:52:16 AM
LEXINGTON COUNTY EMS

Lexington Medical Center | LCHSD SERVICE AREA | LUCAS,CARL E
MRN: [redacted]
DOB: [redacted] Sex: M
Adm: 12/15/2016, D/C: 12/15/2016

Patient Demographics

Address	Phone	E-mail Address
[redacted]	[redacted] (Home) (Mobile)	[redacted]

Admission Information - Patient Record Only

Arrival Date/Time:		Admit Date/Time:	12/15/2016 0928	IP Adm. Date/Time:	
Admission Type:	Elective	Point of Origin:	Physician Or Clinic Referral	Admit Category:	
Means of Arrival:		Primary Service:	Surgery	Secondary Service:	N/A
Transfer Source:		Service Area:	Lchsd Service Area	Unit:	Lmc Cardiac Cath
Admit Provider:	Roberts, Michael C, MD	Attending Provider:	Roberts, Michael C, MD	Referring Provider:	

Discharge Information - Patient Record Only

Discharge Date/Time	Discharge Disposition	Discharge Destination	Discharge Provider	Unit
12/15/2016 1919	Home Or Self Care	None	None	Lmc Cardiac Cath

Final Diagnoses (ICD-10-CM)

Code	Description	POA	CC	HAC	Affects DRG
R94.39 [Principal]	Abnormal result of other cardiovascular function study				
Z01.810	Encounter for preprocedural cardiovascular examination				
Z01.812	Encounter for preprocedural laboratory examination				
I10	Essential (primary) hypertension				
M19.90	Unspecified osteoarthritis, unspecified site				
G47.00	Insomnia, unspecified				
E11.9	Type 2 diabetes mellitus without complications				
F32.9	Major depressive disorder, single episode, unspecified				
K21.9	Gastro-esophageal reflux disease without esophagitis				
G47.33	Obstructive sleep apnea (adult) (pediatric)				
E78.00	Pure hypercholesterolemia, unspecified				
F41.9	Anxiety disorder, unspecified				

ED Notes

No notes of this type exist for this encounter.

Discharge Summaries

No notes of this type exist for this encounter.

History & Physicals

Interval H&P Note by Roberts, Michael C, MD on 12/15/16 0800

Author: Roberts, Michael C, MD	Service: Cardiology	Author Type: Physician
Filed: 12/15/16 0800	Date of Service: 12/15/16 0759	Related: Original note: H&P (View-Only) by Jacocks, Mitchell W. filed at 12/09/16 1548
Status: Signed	Editor: Roberts, Michael C, MD (Physician)	

There are no changes noted from the previous history and physical.

History & Physicals (continued)

Interval H&P Note by Roberts, Michael C. MD on 12/15/16 0800 (continued)

Electronically signed by Roberts, Michael C. MD on 12/15/16 0800

H&P (View-Only) by Jacocks, Mitchell W. on 12/09/16 1548

Author: Jacocks, Mitchell W. | Service: Cardiology | Author Type: Physician
Filed: 12/09/16 1548 | Date of Service: 12/09/16 1540 | Status: Signed
Editor: Jacocks, Mitchell W. (Physician)

Vitals
Vital Signs [Data Includes: Current Encounter]
Recorded: 09Dec2016 03:10PM
Heart Rate: 80
Height: 5 ft 10 in
Blood Pressure: 142 / 110
Weight: 218 lb
BMI Calculated: 31.28
BSA Calculated: 2.17

Reason For Visit
Reason for Visit: CE: CP / ABN STRESS ECG

"I feel a throbbing in the back of my head".

Current Meds
1. Gabapentin 400 MG Oral Capsule; TAKE 1 CAPSULE TWICE DAILY;
Therapy: 08Jul2015 to (Evaluate:28Jul2016) Requested for: 28Jun2016; Last Rx:28Jun2016 Ordered
2. Amlodipine Besy-Benazepril HCl - 5-20 MG Oral Capsule; TAKE 1 CAPSULE DAILY;
Therapy: 23Sep2012 to (Evaluate:21May2017) Requested for: 22Nov2016; Last Rx:22Nov2016 Ordered
3. ALPRAZolam 1 MG Oral Tablet; TAKE 1 TABLET Daily At Bedtime;
Therapy: 28Jun2016 to (Evaluate:25Dec2016); Last Rx:28Jun2016 Ordered
4. FLUoxetine HCl - 60 MG Oral Tablet; one q. day;
Therapy: 28Jun2016 to (Evaluate:02May2017) Requested for: 03Nov2016; Last Rx:03Nov2016 Ordered
5. Zolpidem Tartrate 10 MG Oral Tablet; TAKE 1 TABLET AT BEDTIME;
Therapy: 23May2016 to (Evaluate:19Nov2016); Last Rx:23May2016 Ordered
6. FLUoxetine HCl - 40 MG Oral Capsule; TAKE 1 TABLET A DAY;
Therapy: 22Sep2016 to (Last Rx:22Sep2016) Requested for: 22Sep2016 Ordered
7. Disabled Parking Placard/License Plate; Due to medical conditions, patient needs handicap placard;
Therapy: 23May2016 to (Last Rx:23May2016) Ordered
8. TiZANidine HCl - 4 MG Oral Tablet;
Therapy: 27May2015 to Recorded
9. Invokamet 150-1000 MG Oral Tablet; Take one tablet twice a day;
Therapy: 08Jul2015 to (Last Rx:05Aug2015) Requested for: 10Aug2015 Ordered
10. Misc Med/ Pharmacy Order; glucometer test strips
test bid;
Therapy: 19May2015 to (Evaluate:15Nov2015); Last Rx:19May2015 Ordered

Allergies
1. Penicillins

History & Physicals (continued)

H&P (View-Only) by Jacocks, Mitchell W. on 12/09/16 1548 (continued)
Recorded By: Amick, Joann H; 11/13/2012 3:56:22 PM

History of Present Illness
History of Present Illness: 49-year-old man with hypertension, diabetes mellitus without hyperlipidemia or known vascular disease here for evaluation of multiple potential cardiac issues. He was admitted to LMC with syncope. On the day of presentation,
he was seated and felt dizzy and that had loss of consciousness per his family. He does not have any recollection of the event. He was taken to the ED and found have very low blood pressure less than 80 presentation. He responded to fluid resuscitation.
He was admitted to the CDU overnight and released the next day. Since hospital discharge he has not had any recurrent syncope, near syncope but has noted a sense of palpitations. He was wearing a Holter monitor at that time and this will be reviewed. His
wife tells me that his blood pressure has been somewhat labile since that time. He notes a sense of shortness of breath associated with elevated blood pressure and headache. He has had intermittent sharp chest discomfort associated with elevations of
blood pressure, the discomfort is located substernal, duration of several minutes without associated nausea, vomiting, dyspnea, diaphoresis, radiation, positional or pleuritic component. He has not had significant exertional shortness of breath, edema,
orthopnea or PND. No slurred speech or focal weakness. No claudication.

Review of Systems
Complete-Male:
Constitutional: no fever, no chills, no malaise and no fatigue.
Head and Face: no facial pain and no facial pressure.
Eyes: no eye pain, eyes not red, no watery discharge from the eyes and no purulent discharge from the eyes.
ENT: no sore throat, no scratchy throat and no hoarseness.
Cardiovascular: as noted in HPI.
Respiratory: as noted in HPI.
Gastrointestinal: no bright red blood per rectum and no melena. no hematochezia no urinary urgency
Genitourinary: no dysuria and no urinary frequency.
Musculoskeletal: no diffuse joint pain, no generalized muscle aches and no back pain.
Integumentary and Breasts: no rashes, no skin lesions and no skin wound.
Neurological: headache, but no leg numbness and no leg weakness.
Psychiatric: anxiety and depression.
Endocrine: no generalized weakness.
Hematologic and Lymphatic: no tendency for easy bleeding and no tendency for easy bruising.

Active Problems
1. Abnormal stress ECG with treadmill (794.39) (R94.39)
2. Arthritis (716.90) (M19.90)
3. Chest pain (786.50) (R07.9)
4. Depression (311) (F32.9)
5. Esophageal reflux (530.81) (K21.9)
6. Hospital discharge follow-up (V67.59) (Z09)
7. Hypercholesterolemia (272.0) (E78.00)
8. Hypogonadism, testicular (257.2) (E29.1)
9. Idiopathic hypertension (401.9) (I10)
10. Insomnia (780.52) (G47.00)
11. Low back pain (724.2) (M54.5)
12. Obstructive apnea (327.23) (G47.33)
13. Sleep apnea (780.57) (G47.30)
14. Syncope (780.2) (R55)
15. Type 2 diabetes mellitus (250.00) (E11.9)

History & Physicals (continued)

H&P (View-Only) by Jacocks, Mitchell W. on 12/09/16 1548 (continued)

Past Medical History
1. History of Annular tear of disc (722.90) (M51.9)
2. History of Chest wall muscle strain (848.8) (S29.011A)
3. History of pharyngitis (V12.69) (Z87.09)
4. History of upper respiratory infection (V12.09) (Z87.09)
5. History of Sprain of ribs (848.3) (S23.41XA)
6. History of Umbilical hernia (553.1) (K42.9)
7. History of Weight gain (783.1) (R63.5)

Surgical History
1. History of Hernia Repair
2. History of Laparoscopy Repair Of Epigastric Hernia Incarcerated
3. History of Tonsillectomy

Family History
1. Family history of Stomach cancer
2. Family history of Diabetes mellitus
3. Family History of heart disease (V17.49) (Z82.49)
4. Family history of Allergies
5. Family history of Asthma (V17.5)
6. Family history of Cancer
7. Family history of Hypertension (V17.49)

Social History

Never a smoker

No alcohol use

Non smoker (V49.89) (Z78.9)

Results/Data
EKG Report:
EKG:
Rhythm and rate: normal sinus rhythm. ventricular rate is 87 beats per minute.
P-waves: the P wave is normal. PR interval is normal.
QRS: the QRS is normal and Late transition the QRS axis is normal
ST segment: the ST segments are normal.
Comparison to prior ECGs: no interval change.
Free Text Results: Carotid ultrasound 12/6/16: No evidence of hemodynamic significant stenosis in either carotid system with antegrade bilateral vertebral flow

Echocardiogram 12/6/16: Mild concentric LVH, LVEF 55-60%, mild LAE, normal RIGHT heart size and function, no significant valvular abnormalities, no pulmonary hypertension, trivial pericardial effusion.

Physical Exam
Constitutional: alert, in no acute distress, well nourished, well developed, healthy appearing and normal voice and communication.
Eyes: the sclera and conjunctiva were normal, pupils were equal in size, round, reactive to light, with normal accommodation and extraocular movements were intact.
ENT: the teeth, gums, and palate were normal. The oropharynx was normal with no cyanosis or pallor.
Neck: the neck was supple and the appearance of the neck was normal. There was no jugular-venous distention.

History & Physicals (continued)

H&P (View-Only) by Jacocks, Mitchell W. on 12/09/16 1548 (continued)

Respiratory rate: the respiratory rate was normal.
Respiratory Effort: normal respiratory rhythm and effort and no accessory muscle use.
Observation: no dry cough.
Auscultation: normal bilateral breath sounds the lungs were clear to auscultation bilaterally. Percussion:. the lungs were normal to percussion. Palpation: palpation of the chest was normal.
Cardiac: The PMI was palpated in the anterior axillary line. The apical impulse was normal. no precordial heave was noted and no thrill palpable at the apex. The heart rate was normal. The rhythm was regular. Heart sounds: normal S1, normal S2, no S3, no
S4, no click, the heart sounds were not distant. No pericardial rub.
Murmurs: no murmurs heard.
Lower Extremities: no pitting edema present, no varicose veins of the right leg and no varicose veins of the left leg.

Vascular: carotid pulses were normal with no bruits and the pedal pulses were full . there was no peripheral edema.
Abdomen: normal bowel sounds, soft, non-tender, no hepato-splenomegaly and no abdominal mass palpated.
Musculoskeletal: normal gait, normal movements of all extremities, muscle strength and tone were normal, no involuntary movements were seen, there was no joint instability noted, no joint swelling seen and no clubbing or cyanosis of the fingernails.
Skin: normal skin color and pigmentation, normal skin turgor, no rash and no skin lesions.
Neurological:. the patient was oriented to person, place, and time. mood and affect were appropriate.
Extremities: no clubbing of the fingernails, no localized cyanosis, no petechial hemorrhages, no splinter hemorrhages of the nails, no ischemic changes and Osler's nodes were not seenon the fingers.

Assessment
1. Abnormal stress ECG with treadmill (794.39) (R94.39)
2. Chest pain (786.50) (R07.9)
3. Hypercholesterolemia (272.0) (E78.00)
4. Idiopathic hypertension (401.9) (I10)
5. Syncope (780.2) (R55)

Plan
1. Heart Catheterization; Hearrt Cath Type:Left; Facility:LMC; Status:Hold For - Scheduling; Requested for:09Dec2016;
2. Start: Carvedilol 6.25 MG Oral Tablet (Coreg); Carvedilol 6.25MG, 1 Tablet two times daily ,12/27/2012

Discussion/Summary
He is here today for evaluation of multiple issues. Regarding the syncopal episode, the etiology for this is undefined. A Holter monitor has not been available for review but I do not think that he has any significant cardiac arrhythmia. I suspect the
etiology was vagal and related to issues with high blood pressure. He understands not to drive until this issue has been further addressed. He has multiple cardiac risk factors, concerning symptoms and an abnormal stress test; I've recommended cardiac
catheterization and we discussed the risks and benefits of this procedure. He understands and agrees to proceed. He understands not to take any metformin containing medication on the day of or after catheterization. Regarding his blood pressure,
carvedilol be added to his regimen particularly in light of his chest symptoms. He has a history of dyslipidemia was significantly elevated triglycerides but is not on statin. This will be addressed after the other issues have been further defined. Plan
RTC after the above. Thank you very much for the opportunity to meet this kind gentleman and his family and I will look forward to continuing to participate in his care.

Carbon Copy Recipients

History & Physicals (continued)

H&P (View-Only) by Jacocks, Mitchell W. on 12/09/16 1548 (continued)

Signatures
Electronically signed by : Mitchell Jacocks, M.D.; Dec 9 2016 3:48PM EST

Electronically signed by Jacocks, Mitchell W. on 12/09/16 1540

Encounter-Level H&P Scans - 12/15/2016:

History and Physical - Scan on 12/17/2016 0737 (below)

LEXINGTON MEDICAL CENTER

2720 Sunset Boulevard West Columbia South Carolina 29169

History and Physical Update Form

The history and physical was reviewed and the patient was examined

☑ There are no significant changes in the patient's condition since the time of the attached history and physical

*If there are significant changes in patient condition, a new history and physical **MUST** be created in the EMR

Physician Signature

12/15/16
Date/Time

LUCAS,CARL E
DOB [redacted] M
[redacted] 12/15/2016
CSN 100011210940

6212 011 1 Rev 9/2013

Lexington Cardiology
A Lexington Medical Center Physician Practice

Lexington Cardiology
2601 Laurel Street
Columbia,SC 29204
(803) 744-4900

Patient. CARL LUCAS
[redacted]

DOS 12/09/2016
DOB [redacted]
Gender M
MR# [redacted]
Provider Mitchell W Jacocks M D

Reason For Visit
CE CP / ABN STRESS ECG

"I feel a throbbing in the back of my head

History of Present Illness
49 year old man with hypertension diabetes mellitus without hyperlipidemia or known vascular disease here for evaluation of multiple potential cardiac issues. He was admitted to LMC with syncope. On the day of presentation he was dressed and felt dizzy and then had loss of consciousness per his family. He does not have any recollection of the event. He was taken to the ED and found have very low blood pressure less than 60 presentation. He responded to fluid resuscitation. He was admitted to the CDU overnight and released the next day. Since hospital discharge he has not had any recurrent syncope near syncope but has noted a sense of palpitations. He was wearing a Holter monitor at that time and this will be reviewed. He who tells me that his blood pressure has been somewhat labile since that time. He notes a sense of shortness of breath associated with elevated blood pressure and headache. He has had intermittent chest discomfort associated with elevations of blood pressure, the discomfort is located substernal duration of several minutes without associated nausea, vomiting, dyspnea, diaphoresis, radiation, positional or pleuritic component. He has not had significant exertional shortness of breath edema, orthopnea or PND. No slurred speech or focal weakness. No claudication

Review of Systems

Constitutional: no fever, no chills, no malaise and no fatigue
Head and Face: no facial pain and no facial pressure
Eyes: no eye pain, eyes not red, no watery discharge from the eyes and no purulent discharge from the eyes
ENT: no sore throat, no scratchy throat and no hoarseness
Cardiovascular: as noted in HPI
Respiratory: as noted in HPI
Gastrointestinal: no bright red blood per rectum and no melena, no hematochezia, no urinary urgency
Genitourinary: no dysuria and no urinary frequency.
Musculoskeletal: no diffuse joint pain, no generalized muscle aches and no back pain
Integumentary and Breasts: no rashes, no skin lesions and no skin wound
Neurological: headache, but no leg numbness and no leg weakness
Psychiatric: anxiety and depression
Endocrine: no generalized weakness
Hematologic and Lymphatic: no tendency for easy bleeding and no tendency for easy bruising

Active Problems
- Abnormal stress ECG with treadmill (794 39) (R94 39)
- Arrhythmia (716 90) (M19 90)
- Chest pain (786 50) (R07 9)
- Depression (311) (F32 9)
- Esophageal reflux (530 81) (K21 9)

[redacted]
LUCAS,CARL E
DOB [redacted] M
12/15/2016
CSN
1CD011210640

Date of Service 12/09/2016
Patient Name CARL E LUCAS
Patient DOB [redacted]
MR# [redacted]
Gender M
Provider Mitchell W Jacocks M D

- Hospital discharge follow up (V67 59) (Z09)
- Hypercholesterolemia (272 0) (E78 00)
- Hypogonadism testicular (257 2) (E29 1)
- Idiopathic hypertension (401 9) (I10)
- Insomnia (780 52) (G47 00)
- Low back pain (724 2) (M54 5)
- Obstructive apnea (327 23) (G47 33)
- Sleep apnea (780 57) (G47 30)
- Syncope (780 2) (R55)
- Type 2 diabetes mellitus (250 00) (E11 9)

Past Medical History
- History of Annular tear of disc (722 90) (M51 9)
- History of Chest wall muscle strain (848 8) (S29 011A)
- History of pharyngitis (V12 69) (Z87 09)
- History of upper respiratory infection (V12 09) (Z87 09)
- History of Sprain of ribs (848 3) (S23 41XA)
- History of Umbilical hernia (553 1) (K42 9)
  - status post laparoscopic repair with Gore Tex mesh on 03/29/2013
- History of Weight gain (783 1) (R63 5)

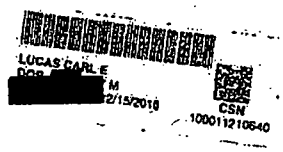
Surgical History
- History of Hernia Repair
- History of Laparoscopy Repair Of Epigastric Hernia Incarcerated
- History of Tonsillectomy

Family History

Mother
- Family history of Stomach cancer

Father
- Family history of Diabetes mellitus
- Family history of heart disease (V17 49) (Z82 49)

Family History
- Family history of Allergies
- Family history of Asthma (V17 5)
- Family history of Cancer
- Family history of Hypertension (V17 49)



Social History
- Never a smoker
- No alcohol use
- Non smoker (V49 89) (Z78 9)

Current Meds

Arthritis
- Gabapentin 400 MG Oral Capsule TAKE 1 CAPSULE TWICE DAILY; Therapy: 08Jul2015 to (Evaluate 28Jul2016) Requested for 28Jun2016 Last Rx:28Jun2016 Ordered

Date of Service 12/09/2016
Patient Name CARL E LUCAS
Patient DOB [redacted]
MR# [redacted]
Gender M
Provider Mitchell W Jacocks M D

Idiopathic hypertension
- Amlodipine Besy Benazepril HCl 5 20 MG Oral Capsule TAKE 1 CAPSULE DAILY
  Therapy 23Sep2012 to (Evaluate 21May2017) Requested for 22Nov2016, Last Rx 22Nov2016 Ordered

Insomnia
- ALPRAZolam 1 MG Oral Tablet, TAKE 1 TABLET Daily At Bedtime,
  Therapy 28Jun2016 to (Evaluate 25Dec2016), Last Rx 28Jun2016 Ordered
- FLUoxetine HCl - 60 MG Oral Tablet one q day,
  Therapy 28Jun2016 to (Evaluate 02May2017) Requested for 03Nov2016, Last Rx 03Nov2016 Ordered
- Zolpidem Tartrate 10 MG Oral Tablet, TAKE 1 TABLET AT BEDTIME,
  Therapy 23May2016 to (Evaluate 19Nov2016), Last Rx 23May2016 Ordered

Low back pain
- FLUoxetine HCl 40 MG Oral Capsule TAKE 1 TABLET A DAY,
  Therapy 22Sep2016 to (Last Rx 22Sep2016) Requested for 22Sep2016 Ordered

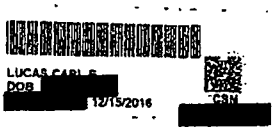
Low back pain, PMH Muscle spasm
- Disabled Parking Placard/License Plate Due to medical conditions patient needs handicap placard,
  Therapy 23May2016 to (Last Rx 23May2016) Ordered

PMH Muscle spasm
- TiZANidine HCl 4 MG Oral Tablet,
  Therapy 27May2015 to Recorded

Type 2 diabetes mellitus
- Invokamet 150-1000 MG Oral Tablet Take one tablet twice a day,
  Therapy 08Jul2015 to (Last Rx 05Aug2015) Requested for 10Aug2015 Ordered
- Misc Med/ Pharmacy Order glucometer test strips
  test bid,
  Therapy 19May2015 to (Evaluate 15Nov2015), Last Rx 19May2015 Ordered

Allergies
1 Penicillins
Recorded By Amick Joann H 11/13/2012 3 56 22 PM

Vitals
Vital Signs [Data Includes Current Encounter]
Heart Rate 80
Height 5 ft 10 in
Blood Pressure 142 / 110
Weight 216 lb
BMI Calculated 31 28
BSA Calculated 2 17



Results/Data

EKG
Rhythm and rate normal sinus rhythm ventricular rate is 87 beats per minute
P waves the P wave is normal PR interval is normal
QRS the QRS is normal and Late transition the QRS axis is normal
ST segment the ST segments are normal
Comparison to prior ECGs no interval change
Carotid ultrasound 12/5/16 No evidence of hemodynamic significant stenosis in either carotid system with antegrade bilateral vertebral flow

Encounter-Level H&P Scans - 12/15/2016: (continued)

Date of Service 12/09/2016
Patient Name CARL E LUCAS
Patient DOB [redacted]
MR# [redacted]
Gender M
Provider Mitchell W Jacocks M D

Echocardiogram 12/6/16 Mild concentric LVH LVEF 55-60% mild LAE normal RIGHT heart size and function no significant valvular abnormalities, no pulmonary hypertension, trivial pericardial effusion

Physical Exam
Constitutional alert, in no acute distress, well nourished well developed, healthy appearing and normal voice and communication
Eyes the sclera and conjunctiva were normal pupils were equal in size, round, reactive to light, with normal accommodation and extraocular movements were intact
ENT the teeth, gums, and palate were normal The oropharynx was normal with no cyanosis or pallor
Neck the neck was supple and the appearance of the neck was normal There was no jugular venous distention
Respiratory rate the respiratory rate was normal
Respiratory Effort normal respiratory rhythm and effort and no accessory muscle use
Observation no dry cough
Auscultation normal bilateral breath sounds the lungs were clear to auscultation bilaterally **Percussion** the lungs were normal to percussion **Palpation** palpation of the chest was normal
Cardiac The PMI was palpated in the anterior axillary line The apical impulse was normal no precordial heave was noted and no thrill palpable at the apex The heart rate was normal The rhythm was regular Heart sounds: normal S1, normal S2, no S3 no S4, no click, the heart sounds were not distant No pericardial rub
Murmurs no murmurs heard
Lower Extremities no pitting edema present, no varicose veins of the right leg and no varicose veins of the left leg

Vascular- carotid pulses were normal with no bruits and the pedal pulses were full there was no peripheral edema
Abdomen normal bowel sounds, soft, non tender no hepato-splenomegaly and no abdominal mass palpated
Musculoskeletal normal gait, normal movements of all extremities, muscle strength and tone were normal no involuntary movements were seen, there was no joint instability noted, no joint swelling seen and no clubbing or cyanosis of the fingernails
Skin normal skin color and pigmentation, normal skin turgor, no rash and no skin lesions
Neurological the patient was oriented to person, place, and time mood and affect were appropriate
Extremities no clubbing of the fingernails no localized cyanosis no petechial hemorrhages no splinter hemorrhages of the nails no ischemic changes and Osler's nodes were not seen on the fingers

Assessment
Abnormal stress ECG with treadmill (794 39) (R94 39)
Chest pain (786 50) (R07 9)
Hypercholesterolemia (E72 0) (E78 00)
Idiopathic hypertension (401 9) (I10)
Syncope (780 2) (R55)

[redacted]
LUCAS CARL E
DOB [redacted] M
[redacted] 2/15/2016
CSN 100011210040

Plan
Abnormal stress ECG with treadmill
- Heart Catheterization Heart Cath Type Left Freshly LMC, Status Hold For Scheduling
Requested for 09Dec2016,
Perform InOffice Lexington Cardiology, Due 09Jan2017 Ordered, For Abnormal stress ECG with treadmill, Ordered By Jacocks Mitchell W

Idiopathic hypertension
- Start Carvedilol 6 25 MG Oral Tablet (Coreg) Carvedilol 6 25MG, 1 Tablet two times daily 12/27/2012
Rx By Jacocks, Mitchell W Dispense 90 Days # 180 Tablet, Refill 3 For Idiopathic hypertension DAW = N Verified Transmission to WALGREENS DRUG STORE 11362 Last Updated By System, SureScripts 12/9/2016 3 41 14 PM

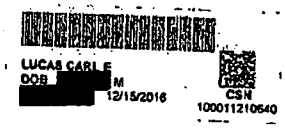
Encounter-Level H&P Scans - 12/15/2016: (continued)

Date of Service 12/09/2016
Patient Name CARL E LUCAS
Patient DOB [redacted]
MR# [redacted]
Gender M
Provider Mitchell W Jacocks M D

Discussion/Summary
He is here today for evaluation of multiple issues. Regarding the syncopal episode the etiology for this is undefined. A Holter monitor has not been available for review but I do not think that he has any significant cardiac arrhythmia. I suspect the etiology was vagal and related to issues with high blood pressure. He understands not to drive until this issue has been further addressed. He has multiple cardiac risk factors, concerning symptoms and an abnormal stress test, I've recommended cardiac catheterization and we discussed the risks and benefits of this procedure. He understands and agrees to proceed. He understands not to take any metformin containing medication on the day of or after catheterization. Regarding his blood pressure, carvedilol be added to his regimen particularly in light of his chest symptoms. He has a history of dyslipidemia was significantly elevated triglycerides but is not on statin. This will be addressed after the other issues have been further defined. Plan RTC after the above. Thank you very much for the opportunity to meet this kind gentleman and his family and I will look forward to continuing to participate in his care.

Carbon Copy Recipients
1 Hams Michael P M D Default PCP

Signatures
Electronically signed by Mitchell Jacocks M D Dec 9 2016 3 48PM EST



Operative Notes

No notes of this type exist for this encounter.

Lexington Medical Center | LCHSD SERVICE AREA | LUCAS,CARL E
MRN: [redacted]
DOB: [redacted] Sex: M
Adm: 12/15/2016, D/C: 12/15/2016

Procedure Notes

Cath Lab Report by Roberts, Michael C, MD on 12/16/16 1637

Author: Roberts, Michael C, MD | Service: Cardiology | Author Type: Physician
Filed: 12/16/16 1637 | Date of Service: 12/15/16 1405 | Status: Signed
Editor: Roberts, Michael C, MD (Physician)
Related Notes: Original Note by Roberts, Michael C, MD (Physician) filed at 12/15/16 1408

LMC CARDIOLOGY CATH LAB PROCEDURE NOTE

Procedure Start: 1345

PROCEDURE: Left heart catheterization
PRE-PROCEDURE DX: Abnormal Stress Test
POST-PROCEDURE DX: Abnormal stress test

PRIMARY PHYSICIAN: Roberts, Michael C, MD

ADDITIONAL PHYSICIANS: None

ANESTHESIA TYPE: Moderate Sedation

EBL: None or negligible

LINES: None

DRAINS: None

SPECIMENS: None

IMPLANTS: None

COMPLICATIONS: None

BRIEF FINDINGS:
Normal Cath

FINDINGS/DESCRIPTON OF PROCEDURE (DICTATED):

DICTATION #: 111253326PROCEDURE(S) PERFORMED:
1.Left heart catheterization.
2.Left ventriculogram.
3.Selective right and left coronary arteriography.

CATHETERS USED:
1.5 French pig.
2.5 French JL-4.
3.5 French JR-4.

OPERATOR: Michael C. Roberts, MD.

DESCRIPTION OF THE PROCEDURE: The procedure was performed in routine fashion from the right

Procedure Notes (continued)

Cath Lab Report by Roberts, Michael C, MD on 12/16/16 1627 (continued)

groin under local anesthesia with 1% Xylocaine. The catheters were inserted via Seldinger technique. Selective right and left coronary angiography was performed and described in detail below. A left ventriculogram was performed from the 30-degree, RAO projection using 10 cc of nonionic contrast dye. LV to AO pullback was obtained and all hemodynamics measured. Post-procedure, hemostasis was obtained with a #5 French Mynx vascular closure device. The patient left the Cath Lab in stable condition.

HEMODYNAMICS: Left ventricular end-diastolic pressure was 15 with a pre-A wave of 11. There was no LV to AO gradient.

ANGIOGRAPHY:

LEFT VENTRICULOGRAM: There was overall normal LV systolic function. There were no segmental wall motion abnormalities, and the ejection fraction was greater than 60%.

CORONARY ARTERIOGRAPHY:
1.RIGHT CORONARY ARTERY: This vessel is angiographically normal.
2.LEFT MAIN CORONARY ARTERY: This vessel is normal.
3.LAD: This vessel is angiographically normal.
4.LEFT CIRCUMFLEX: This vessel is angiographically normal.

IMPRESSION:
1.Normal left ventricular function.
2.Normal coronary arteries.

Roberts, Michael C, MD

Electronically signed by Roberts, Michael C, MD on 12/16/16 1637

Procedures by Roberts, Michael C, MD on 12/15/16 0800

Author: Roberts, Michael C, MD | Service: Cardiology | Author Type: Physician
Filed: 12/15/16 0800 | Date of Service: 12/15/16 0800 | Status: Signed
Editor: Roberts, Michael C, MD (Physician)

Procedure Orders:
1. Conscious Sedation [77489383] ordered by Roberts, Michael C, MD at 12/15/16 0800

Carl E Lucas is a 49 y.o. male patient.
No diagnosis found.

Past Medical History

Diagnosis	Date
• Decreased sensation *hands, legs*	
• Diabetes mellitus	2 weeks ago
• Flu	
• GERD (gastroesophageal reflux disease)	
• Hypertension	

Procedure Notes (continued)

Procedures by Roberts, Michael C, MD on 12/15/16 0800 (continued)

Kidney stone
passed
- Sleep apnea

There were no vitals taken for this visit.

Conscious Sedation
Date/Time: **12/15/2016 8:00 AM**
Performed by: **ROBERTS, MICHAEL C**
Authorized by: **ROBERTS, MICHAEL C**
Risks and benefits: risks, benefits and alternatives were discussed

I have discussed with the patient his/her diagnosis, the nature of the treatment/procedure, the major risk, the benefits, the potential complications, the probability of success, the prognosis if the treatment/procedure is not carried out, any alternatives, and the potential problems related to recuperation. I have answered the patient's questions and obtained permission to proceed; patient states understanding of the procedure being performed

Sedation Flow sheet: Sedation/Anesthesia Plan: moderate (conscious) sedation

Sedation/Anesthesia History:no complications
Airway Evaluation: No obvious airway abnormality
Sedatives: versed and fentanyl
ASA Class: class III - patient with severe systemic disease
Candidate assessment to undergo planned procedure: no known risk factors

Roberts, Michael C

Electronically signed by Roberts, Michael C, MD on 12/15/16 0800

Anesthesia Post-Op Notes
No notes of this type exist for this encounter.

Delivery Notes
No notes of this type exist for this encounter.

Consult Notes
No notes of this type exist for this encounter.

Results

Resulted: 12/15/16 1729, Result status: Final result

Glucose Bedside Adult Result [78007379] (Abnormal)
Ordering provider: Roberts, Michael C, MD 12/15/16 1714 Resulting lab: LEXINGTON MEDICAL CENTER

Lexington Medical Center | LCHSD SERVICE AREA | LUCAS,CARL E
MRN: [redacted]
DOB: [redacted] Sex: M
Adm: 12/15/2016; D/C: 12/15/2016

Results (continued)

Glucose Bedside Adult Result [78007379] (Abnormal) (continued)
Resulted: 12/15/16 1729, Result status: Final result

Specimen Collection

Type	Source	Collected On
WHOLE BLOOD		12/15/16 1714

Components

	Value	Reference Range	Flag	Lab
Glucose, Bedside	192	70 - 99 mg/dL	H	LMC

Basic Metabolic Panel [77489386] (Abnormal)
Resulted: 12/15/16 1020, Result status: Final result

Ordering provider: Jacocks, Mitchell W. 12/15/16 0936 Resulting lab: LEXINGTON MEDICAL CENTER

Specimen Collection

Type	Source	Collected On
SERUM		12/15/16 0948

Components

	Value	Reference Range	Flag	Lab
Glucose	182	70 - 99 mg/dL	H	LMC
Sodium	137	136 - 145		LMC
Potassium	4.2	3.5 - 5.1		LMC
Chloride	102	98 - 107		LMC
CO2	27	21 - 32		LMC
Anion Gap	8	5 - 16		LMC
BUN	11	7 - 18 mg/dL		LMC
Creatinine	0.9	0.6 - 1.3 mg/dL		LMC
Calcium	8.6	8.5 - 10.1 mg/dL		LMC
eGFR	>60	>60 mL/min/1.73 sqm		LMC

Comment: (Multiply result X 1.2 if Afr. Am.)

CBC [77987583]
Resulted: 12/15/16 1008, Result status: Final result

Ordering provider: Jacocks, Mitchell W. 12/15/16 0936 Resulting lab: LEXINGTON MEDICAL CENTER

Specimen Collection

Type	Source	Collected On
Blood		12/15/16 0948

Components

	Value	Reference Range	Flag	Lab
WBC	8.2	4.0 - 11.0		LMC
RBC	5.06	4.60 - 6.10		LMC
HGB	15.9	13.5 - 18.0 g/dL		LMC
HCT	45.3	41.0 - 53.0 %		LMC
MCV	89.5	80.0 - 98.0		LMC
MCH	31.4	27.0 - 32.0 pg		LMC
MCHC	35.1	32.0 - 36.0 g/dL		LMC
RDW	12.4	11.5 - 14.5 %		LMC
RDW (SD)	40.9	35.1 - 43.9		LMC

Lexington Medical Center | LCHSD SERVICE AREA | LUCAS,CARL E
MRN: [redacted]
DOB: [redacted] Sex: M
Adm: 12/15/2016, D/C: 12/15/2016

Results (continued)

Resulted: 12/15/16 1008. Result status: Final result

CBC [77987563] (continued)

PLT	312	130 - 400	LMC
MPV	10.1	7.5 - 10.5	LMC
NRBC,AUTO	<2.0	<2 %	LMC
ABS NRBC,AUTO	NOT APPLICABLE	<1	LMC

Testing Performed By

Lab - Abbreviation	Name	Director	Address	Valid Date Range
17 - LMC	LEXINGTON MEDICAL CENTER	Spalding, Martin John, MD [7409]	2720 Sunset Blvd West Columbia SC 29169	08/29/14 1256 - Present

Patient-Level E-Signatures:

HIPAA Notice of Privacy - Received on 12/5/2016

Acknowledgement of Receipt of Notice of Privacy Practices

Name: Lucas,Carl E

Address: [redacted]

City/State/Zip: [redacted]

Telephone: [redacted] **Account/Chart Number:** [redacted]
CSN: [redacted]

I have received a copyof the Notice of Privacy Practices.

12/5/2016 12:07:20 PM Patient Signature **12/5/2016**

Signature of Patient or Authorized Person Date

12/5/2016 12:07:30 PM Relationship to Patient

Relationship to Individual

Hospital Account-Level E-Signatures:

Conditions of Admissions - Received on 12/15/2016

Conditions of Admission and General Consent to treat at Lexington Medical Center

AUTHORIZATION FOR TREATMENT: The undersigned consents to any procedure, examination or

Lexington Medical Center

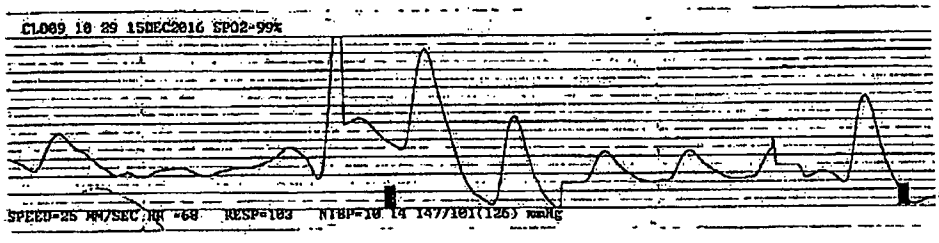
LCHSD SERVICE AREA

LUCAS,CARL E
MRN: [redacted]
DOB: [redacted] Sex: M
Adm: 12/15/2016, D/C: 12/15/2016

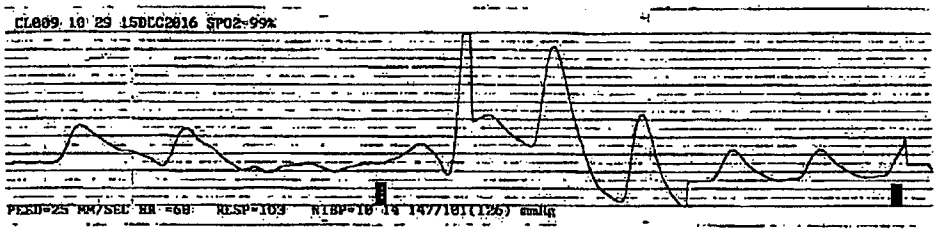
Encounter-Level Documents - 12/15/2016: (continued)

EKG SLIPS NAME / ROOM NO _____

V RATE	A RATE	PR	QRS	INTERPRETATION	NURSE'S SIGNATURE
				Allens (R) 12/15	



V RATE	A RATE	PR	QRS	INTERPRETATION	NURSE'S SIGNATURE
				Allens (R) 12/15	



V RATE	A RATE	PR	QRS	INTERPRETATION	NURSE'S SIGNATURE

7151 135

LEXINGTON MEDICAL CENTER

LUCAS CARL E
DOB [redacted] M
12/15/2016
[redacted]

END OF REPORT

Lexington Medical Center

LCHSD SERVICE AREA

LUCAS,CARL E
MRN: [redacted]
DOB: [redacted] Sex: M
Adm: 3/26/2017, D/C: 3/26/2017

Patient Demographics

Address	Phone	E-mail Address
[redacted]	[redacted] (Home) (Mobile)	[redacted]

Admission Information - Patient Record Only

Arrival Date/Time:	03/26/2017 1429	Admit Date/Time:	03/26/2017 1429	IP Adm. Date/Time:	
Admission Type:	Emergency	Point of Origin:	Non-healthcare Facility	Admit Category:	
Means of Arrival:	Ambulance	Primary Service:	Emergency Medicine	Secondary Service:	N/A
Transfer Source:		Service Area:	Lchsd Service Area	Unit:	Lmc Emergency Department
Admit Provider:		Attending Provider:	Remedios, Alexander A., MD	Referring Provider:	

Discharge Information - Patient Record Only

Discharge Date/Time	Discharge Disposition	Discharge Destination	Discharge Provider	Unit
03/26/2017 1803	Home Or Self Care	None	None	Lmc Emergency Department

Final Diagnoses (ICD-10-CM)

Code	Description	POA	CC	HAC	Affects DRG
R52 [Principal]	Pain, unspecified				
R55	Syncope and collapse				
E11.9	Type 2 diabetes mellitus without complications				
I10	Essential (primary) hypertension				
Z87.442	Personal history of urinary calculi				
Z87.891	Personal history of nicotine dependence				

Lexington Medical Center | LCHSD SERVICE AREA

LUCAS,CARL E
MRN: [redacted]
DOB: [redacted] Sex: M
Adm: 3/26/2017, D/C: 3/26/2017

ED Provider Notes

ED Provider Notes by Remedios, Alexander A., MD on 03/26/17 1713

Author: Remedios, Alexander A., MD | Service: (none) | Author Type: Physician
Filed: 03/26/17 1713 | Date of Service: 03/26/17 1430 | Status: Signed
Editor: Remedios, Alexander A., MD (Physician)

History

Chief Complaint
Patient presents with
- Loss of Consciousness
  patient states that he was eating lunch at Texas Roadhouse and that he had a witnessed syncopal episode

HPI Comments: This patient presents to the ED via EMS complaining of a syncopal episode. Patient states he was sitting at a restaurant and had ordered food and all of a sudden a pain in the middle of his back hit him and he passed out and the next thing he remembers is his wife leaning over him telling him the ambulance was on the way. Patient states he has passed out before on 12/10/16 and he had a cardiac cath and it was fine.

Patient is a 49 y.o. male.The history is provided by the patient. No language interpreter was used.
Loss of Consciousness
Timing/Onset: **Acute**
Episode duration: **1 hour**
Frequency: **Intermittently**
Severity of pain: **Moderate**
Progression: **Unchanged**
associated with: **other (comment)**
associated with comment: **Sudden onset of mid back pain**
Exacerbating factors: **other (comment)**
Exacerbating factors comment: **Sudden onset of mid back pain**
Relieved by: **Nothing**
Associated symptoms: **back pain**

Past Medical History

Diagnosis	Date
Annular tear of disc	
Decreased sensation *hands, legs*	
Diabetes mellitus	
Flu	2 weeks ago
GERD (gastroesophageal reflux disease)	
Hypertension	
Kidney stone *passed*	
Sleep apnea	
Umbilical hernia	2013

Past Surgical History

ED Provider Notes (continued)

ED Provider Notes by Remedios, Alexander A., MD on 03/26/17 1713 (continued)

Procedure	Laterality	Date
• Tonsillectomy		
• Nose surgery		
• Hernia repair *umbilical-Gore Tex Mesh repair*		05/29/2013

Family History

Problem	Relation	Age of Onset
• Cancer	Mother	
• Heart disease	Father	
• Hyperlipidemia	Father	
• Hypertension	Father	
• Diabetes	Father	

Social History

Social History Narrative

Social History
Substance Use Topics

• Smoking status:	Former Smoker
Packs/day:	0.25
Quit date:	5/27/1991
• Smokeless tobacco:	Never Used
• Alcohol use	No

Review of Systems
Constitutional: Negative.
HENT: Negative.
Eyes: Negative.
Respiratory: Negative.
Cardiovascular: Positive for syncope.
Gastrointestinal: Negative.
Genitourinary: Negative.
Musculoskeletal: Positive for back pain.
Skin: Negative.
Allergic/Immunologic: Negative.
Neurological: Negative for syncope and light-headedness.
Hematological: Negative.
Psychiatric/Behavioral: Negative.
All other systems reviewed and are negative.

Physical Exam

ED Provider Notes (continued)

ED Provider Notes by Remedios, Alexander A., MD on 03/26/17 1713 (continued)

Initial ED Vital Signs:
Blood Pressure: 102/65 Heart Rate: 82 Temp: 97.2 °F (36.2 °C) Resp: 18 SpO2: 99 %

Last Documented Vital Signs This Encounter:
Blood Pressure: 102/65

Heart Rate: 82
Temp: 97.2 °F (36.2 °C)
Resp: 18
SpO2: 99 %
Height: 177.8 cm (5' 10")
Weight: 101.6 kg (224 lb)

height is 1.778 m (5' 10") and weight is 101.6 kg (224 lb). His temperature is 97.2 °F (36.2 °C). His blood pressure is 102/65 and his pulse is 82. His respiration is 18 and oxygen saturation is 99%.

Physical Exam
Constitutional: He is oriented to person, place, and time. He appears well-developed and well-nourished. No distress.
HENT:
Head: Normocephalic and atraumatic.
Eyes: Conjunctivae and EOM are normal. Right eye exhibits no discharge. Left eye exhibits no discharge. No scleral icterus.
Neck: Normal range of motion. Neck supple. No JVD present. No tracheal deviation present. No thyromegaly present.
Cardiovascular: Normal rate, regular rhythm, normal heart sounds and intact distal pulses. Exam reveals no gallop and no friction rub.
No murmur heard.
Pulmonary/Chest: Effort normal. No respiratory distress. He has no wheezes. He has no rales. He exhibits no tenderness.
Abdominal: Soft. He exhibits no distension and no mass. There is no tenderness. There is no rebound and no guarding.
Musculoskeletal: Normal range of motion. He exhibits tenderness. He exhibits no edema or deformity.
Tender mid low back left side.
No vertebral tenderness.

Lymphadenopathy:
He has no cervical adenopathy.
Neurological: He is alert and oriented to person, place, and time.
Skin: Skin is warm and dry. No rash noted. He is not diaphoretic.
Psychiatric: He has a normal mood and affect. His behavior is normal. Judgment and thought content normal.
Nursing note and vitals reviewed.

ED Course

ED Provider Notes (continued)

ED Provider Notes by Remedios, Alexander A., MD on 03/26/17 1713 (continued)

Procedures

CT Abdomen Pelvis Calculi Stone Without Contrast
Final Result
1. No obstructive uropathy. Questionable punctate 1 mm nonobstructing left renal calculus.

2. Patchy groundglass changes in the left lower lobe could represent infection or inflammatory process.

3. Hepatic steatosis.

CT Head Without Contrast
Final Result
No acute intracranial abnormality. Significant right-sided paranasal sinus disease which was also seen on prior.

Results for orders placed or performed during the hospital encounter of 03/26/17
CBC and Differential

Result	Value	Ref Range
WBC	10.6	4.0 - 11.0
RBC	4.98	4.60 - 6.10
HGB	15.7	13.5 - 18.0 g/dL
HCT	44.9	41.0 - 53.0 %
MCV	90.2	80.0 - 98.0
MCH	31.5	27.0 - 32.0 pg
MCHC	35.0	32.0 - 36.0 g/dL
RDW	12.5	11.5 - 14.5 %
RDW (SD)	41.0	35.1 - 43.9
PLT	271	130 - 400
MPV	10.5	7.5 - 10.5
NRBC,AUTO	<2.0	<2 %
ABS NRBC,AUTO	NOT APPLICABLE	<1
% Neutrophils	58	43 - 72 %
% Lymphocytes	33	17 - 44 %
% Monocytes	7	0 - 10 %
% Eosinophils	1	0 - 5 %
% Basophils	1	0 - 3 %
% IMMATURE GRANULOCYTES	0	<1 %
Abs Neutrophils	6.13	1.7 - 8.0
Abs Lymphocytes	3.50	0.7 - 5.0
Abs Monocytes	0.71	0.0 - 1.1
Abs Eosinophils	0.14	0.0 - 0.6
Abs Basophils	0.07	0.0 - 0.2
ABS IMMATURE GRANULOCYTES	0.04	<1

ED Provider Notes (continued)

ED Provider Notes by Remedios, Alexander A., MD on 03/26/17 1713 (continued)

Comprehensive Metabolic Panel

Result	Value	Ref Range
Glucose	201 (H)	70 - 99 mg/dL
Sodium	136	136 - 145
Potassium	4.0	3.5 - 5.1
Chloride	101	98 - 107
CO2	22	21 - 32
Anion Gap	13	5 - 16
BUN	14	7 - 18 mg/dL
Creatinine	1.5 (H)	0.6 - 1.3 mg/dL
Calcium	8.7	8.5 - 10.1 mg/dL
Bilirubin Total	0.4	0.2 - 1.0 mg/dL
Total Protein	7.8	6.4 - 8.2 g/dL
Albumin	4.0	3.4 - 5.0 g/dL
AST	34	10 - 37 U/L
ALT	57	14 - 63 U/L
Alkaline Phos.	71	45 - 117 U/L
eGFR	50 (L)	>60 mL/min/1.73 sqm
Comment:	(Multiply result X 1.2 if Afr. Am.)	

Lipase

Result	Value	Ref Range
Lipase	256	73 - 393 U/L

Troponin

Result	Value	Ref Range
Troponin I	<0.015	<0.045 ng/mL

D-Dimer, Quantitative

Result	Value	Ref Range
D-dimer	<150	0 - 300 ng/mL DDU

Comment:

VTE cut-off is 230 ng/mL DDU

A negative D-Dimer result when combined with a clinical assessment of low pretest probability has a strong negative predictive value for DVT or PE. The upper reference range may be used to evaluate DIC while the VTE cut-off value is used for the evaluation of VTE.

NT B-type natriuretic peptide

Result	Value	Ref Range
NTBNP	48.0	<125 pg/mL

Comment:

Varied NT-proBNP reference ranges are published. The following attempts to optimize sensitivity and specificity. Clinical correlation is important.

<125 pg/ml: "Normal" No biochemical evidence of CHF.
>125 to <450 pg/ml: CHF is not excluded,

ED Provider Notes (continued)

ED Provider Notes by Remedios, Alexander A, MD on 03/26/17 1713 (continued)

suggest follow-up testing
if clinically suspect.
especially if age <75 yrs.
>450 to <1000 pg/ml: Borderline range with CHF
increasingly likely at
higher results. Clinical
correlation is important.
The borderline range
increases with patient age.
(especially >75 yrs).
>1,000 pg/ml: Biochemical evidence
of CHF with predictive values
increasing at higher levels.
>10,000 pg/ml: Severe CHF is likely.

I
ncreasing NT-pro BNP levels reflect worsening CHF.
Decreasing NT-pro BNP levels reflect clinical
improvement.

All Medication Administration through 03/26/2017 1713

Date/Time	Order	Dose	Route	Action	Action by
03/26/2017 1454	**ketorolac (TORADOL) injection 30 mg**	30 mg	Intravenous	Given	Odom, Jamie L, RN

ED Discharge Orders
None

ED Prescriptions
None

Diagnosis:
Final diagnoses:
Pain (Primary)
Syncope

Follow Up Instructions:

Harris, Michael P, MD

ED Provider Notes (continued)

ED Provider Notes by Remedios, Alexander A., MD on 03/26/17 1713 (continued)

3314 Platt Springs Rd
West Columbia SC 29170-2247
803-791-3494

Schedule an appointment as soon as possible for a visit in 2 days
Return to ER immediately if worse in any way

Boyd, Scott B, MD
146 North Hospital Drive
Suite 120
West Columbia SC 29169
803-935-8410

Schedule an appointment as soon as possible for a visit in 2 days
Return to ER immediately if worse in any way

Disposition: Discharge
Departure Condition: Good
Cardiac Risk Stratification Score: Low Risk

LMC ED MDM NO CC TIME:
Review of Previous: **Notes**
Notes comment: **ADM 12/15/16 cardiac cath**
Interpretation: **Pulse ox, CT scan, ECG and labs**
Labs comment: **Reviewed by me. Within acceptable limits**
ECG comment: **1451 sinus rhythm at 75 beats per minute. No acute ST elevations**
CT scan comment: **HEAD W/O CONTRAST: No acute abnormality ABD/PELVIS STONE PROTOCOL W/O CONTRAST: Possible punctate kidney stone, atelectasis, not thought to be related to pulmonary diseases is no fever, white count, cough, or shortness of breath**
Pulse Ox comment: **I reviewed: 99 on room air with no hypoxia**
Patient Progress: **Improved**
MDM Comments: **5:13 PM I had a long discussion with the patient regarding my clinical impression, my concerns and my recommendations.**
I have asked the patient to please return at any time if their symptoms change or worsen. I explained medical problems represent dynamic processes and my evaluation today represents a single point in time and that the problem may evolve. We discussed what to watch for, need for close monitoring and need to return if symptoms do not improve or worsen.
The patient asked questions and I answered until my diagnosis, concerns and plan for treatment were fully understood. The patient is awake, alert, oriented, coherent and lucid. I have given relevant prescriptions and problem specific discharge instructions.

Remedios, Alexander A.- was the Primary ED Provider for this patient.

ED Provider Notes (continued)

ED Provider Notes by Remedios, Alexander A., MD on 03/26/17 1713 (continued)

ED Course

I, Jamie S. Elks, am serving as a scribe to document services personally performed by, and in the presence of, Remedios, Alexander A., *, based on the provider's statements to me.
03/26/17 5:13 PM

Remedios, Alexander A., MD
03/26/17 1713

Electronically Signed by Remedios, Alexander A., MD on 03/26/17 1713

Discharge Summaries
No notes of this type exist for this encounter.

History & Physicals
No notes of this type exist for this encounter.

Encounter-Level H&P Scans:
There are no encounter-level h&p scans.

Operative Notes
No notes of this type exist for this encounter.

Procedure Notes
No notes of this type exist for this encounter.

Anesthesia Post-Op Notes
No notes of this type exist for this encounter.

Delivery Notes
No notes of this type exist for this encounter.

Consult Notes
No notes of this type exist for this encounter.

Results

Resulted: 03/26/17 1635, Result status: Final result

CT Abdomen Pelvis Calculi Stone Without Contrast [82799451]

Ordering provider:	Remedios, Alexander A., MD 03/26/17 1437	Resulted by:	Mayes, Nicholas D., MD
Performed:	03/26/17 1601 - 03/26/17 1603	Resulting lab:	PACS

Narrative:
CLINICAL DATA: Flank pain

COMPARISON: None

Results (continued)

CT Abdomen Pelvis Calculi Stone Without Contrast [827994511] (continued) Resulted: 03/26/17 1635 Result status: Final result

TECHNIQUE: Multiple axial CT images of the abdomen and pelvis were obtained without contrast. Protocol was optimized for the detection of urinary tract stones. Coronal reconstructed images were performed.

FINDINGS:

ABDOMEN:

LUNG BASES/LOWER CHEST: Some minimal patchy groundglass change in the left lung base which is asymmetric. There is some atelectasis in the right base. Triangular subpleural nodular density on image 2 on the right middle lobe almost certainly benign given morphology.

KIDNEYS: Potential 1 mm nonobstructing calculus in the left renal collecting system on coronal image 64 but discitis also be artifactual. There is no ureterolithiasis or hydronephrosis identified. Probable left renal cyst as seen on coronal image 66, poorly characterized without contrast.

LIVER: Diffuse hypoattenuation consistent with steatosis. No biliary ductal dilation.

GALLBLADDER: Cholelithiasis.

PANCREAS: Limited evaluation without contrast. No evidence of mass or ductal dilation.

ADRENAL GLANDS: Unremarkable.

SPLEEN: Unremarkable.

GASTROINTESTINAL: No bowel obstruction. Colonic diverticulosis without evidence of diverticulitis. Appendix not definitively visualized.

OTHER: Shotty retroperitoneal lymph nodes without pathologic enlargement. Atherosclerotic disease present. Prior ventral herniorrhaphy with mesh present.

PELVIS:

GENITOURINARY: Bladder grossly unremarkable. Prostate calcifications present.

BONES: Lumbar spondylosis. No acute bony abnormality identified.

OTHER: Atherosclerotic disease present.

Impression:
1. No obstructive uropathy. Questionable punctate 1 mm

Lexington Medical Center | LCHSD SERVICE AREA | LUCAS,CARL E
MRN: [redacted]
DOB: [redacted] Sex: M
Adm: 3/26/2017, D/C: 3/26/2017

Results (continued)

CT Abdomen Pelvis Calculi Stone Without Contrast [82799451] (continued)
Resulted: 03/26/17 1635, Result status: Final result

nonobstructing left renal calculus.

2. Patchy groundglass changes in the left lower lobe could represent infection or inflammatory process.

3. Hepatic steatosis.

Specimen Collection

Type	Source	Collected On
		03/26/17 1628

CT Head Without Contrast [82799450]
Resulted: 03/26/17 1628, Result status: Final result

Ordering provider: Remedios, Alexander A., MD 03/26/17 1437
Resulted by: Mayes, Nicholas D., MD
Performed: 03/26/17 1602 - 03/26/17 1604
Resulting lab: PACS

Narrative:
CLINICAL DATA: Pain

COMPARISON: None

TECHNIQUE: Multiple axial CT images of the brain were obtained without contrast.

FINDINGS: Normal brain morphology and attenuation. Normal CSF spaces and lateral ventricles. No evidence of acute infarct or hemorrhage. No abnormal extra-axial collection. There is opacification of the right frontal, right ethmoidal, and portions of the right maxillary sinuses.

Impression:
No acute intracranial abnormality. Significant right-sided paranasal sinus disease which was also seen on prior.

Specimen Collection

Type	Source	Collected On
		03/26/17 1626

Troponin [82799447]
Resulted: 03/26/17 1533, Result status: Final result

Ordering provider: Remedios, Alexander A., MD 03/26/17 1437
Resulting lab: LEXINGTON MEDICAL CENTER

Specimen Collection

Type	Source	Collected On
SERUM		03/26/17 1451

Components

	Value	Reference Range	Flag	Lab
Troponin I	<0.015	<0.045 ng/mL		LMC

Lexington Medical Center | LCHSD SERVICE AREA | LUCAS,CARL E
MRN: [redacted]
DOB: [redacted] Sex: M
Adm: 3/26/2017, D/C: 3/26/2017

Results (continued)

Resulted: 03/26/17 1533, Result status: Final result

Comprehensive Metabolic Panel [82799445] (Abnormal)

Ordering provider: Remedios, Alexander A., MD 03/26/17 1437 | Resulting lab: LEXINGTON MEDICAL CENTER

Specimen Collection

Type	Source	Collected On
SERUM		03/26/17 1451

Components

	Value	Reference Range	Flag	Lab
Glucose	201	70 - 99 mg/dL	H	LMC
Sodium	136	136 - 145		LMC
Potassium	4.0	3.5 - 5.1		LMC
Chloride	101	98 - 107		LMC
CO2	22	21 - 32		LMC
Anion Gap	13	5 - 16		LMC
BUN	14	7 - 18 mg/dL		LMC
Creatinine	1.5	0.6 - 1.3 mg/dL	H	LMC
Calcium	8.7	8.5 - 10.1 mg/dL		LMC
Bilirubin Total	0.4	0.2 - 1.0 mg/dL		LMC
Total Protein	7.8	6.4 - 8.2 g/dL		LMC
Albumin	4.0	3.4 - 5.0 g/dL		LMC
AST	34	10 - 37 U/L		LMC
ALT	57	14 - 63 U/L		LMC
Alkaline Phos.	71	45 - 117 U/L		LMC
eGFR	50	>60 mL/min/1.73 sqm	L	LMC

Comment: (Multiply result X 1.2 if Afr. Am.)

Resulted: 03/26/17 1533, Result status: Final result

NT B-type natriuretic peptide [82799449]

Ordering provider: Remedios, Alexander A., MD 03/26/17 1437 | Resulting lab: LEXINGTON MEDICAL CENTER

Specimen Collection

Type	Source	Collected On
SERUM		03/26/17 1451

Components

	Value	Reference Range	Flag	Lab
NTBNP	48.0	<125 pg/mL		LMC

Comment:

Varied NT-proBNP reference ranges are published. The following attempts to optimize sensitivity and specificity. Clinical correlation is important.

<125 pg/ml: "Normal" No biochemical evidence of CHF.
>125 to <450 pg/ml: CHF is not excluded, suggest follow-up testing if clinically suspect. especially if age <75 yrs.
>450 to <1000 pg/ml: Borderline range with CHF

Lexington Medical Center | LCHSD SERVICE AREA | LUCAS,CARL E
MRN: [redacted]
DOB: [redacted] Sex: M
Adm: 3/26/2017, D/C: 3/26/2017

Results (continued)

Resulted: 03/26/17 1533, Result status: Final result

NT B-type natriuretic peptide [82799449] (continued)

increasingly likely at
higher results. Clinical
correlation is important.
The borderline range
increases with patient age.
(especially >75 yrs).
>1,000 pg/ml: Biochemical evidence
of CHF with predictive values
increasing at higher levels.
>10,000 pg/ml: Severe CHF is likely.

Increasing NT-pro BNP levels reflect worsening CHF.
Decreasing NT-pro BNP levels reflect clinical improvement.

Resulted: 03/26/17 1528, Result status: Final result

Lipase [82799446]

Ordering provider: Remedios, Alexander A., MD 03/26/17 1437
Resulting lab: LEXINGTON MEDICAL CENTER

Specimen Collection

Type	Source	Collected On
SERUM		03/26/17 1451

Components

	Value	Reference Range	Flag	Lab
Lipase	256	73 - 393 U/L		LMC

Resulted: 03/26/17 1518, Result status: Final result

D-Dimer, Quantitative [82799448]

Ordering provider: Remedios, Alexander A., MD 03/26/17 1437
Resulting lab: LEXINGTON MEDICAL CENTER

Specimen Collection

Type	Source	Collected On
PLASMA		03/26/17 1451

Components

	Value	Reference Range	Flag	Lab
D-dimer	<150	0 - 300 ng/mL DDU		LMC

Comment:

VTE cut-off is 230 ng/mL DDU

A negative D-Dimer result when combined with a clinical assessment of low pretest probability has a strong negative predictive value for DVT or PE. The upper reference range may be used to evaluate DIC while the VTE cut-off value is used for the evaluation of VTE.

Lexington Medical Center | LCHSD SERVICE AREA | LUCAS,CARL E
MRN: [redacted]
DOB: [redacted] Sex: M
Adm: 3/26/2017, D/C: 3/26/2017

Results (continued)

D-Dimer, Quantitative [82799448] (continued)

Resulted: 03/26/17 1518, Result status: Final result

CBC and Differential [82799444]

Resulted: 03/26/17 1506, Result status: Final result

Ordering provider: Remedios, Alexander A., MD 03/26/17 1437
Resulting lab: LEXINGTON MEDICAL CENTER

Specimen Collection

Type	Source	Collected On
Blood		03/26/17 1451

Components

	Value	Reference Range	Flag	Lab
WBC	10.6	4.0 - 11.0		LMC
RBC	4.98	4.60 - 6.10		LMC
HGB	15.7	13.5 - 18.0 g/dL		LMC
HCT	44.9	41.0 - 53.0 %		LMC
MCV	90.2	80.0 - 98.0		LMC
MCH	31.5	27.0 - 32.0 pg		LMC
MCHC	35.0	32.0 - 36.0 g/dL		LMC
RDW	12.5	11.5 - 14.5 %		LMC
RDW (SD)	41.0	35.1 - 43.9		LMC
PLT	271	130 - 400		LMC
MPV	10.5	7.5 - 10.5		LMC
NRBC,AUTO	<2.0	<2 %		LMC
ABS NRBC,AUTO	NOT APPLICABLE	<1		LMC
% Neutrophils	58	43 - 72 %		LMC
% Lymphocytes	33	17 - 44 %		LMC
% Monocytes	7	0 - 10 %		LMC
% Eosinophils	1	0 - 5 %		LMC
% Basophils	1	0 - 3 %		LMC
% IMMATURE GRANULOCYTES	0	<1 %		LMC
Abs Neutrophils	6.13	1.7 - 8.0		LMC
Abs Lymphocytes	3.50	0.7 - 5.0		LMC
Abs Monocytes	0.71	0.0 - 1.1		LMC
Abs Eosinophils	0.14	0.0 - 0.6		LMC
Abs Basophils	0.07	0.0 - 0.2		LMC
ABS IMMATURE GRANULOCYTES	0.04	<1		LMC

Testing Performed By

Lab - Abbreviation	Name	Director	Address	Valid Date Range
17 - LMC	LEXINGTON MEDICAL CENTER	Spalding, Martin John, MD [7409]	2720 Sunset Blvd West Columbia SC 29169	08/29/14 1256 - Present
20 - Unknown	PACS	Unknown	Unknown	10/25/12 1643 - Present

Patient-Level E-Signatures:

HIPAA Notice of Privacy - Received on 12/5/2016

Lexington Medical Center

LCHSD SERVICE AREA

LUCAS,CARL E
MRN: [redacted]
DOB: [redacted] Sex: M
Adm: 3/26/2017, D/C: 3/26/2017

Hospital Account-Level E-Signatures: (continued)

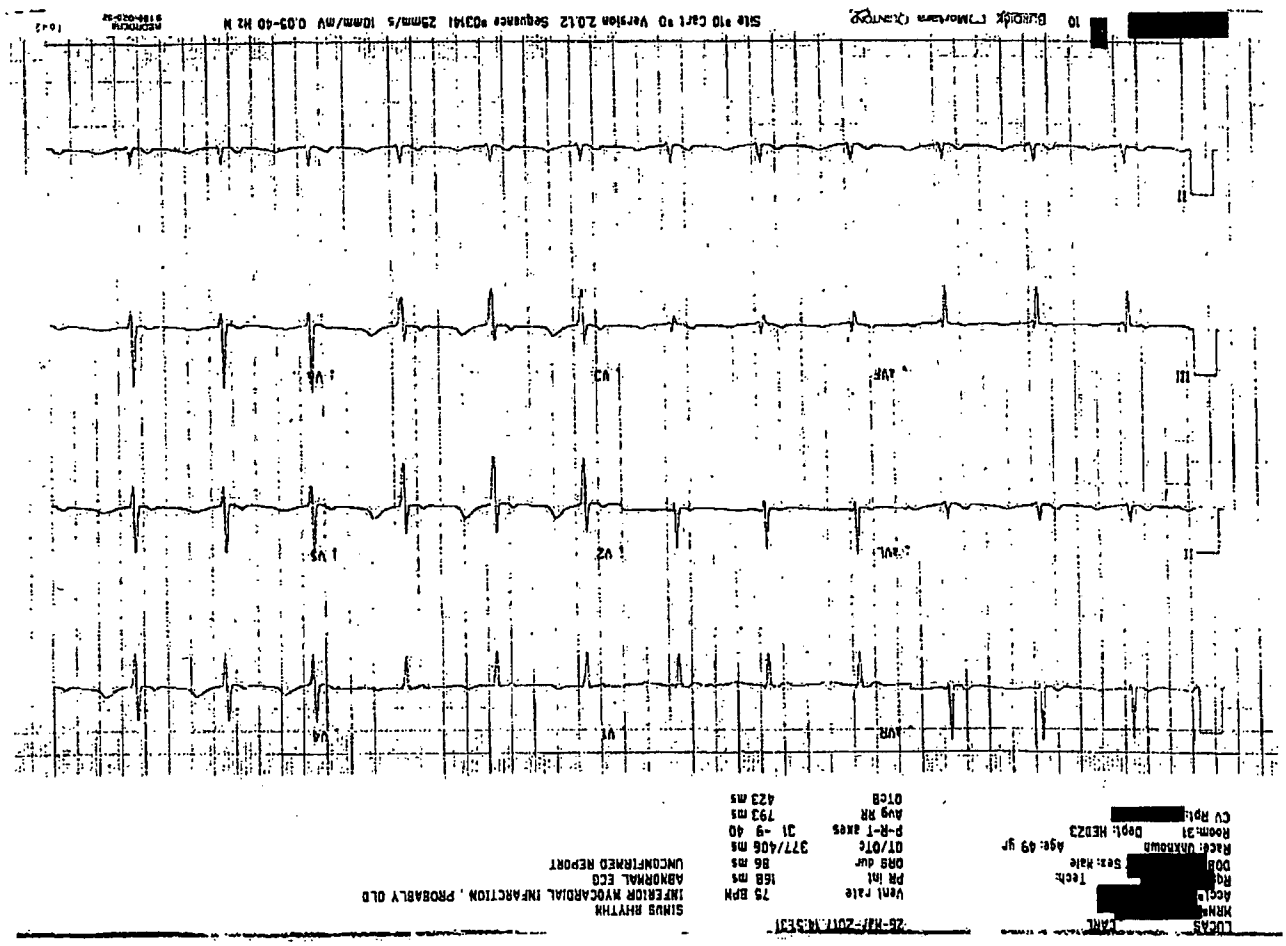
3/26/2017
Second Witness Signature Date

Encounter-Level E-Signatures:

There are no encounter-level e-signatures.

Encounter-Level Documents - 03/26/2017:

EKG and Vital Sign Slips - Scan on 3/26/2017 2250 : Perceptive Content Scan (below)



END OF REPORT

Lexington Cardiology - Lexington
2728 Sunset Blvd.
West Columbia,SC 29169
(803) 744-4940

A Lexington Medical Center Physician Practice

DOS:12/09/2016
DOB: [redacted]
Gender: M
MR#: [redacted]
Provider:Mitchell W. Jacocks M.D.

Patient: CARL LUCAS
[redacted]

Vitals
Vital Signs [Data Includes: Current Encounter]
Recorded: 09Dec2016 03:10PM
Heart Rate: 80
Height: 5 ft 10 in
Blood Pressure: 142 / 110
Weight: 218 lb
BMI Calculated: 31.28
BSA Calculated: 2.17

Reason For Visit
Reason for Visit: CE: CP / ABN STRESS ECG

"I feel a throbbing in the back of my head".

Current Meds
1. Gabapentin 400 MG Oral Capsule; TAKE 1 CAPSULE TWICE DAILY;
   Therapy: 08Jul2015 to (Evaluate:28Jul2016) Requested for: 28Jun2016; Last Rx:28Jun2016 Ordered
2. Amlodipine Besy-Benazepril HCl - 5-20 MG Oral Capsule; TAKE 1 CAPSULE DAILY;
   Therapy: 23Sep2012 to (Evaluate:21May2017) Requested for: 22Nov2016; Last Rx:22Nov2016 Ordered
3. ALPRAZolam 1 MG Oral Tablet; TAKE 1 TABLET Daily At Bedtime;
   Therapy: 28Jun2016 to (Evaluate:25Dec2016); Last Rx:28Jun2016 Ordered
4. FLUoxetine HCl - 60 MG Oral Tablet; one q. day;
   Therapy: 28Jun2016 to (Evaluate:02May2017) Requested for: 03Nov2016; Last Rx:03Nov2016 Ordered
5. Zolpidem Tartrate 10 MG Oral Tablet; TAKE 1 TABLET AT BEDTIME;
   Therapy: 23May2016 to (Evaluate:19Nov2016); Last Rx:23May2016 Ordered
6. FLUoxetine HCl - 40 MG Oral Capsule; TAKE 1 TABLET A DAY;
   Therapy: 22Sep2016 to (Last Rx:22Sep2016) Requested for: 22Sep2016 Ordered
7. Disabled Parking Placard/License Plate; Due to medical conditions, patient needs handicap placard;
   Therapy: 23May2016 to (Last Rx:23May2016) Ordered
8. TiZANidine HCl - 4 MG Oral Tablet;
   Therapy: 27May2015 to Recorded
9. Invokamet 150-1000 MG Oral Tablet; Take one tablet twice a day;
   Therapy: 08Jul2015 to (Last Rx:05Aug2015) Requested for: 10Aug2015 Ordered
10. Misc Med/ Pharmacy Order; glucometer test strips
    test bid;
    Therapy: 19May2015 to (Evaluate:15Nov2015); Last Rx:19May2015 Ordered

Date of Service: 12/09/2016
Patient Name: CARL E. LUCAS
Patient DOB: [redacted]
MR#: [redacted]
Gender: M
Provider: Mitchell W. Jacocks M.D.

Allergies
1. Penicillins
Recorded By: Amick, Joann H; 11/13/2012 3:56:22 PM

History of Present Illness
History of Present Illness: 49-year-old man with hypertension, diabetes mellitus without hyperlipidemia or known vascular disease here for evaluation of multiple potential cardiac issues. He was admitted to LMC with syncope. On the day of presentation, he was seated and felt dizzy and that had loss of consciousness per his family. He does not have any recollection of the event. He was taken to the ED and found have very low blood pressure less than 80 presentation. He responded to fluid resuscitation. He was admitted to the CDU overnight and released the next day. Since hospital discharge he has not had any recurrent syncope, near syncope but has noted a sense of palpitations. He was wearing a Holter monitor at that time and this will be reviewed. His wife tells me that his blood pressure has been somewhat labile since that time. He notes a sense of shortness of breath associated with elevated blood pressure and headache. He has had intermittent sharp chest discomfort associated with elevations of blood pressure, the discomfort is located substernal, duration of several minutes without associated nausea, vomiting, dyspnea, diaphoresis, radiation, positional or pleuritic component. He has not had significant exertional shortness of breath, edema, orthopnea or PND. No slurred speech or local weakness, No claudication.

Review of Systems
Complete-Male:
Constitutional: no fever, no chills, no malaise and no fatigue.
Head and Face: no facial pain and no facial pressure.
Eyes: no eye pain, eyes not red, no watery discharge from the eyes and no purulent discharge from the eyes.
ENT: no sore throat, no scratchy throat and no hoarseness.
Cardiovascular: as noted in HPI.
Respiratory: as noted in HPI.
Gastrointestinal: no bright red blood per rectum and no melena, no hematochezia no urinary urgency
Genitourinary: no dysuria and no urinary frequency.
Musculoskeletal: no diffuse joint pain, no generalized muscle aches and no back pain.
Integumentary and Breasts: no rashes, no skin lesions and no skin wound.
Neurological: headache, but no leg numbness and no leg weakness.
Psychiatric: anxiety and depression.
Endocrine: no generalized weakness.
Hematologic and Lymphatic: no tendency for easy bleeding and no tendency for easy bruising.

Active Problems
1. Abnormal stress ECG with treadmill (794.39) (R94.39)
2. Arthritis (716.90) (M19.90)
3. Chest pain (786.50) (R07.9)
4. Depression (311) (F32.9)
5. Esophageal reflux (530.81) (K21.9)
6. Hospital discharge follow-up (V67.59) (Z09)
7. Hypercholesterolemia (272.0) (E78.00)
8. Hypogonadism, testicular (257.2) (E29.1)
9. Idiopathic hypertension (401.9) (I10)
10. Insomnia (780.52) (G47.00)
11. Low back pain (724.2) (M54.5)
12. Obstructive apnea (327.23) (G47.33)
13. Sleep apnea (780.57) (G47.30)
14. Syncope (780.2) (R55)
15. Type 2 diabetes mellitus (250.00) (E11.9)

Past Medical History

Date of Service: 12/09/2016
Patient Name: CARL E. LUCAS
Patient DOB: [redacted]
MR#: [redacted]
Gender: M
Provider: Mitchell W. Jacocks M.D.

1. History of Annular tear of disc (722.90) (M51.9)
2. History of Chest wall muscle strain (848.8) (S29.011A)
3. History of pharyngitis (V12.69) (Z87.09)
4. History of upper respiratory infection (V12.09) (Z87.09)
5. History of Sprain of ribs (848.3) (S23.41XA)
6. History of Umbilical hernia (553.1) (K42.9)
7. History of Weight gain (783.1) (R63.5)

Surgical History
1. History of Hernia Repair
2. History of Laparoscopy Repair Of Epigastric Hernia Incarcerated
3. History of Tonsillectomy

Family History
1. Family history of Stomach cancer
2. Family history of Diabetes mellitus
3. Family History of heart disease (V17.49) (Z82.49)
4. Family history of Allergies
5. Family history of Asthma (V17.5)
6. Family history of Cancer
7. Family history of Hypertension (V17.49)

Social History
- Never a smoker
- No alcohol use
- Non smoker (V49.89) (Z78.9)

Results/Data
EKG Report:
EKG:
Rhythm and rate: normal sinus rhythm; ventricular rate is 67 beats per minute;
P-waves: the P wave is normal; PR interval is normal;
QRS: the QRS is normal and Late transition the QRS axis is normal;
ST segment: the ST segments are normal.
Comparison to prior ECGs: no interval change.
Free Text Results: Carotid ultrasound 12/6/16: No evidence of hemodynamic significant stenosis in either carotid system with antegrade bilateral vertebral flow

Echocardiogram 12/6/16: Mild concentric LVH, LVEF 55-60%, mild LAE, normal RIGHT heart size and function, no significant valvular abnormalities, no pulmonary hypertension, trivial pericardial effusion.

Physical Exam
Constitutional: alert, in no acute distress, well nourished, well developed, healthy appearing and normal voice and communication.
Eyes: the sclera and conjunctiva were normal, pupils were equal in size, round, reactive to light, with normal accommodation and extraocular movements were intact.
ENT: the teeth, gums, and palate were normal The oropharynx was normal with no cyanosis or pallor.
Neck: the neck was supple and the appearance of the neck was normal. There was no jugular-venous distention.
Respiratory rate: the respiratory rate was normal.
Respiratory Effort: normal respiratory rhythm and effort and no accessory muscle use.
Observation: no dry cough.
Auscultation: normal bilateral breath sounds the lungs were clear to auscultation bilaterally. **Percussion:**. the

Date of Service: 12/09/2016
Patient Name: CARL E. LUCAS
Patient DOB: [redacted]
MR#: [redacted]
Gender: M
Provider: Mitchell W. Jacocks M.D.

lungs were normal to percussion. Palpation: palpation of the chest was normal.
Cardiac: The PMI was palpated in the anterior axillary line. The apical impulse was normal. no precordial heave was noted and no thrill palpable at the apex. The heart rate was normal. The rhythm was regular. Heart sounds: normal S1, normal S2, no S3, no S4, no click, the heart sounds were not distant. No pericardial rub
Murmurs: no murmurs heard.
Lower Extremities: no pitting edema present, no varicose veins of the right leg and no varicose veins of the left leg.

Vascular: carotid pulses were normal with no bruits and the pedal pulses were full . there was no peripheral edema.
Abdomen: normal bowel sounds, soft, non-tender, no hepato-splenomegaly and no abdominal mass palpated.
Musculoskeletal: normal gait, normal movements of all extremities, muscle strength and tone were normal, no involuntary movements were seen, there was no joint instability noted, no joint swelling seen and no clubbing or cyanosis of the fingernails.
Skin: normal skin color and pigmentation, normal skin turgor, no rash and no skin lesions.
Neurological: the patient was oriented to person, place, and time. mood and affect were appropriate.
Extremities: no clubbing of the fingernails, no localized cyanosis, no petechial hemorrhages, no splinter hemorrhages of the nails, no ischemic changes and Osler's nodes were not seenon the fingers.

Assessment

1. Abnormal stress ECG with treadmill (794.39) (R94.39)
2. Chest pain (786.50) (R07.9)
3. Hypercholesterolemia (272.0) (E78.00)
4. Idiopathic hypertension (401.9) (I10)
5. Syncope (780.2) (R55)

Plan

1. Heart Catheterization; Heart Cath Type:Left; Facility:LMC; Status:Hold For - Scheduling; Requested for:09Dec2016;
2. Start: Carvedilol 6.25 MG Oral Tablet (Coreg); Carvedilol 6.25MG, 1 Tablet two times daily ,12/27/2012

Discussion/Summary

He is here today for evaluation of multiple issues. Regarding the syncopal episode, the etiology for this is undefined. A Holter monitor has not been available for review but I do not think that he has any significant cardiac arrhythmia. I suspect the etiology was vagal and related to issues with high blood pressure. He understands not to drive until this issue has been further addressed. He has multiple cardiac risk factors, concerning symptoms and an abnormal stress test; I've recommended cardiac catheterization and we discussed the risks and benefits of this procedure. He understands and agrees to proceed. He understands not to take any metformin containing medication on the day of or after catheterization. Regarding his blood pressure, carvedilol be added to his regimen particularly in light of his chest symptoms. He has a history of dyslipidemia was significantly elevated triglycerides but is not on statin. This will be addressed after the other issues have been further defined. Plan RTC after the above. Thank you very much for the opportunity to meet this kind gentleman and his family and I will look forward to continuing to participate in his care.

Carbon Copy Recipients

Signatures
Electronically signed by : Mitchell Jacocks, M.D.; Dec 9 2016 3:48PM EST

Lexington Cardiology - Lexington
2728 Sunset Blvd.
West Columbia,SC 29169
(803) 744-4940

Lexington Cardiology
A Lexington Medical Center Physician Practice

DOS:12/09/2016
DOB: [redacted]
Gender: M
MR#: [redacted]
Provider:Mitchell W. Jacocks M.D.

Patient: CARL LUCAS
[redacted]

Reason For Visit
CE: CP / ABN STRESS ECG

'I feel a throbbing in the back of my head'.

History of Present Illness
49-year-old man with hypertension, diabetes mellitus without hyperlipidemia or known vascular disease here for evaluation of multiple potential cardiac issues. He was admitted to LMC with syncope. On the day of presentation, he was seated and felt dizzy and that had loss of consciousness per his family. He does not have any recollection of the event. He was taken to the ED and found have very low blood pressure less than 80 presentation. He responded to fluid resuscitation. He was admitted to the CDU overnight and released the next day. Since hospital discharge he has not had any recurrent syncope, near syncope but has noted a sense of palpitations. He was wearing a Holter monitor at that time and this will be reviewed. His wife tells me that his blood pressure has been somewhat labile since that time. He notes a sense of shortness of breath associated with elevated blood pressure and headache. He has had intermittent sharp chest discomfort associated with elevations of blood pressure, the discomfort is located substernal, duration of several minutes without associated nausea, vomiting, dyspnea, diaphoresis, radiation, positional or pleuritic component. He has not had significant exertional shortness of breath, edema, orthopnea or PND. No slurred speech or focal weakness. No claudication.

Review of Systems

Constitutional: no fever, no chills, no malaise and no fatigue.
Head and Face: no facial pain and no facial pressure.
Eyes: no eye pain, eyes not red, no watery discharge from the eyes and no purulent discharge from the eyes.
ENT: no sore throat, no scratchy throat and no hoarseness.
Cardiovascular: as noted in HPI.
Respiratory: as noted in HPI.
Gastrointestinal: no bright red blood per rectum and no melena. no hematochezia no urinary urgency
Genitourinary: no dysuria and no urinary frequency.
Musculoskeletal: no diffuse joint pain, no generalized muscle aches and no back pain.
Integumentary and Breasts: no rashes, no skin lesions and no skin wound.
Neurological: headache, but no leg numbness and no leg weakness.
Psychiatric: anxiety and depression.
Endocrine: no generalized weakness.
Hematologic and Lymphatic: no tendency for easy bleeding and no tendency for easy bruising.

Active Problems
- Abnormal stress ECG with treadmill (794.39) (R94.39)
- Arthritis (716.90) (M19.90)
- Chest pain (786.50) (R07.9)
- Depression (311) (F32.9)
- Esophageal reflux (530.81) (K21.9)

Date of Service: 12/09/2016
Patient Name: CARL E. LUCAS
Patient DOB: [redacted]
MR#: [redacted]
Gender: M
Provider: Mitchell W. Jacocks M.D.

- Hospital discharge follow-up (V67.59) (Z09)
- Hypercholesterolemia (272.0) (E78.00)
- Hypogonadism, testicular (257.2) (E29.1)
- Idiopathic hypertension (401.9) (I10)
- Insomnia (780.52) (G47.00)
- Low back pain (724.2) (M54.5)
- Obstructive apnea (327.23) (G47.33)
- Sleep apnea (780.57) (G47.30)
- Syncope (780.2) (R55)
- Type 2 diabetes mellitus (250.00) (E11.9)

Past Medical History
- History of Annular tear of disc (722.90) (M51.9)
- History of Chest wall muscle strain (848.8) (S29.011A)
- History of pharyngitis (V12.69) (Z87.09)
- History of upper respiratory infection (V12.09) (Z87.09)
- History of Sprain of ribs (848.3) (S23.41XA)
- History of Umbilical hernia (553.1) (K42.9)
  - status post laparoscopic repair with Gore-Tex mesh on 05/29/2013.
- History of Weight gain (783.1) (R63.5)

Surgical History
- History of Hernia Repair
- History of Laparoscopy Repair Of Epigastric Hernia Incarcerated
- History of Tonsillectomy

Family History
Mother
- Family history of Stomach cancer

Father
- Family history of Diabetes mellitus
- Family History of heart disease (V17.49) (Z82.49)

Family History
- Family history of Allergies
- Family history of Asthma (V17.5)
- Family history of Cancer
- Family history of Hypertension (V17.49)

Social History
- Never a smoker
- No alcohol use
- Non smoker (V49.89) (Z78.9)

Current Meds
Arthritis
- Gabapentin 400 MG Oral Capsule; TAKE 1 CAPSULE TWICE DAILY; Therapy: 08Jul2015 to (Evaluate:28Jul2016) Requested for: 28Jun2016; Last Rx:28Jun2016 Ordered

Date of Service: 12/09/2016
Patient Name: CARL E. LUCAS
Patient DOB: [redacted]
MR#: [redacted]
Gender: M
Provider: Mitchell W. Jacocks M.D.

Idiopathic hypertension
- Amlodipine Besy-Benazepril HCl - 5-20 MG Oral Capsule; TAKE 1 CAPSULE DAILY; Therapy: 23Sep2012 to (Evaluate:21May2017) Requested for: 22Nov2016; Last Rx:22Nov2015 Ordered

Insomnia
- ALPRAZolam 1 MG Oral Tablet; TAKE 1 TABLET Daily At Bedtime; Therapy: 28Jun2016 to (Evaluate:25Dec2016); Last Rx:28Jun2016 Ordered
- FLUoxetine HCl - 60 MG Oral Tablet; one q. day; Therapy: 28Jun2016 to (Evaluate:02May2017) Requested for: 03Nov2016; Last Rx:03Nov2016 Ordered
- Zolpidem Tartrate 10 MG Oral Tablet; TAKE 1 TABLET AT BEDTIME; Therapy: 23May2016 to (Evaluate:19Nov2016); Last Rx:23May2016 Ordered

Low back pain
- FLUoxetine HCl - 40 MG Oral Capsule; TAKE 1 TABLET A DAY; Therapy: 22Sep2016 to (Last Rx:22Sep2016) Requested for: 22Sep2016 Ordered

Low back pain, PMH: Muscle spasm
- Disabled Parking Placard/License Plate; Due to medical conditions, patient needs handicap placard; Therapy: 23May2016 to (Last Rx:23May2016) Ordered

PMH: Muscle spasm
- TIZANidine HCl - 4 MG Oral Tablet; Therapy: 27May2015 to Recorded

Type 2 diabetes mellitus
- Invokamet 150-1000 MG Oral Tablet; Take one tablet twice a day; Therapy: 08Jul2015 to (Last Rx:05Aug2015) Requested for: 10Aug2015 Ordered
- Misc Med/ Pharmacy Order; glucometer test strips test bid; Therapy: 19May2015 to (Evaluate:15Nov2015); Last Rx:19May2015 Ordered

Allergies
1. Penicillins
   Recorded By: Amick, Joann H; 11/13/2012 3:56:22 PM

Vitals
Vital Signs [Data Includes: Current Encounter]:
Heart Rate: 80
Height: 5 ft 10 in
Blood Pressure: 142 / 110
Weight: 218 lb
BMI Calculated: 31.28
BSA Calculated: 2.17

Results/Data

EKG:
Rhythm and rate: normal sinus rhythm. ventricular rate is 67 beats per minute.
P-waves: the P wave is normal. PR interval is normal.
QRS: the QRS is normal and Late transition the QRS axis is normal
ST segment: the ST segments are normal.
Comparison to prior ECGs: no interval change.
Carotid ultrasound 12/6/16: No evidence of hemodynamic significant stenosis in either carotid system with antegrade bilateral vertebral flow

Date of Service: 12/09/2016
Patient Name: CARL E. LUCAS
Patient DOB: [redacted]
MR#: [redacted]
Gender: M
Provider: Mitchell W. Jacocks M.D.

Echocardiogram 12/5/16, Mild concentric LVH, LVEF 55-60%, mild LAE, normal RIGHT heart size and function, no significant valvular abnormalities, no pulmonary hypertension, trivial pericardial effusion.

Physical Exam

Constitutional: alert, in no acute distress, well nourished, well developed, healthy appearing and normal voice and communication.
Eyes: the sclera and conjunctiva were normal, pupils were equal in size, round, reactive to light, with normal accommodation and extraocular movements were intact.
ENT: the teeth, gums, and palate were normal. The oropharynx was normal with no cyanosis or pallor.
Neck: the neck was supple and the appearance of the neck was normal. There was no jugular-venous distention.
Respiratory rate: the respiratory rate was normal.
Respiratory Effort: normal respiratory rhythm and effort and no accessory muscle use.
Observation: no dry cough.
Auscultation: normal bilateral breath sounds the lungs were clear to auscultation bilaterally. **Percussion:**, the lungs were normal to percussion. **Palpation:** palpation of the chest was normal.
Cardiac: The PMI was palpated in the anterior axillary line. The apical impulse was normal. no precordial heave was noted and no thrill palpable at the apex. The heart rate was normal. The rhythm was regular. Heart sounds: normal S1, normal S2, no S3, no S4, no click, the heart sounds were not distant. No pericardial rub.
Murmurs: no murmurs heard.
Lower Extremities: no pitting edema present, no varicose veins of the right leg and no varicose veins of the left leg.

Vascular: carotid pulses were normal with no bruits and the pedal pulses were full . there was no peripheral edema.
Abdomen: normal bowel sounds, soft, non-tender, no hepato-splenomegaly and no abdominal mass palpated.
Musculoskeletal: normal gait, normal movements of all extremities, muscle strength and tone were normal, no involuntary movements were seen, there was no joint instability noted, no joint swelling seen and no clubbing or cyanosis of the fingernails.
Skin: normal skin color and pigmentation, normal skin turgor, no rash and no skin lesions.
Neurological:, the patient was oriented to person, place, and time. mood and affect were appropriate.
Extremities: no clubbing of the fingernails, no localized cyanosis, no petechial hemorrhages, no splinter hemorrhages of the nails, no ischemic changes and Osler's nodes were not seenon the fingers.

Assessment

Abnormal stress ECG with treadmill (794.39) (R94.39)
Chest pain (786.50) (R07.9)
Hypercholesterolemia (272.0) (E78.00)
Idiopathic hypertension (401.9) (I10)
Syncope (780.2) (R55)

Plan

Abnormal stress ECG with treadmill

- Heart Catheterization; Heart Cath Type:Left; Facility:LMC; Status:Hold For - Scheduling; Requested for:09Dec2016;
  Perform:InOffice-Lexington Cardiology; Due:09Jan2017;Ordered; For:Abnormal stress ECG with treadmill; Ordered By:Jacocks, Mitchell W;

Idiopathic hypertension

- Start: Carvedilol 6.25 MG Oral Tablet (Coreg); Carvedilol 6.25MG, 1 Tablet two times daily ,12/27/2012
  Rx By: Jacocks, Mitchell W; Dispense: 90 Days ; #:180 Tablet; Refill: 3;For: Idiopathic hypertension; DAW = N; Verified Transmission to WALGREENS DRUG STORE 11362; Last Updated By: System, SureScripts; 12/9/2016 3:41:14 PM

Date of Service: 12/09/2016
Patient Name: CARL E. LUCAS
Patient DOB: [redacted]
MR#: [redacted]
Gender: M
Provider: Mitchell W. Jacocks M.D.

Discussion/Summary

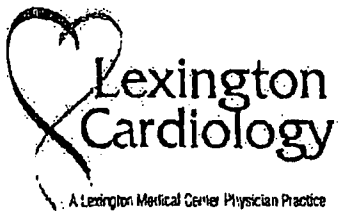
He is here today for evaluation of multiple issues. Regarding the syncopal episode, the etiology for this is undefined. A Holter monitor has not been available for review but I do not think that he has any significant cardiac arrhythmia. I suspect the etiology was vagal and related to issues with high blood pressure. He understands not to drive until this issue has been further addressed. He has multiple cardiac risk factors, concerning symptoms and an abnormal stress test, I've recommended cardiac catheterization and we discussed the risks and benefits of this procedure. He understands and agrees to proceed. He understands not to take any metformin containing medication on the day of or after catheterization. Regarding his blood pressure, carvedilol be added to his regimen particularly in light of his chest symptoms. He has a history of dyslipidemia was significantly elevated triglycerides but is not on statin. This will be addressed after the other issues have been further defined. Plan RTC after the above. Thank you very much for the opportunity to meet this kind gentleman and his family and I will look forward to continuing to participate in his care.

Carbon Copy Recipients

1. Harris, Michael P M.D. - Default PCP

Signatures

Electronically signed by : Mitchell Jacocks, M.D.; Dec 8 2016 3:48PM EST



Lexington Cardiology - Lexington
2728 Sunset Blvd.
West Columbia,SC 29169
(803) 744-4940

DOS:12/27/2016
DOB: [redacted]
Gender: M
MR#: [redacted]
Provider:Mitchell W. Jacocks M.D.

Patient: CARL LUCAS
[redacted]

Reason For Visit
Hospital follow up. C/o active chest thinks it is from his back pain.

History of Present Illness
49-year-old man here for regular follow-up. He has hypertension, hyperlipidemia and chronic low back pain. He's been evaluated for syncope with no identifiable cause. Cardiac catheterization 12/15/16 showed normal coronary arteries with normal LVEF. Since last seen, LEFT precordial chest discomfort which occurs when he has back pain. There has not been an exertional component to this. His back pain seems to be driving his symptoms more than anything else. He has noted a sense of shortness of breath but no edema, orthopnea or PND. He is also noted palpitations particularly at night but he is not had any syncope or near syncope. No slurred speech or focal weakness. No claudication.

Review of Systems

Constitutional: no fever, no chills, no malaise and no fatigue.
Head and Face: no facial pain and no facial pressure
Eyes: no eye pain, eyes not red, no watery discharge from the eyes and no purulent discharge from the eyes.
ENT: no sore throat, no scratchy throat and no hoarseness.
Cardiovascular: as noted in HPI.
Respiratory: as noted in HPI.
Gastrointestinal: no bright red blood per rectum and no melena. no hematochezia no urinary urgency
Genitourinary: no dysuria and no urinary frequency.
Musculoskeletal: no diffuse joint pain, no generalized muscle aches and no back pain.
Integumentary and Breasts: no rashes, no skin lesions and no skin wound.
Neurological: headache, but no leg numbness and no leg weakness.
Psychiatric: anxiety and depression.
Endocrine: no generalized weakness.
Hematologic and Lymphatic: no tendency for easy bleeding and no tendency for easy bruising.

Active Problems
- Abnormal stress ECG with treadmill (794.39) (R94.39)
- Arthritis (716.90) (M19.90)
- Chest pain (786.50) (R07.9)
- Depression (311) (F32.9)
- Esophageal reflux (530.81) (K21.9)
- Hospital discharge follow-up (V67.59) (Z09)
- Hypercholesterolemia (272.0) (E78.00)
- Hypogonadism, testicular (257.2) (E29.1)
- Idiopathic hypertension (401.9) (I10)
- Insomnia (780.52) (G47.00)
- Low back pain (724.2) (M54.5)

Date of Service: 12/27/2016
Patient Name: CARL E. LUCAS
Patient DOB: [redacted]
MR#: [redacted]
Gender: M
Provider: Mitchell W. Jacocks M.D.

- Obstructive apnea (327.23) (G47.33)
- Sleep apnea (780.57) (G47.30)
- Syncope (780.2) (R55)
- Type 2 diabetes mellitus (250.00) (E11.9)

Past Medical History
- History of Annular tear of disc (722.90) (M51.9)
- History of Chest wall muscle strain (848.8) (S29.011A)
- History of pharyngitis (V12.69) (Z87.09)
- History of upper respiratory infection (V12.09) (Z87.09)
- History of Sprain of ribs (848.3) (S23.41XA)
- History of Umbilical hernia (553.1) (K42.9)
  - status post laparoscopic repair with Gore-Tex mesh on 05/29/2013.
- History of Weight gain (783.1) (R63.5)

Surgical History
- History of Hernia Repair
- History of Laparoscopy Repair Of Epigastric Hernia Incarcerated
- History of Tonsillectomy

Family History
Mother
- Family history of Stomach cancer

Father
- Family history of Diabetes mellitus
- Family History of heart disease (V17.49) (Z82.49)

Family History
- Family history of Allergies
- Family history of Asthma (V17.5)
- Family history of Cancer
- Family history of Hypertension (V17.49)

Social History
- Never a smoker
- No alcohol use
- Non smoker (V49.89) (Z78.9)

Current Meds
Arthritis
- Gabapentin 400 MG Oral Capsule; TAKE 1 CAPSULE TWICE DAILY; Therapy: 08Jul2015 to (Evaluate:28Jul2016) Requested for: 26Jun2016; Last Rx:28Jun2016 Ordered

Idiopathic hypertension
- Amlodipine Besy-Benazepril HCl - 5-20 MG Oral Capsule; TAKE 1 CAPSULE DAILY; Therapy: 23Sep2012 to (Evaluate:21May2017) Requested for: 22Nov2016; Last Rx:22Nov2016 Ordered

Insomnia
- ALPRAZolam 1 MG Oral Tablet; TAKE 1 TABLET Daily At Bedtime;

Date of Service: 12/27/2016
Patient Name: CARL E. LUCAS
Patient DOB: [redacted]
MR#: [redacted]
Gender: M
Provider: Mitchell W. Jacocks M.D.

Therapy: 28Jun2016 to (Evaluate:25Dec2016); Last Rx:28Jun2016 Ordered
- Zolpidem Tartrate 10 MG Oral Tablet; TAKE 1 TABLET AT BEDTIME;
  Therapy: 23May2016 to (Evaluate:19Nov2016); Last Rx:23May2016 Ordered

Low back pain
- FLUoxetine HCl - 40 MG Oral Capsule; TAKE 1 TABLET A DAY;
  Therapy: 22Sep2016 to (Last Rx:22Sep2016) Requested for: 22Sep2016 Ordered

Low back pain, PMH: Muscle spasm
- Disabled Parking Placard/License Plate; Due to medical conditions, patient needs handicap placard;
  Therapy: 23May2016 to (Last Rx:23May2016) Ordered

PMH: Muscle spasm
- TiZANidine HCl - 4 MG Oral Tablet;
  Therapy: 27May2015 to Recorded

Type 2 diabetes mellitus
- Invokamet-150-1000 MG Oral Tablet; Take one tablet twice a day;
  Therapy: 08Jul2015 to (Last Rx:05Aug2015) Requested for: 10Aug2015 Ordered
- Misc Med/ Pharmacy Order; glucometer test strips
  test bid;
  Therapy: 19May2015 to (Evaluate:15Nov2015); Last Rx:19May2015 Ordered

Unlinked
- Oxycodone-Acetaminophen 7.5-325 MG Oral Tablet; TK 1 T PO BID PRN;
  Therapy: 10Aug2016 to Recorded

Allergies
1. Penicillins
   Recorded By: Amick, Joann H; 11/13/2012 3:56:22 PM

Vitals
Vital Signs [Data Includes: Current Encounter]
Heart Rate: 85
Height: 5 ft 10 in
Blood Pressure: 164 / 110
Weight: 221 lb
BMI Calculated: 31.71
BSA Calculated: 2.18

Physical Exam
Constitutional: alert, in no acute distress, well nourished, well developed, healthy appearing and normal voice and communication.
Eyes: the sclera and conjunctiva were normal, pupils were equal in size, round, reactive to light, with normal accommodation and extraocular movements were intact.
ENT: the teeth, gums, and palate were normal. The oropharynx was normal with no cyanosis or pallor.
Neck: the neck was supple and the appearance of the neck was normal. There was no jugular-venous distention.
Vascular: carotid pulses were normal with no bruits and the pedal pulses were full . there was no peripheral edema.
Abdomen: normal bowel sounds, soft, non-tender, no hepato-splenomegaly and no abdominal mass palpated.
Musculoskeletal: normal gait, normal movements of all extremities, muscle strength and tone were normal, no involuntary movements were seen, there was no joint instability noted, no joint swelling seen and no clubbing or cyanosis of the fingernails.
Skin: normal skin color and pigmentation, normal skin turgor, no rash and no skin lesions.
Neurological: the patient was oriented to person, place, and time. mood and affect were appropriate.
Extremities: no clubbing of the fingernails, no localized cyanosis, no petechial hemorrhages, no splinter hemorrhages of the nails, no ischemic changes and Osler's nodes were not seenon the fingers.

Date of Service: 12/27/2016
Patient Name: CARL E. LUCAS
Patient DOB: [redacted]
MR#: [redacted]
Gender: M
Provider: Mitchell W. Jacocks M.D.

Respiratory rate: the respiratory rate was normal.
Respiratory Effort: normal respiratory rhythm and effort and no accessory muscle use
Observation: no dry cough.
Auscultation: normal bilateral breath sounds the lungs were clear to auscultation bilaterally. Percussion:, the lungs were normal to percussion. Palpation: palpation of the chest was normal.
Cardiac: The PMI was palpated in the anterior axillary line. The apical impulse was normal. no precordial heave was noted and no thrill palpable at the apex. The heart rate was normal. The rhythm was regular. Heart sounds: normal S1, normal S2, no S3, no S4, no click, the heart sounds were not distant. No pericardial rub
Murmurs: no murmurs heard.
Lower Extremities: no pitting edema present, no varicose veins of the right leg and no varicose veins of the left leg.

Assessment
Syncope (780.2) (R55)
Idiopathic hypertension (401.9) (I10)
Hypercholesterolemia (272.0) (E78.00)

Plan

Idiopathic hypertension
- Renew: Carvedilol 6.25 MG Oral Tablet (Coreg); Carvedilol 6.25MG, 1 Tablet two times daily ,12/27/2012
  Rx By: Jacocks, Mitchell W; Dispense: 90 Days ; #:180 Tablet; Refill: 3;For: Idiopathic hypertension; DAW = N; Sent To: WALGREENS DRUG STORE 11362

Syncope
- 30 DAY EVENT MONITOR; Status:Hold For - Scheduling; Requested for:27Dec2016; Perform:InOffice-Lexington Cardiology; Due:27Jan2017;Ordered; For:Syncope; Ordered By:Jacocks, Mitchell W;
- Follow-up after testing Outpatient Follow-up Status: Hold For - Scheduling Requested for: 27Dec2016
  Ordered;For: Syncope; Ordered By: Jacocks, Mitchell W Performed: Due: 27Jan2017

Discussion/Summary
He is here today for follow-up of both syncope and elevated blood pressure. Since last seen, he has not had any recurrent syncopal episodes and has not had any documented arrhythmia. As he drives a school bus, a 30 day event monitor will be arranged for further evaluation. Blood pressure remains elevated and is probably exacerbated by chronic low back pain. Carvedilol was prescribed last time that was not filled due to her pharmacy issue. The prescription will be sent again. He has hypertriglyceridemia and is on diet therapy for this at this time. Plan RTC after the event monitor.

Carbon Copy Recipients

Signatures
Electronically signed by : Mitchell Jacocks, M.D.; Dec 27 2016 12:31PM EST

ID: [redacted]
Lucas, Carl
D.O.B.: [redacted] 49 Years
Male
Dr: MJ

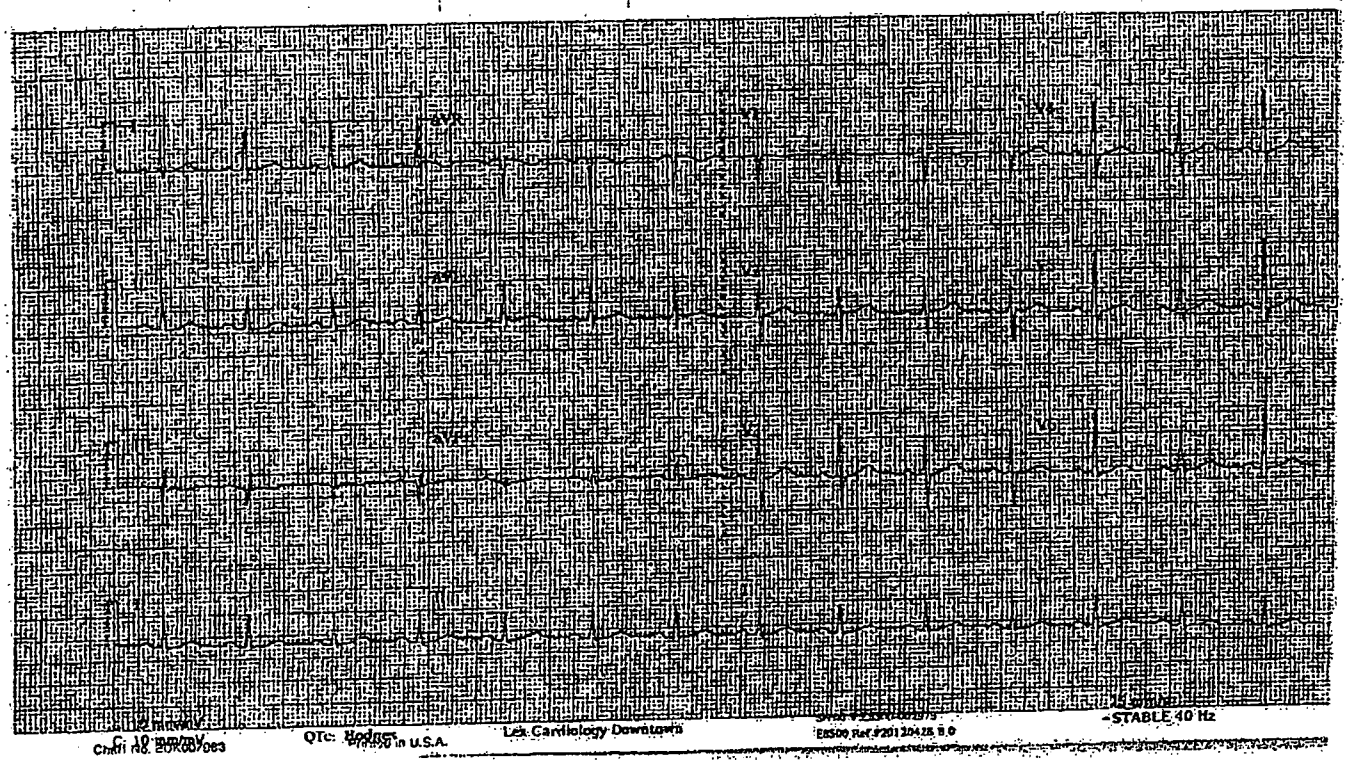
12/27/2016 12:59:32

Vent. Rate:	85 bpm
RR Interval:	705 ms
PR Interval:	162 ms
QRS Duration:	86 ms
QT Interval:	362 ms
QTc Interval:	405 ms
QT Dispersion:	16 ms
P Axis:	53 deg
QRS Axis:	7 deg
T Axis:	23 deg

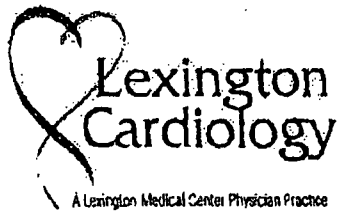
Sinus rhythm
Possible inferior infarct - age undetermined

Abnormal ECG

* Unconfirmed Analysis *



C: 10 mm/mV
QTc: Bodnar
Chart no. 20K0003
Lex Cardiology Downtown
EASE Ref: P201204.28, 8.0



Lexington Cardiology - Lexington
2728 Sunset Blvd.
West Columbia,SC 29169
(803) 744-4940

Patient: CARL LUCAS
[redacted]

DOS:12/15/2016
DOB: [redacted]
Gender: M
MR#: [redacted]
Provider:Michael Roberts M.D.

Procedures by Roberts, Michael C, MD on 12/15/16 0800

Author: Roberts, Michael C, MD | Service: Cardiology | Author Type: Physician
Filed: 12/15/16 0800 | Date of Service: 12/15/16 0800 | Status: Signed
Editor: Roberts, Michael C, MD (Physician)

Procedure Orders:
1. Conscious Sedation [77489383] ordered by Roberts, Michael C, MD at 12/15/16 0800

Carl E Lucas is a 49 y.o. male patient.
No diagnosis found.

Past Medical History

Diagnosis	Date
• Decreased sensation *hands, legs*	
• Diabetes mellitus	
• Flu	2 weeks ago
• GERD (gastroesophageal reflux disease)	
• Hypertension	
• Kidney stone *passed*	
• Sleep apnea	

There were no vitals taken for this visit.

Conscious Sedation
Date/Time: **12/15/2016 8:00 AM**
Performed by: **ROBERTS, MICHAEL C**
Authorized by: **ROBERTS, MICHAEL C**
Risks and benefits: risks, benefits and alternatives were discussed

I have discussed with the patient his/her diagnosis, the nature of the treatment/procedure, the major risk, the benefits, the potential complications, the probability of success, the prognosis if the treatment/procedure is not carried out, any alternatives, and the potential problems related to recuperation. I have answered the patient's questions and obtained permission to proceed; patient states understanding of the procedure being performed

Sedation Flow sheet: Sedation/Anesthesia Plan: moderate (conscious) sedation

Procedures by Roberts, Michael C, MD on 12/15/16 0800 (continued)

Sedation/Anesthesia History:no complications
Airway Evaluation: No obvious airway abnormality
Sedatives: versed and fentanyl
ASA Class: class III - patient with severe systemic disease
Candidate assessment to undergo planned procedure: no known risk factors

Roberts, Michael C

Electronically signed by Roberts, Michael C. MD at 12/15/16 0800

Received for:Michael Roberts M.D. Dec 15 2016 8:01AM Eastern Standard Time

Lexington Cardiology - Lexington
2728 Sunset Blvd.
West Columbia,SC 29169
(803) 744-4940

Lexington Cardiology
A Lexington Medical Center Physician Practice

Patient: CARL LUCAS
[redacted]

DOS:12/15/2016
DOB: [redacted]
Gender: M
MR#: [redacted]
Provider:Michael Roberts M.D.

Cath Lab Report by Roberts, Michael C, MD on 12/16/16 1637

Author: Roberts, Michael C, MD | Service: Cardiology | Author Type: Physician
Filed: 12/16/16 1637 | Date of Service: 12/15/16 1405 | Status: Signed
Editor: Roberts, Michael C, MD (Physician)
Related Notes: Original Note by Roberts, Michael C, MD (Physician) filed at 12/15/16 1408

LMC CARDIOLOGY CATH LAB PROCEDURE NOTE

Procedure Start: 1345

PROCEDURE: Left heart catheterization
PRE-PROCEDURE DX: Abnormal Stress Test
POST-PROCEDURE DX: Abnormal stress test

PRIMARY PHYSICIAN: Roberts, Michael C, MD

ADDITIONAL PHYSICIANS: None

ANESTHESIA TYPE: Moderate Sedation

EBL: None or negligible

LINES: None

DRAINS: None

SPECIMENS: None

IMPLANTS: None

COMPLICATIONS: None

BRIEF FINDINGS:
Normal Cath

FINDINGS/DESCRIPTON OF PROCEDURE (DICTATED):

Cath Lab Report by Roberts, Michael C, MD on 12/16/16 1637 (continued)

DICTATION #: 111253326PROCEDURE(S) PERFORMED:
1.Left heart catheterization.
2.Left ventriculogram.
3.Selective right and left coronary arteriography.

CATHETERS USED:
1.5 French pig.
2.5 French JL-4.
3.5 French JR-4.

OPERATOR: Michael C. Roberts, MD.

DESCRIPTION OF THE PROCEDURE: The procedure was performed in routine fashion from the right groin under local anesthesia with 1% Xylocaine. The catheters were inserted via Seldinger technique. Selective right and left coronary angiography was performed and described in detail below. A left ventriculogram was performed from the 30-degree, RAO projection using 10 cc of nonionic contrast dye. LV to AO pullback was obtained and all hemodynamics measured. Post-procedure, hemostasis was obtained with a #5 French Mynx vascular closure device. The patient left the Cath Lab in stable condition.

HEMODYNAMICS: Left ventricular end-diastolic pressure was 15 with a pre-A wave of 11. There was no LV to AO gradient.

ANGIOGRAPHY:

LEFT VENTRICULOGRAM: There was overall normal LV systolic function. There were no segmental wall motion abnormalities, and the ejection fraction was greater than 60%.

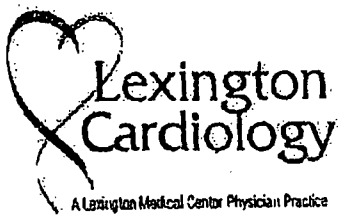
CORONARY ARTERIOGRAPHY:
1.RIGHT CORONARY ARTERY: This vessel is angiographically normal.
2.LEFT MAIN CORONARY ARTERY: This vessel is normal.
3.LAD: This vessel is angiographically normal.
4.LEFT CIRCUMFLEX: This vessel is angiographically normal.

IMPRESSION:
1.Normal left ventricular function.
2.Normal coronary arteries.

Roberts, Michael C, MD

Electronically signed by Roberts, Michael C, MD at 12/16/16 1637

Received for:Michael Roberts M.D. Dec 16 2016 4:38PM Eastern Standard Time



Lexington Cardiology - Lexington
2728 Sunset Blvd.
West Columbia,SC 29169
(803) 744-4940

DOS:01/05/2017
DOB: [redacted]
Gender: M
MR#: [redacted]
Provider:Mitchell W. Jacocks M.D.

Patient: CARL LUCAS
[redacted]

CARL LUCAS
[redacted]

Jan 05, 2017

Re: Mr. Carl Lucas
Date of Birth: [redacted]

Dear Mr. LUCAS,

Regards,

Mitchell Jacocks, Cardiology
CARL LUCAS
[redacted]

Jan 05, 2017

Re: Mr. Carl Lucas

To Whom It May Concern:

The above named patient has been under my care. He was seen in my office and may not return to work until further evaluation on 2/1/16
Restrictions: No driving

If you should have any questions, please feel free to contact my office at the number listed above.

Sincerely,

Mitchell Jacocks, Cardiology

Lexington Cardiology
A Lexington Medical Center Physician Practice

Lexington Cardiology - Lexington
2728 Sunset Blvd.
West Columbia,SC 29169
(803) 744-4940

DOS:12/15/2016
Patient: CARL LUCAS [redacted]
DOB: [redacted]
Gender: M
MR#: [redacted]
Provider:Michael Roberts M.D.

CARL LUCAS
[redacted]

Dec 15, 2016

Re: Mr. CARL LUCAS

To Whom It May Concern:

The above named patient has been under my care. He was seen at Lexington Medical Center on on December 15, 2016 and may return to work on December 21, 2016.

If you should have any questions, please feel free to contact my office at the number listed above.

Sincerely,

Mitchell Jacocks, MD

Electronically signed by : Jennifer Kirkland, : Dec 15 2016 4:29PM EST (Administrative)

LAW OFFICES
MCWHIRTER, BELLINGER & ASSOCIATES, P.A.
119 EAST MAIN STREET,
LEXINGTON, SOUTH CAROLINA 29072
(803) 359-5523
FAX (803) 359-1248
mail@mcwhirterlaw.com

H. PATTERSON McWHIRTER
THOMAS P. BELLINGER
GARLAND P. McWHIRTER
STACEY TARTE MEYER
JOSEPH R. DASTA
L. LISA McPHERSON
ELIZABETH McMAHON PENTZ

RICHARD W. SIMMONS, II
J. TYLER LEE, JR.
MELISSA G. MOSIER
JOHN P. MEADORS
KEVIN R. HORTON
SARAH W. GUTHRIE
AMANDA N. PITTMAN

January 23, 2017

Mitchell W. Jacocks, MD
Lexington Cardiology
2728 Sunset Blvd, Suite 300
West Columbia, SC 29169

Re: Our Client: Carl Edward Lucas
Date of Birth: [redacted]
SSN:
Date of Incident: 1/17/2014

Dear Dr. Jacocks:

As you may be aware I represent Carl Edward Lucas on a pending workers compensation claim dating back to January 17, 2014. On July 1, 2007, our statutes were reformed to require medical causation establishing an injury arose out of and during the course of employment. Mr. Lucas injured his lower back, which effected his bilateral legs and hips, when lifting cases of wine and liquor at work on January 17, 2014. He has had extensive treatment including orthopedic and pain management. These records are enclosed for your review.

I have reviewed your medical reports particularly your reports of December 9, 2016 through December 27, 2016, which reveal blood pressure, chest pain, and shortness of breath. Please address the below question:

1. To a reasonable degree of medical certainty, was Carl Edward Lucas' blood pressure and chest pain most probably caused or aggravated by his back pain from the original January 17, 2014 on the job accident?

Yes ✓ No _____

2. To a reasonable degree of medical certainty, what treatment would you recommend as a result of Mr. Lucas' above causally related issues?

His chest pain is noncardiac and requires no cardiac treatment. Blood pressure will be treated with standard of care medication

Mitchell W. Jacocks, MD

2/17/17
Date

Patient Record [redacted]

PRID: [redacted] Call #:001256766

Service:Richland County EMS
Base:HQ
Unit:S224
Shift:C
Vehc. Grid:Ballentine
Type of Svc:Scene Unscheduled
Mode to Ref:Lights / Sirens
Moved Via:Stretcher
Position:Semi-Fowlers
Treated NON-COUNTY
Outcome:RESIDENT, Transported by EMS
Amb. Transport Code:Initial Trip

Date:March 26, 2017
Team:ALS
Crew 1:*Primary Caregiver*
*Wyse, Marti
EMT-P
Crew 2:*Driver*
Moak, Amy
EMT-B
* designates an ALS Provider
Mode to Rec:
Moved From:Stretcher
Pt. Condition:Improved

Location:TEXAS ROAD HOUSE
400 Columbiana Dr
COLUMBIA, SC 29212
United States

Last Name: LUCAS **First:** CARL **Middle:** EDWARD
Address: [redacted]
City: [redacted] **ST:** [redacted] **Zip:** [redacted]
County: [redacted]
Country: United States
Citizenship: United States
Phone: Home: [redacted]
DOB: [redacted] **SSN:** [redacted]
Age: 49y **Sex:** M **Weight:**
Height:
Subscriber: No
Race: White, non-Hispanic

Odometer	Times
Ld Miles: 8.5	Received: 13:43
	Dispatch: 13:45
	EnRoute: 13:47
	At Ref: 13:54
	At Patient: 13:57
	Leave Ref: 14:08
	At Rec: 14:22
	Available: 14:36

Consent Signed: No
PCS / Medical Necessity Signed: No
Primary Method of Payment: Insurance

Billing Information:

Company	Group	ID
BCBS State Employee (Insurance)		

Scene Information

Description: TEXAS RODEO HOUSE SITTING AT A BOOTH. STAFF ON SCENE.

Patient Belongings: CLOTHES, SHOES, AND HAT LEFT WITH PATIENT IN ED. PATIENT'S FIREARM SECURED BY WIFE ON SCENE PRIOR TO LEAVING LOCATION.

Exposed: This EMS Crew :
Contact w/ Fluids: No **Type of Exposure:** None
Protective Equip: Eye Protection,Gloves

Chief Complaint (Category: Seizure)

SYNCOPE

Duration: 10 Minutes
Anatomic Location: General/Global
ALS Assessment: Completed for Suspected Illness

History of Present Illness

PATIENT PASSED OUT AFTER HAVING A SHARP PAIN IN HIS BACK. PATIENT STATES HE HAS HAD THIS HAPPENED BEFORE.

Medical History	Current Medications	Allergies
Obtained From: Not Recorded	None Listed	None Listed

Neurological Exam

Level of Consciousness: Alert **Loss of Consciousness:** No
Chemically Paralyzed: No

Glasgow Coma Scale

Neurological Exam

Neurological Present: Normal

Mental Present: Confused

	E	V	M	Tot
Int:	4	4	6	= 14

Pupils	Left	Right
Size:	Normal	Normal
React:	Reactive	Reactive

	Motor	Sensory
LA:	Normal	Normal
RA:	Normal	Normal
LL:	Normal	Normal
RL:	Normal	Normal

Airway

Status: Patent

Performed By: Patient

Outcome: Improved

Respiratory

Effort: Normal

Sounds: L: Clear **R:** Clear

Sounds: EQUAL

Cardiovascular

JVD: Not Appreciated

Cap. Refill: Less than 2 Seconds

Edema: Not Appreciated

Pulses	Left	Right
Carotid:	Not Checked	Not Checked
Radial:	Strong	Strong
Femoral:	Not Checked	Not Checked
Dorsalis:	Not Checked	Not Checked

Injury Details

Reason for Encounter: Non-Injury

Drugs/Alcohol?: None

Initial Physical Findings

Assessment

Skin Findings:

Impression / Diagnosis

System: Global

Symptoms: Mental Status Changes, Change in Responsiveness

Impression: Syncope / fainting

Activity

Time	H.R.	B.P.	MAP	RA SaO2		Resp	Rhythm	GCS	ECG Method	Glu	Pain	CRW*	
	H.R. Method	Method	LOC			Resp Effort							
Action	Comment												
14:03	90	97 / 73	81	94		16	Normal Sinus Rhythm (REG)	4/4/6		176	0	#1	
		Auto. Cuff	Alert			Normal							
Cardiac	Upon arrival found 49 y/o male patient sitting in a booth at the location appearing to be very dazed. Wife on scene states that patient was sitting when he became unresponsive, vomited and just was not himself. Wife states this has happened before at home but never while they were out in public. Patient is disoriented and slightly confused but quickly comes back around while EMS is on scene. Patient states that this has happened before and was told by a cardiologist that it is a vagal response to the pain from a back injury. COA times 2, PEARL, skin warm and moist, lungs bilateral breath sounds, clear and equal with spO2 94% on room air. Patient agrees to transport to Lexington Medical Center via EMS after his wife is able to secure his concealed firearm. Patient assisted to stretcher, stretcher to unit without incident. Cardiac Monitor performed by Marti Wyse.												
14:06												#1	
			Alert										
Cardiac	12-Lead EKG performed by Marti Wyse.												
14:08	89	101 / 75	84	95		16	Normal Sinus Rhythm (REG)	4/5/6			0	#1	
		Auto. Cuff	Alert			Normal							

Activity													
Time	H.R.	B.P.	MAP	RA SaO2		Resp	Rhythm	GCS	ECG Method	Glu	Pain	CRW*	
	H.R. Method	Method	LOC			Resp Effort							
Action	Comment												
Hosp. Notify	ALS alert sent by Marti Wyse via Radio.												
14:13	84	103 / 76	85	95		16	Normal Sinus Rhythm (REG)	4/5/6			0	#1	
		Auto. Cuff	Alert			Normal							
	Patient still complaining of feeling very warm and still sweating while with EMS but patient does state he is feeling better than when the pain caused him to pass out at the restaurant.												
14:18	79			95		16		4/5/6			0	#1	
			Alert			Normal							
	Stretcher from unit without incident. Report given and care transferred to ED staff without incident. Signatures obtained.												

* *Assessment made by*

Response Factors Affecting Care: None
Scene Factors Affecting Care: None
Transportation Factors Affecting Care: None

Wyse, Marti: *Electronically Signed on 03/26/2017 16:36:27 EST*

Moak, Amy: *Electronically Signed on 03/26/2017 16:29:32 EST*

RICHLAND COUNTY
EMERGENCY MEDICAL SERVICES
CERTIFIED COPY OF RECORDS
DATE 5-5-17

Julie Eads

My commission expires 2-14-19

Bruce D. Fiter, M.Ed., P.T.
Director

www.crcrehab.com

July 29, 2016

Sedgewick
P.O. Box 14151
Lexington, Kentucky 40512

Re: Carl (Eddie) Lucas

Mr. Lucas was seen on July 29, 2016 for a Functional Capacity Evaluation.

Mr. Lucas is a 49 year old male who sustained a work injury to his lumbar spine on January 17, 2014. The patient reported an initial pain level of "6" on a "0-10" pain scale in which "0" represents no pain and "10" represents maximal emergency level pain. The highest reported pain level during today's evaluation was "7" and this occurred with pulling and lifting overhead.

The results of the Functional Capacity Evaluation performed on this date indicate that he can meet the demands of limited light to limited medium work. He tolerates occasional walking, bending, twisting, and reaching forward. He does not tolerate occasional stairclimbing, kneeling, squatting, or reaching overhead. He can lift from 10 to 16 pounds at various heights on an occasional basis. He can carry 16 pounds with 2 hands. He can carry 12 pounds in the right hand and 11 pounds in the left hand. He can push 30 pounds loaded in a sled and can pull 30 pounds loaded in a sled. He has a self-reported sitting and standing/walking tolerance of 45 and 40 minutes respectively. He was observed to sit for a maximal time of 35 minutes and stand/walk for a maximal time of 20 minutes.

The patient's lumbar range of motion is limited. Please refer to the enclosed forms for range of motion measurements.

The results of the treadmill test place Mr. Lucas in the fair Classification of Aerobic Capacity. Mr. Lucas' Functional Aerobic Capacity qualifies him for light work.

Mr. Lucas put forth a consistent effort during the evaluation. He qualifies for limited light to limited medium work. Please refer to page 2 of the enclosed forms for specific lifting ability. He does not tolerate occasional kneeling, squatting, overhead reaching, or stairclimbing.

Thank you for this referral. If you have any questions, please call me at (803) 799-7007.

Sincerely,

Tracy Hill, P.T.

Columbia Rehabilitation Clinic, Inc.

FUNCTIONAL ABILITIES EVALUATION

BTE TECHNOLOGIES™

PREPARED FOR:
Sedgewick
P.O. Box 14151
Lexington, Kentucky 40512

Client Information

Client Name: Mr. Carl Edward Lucas
Address: [redacted]
Injury Date: January 17, 2014
Dominant Hand: Right Hand
SSN: [redacted]
Date of Birth: [redacted]
Gender: Male
Height: 70 inches
Weight: 219 lbs
Marital Status: Married

Employment Information

Occupation: Route driver
Employer: Republic National Distributing
Address: Price Brothers
West Columbia, S.C.

Insurance Information

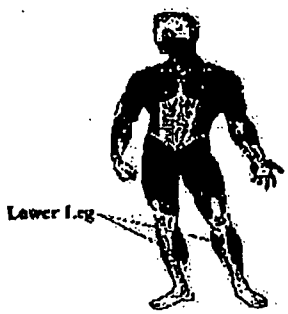
Company: Sedgewick
Address: P.O. Box 14151
Lexington, Kentucky
40512

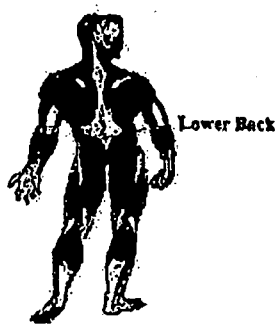
Work Status: Not currently working

Claim #: 30141636734-0001

Start & Finish Date: Jul 29, 2016
Evaluator: Tracy Hill, PT

Areas of Complaint





General Location	Specific Location	Plane	Side	Pain Type	Pain Scale
Lower Back (Lumbosacral)					6 - High Moderate
Lower Leg			Bilateral		5 - Moderate

Tracy Hill, PT
Physical Therapist

Name Carl (Eddie) Lucas

Lift	Pounds	Job Demand Category
Floor to Waist	—	—
12 Inch to Waist	10	limited lights
Waist to Shoulder	16	
Shoulder to Overhead	10	
Carry (2 Handed)	16	
Right Hand Carry	12	
Left Hand Carry	11	
Push	30 (21.4 lbf)	limited medium
Pull	30 (21.4 lbf)	

Strength **Lower Extremity Manual Muscle Test** Jul 29, 2016 12:05:19 PM

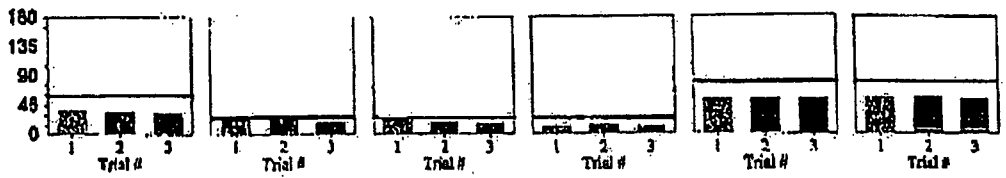
Manual Muscle Testing of the lower extremities was performed and the results are as follows:

Hip Flexion: Bilat 4/5	Knee Extension: Bilat 5/5	Dorsiflexion: Bilat 5/5
Extensor Hallicis Long: Bilat 5/5	Eversion: Bilat 5/5	

Range of Motion ⇐ Lumbar Range of Motion

Jul 29, 2016 12:07:45 PM

	True Lumbar Flexion	True Lumbar Extension	Left Lateral Flexion	Right Lateral Flexion	Left Straight Leg Raise	Right Straight Leg Raise
Normals:	60	25	25	25	80	80
Trial 1:	38	20	24	11	54	56
Trial 2:	36	20	20	14	55	55
Trial 3:	33	18	16	11	55	54
Average	35.7	19.3	20.0	12.0	54.7	55.0
Maximum	38.0	20.0	24.0	14.0	55.0	56.0
AMA Valid	YES	YES	YES	YES	YES	YES
% of Normal	60%	77%	80%	48%	68%	69%



Reference Information
American Medical Association Guides to the Evaluation of Permanent Impairment, Fifth Edition

Work Simulation — Dynamic Push/Pull

Jul 29, 2016 1:51:28 AM

The patient was asked to push and pull a sled a distance of 30 feet. The results are as follows:

Push: 21.4 lb.ft. Pull: 21.4 lb.ft.

MAX HR 105

Evaluator Comments

Mr. Lucas was able to push 30 pounds and pull 30 pounds loaded in a sled with difficulty noted for both. He did not want to attempt additional weight secondary to complaints of increased lumbar pain.

Work Simulation ➽ Dynamic Bending

Jul 29, 2016 12:18:31 PM

The patient was asked to bend forward at the waist 25 repetitions. The results are as follows:

dynamic bending: 25 repetitions

PRE HR 86 POST HR 92

Evaluator Comments

Mr. Lucas was able to bend forward at the waist 25 repetitions. He reported increased lumbar pain but he was able to complete the test.

Work Simulation ➽ Dynamic Rotation

Jul 29, 2016 12:22:01 PM

The patient was asked to rotate at the waist 25 repetitions. The results are as follows:

Dynamic rotation: 25 repetitions

PRE HR 88 POST HR 97

Evaluator Comments:

Mr. Lucas was able to rotate at the waist 25 repetitions. He reported increased lumbar pain but he was able to complete the test.

Work Simulation ⇤ Squatting Jul 29, 2016 12:28:39 PM

The patient was asked to assume a squatting position for 2 minutes. The results of squatting are as follows:

squatting: 36 seconds

PRE HR 93 POST HR 104

Evaluator Comments

Mr. Lucas was able to squat (50% range) for 36 seconds with difficulty noted maintaining this position. Testing was terminated at the request of the patient secondary to complaints of increased lumbar pain.

Work Simulation ➽ Kneeling

Jul 29, 2016 12:32:03 PM

The patient was asked to assume a kneeling position for 2 minutes. The results are as follows:

Kneeling: 54 seconds

PRE HR 94 POST HR 102

Evaluator Comments

Mr. Lucas was able to kneel for 54 seconds with difficulty noted maintaining an upright position. Testing was terminated at the request of the patient secondary to complaints of increased lumbar pain.

Work Simulation ➨ Dynamic Reaching

Jul 29, 2016 12:45:29 PM

The patient was asked to transfer 1 lb weights from shoulder level to above head level for 5 minutes. The results are as follows:

Dynamic reaching: 1:35 min; 5 min

	PRE HR	84	POST HR	100

Evaluator Comments

Mr. Lucas was able to reach overhead for 1:35 minutes and forward for 5 minutes. Testing for overhead reaching was terminated at the request of the patient secondary to complaints of increased lumbar pain.

Work Simulation ➨ Stair Climbing

Jul 29, 2016 12:55:23 PM

The patient was asked to ascend/descend a series of 4 stairs for a total of 10 cycles. The results are as follows:

Time (min,secs)	Initial Heart Rate (bpm)	Final Heart Rate (bpm)	Stairs Ascended	Stairs Descended
1:24	88	104	28	28

Evaluator Comments

Mr. Lucas was able to ascend/descend a series of 4 stairs for a total of 7 cycles. He used a step over step gait pattern and used both handrails. Testing was terminated at the request of the patient secondary to complaints of increased lumbar pain.

Work Simulation — 12 inch to waist lift Jul 29, 2016 1:05:14 PM

The patient was asked to lift from 12 inches off of the floor to waist height. The results are as follows:

MAX HR 104

Evaluator Comments

Mr. Lucas was able to lift 10 pounds 14 inches from floor level. This was the lowest level lift he could complete. He did not want to attempt additional weight secondary to complaints of increased lumbar pain.

Vocational Rehabilitation
Let's go to work

May 03, 2017

Carl E. Lucas
[redacted]

Dear Mr. Lucas:

This department is unable to continue its involvement with you because of your request for closure due to your inability to drive, sit/stand for long periods of time, bend, stoop, or twist. This circumstance requires that your case be closed.

If you disagree with this action or need further explanation, please contact me at 1330 BOSTON AVENUE, WEST COLUMBIA, SC 29170 (803) 896-6395. If this matter is not resolved to your satisfaction, you may contact the area supervisor at 1330 BOSTON AVENUE, WEST COLUMBIA, SC 29170 (803) 896-6333.

The South Carolina Vocational Rehabilitation Department does not discriminate on the basis of race, color, national origin, sex, disability, or age in its programs and activities. If you feel you have been discriminated against, you may contact the Discrimination Complaints Coordinator, South Carolina Vocational Rehabilitation Department, 1410 Boston Avenue, PO Box 15, West Columbia, SC 29171, (888) 861-3543 (TTY: (803) 896-6058, DCCoordinator@scvrd.state.sc.us.

Please feel free to re-apply for vocational rehabilitation services in the future.

Sincerely,

Counselor

LEXINGTON COUNTY SCHOOL DISTRICT ONE
EXIT INTERVIEW HR 45

Name: Carl E. Lucas Location: Transportation

Employee ID: [redacted] Last day of employ: 3-10-17

Position: Bus Driver

Forwarding address: Resigning due to Health reasons

1. Reason for leaving:

Resigning	✓	Retiring	
Terminated/Nonrenewal		Leaving profession	
Relocating		Going back to school	
Staying home w/ family		Took an admin. position	
Took position in another district		Other/Unknown	

2. All benefit rights have been covered:

(Y) Insurance
(X) Life Insurance coverage
(X) Medical Spending
(X) Colonial Products
(X) 401(k), 457, 403 (b) Accounts
(✓) Retirement refund

Note: Returning to Covered Employment after Retirement. You must have a 30-day break in service; if you return to work before the 30-day requirement, your retirement will be null and void. $10,000 Earnings Limitation will apply to those employees retiring after January 1, 2013 and are under the age of 62.

(✓) Last pay check 2-10-17
(—) Leave overages No leave
( ) Other

3. Additional benefits offered:

Retiree Insurance Yes/No
COBRA Yes/No

4. Technology Access:

(✓) District e-mail access: Last day of active employment
(—) Home e-mail address: [redacted]
(—) Employee Online

Employee's signature: Carl Edward Lucas Date 3-14-2017

Interviewer's signature – Benefits: [signature] Date 3/14/17

Approval signature – HR: Michael McCreary Date 3/17/17

[redacted]

THE STATE OF SOUTH CAROLINA
In the Court of Appeals

APPEAL FROM SOUTH CAROLINA WORKERS COMPENSATION COMMISSION

Full Commission

WCC File Number 1401730
Appellate Case No. 2018-001553

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SC Court of Appeals

Carl E. Lucas, Employee .....Respondent,

v.

RNDC of South Carolina, Employer
and Hartford Indemnity, Carrier, ... Appellants.

CERTIFICATE OF COUNSEL

The undersigned certifies that the Record on Appeal contains all material proposed to be included by any of the parties and not any other material.

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February 1, 2019