

2015

**State of Utah, Plaintiff/ Appellee, v. Rick Jimenez Defendant/
Appellant.**

Utah Court of Appeals

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IN THE UTAH COURT OF APPEALS

THE STATE OF UTAH,

Plaintiff/Appellee,

vs.

RICK JIMENEZ,

Defendant/Appellant.

Case No. 20140841-CA

Appellant is incarcerated.

BRIEF OF APPELLANT

Appeal from a judgment of conviction for one count of burglary, a second degree felony, Utah Code § 76-6-202, in the Third Judicial District, Salt Lake County, Utah, the Honorable Denise Lindberg presiding.

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UTAH APPELLATE COURTS

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JURISDICTIONAL STATEMENT

This is an appeal from a judgment of conviction for one count of burglary, a second degree felony, Utah Code § 76-6-202, in the Third Judicial District, Salt Lake County, Utah, the Honorable Denise Lindberg presiding. R. 158. A copy of the sentence, judgment, commitment is attached as Addendum A. This court has jurisdiction under Utah Code section 78A-4-103.

ISSUE, STANDARD OF REVIEW, AND PRESERVATION

Issue: Whether the trial court erred when it excluded Mr. Jimenez's medical records under rule 403 of the Utah Rules of Evidence. The records would have supported his testimony that health issues precluded him from climbing on a garbage can to enter a house through the window. Additionally and relatedly, whether the trial court erred when it ruled that counsel's failure to submit redacted versions of the medical records before trial precluded their admission.

Standard of Review/Preservation: This Court “review[s] a trial court’s decision to admit or exclude evidence under rule 403 using an abuse of discretion standard.” *State v. Downs*, 2008 UT App 247, ¶ 6, 190 P.3d 17 (alterations omitted) (internal quotation marks omitted). Trial courts also have discretion to set deadlines for motion practice. *State v. Gonzalez*, 2015 UT 10, ¶ 48, 345 P.3d 1168. This issue was preserved. R. 178:165-175, 185-86.

STATUTES AND RULES

Utah Rules of Evidence 401, 402, and 403, and Utah Rule of Criminal Procedure 12 are relevant to this appeal and are attached as Addendum B.

STATEMENT OF THE CASE

The State charged Mr. Jimenez with burglary and theft. R. 1-2. The jury found Mr. Jimenez guilty of burglary and not guilty of theft. R. 178:249. The court sentenced him to one to fifteen years in prison. R. 158. He filed a timely notice of appeal. R. 160.

STATEMENT OF FACTS

N.N. testified that she returned to her house in December of 2012 at about 5 p.m. to find it disheveled. R. 178:76-78. She noticed that the plastic insulation on one of the windows had been pushed away and a garbage can had been placed underneath the window. R. 178:79, 97. The window was high enough off the ground that a person would have to reach up to touch the bottom of the sill. R. 179:97.

She notified the police, who gave her some paperwork and told her to call if she noticed anything else. R. 178:83. The officer testified that he looked through the house and did not notice any blood. R. 178:183. N.N. tidied up and went to sleep. R. 178:84.

The next morning, N.N. noticed blood “on the end of a bottom pillow.” R. 178:84. She also found “just bits” of blood on her dresser, the vanity in the bathroom, her blender, her shades, and clothing in her closet. R. 178:85-86. A crime scene investigator arrived at the scene, took photos, processed the scene for latent prints, and took a sample of the blood on the blender. R. 178:106-113. The only fingerprint sufficient for comparison was not a match to Mr. Jimenez. R. 178:134. The crime lab found that the DNA profile on the blood matched Mr. Jimenez. R. 178:125, 150. An officer asked Mr. Jimenez if he recognized photographs of N.N.’s house and he said it reminded him of his grandmother’s house but he had never been to the house in the photographs. R. 178:129. The officer did not check him for injuries because it was six months from the date of the break-in. R. 178:131.

N.N. made an inventory of everything that she believed was missing from her house. R. 178:89; State’s Ex. 14. She listed the “cost” of the items by “pull[ing]” “the middle” value from Amazon.com or from a “generalized idea of what [she] would pay for them or what [she] had paid for them.” R. 178:90-91. The list of thirty-six items included an iPod, three watches, jewelry, a Blackberry, women’s clothes, women’s boots, a DVD of the movie *Volver*, shampoo, a bottle of wine, and cash and checks from a cancer fundraiser. State’s Ex. 14.

Mr. Jimenez testified in his defense. R. 178:188. He had been in Salt Lake City helping a friend move shortly before the day N.N. reported a break-in, but he lived in Ogden. R. 178:189. He testified that he had never been in N.N.’s house. R. 178:197-98. However, while he was in Salt Lake City, he was knocked over by a pitbull while he and

his friend were in N.N.'s neighborhood right across from her house. R. 178:195-97. The pitbull was being walked by a younger Polynesian girl. R. 178:194. When the girl noticed that Mr. Jimenez was bleeding, she wiped his arm with a rag. R. 178:196. N.N. owns a pitbull that she said was in her basement with the door shut at the time of the break-in. R. 178:77, 94.

Mr. Jimenez also testified about his serious medical ailments. R. 178:190. He had six herniated disks, crushed vertebrae in his neck, and torn tendons in his arm and leg that made getting around difficult. R. 178:190. He was also in long-term treatment and physical therapy for his sciatic nerve. R. 178:191. He walked with a cane and his injuries would make it impossible for him to climb on a garbage can and through a window. R. 178:192, 195.

Outside the presence of the jury on the day of trial, the prosecution objected to the admission Mr. Jimenez's medical records as irrelevant. R. 178:165. At a review hearing a little more than a month before trial, defense counsel had alerted the court that counsel had "some medical records that I've made [opposing counsel] aware of and I will send them to him." R. 188:5. The court asked if defense counsel could "exchange . . . that information this week" and counsel agreed to do so. R. 188:5.

During the discussion of the relevance objection, defense counsel mentioned that he could introduce the records in selected portions, and keep out any mention of prison in the records. R. 178:169. Without an objection on this basis from the State, the court then stated, "you didn't bring it to me in advance of today. We don't re[d]act[] records. You already indicated that you want to read portions of it and leave other portions out. It —

we're dealing with very old records. And so no. You have — you had the opportunity to bring this matter in advance, you chose not to. I'm not going to sit here and have incomplete records presented or incomplete information." R. 178:170. Defense counsel "then . . . ask[ed] that they all be introduced." R. 178:170. The court responded: "anything that is relevant — anything that you include is — at most would be cumulative to the testimony that he's going to be presenting. So the motion is denied." R. 178: 170. The prosecutor then reminded the court that it was his motion, so the court ruled that the "State's motion is granted." R. 178:170.

The State then added a hearsay objection and a rule 403 objection for the record on appeal. R. 178:172-73. The court reasoned that the medical records were admissible as an exception to the hearsay rule. R. 178:173. The court initially overruled a rule 403 objection because "403 is a rule of inclusion" and "the State has not articulated any prejudice to itself." R. 178:175. However, the court later brought the issue up again and said that "cumulative evidence" was an issue as well as "potentially jury confusion." R. 178:185-86. The court was concerned with the "question [of] the relevance of 2007 medical records or 2008, 2009, 2010, 2011." R. 178:173. The court's ruling concerning timeliness was as follows:

And to the extent that they are — records that even assuming relevance, would have been — would include selective — would have only been selective coverage of or presentation of information which, as the defense has put on, by simply naming what pages he wishes to include, you know, clearly evidence that that would be a selective presentation and were brought to a court in a properly redacted form and were not properly raised to the court for prior determination of admissibility. All those are my grounds for denial.

R. 178:174. Mr. Jimenez submitted the medical records for the purposes of an appeal and they are attached as Addendum C.

The jury convicted Mr. Jimenez of burglary but acquitted on the theft charge. R. 178:249.

SUMMARY OF THE ARGUMENT

The trial court erred when it excluded Mr. Jimenez's medical records, which corroborated his testimony that his physical condition would have made it impossible to climb on a garbage can and through a window.

First, the records were not only relevant, but highly probative. They were the defense's only corroboration for Mr. Jimenez's testimony, and there was nothing unnecessarily cumulative or confusing about them. The records would have substantiated Mr. Jimenez's testimony concerning his years of back pain and physical therapy. The jury could have easily determined what evidentiary weight to give the records.

Second, the defense was not obligated to redact the records before trial based on a general relevance objection that did not come until the day of trial. Defense counsel did present the records before trial; it was the prosecutor that waited until the defense's case-in-chief to object based on relevance.

The court's ruling excluding the medical records prejudiced Mr. Jimenez and requires reversal because the records were the only corroboration for his testimony. Aside from the presence of DNA, the State had no evidence of guilt. The prosecutor relied heavily on the argument that Mr. Jimenez lied on the stand to explain the DNA, comparing him to the character of Ralphie from *A Christmas Story* whose made-up story

“simply just doesn’t add up.” The records would have rebutted the charge of fabrication and supported the defense’s argument that Mr. Jimenez’s back problems would have prevented him from climbing on a garbage can and through a window.

ARGUMENT

I. THE MEDICAL RECORDS WERE ADMISSIBLE UNDER RULES 401, 402, AND 403 OF THE UTAH RULES OF EVIDENCE.

Mr. Jimenez’s medical records were admissible under the rules of evidence because they were highly probative with minimal danger for confusing the jury or wasting the court’s time and resources.

First, the records were relevant. The State’s initial objection was relevance. R. 178:165. And although the trial court did not expressly rule that the records were irrelevant, the court’s reasoning included relevance concerns. R. 178:173 (“my more fundamental question is the relevance of 2007 medical records”), 175 (“I’m not concluded that there are relevant records. [sic] I’m indicated that if there was relevance I do not see why records so far in time that do not demonstrate more specific medical action to establish [inaudible] in the scheme of things rather than to this case.”).

This jurisdiction’s “relevance rules are binary. They provide only that relevant evidence is presumptively admissible and irrelevant evidence is not. And they define relevance in binary terms: Either evidence is relevant because it makes a fact of consequence more or less probable, or it is not because it does not.” *State v. Richardson*, 2013 UT 50, ¶ 27, 306 P.3d 526. Relevance is a “low bar.” *Id.* ¶ 25. In fact, “because the standard for determining whether evidence is relevant is so low, the issue of whether

evidence is relevant is rarely an issue.” *State v. Jaeger*, 1999 UT 1, ¶ 13, 973 P.2d 404. The fact of consequence in this case is Mr. Jimenez’s debilitating medical ailments that he testified have existed for the past fourteen years and would prevent him from climbing on a garbage can and through a window. R. 178:190-192. Mr. Jimenez testified that he had been suffering from the injuries and that they would not improve. R. 178:208. The medical records would have made this fact more probable because they showed that Mr. Jimenez has been reporting chronic back pain for years. Add. C p. 11-14, 25, 30, 31, 38, 43-45, 58, 65. A 2012 “Past Medical History” diagnosis reads: “Herniated intervertebral disk; Tendon disorder; . . . Chronic hypotension.” Add. C p. 12. The records report that he used a cane to walk. Add. C p. 31, 44. He was in physical therapy for “Back Pain – Injury.” Add. C p. 38. He explained that an injury in 2004 caused crushed vertebrae and torn tendons and that he has been prescribed medication for “constant pain.” Add. C p. 58, 65. Therefore, the medical records substantiate Mr. Jimenez’s testimony and make it more likely that he was testifying truthfully when he said that he could not climb on a garbage can and through a window and that his physical condition will only deteriorate. R. 178:192, 208. The records were relevant because they made it less likely that Mr. Jimenez could have committed the crime charged and more likely that he was testifying truthfully about his medical condition and his innocence.

The records were so probative that the judge did not have discretion to exclude them under Utah Rule of Evidence 403. A judge has discretion to exclude relevant evidence “if its probative value is substantially outweighed by a danger of one or more of the following: unfair prejudice, confusing the issues, misleading the jury, undue delay,

wasting time, or needlessly presenting cumulative evidence.” Utah R. Evid. 403. “To determine whether the trial court exceeded its discretion in admitting the evidence under rule 403, [the appellate court] must first review its probative value. The probative value of evidence is judged by the strength of the evidence and its ability to make the existence of a consequential fact either more or less probable and the proponent’s need for the evidence.” *State v. Downs*, 2008 UT App 247, ¶ 8, 190 P.3d 17 (internal quotation marks omitted). The court did not make a specific finding on the probative value of the evidence, but it did express concerns about “relevance to identify medical issues.” R. 178:166, 173. Defense counsel responded that the records would “corroborate his testimony that he has these medical issues and has difficulty in moving” and it was “highly unlikely as a result of those conditions” that he could enter the house as described. R. 178:166.

Defense counsel was correct. The records had substantial probative value. As noted above, they show that Mr. Jimenez complained of serious back pain that restricted his movement well before restricted movement became a defense to criminal charges. Courts and juries often view a defendant’s testimony in his own defense as self-serving and therefore unreliable. *See State v. Cruz-Meza*, 2003 UT 32, ¶ 18, 76 P.3d 1165 (defendant was “incorrect that the trial court’s ruling excluding his self-serving statement . . . require[d] reversal” because the “trial court properly considered the trustworthiness of the statement and found it lacking”); *State v. Johnson*, 671 P.2d 215, 217 (Utah 1983) (per curiam) (calling defendant’s statement “self-serving . . . and of questionable reliability”); *State v. Neeley*, 489 P.2d 433, 434 (Utah 1971) (“The rest of [the

defendant's] testimony was so self-serving, unlikely and questionable as not to have impressed the jury any more than this court"). The medical records prove that Mr. Jimenez did not pretend to have a bad back on the witness stand to avoid conviction. In addition to acting as prior consistent statements, they also show that doctors and physical therapists agreed that his condition was serious, requiring prescription medication and physical therapy. Add. C p. 31, 65. The probative value of the evidence was high both because the records were strong evidence and because the evidence was necessary to the defense.

Such evidence was necessary in this case because the State argued that Mr. Jimenez had fabricated his testimony to explain the presence of his DNA in the house. The State's closing repeatedly compared Mr. Jimenez to Ralphie, a character in "one of [the prosecutor's] favorite movies, [A] *Christmas Story*." R. 178:225. The character got a "Red Rider BB gun, [and] he went outside and he did something that he probably shouldn't have done." R. 178:225-26. "He almost shot his eye out." R. 178:226. "But Ralphie was quick" and in order to avoid "responsibility for his decisions" and "explain the physical evidence," he "thought of a story." R. 178:226. The prosecutor argued that "much like Ralphie, [Mr. Jimenez] thought of a story," but that his story "simply just doesn't add up." R. 178:226. The prosecutor therefore relied heavily on the argument that Mr. Jimenez had told an unbelievable and uncorroborated story. The defense was left only with the argument that "there [was] nothing to rebut the fact that he obtained medical attention" instead of the argument that additional evidence substantiated that claim. R. 178:239.

Because the probative value was high, the danger of confusion and delay needed to be extremely high in order to “substantially outweigh[]” the probative value. Utah R. Evid. 403. The court correctly noted that there was no danger of unfair prejudice to the State. R. 178:175. Medical records that substantiate testimony concerning a defendant’s ability to commit the crime charged are “not the type of evidence that Utah courts have previously deemed highly prejudicial,” which includes gruesome photos, a victim’s sexual history, and certain statistical matters. *Downs*, 2008 UT App 247, ¶ 13 (internal quotation marks omitted). And medical records do not have “an undue tendency to suggest decision on an improper basis, such as bias, sympathy, hatred, contempt, retribution, or horror.” *Id.* ¶ 14 (internal quotation marks omitted). “Thus,” because the medical records “do not rise to that level of prejudice,” they were “presumptively admissible under rule 403.” *Jaeger*, 1999 UT 1, ¶ 19.

The court’s concerns that the medical records would confuse the jury and be cumulative were not a proper ground for excluding them in this case. R. 178:185-86. The records carried little if any danger of confusing the jury or needlessly presenting cumulative evidence. Defense counsel argued that the records were “in such a fashion that . . . a layperson . . . I don’t think would have any difficulty in understanding those records and his back problem.” R. 178:178. Mr. Jimenez wanted to alert the jury that he had complained of chronic back pain caused by crushed vertebrae, herniated disks, and torn ligaments well before this condition became defense to a criminal charge. Mr. Jimenez testified in court without objection that he had “six herniated disks,” “crushed vertebrae,” and a “tore tendon,” R. 178:190, that he was in physical therapy, R. 178:191,

receiving pain medication,” R. 178:191, and that he walked with a cane, R. 178:195. The medical records noted the same problems: “Herniated intervertebral disk; Tendon disorder,” Add. C p. 12, physical therapy for “Back Pain – Injury,” Add. C p. 38, prescribed medication for “constant pain” caused by back injuries, Add. C p. 58, 65, and the use of a cane, Add. C p. 31, 44. The records were not confusing. They confirm Mr. Jimenez’s testimony that he reported back pain, that he went to physical therapy for it and took pain killers, and that he had been walking with a cane for several years. Add. C p. 11-14, 25, 30, 31, 38, 43-45, 58, 65. Anyone qualified for jury service would be able to understand the records and their value to the case.

The records were not needlessly cumulative. In *State v. Stidham*, 2014 UT App 32, ¶¶ 8, 13, 29, 320 P.3d 696, the trial court had found that the testimony of a witness who would have testified that the defendant was the victim and not the aggressor would have been “merely cumulative” to the defendant’s similar testimony. This Court disagreed. *Id.* ¶ 30. It held that the evidence could not “be dismissed as ‘merely cumulative’ when it might help settle the balance in what amounted to a credibility determination between Defendant’s sole testimony and that of the State’s many witnesses.” *Id.* ¶ 30. Here, although the records would support Mr. Jimenez’s testimony, that does not mean that the medical records would be needlessly cumulative. Rather, they would affect “a credibility determination” of the defendant’s “sole testimony.” *Id.* In a case involving gang experts’ testimony, the Utah Supreme Court explained that even when the testimony of two experts “overlapped in some respects,” the evidence was not needlessly cumulative because each expert had “a different focus” and the testimony was

“highly probative of the State’s theory” of the case. *State v. Gonzalez*, 2015 UT 10, ¶ 44, 345 P.3d 1168.

Even in the context of newly discovered evidence, the inquiry into whether evidence is “merely cumulative” has more to do with its probative value and the inquiry does not begin and end with the question of whether the evidence goes “to the same point already made at trial.” *State v. Pinder*, 2015 UT 56, ¶ 31, _ P.3d _. “Evidence is ‘merely cumulative’ . . . if it is unlikely to have affected the outcome of trial.” *Id.* If Mr. Jimenez had attempted to introduce multiple witnesses to testify that he walked with a cane, for example, at some point the value of this evidence would be so low that the court would have discretion to exclude it as needlessly cumulative. But on the other hand, if a defendant wishes to introduce multiple alibi witnesses, for example, this evidence would be of such high probative value that it could not be dismissed as cumulative even and especially if each witness testified about exactly the same alibi.

In Mr. Jimenez’s case, although the record evidence and his testimony would have involved some overlap, the medical records would have legitimized his testimony and supported his theory of the case. And the introduction of the medical records would not have wasted the court’s time. Counsel could have introduced the records as an exhibit for the jury to consider during deliberations or introduced them through Mr. Jimenez’s testimony. The medical records were Mr. Jimenez’s only corroboration in a case where the State argued that DNA was the “the most ironclad scientific evidence you can possibly have” and that Mr. Jimenez had lied to the jury to explain its presence in N.N.’s house. 178:225-26, 232-33.

The trial court exceeded its discretion when it excluded the medical records under rules of inclusion concerning relevance. The records were highly probative and the danger of confusing the issues or presenting unnecessarily cumulative evidence was essentially nonexistent.¹

II. THE MEDICAL RECORDS WERE PRESUMPTIVELY ADMISSIBLE AND DID NOT NEED TO BE PRECLEARED WITH THE COURT.

As explained above, because medical records “for obvious reasons” are not “the type of evidence that has an unusual propensity to unfairly prejudice, inflame, or mislead the jury,” they were “presumptively admissible under rule 403.” *State v. Jaeger*, 1999 UT 1, ¶ 19, 973 P.2d 404; *State v. Dunn*, 850 P.2d 1201, 1221-22 (Utah 1993) (if proffered evidence does not have “an unusual propensity to prejudice, inflame, or mislead the jury” the court “indulge[s] a presumption in favor of admissibility”); *State v. Dibello*, 780 P.2d 1221, 1229 (Utah 1989) (“This means that in the usual case, the presumption is in favor of admissibility.”).

The introduction of medical records at trial is not on the list of motions or requests under Utah Rule of Criminal Procedure 12 that “shall be raised at least five days prior to

¹ The trial court correctly noted that the records were admissible under a hearsay exception. R. 178:172. Utah Rule of Evidence 803(4) states: “The following are not excluded by the rule against hearsay, regardless of whether the declarant is available as a witness: *Statement Made for Medical Diagnosis or Treatment*. A statement that: (A) is made for — and is reasonably pertinent to — medical diagnosis or treatment; and (B) describes medical history; past or present symptoms or sensations; their inception; or their general cause.” The Utah Supreme Court agreed with the reasoning that “there’s a reasonable safeguard” when it comes to medical records because “trying to mislead or make incorrect statements to a physician . . . is not the motive you’d expect the patient to give the doctor.” *Hansen v. Heath*, 852 P.2d 977, 980 (Utah 1993) (internal quotation marks omitted).

the trial.” Utah R. Crim. P. 12(c)(1). And defense counsel had both alerted the court about the records and given the prosecution the records through discovery about a month before trial. R. 188:5.

However, on the day of the trial, the prosecutor objected to the records “on the ground of relevance.” R. 178:165. During argument over the relevance of the records, defense counsel mentioned that he could introduce the records in selected portions, which would keep out irrelevant information, specifically any reference to Mr. Jimenez spending time in prison. R. 178:169. Without an objection on this basis from the State, the court then ruled that “you didn’t bring it to me in advance of today. We don’t re[d]act[] records. You already indicated that you want to read portions of it and leave other portions out. It — we’re dealing with very old records. And so no. You have — you had the opportunity to bring this matter in advance, you choose not to. I’m not going to sit here and have incomplete records presented or incomplete information.” R. 178:170. Defense counsel “then . . . ask[ed] that they all be introduced.” R. 178:170. The court returned to the language of rule 403: “anything that is relevant — anything that you include is — at most would be cumulative to the testimony that he’s going to be presenting.” R. 178: 170. The court asked the State why the motion to exclude the records was not brought in limine. R. 178:171. The State responded that the basis of the objection was “a simple relevance objection” that can be raised “at any point.” R. 178:171.

The State was correct that the dispute over the relevance of the records did not need to be resolved before trial, but, if it did, the dispute should have been resolved in

favor of admission, not exclusion. Utah Rule of Evidence 402 states that “[r]elevant evidence is admissible unless” the constitution, statutes, or rules provide otherwise. Relevant evidence that does not carry serious danger of unfair prejudice is “presumptively admissible under rule 403.” *Jaeger*, 1999 UT 1, ¶ 19. Mr. Jimenez offered to use the entire records or to use only thirteen pages of them. R. 178:171. The court would not have had to redact the records in order to selectively introduce these thirteen entire pages. The trial court stated that it asked about motions in limine and nothing was raised or briefed but “at the last minute it gets brought here with unredacted records.” R. 178:171. The court continued that even “assuming relevance . . . would only have been selective coverage of or presentation of information which, as the defense has put it, by simply naming what pages he wishes to include, you know, clearly evidence that that would be a selective presentation and were brought to a court in a properly redacted form and were not properly raised to the court for prior determination of admissibility.” R. 178:174. But counsel had provided the records to the prosecution well in advance of trial and it was the prosecutor’s objection, not the defense’s motion that came “at the last minute.” R. 178:171; 188:5. The court’s ruling seems to demand that counsel anticipate an objection and brief the issue before trial. Mr. Jimenez wanted to admit relevant evidence that the defense had provided to opposing counsel through discovery; if pretrial action was required, it was the State that needed to act.

Counsel offered to admit the records in full if the court’s concern was “selective presentation” and to admit only certain pages if the court’s concern was relevance. R. 178:170, 174, 171. And the court’s ruling seemed to be that counsel could not introduce

the entire record because portions would be irrelevant or confusing and that counsel could not introduce selections because counsel had not anticipated the State's objection and provided the court with redacted copies in advance of trial. R. 178:174, 171. The court may exclude "evidence which is not timely provided to the opposing party contrary to the court's instruction." *Hardy v. Hardy*, 776 P.2d 917, 925 (Utah Ct. App. 1989). But defense counsel could not have anticipated the need to provide redacted copies of the records based on the prosecution's "simple relevance objection" to the entirety of the records raised before the defense's case-in-chief. R. 178:171.

In an interesting contrast, the trial court admitted the full DNA report over defense counsel's objection although the issue was not resolved before trial. R. 178:157; State's Ex. 13. Defense counsel had objected to the "very complex" printed report, although not to its use as a demonstrative aid during the expert's testimony. R. 178:143-44. The court ruled that the full exhibit, which describes the analysis of a "buccal standard" using "Polymerase Chain Reaction (PCR) based typing" through "the Applied Biosystems Identifiler Plus and/or Yfiler Amplification kit," State's Ex. 13, was admissible under the public records exception. R. 178:157. Timeliness was never discussed.

The court did not have discretion to exclude Mr. Jimenez's medical records based on timeliness. They were relevant evidence without an unusually prejudicial nature, and as such they did not need to be precleared and redacted in the absence of a pretrial objection.

III. THE ERROR PREJUDICED MR. JIMENEZ.

The error in this case was harmful, depriving Mr. Jimenez of substantiation for his defense when the prosecution attacked his credibility. “Harmless errors are errors which, although properly preserved below and presented on appeal, are sufficiently inconsequential that we conclude there is no reasonable likelihood that the error affected the outcome of the proceedings.” *State v. Hamilton*, 827 P.2d 232, 240 (Utah 1992) (internal quotation marks omitted). In other words, the error must “undermine [the court’s] confidence in the verdict.” *Id.* (internal quotation marks omitted). The Court may consider “the overall strength of the State’s case” and the “importance” of the evidence. *Id.*

In this case, Mr. Jimenez asserted his innocence when questioned by the police and testified to it under oath at trial. R. 178:129, 188. No eyewitnesses placed Mr. Jimenez in N.N.’s house. The single fingerprint processed as evidence did not match Mr. Jimenez. R. 178:134. The items N.N. testified were missing were never located in Mr. Jimenez’s possession and the jury acquitted Mr. Jimenez of theft, indicating they questioned the State’s theory of the case. R. 178:249. The State’s case therefore rested entirely on DNA analysis indicating that Mr. Jimenez’s blood was in the house. The prosecutor called DNA “the most ironclad scientific evidence you can possibly have” and argued that Mr. Jimenez had lied to the jury to explain its presence in N.N.’s house. 178:225-26, 232-33.

The medical records corroborating Mr. Jimenez's testimony were extremely important. Their exclusion was not an inconsequential error. If Mr. Jimenez could have corroborated his testimony, there is a reasonable likelihood that the jury would have acquitted on both the burglary and the theft counts.

CONCLUSION

For the reasons state above, Mr. Jimenez respectfully requests that this Court reverse his conviction.

SUBMITTED this 17 day of August, 2015.



NATHALIE S. SKIBINE
Attorney for Defendant/Appellant

CERTIFICATE OF DELIVERY

I, NATHALIE S. SKIBINE, hereby certify that I have caused to be hand-delivered an original and seven copies of the foregoing to the Utah Court of Appeals, 450 South State Street, 5th Floor, Salt Lake City, Utah 84114; and three copies to the Attorney General's Office, Heber M. Wells Building, 160 East 300 South, 6th Floor, Salt Lake City, Utah 84114, this 17 day of August, 2015.



NATHALIE S. SKIBINE

CERTIFICATE OF COMPLIANCE

In compliance with the type-volume limitation of Utah R. App. P. 24(f)(1), I certify that this brief contains 5,165 words, excluding the table of contents, table of authorities, addenda, and certificates of compliance and delivery. In compliance with the typeface requirements of Utah R. App. P. 27(b), I certify that this brief has been prepared in a proportionally spaced font using Microsoft Word 2010 in Times New Roman 13 point.



NATHALIE S. SKIBINE

DELIVERED this 17 day of August, 2015.



ADDENDUM A

Tab A

3RD DISTRICT COURT - SALT LAKE
SALT LAKE COUNTY, STATE OF UTAH

STATE OF UTAH, : MINUTES
Plaintiff, : SENTENCING
: SENTENCE, JUDGMENT, COMMITMENT
:
vs. : Case No: 131905941 FS
RICK JIMENEZ, : Judge: DENISE P LINDBERG
Defendant. : Date: September 8, 2014
Custody: Salt Lake County Jail

PRESENT

Clerk: carola
Prosecutor: LEAVITT, PETER D
Defendant
Defendant's Attorney(s): WILSON, SCOTT A

DEFENDANT INFORMATION

Date of birth: July 4, 1961
Sheriff Office#: 111400
Audio
Tape Number: N45 Tape Count: 12:35

CHARGES

1. BURGLARY - 2nd Degree Felony
Plea: Not Guilty - Disposition: 06/17/2014 Guilty

HEARING

SENTENCE PRISON

Based on the defendant's conviction of BURGLARY a 2nd Degree Felony, the defendant is sentenced to an indeterminate term of not less than one year nor more than fifteen years in the Utah State Prison.

To the SALT LAKE County Sheriff: The defendant is remanded to your custody for transportation to the Utah State Prison where the defendant will be confined.

SENTENCE PRISON CONCURRENT/CONSECUTIVE NOTE

Consecutive to defendant's federal sentence.

Case No: 131905941 Date: Sep 08, 2014

CUSTODY

The defendant is present in the custody of the Salt Lake County jail.

Date: _____

9/8/14

Denise P. Lindberg
DENISE P. LINDBERG
District Court Judge
STAMP USED AT DIRECTION OF CLERK



ADDENDUM B

Tab B

Rule 401. Test for Relevant Evidence

Test for Relevant Evidence

Evidence is relevant if:

- (a) it has any tendency to make a fact more or less probable than it would be without the evidence; and
- (b) the fact is of consequence in determining the action.

2011 Advisory Committee Note. – The language of this rule has been amended as part of the restyling of the Evidence Rules to make them more easily understood and to make style and terminology consistent throughout the rules. These changes are intended to be stylistic only. There is no intent to change any result in any ruling on evidence admissibility. This rule is the federal rule, verbatim.

ADVISORY COMMITTEE NOTE

This rule is the federal rule, verbatim, and is comparable in substance to Rule 1(2), Utah Rules of Evidence (1971), but the former rule defined relevant evidence as that having a tendency to prove or disprove the existence of any "material fact." Avoiding the use of the term "material fact" accords with the application given to former Rule 1(2) by the Utah Supreme Court. *State v. Peterson*, 560 P.2d 1387 (Utah 1977).

Rule 402. General Admissibility of Relevant Evidence

General Admissibility of Relevant Evidence

Relevant evidence is admissible unless any of the following provides otherwise:

- the United States Constitution;
- the Utah Constitution;
- a statute; or
- rules applicable in courts of this state.

Irrelevant evidence is not admissible.

2011 Advisory Committee Note. – The language of this rule has been amended as part of the restyling of the Evidence Rules to make them more easily understood and to make style and terminology consistent throughout the rules. These changes are intended to be stylistic only. There is no intent to change any result in any ruling on evidence admissibility.

ADVISORY COMMITTEE NOTE

The text of this rule is Rule 402, Uniform Rules of Evidence (1974) except that prior to the word "statute" the words "Constitution of the United States" have been added.

**Rule 403 . Excluding Relevant Evidence for Prejudice, Confusion,
Waste of Time, or Other Reasons**

Excluding Relevant Evidence for Prejudice, Confusion, Waste of Time, or Other Reasons

The court may exclude relevant evidence if its probative value is substantially outweighed by a danger of one or more of the following: unfair prejudice, confusing the issues, misleading the jury, undue delay, wasting time, or needlessly presenting cumulative evidence.

2011 Advisory Committee Note. – The language of this rule has been amended as part of the restyling of the Evidence Rules to make them more easily understood and to make style and terminology consistent throughout the rules. These changes are intended to be stylistic only. There is no intent to change any result in any ruling on evidence admissibility. This rule is the federal rule, verbatim.

ADVISORY COMMITTEE NOTE

This rule is the federal rule, verbatim, and is substantively comparable to Rule 45, Utah Rules of Evidence (1971) except that "surprise" is not included as a basis for exclusion of relevant evidence. The change in language is not one of substance, since "surprise" would be within the concept of "unfair prejudice" as contained in Rule 403. See also Advisory Committee Note to Federal Rule 403 indicating that a continuance in most instances would be a more appropriate method of dealing with "surprise." See also *Smith v. Estelle*, 445 F. Supp. 647 (N.D. Tex. 1977)(surprise use of psychiatric testimony in capital case ruled prejudicial and violation of due process). See the following Utah cases to the same effect. *Terry v. Zions Coop. Mercantile Inst.*, 605 P.2d 314 (Utah 1979); *State v. Johns*, 615 P.2d 1260 (Utah 1980); *Reiser v. Lohner*, 641 P.2d 93 (Utah 1982).

Utah Rules of Criminal Procedure - Rule 12. Motions.

Motions

(a) Motions. An application to the court for an order shall be by motion, which, unless made during a trial or hearing, shall be in writing and in accordance with this rule. A motion shall state succinctly and with particularity the grounds upon which it is made and the relief sought. A motion need not be accompanied by a memorandum unless required by the court.

(b) Request to Submit for Decision. If neither party has advised the court of the filing nor requested a hearing, when the time for filing a response to a motion and the reply has passed, either party may file a request to submit the motion for decision. If a written Request to Submit is filed it shall be a separate pleading so captioned. The Request to Submit for Decision shall state the date on which the motion was served, the date the opposing memorandum, if any, was served, the date the reply memorandum, if any, was served, and whether a hearing has been requested. The notification shall contain a certificate of mailing to all parties. If no party files a written Request to Submit, or the motion has not otherwise been brought to the attention of the court, the motion will not be considered submitted for decision.

(c) Time for filing specified motions. Any defense, objection or request, including request for rulings on the admissibility of evidence, which is capable of determination without the trial of the general issue may be raised prior to trial by written motion.

(c)(1) The following shall be raised at least five days prior to the trial:

(c)(1)(A) defenses and objections based on defects in the indictment or information ;

(c)(1)(B) motions to suppress evidence;

(c)(1)(C) requests for discovery where allowed;

(c)(1)(D) requests for severance of charges or defendants;

(c)(1)(E) motions to dismiss on the ground of double jeopardy ; or

(c)(1)(F) motions challenging jurisdiction, unless good cause is shown why the issue could not have been raised at least five days prior to trial.

(c)(2) Motions for a reduction of criminal offense at sentencing pursuant to Utah Code Section 76-3-402(1) shall be in writing and filed at least ten days prior to the date of sentencing unless the court sets the date for sentencing within ten days of the entry of conviction. Motions for a reduction of criminal offense pursuant to Utah Code Section 76-3-402(2) may be raised at any time after sentencing upon proper service of the motion on the appropriate prosecuting entity.

(d) Motions to Suppress. A motion to suppress evidence shall:

(d)(1) describe the evidence sought to be suppressed;

(d)(2) set forth the standing of the movant to make the application; and

(d)(3) specify sufficient legal and factual grounds for the motion to give the opposing party reasonable notice of the issues and to enable the court to determine what proceedings are appropriate to address them.

If an evidentiary hearing is requested, no written response to the motion by the non-moving party is required, unless the court orders otherwise. At the conclusion of the evidentiary hearing, the court may provide a reasonable time for all parties to respond to the issues of fact and law raised in the motion and at the hearing.

(e) A motion made before trial shall be determined before trial unless the court for good cause orders that the ruling be deferred for later determination. Where factual issues are involved in determining a motion, the court shall state its findings on the record.

(f) Failure of the defendant to timely raise defenses or objections or to make requests which must be made prior to trial or at the time set by the court shall constitute waiver thereof, but the court for cause shown may grant relief from such waiver.

(g) Except in justices' courts, a verbatim record shall be made of all proceedings at the hearing on motions, including such findings of fact and conclusions of law as are made orally.

(h) If the court grants a motion based on a defect in the institution of the prosecution or in the indictment or information, it may also order that bail be continued for a reasonable and specified time pending the filing of a new indictment or information. Nothing in this rule shall be deemed to affect provisions of law relating to a statute of limitations.

ADDENDUM C

Tab C



UNIVERSITY OF UTAH
HEALTH CARE

CERTIFICATION OF MEDICAL RECORDS

RE: Rick Jimenez

MRN: 20322546

As custodian of medical records, I hereby certify that to the best of our knowledge:

- The attached records are true and accurate copies of the medical records in our custody
- The attached records were prepared in the course of the hospital's regular business practices
- The attached records were kept as part of the hospital's regular business practices
- The attached records were made at or near the time of the matters contained therein and per the hospital's policies and procedures
- The attached records were made by, or from information transmitted by, a person with direct knowledge of the matters contained therein

This certification is made under penalty of law.

Signed on March 10, 2014


(Signature)

Judith Hagen

SCANNED



March 10, 2014

Salt Lake Legal Defender Assoc
424 East 500 South, Ste.200
Salt Lake City, Utah 84111

Dear Rick Jimenez,

Per your request, the enclosed report lists all disclosures of your patient information we have made to fulfill release requests including:

Clinic notes
Lab reports

If you have any questions, please contact our department during normal business hours at (801) 581-2704.

Sincerely,

Judith Hagen
Health Information Department

ENC: Patient Disclosure Report

University of Utah Hospitals and Clinics
Salt Lake City, UT

Patient: JIMENEZ, RICK
MRN: 20322546

Flowsheet Print Request
Date Range: 01/01/1990 00:00 - 03/10/2014 00:00

Printed by: Hagen, Judith L
Printed on: 03/10/2014 21:16

Event Date	Event	Result	Ref. Range	Status
06/15/2011 10:32	Amphetamine, Urine	Negative		
	Barbiturates, Urine	Negative		
	Benzodiazepines, Urine	Negative		
	Cocaine, Urine	Negative		
	Creatinine	217.6 mg/dL	(20.0 - 400.0)	
	DAS 9 Comments	See Note *		
	Marijuana, Urine	Negative		
	Methadone, Urine	Negative		
	Opiates, Urine	Negative		
	Phencyclidine, Urine	Negative		
	Propoxyphene, Urine	Negative		
07/06/2011 14:48	Amphetamine, Urine	Negative		
	Barbiturates, Urine	Negative		
	Benzodiazepines, Urine	Negative		
	Cocaine, Urine	Negative		
	Creatinine	79.5 mg/dL	(20.0 - 400.0)	
	DAS 9 Comments	See Note *		
	Marijuana, Urine	Negative		
	Methadone, Urine	Negative		
	Opiates, Urine	Positive *		
	Phencyclidine, Urine	Negative		
	Propoxyphene, Urine	Negative		
09/26/2011 10:38	Alcohol, Urine	Negative		
	Amphetamine, Urine	Negative		
	Barbiturates, Urine	Negative		
	Benzodiazepines, Urine	Negative		
	Cocaine, Urine	Negative		
	Creatinine	179.9 mg/dL	(20.0 - 400.0)	
	DAS 9A Comments	See Note *		
	Marijuana, Urine	Negative		
	Methadone, Urine	Negative		
	Opiates, Urine	Positive *		
	Phencyclidine, Urine	Negative		
	Propoxyphene, Urine	Negative		
09/26/2011 10:54	Helicobacter Pylori Ag, Stool	Negative	(Negative -)	
01/23/2012 10:36	Alcohol, Urine	Negative		
	Amphetamine, Urine	Negative		
	Barbiturates, Urine	Negative		
	Benzodiazepines, Urine	Negative		
	Cocaine, Urine	Negative		
	Creatinine	257.6 mg/dL	(20.0 - 400.0)	
	DAS 9A Comments	See Note *		
	DAS Confirm Opiates-Medic	Positive *		
	Marijuana, Urine	Negative		
	Methadone, Urine	Negative		
	Opiates, Urine	Positive *		
	Phencyclidine, Urine	Negative		
	Propoxyphene, Urine	Negative		

Patient Information

Patient Name	Sex	DOB
Jimenez, Rick (20322546)	Male	7/4/1960

Reason for Call

Refill Request	Lortab
----------------	--------

Reason For Call History Recorded

Call Documentation

Margaret Solomon, MD, MD 11/9/2012 11:46 AM Signed
Pt has been sent letter to schedule visit for more refills.

Ian Lund 11/9/2012 11:00 AM Signed
7.5-500 mg #90; Last refill: 10/04/12

Patient last seen: 01/23/12
Appointment to be seen: no

See full documentation**Order****(Order)****Pharmacy Contact**

Telephone	Fax
801-213-9950	801-213-9965

Allergies as of 11/9/2012**Reviewed On: 1/23/2012 By: Pamela Melis**

No Known Allergies

Diagnoses

Lumbago - Primary	724.2
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Encounter Status

Electronically signed and closed by: Margaret Hope Solomon, MD on 11/9/12 at 11:46 AM

Routing History

Priority	Sent On	From	To	Message Type
	11/9/2012 11:00 AM	Ian Lund	Margaret Hope Solomon, MD	

Created by

Ian Lund on 11/09/2012 10:59 AM

Patient Information

Patient Name	Sex	DOB
Jimenez, Rick (20322546)	Male	7/4/1960

Reason for Call

Refill Request	loratab,IBU
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Reason For Call History Recorded

Call Documentation

Jane Fischer 10/4/2012 10:52 AM Signed
Pt also req IBU 800mg #90 (rx last written 8.14.12 for #90 plus 2 refills, no refill info available);

Jane Fischer 10/4/2012 10:48 AM Signed
Pt req refill loratab 7.5/500mg #90;last visit 1.23.12;rx last written 8.14.12;notes at last refill indicate pt needs appt;please eval. thanks

See full documentation**Order**

(Order)

Order Summary**Medications****Hydrocodone-Acetaminophen 7.5-500 MG PO Tab Order #: 32197562****Ibuprofen 800 MG PO Tab Order #: 32197563****Pharmacy Contact**Telephone
801-213-9950Fax
801-213-9965**Allergies as of 10/4/2012**

No Known Allergies

Reviewed On: 1/23/2012 By: Pamela Melis**Diagnoses****Lumbago - Primary**

724.2

Encounter Status

Electronically signed and closed by: Margaret Hope Solomon, MD on 10/4/12 at 11:36 AM

Routing History

Priority	Sent On	From	To	Message Type
	10/4/2012 10:48 AM	Jane Fischer	Margaret Hope Solomon, MD	

Created by

Jane Fischer on 10/04/2012 10:46 AM

Patient InformationPatient Name
Jimenez, Rick (20322546)Sex
MaleDOB
7/4/1960**Encounter Information**Date & Time
9/21/2012 4:24 PMProvider
Margaret Solomon, MD,
MDDepartment
Rwc Im/PedsEncounter #
190556111**Letter (Out)****9/21/2012 Letter (Out)****Rick Jimenez | MRN: 20322546****Progress Notes**

No notes of this type exist for this encounter.

Letters**Letter Information****Margaret Hope Solomon on 9/21/2012**Status
Sent**Patient Information**Patient Name
Jimenez, Rick (20322546)Sex
MaleDOB
7/4/1960**Contacts**

	Type	Contact	Phone	User
09/21/2012 2:19 PM	Phone (Outgoing)	Jimenez, Rick (Self)		Margaret Hope Solomon, MD
09/21/2012 4:28 PM	Phone (Outgoing)	Jimenez, Rick (Self)		Jessica Sisneros

Reason for Call**Telephone-No Show**

Call Documentation

Jessica Sisneros 9/21/2012 4:28 PM Signed
Letter sent

Margaret Solomon, MD, MD 9/21/2012 2:20 PM Signed
Please mail letter to pt re: no show earlier this week. He has no showed a total of 4 appointments with me and has not been seen since January. I will no longer be able to prescribe pain medications unless he is able to come to appts regularly.

See full documentation

Order

(Order)

Allergies as of 9/21/2012

Reviewed On: 1/23/2012 By: Pamela Melis

No Known Allergies

Encounter Status

Electronically signed and closed by: Jessica Sisneros on 9/21/12 at 4:28 PM

Routing History

Priority	Sent On	From	To	Message Type
	9/21/2012 2:20 PM	Margaret Hope Solomon, MD	P CC RWC IM/PEDS MESSAGE POOL	

Created by

Margaret Hope Solomon, MD on 09/21/2012 02:19 PM

Patient Information

Patient Name	Sex	DOB
Jimenez, Rick (20322546)	Male	7/4/1960

Reason for Call

Refill Request Omeprazole, Ibuprofen, Hydrocodone/APAP

Reason For Call History Recorded

Call Documentation

Macheala Jacquez 8/14/2012 1:16 PM Signed
Last written: 7/9/12 for # 90 Hydrocodone/APAP

Last Filled: 6/13/11 for #90 Ibuprofen
60 Omeprazole

Last appt: 1/23/12

Next appt: none

Please review, approve or deny and close the encounter. Thanks.

See full documentation

Order

(Order)

Order Summary

Medications
Hydrocodone-Acetaminophen 7.5-500 MG PO Tab Order #: 32197559
Ibuprofen 800 MG PO Tab Order #: 32197560
Omeprazole 20 MG PO CAPSULE DELAYED RELEASE Order #: 32197561

Pharmacy Contact

Telephone
801-213-9950

Fax
801-213-9965

Allergies as of 8/14/2012

Reviewed On: 1/23/2012 By: Pamela Melis

No Known Allergies

Diagnoses

Lumbago	724.2
Reflux esophagitis	530.11

Encounter Status

Electronically signed and closed by: Margaret Hope Solomon, MD on 8/16/12 at 2:40 PM

Routing History

Priority	Sent On	From	To	Message Type
	8/14/2012 1:16 PM	Macheala Jacquez	Margaret Hope Solomon, MD	

Created by

Macheala Jacquez on 08/14/2012 01:11 PM

Patient Information

Patient Name	Sex	DOB
Jimenez, Rick (20322546)	Male	7/4/1960

Reason for Call

Refill Request	Lortab
-----------------------	--------

Reason For Call History Recorded

Call Documentation

Amy Love 7/9/2012 9:57 AM Signed
 Last filled: 05/09/2012
 Medication:Lortab 7.5-500 MG
 Quantity: 90

Last appointment:01/23/2012

Next Appointment:none

Please review, approve, or deny and close the encounter. Thanks

[See full documentation](#)**Order**

(Order)

Order Summary

Medications
Hydrocodone-Acetaminophen 7.5-500 MG PO Tab Order #: 28700406

Allergies as of 7/9/2012

Reviewed On: 1/23/2012 By: Pamela Melis

No Known Allergies

Diagnoses

Lumbago - Primary	724.2
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Encounter Status

Electronically signed and closed by: Margaret Hope Solomon, MD on 7/9/12 at 4:34 PM

Routing History

Priority	Sent On	From	To	Message Type
	7/9/2012 9:57	Amy Love	Margaret Hope Solomon, MD	

AM

Created by

Amy Love on 07/09/2012 09:56 AM

Patient Information

Patient Name	Sex	DOB
Jimenez, Rick (20322546)	Male	7/4/1960

Reason for Call

Refill Request lortab

Reason For Call History Recorded

Call DocumentationMargaret Solomon, MD, MD 6/5/2012 5:50 PM Signed
DOPL reviewed, looks okay, needs f/u visitCarlee Bailey 6/5/2012 12:01 PM Signed
7.5/500 mg #90
Last fill 5/9

Last seen 1/23

Next appt none

Please review approve or deny, then close encounter.

Prescription will print at your local printer, please sign to send to the pharmacy.

[See full documentation](#)**Order**

(Order)

Order SummaryMedications
Hydrocodone-Acetaminophen 7.5-500 MG PO Tab Order #: 28700405**Pharmacy Contact**

Telephone	Fax
801-213-9950	801-213-9965

Allergies as of 6/5/2012

Reviewed On: 1/23/2012 By: Pamela Melis

No Known Allergies

Diagnoses

Lumbago - Primary 724.2

Encounter Status

Electronically signed and closed by: Margaret Hope Solomon, MD on 6/5/12 at 5:50 PM

Routing History

Priority	Sent On	From	To	Message Type
	6/5/2012 12:01 PM	Carlee Bailey	Margaret Hope Solomon, MD	

Created by

Carlee Bailey on 06/05/2012 12:00 PM

Patient Information

Patient Name	Sex	DOB
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Jimenez, Rick (20322546)

Male

7/4/1960

Reason for Call

Refill Request lortab

Reason For Call History Recorded

Call Documentation**Carlee Bailey** 5/7/2012 4:02 PM Signed
Pt also requestingErythromycin-benzoyl peroxide #46.6
Last fill 7/27/11fluticasone 50 mcg #16 gm
Last fill 11/1/11**Carlee Bailey** 5/7/2012 1:13 PM Signed
7.5/500 mg #90
Last fill 4/6

Last seen 1/13

Next appt none

Please review approve or deny, then close encounter.

Prescription will print at your local printer, please sign to send to the pharmacy.

See full documentation**Order**

(Order)

Order Summary

Medications

Benzoyl Peroxide-Erythromycin EX Gel Order #: 28700403**Fluticasone Propionate (FLONASE) 50 MCG/ACT NA nasal spray** Order #: 28700404**Hydrocodone-Acetaminophen 7.5-500 MG PO Tab** Order #: 28700402**Pharmacy Contact**Telephone
801-213-9950Fax
801-213-9965**Allergies as of 5/7/2012**

No Known Allergies

Reviewed On: 1/23/2012 By: Pamela Melis

Diagnoses

Lumbago - Primary	724.2
Acne	706.1
Allergic rhinitis	477.9

Encounter Status

Electronically signed and closed by: Margaret Hope Solomon, MD on 5/7/12 at 4:48 PM

Routing History

Priority	Sent On	From	To	Message Type
	5/7/2012 1:13 PM	Carlee Bailey	Margaret Hope Solomon, MD	

Created by

Carlee Bailey on 05/07/2012 01:11 PM

Patient Information

Patient Name	Sex	DOB
Jimenez, Rick (20322546)	Male	7/4/1960

Contacts

	Type	Contact	Phone	User
04/20/2012 9:04 AM	Phone (Incoming)	Jimenez, Rick (Self)	435-890-6884	Cindy Snow
04/20/2012 4:32 PM	Phone (Outgoing)	Jimenez, Rick (Self)		Felissadee Campbell

Reason for Call

Telephone-Patient Has Questions

Call Documentation**Felissadee Campbell** 4/20/2012 4:33 PM Signed

Called pt and let him know that you were not i office today burt will call Monday I let him know that if need to go to uC and that they are open over weekend

Margaret Solomon, MD, MD 4/20/2012 4:21 PM Signed

Please call and let him know I am not in the office today but I will call him Monday. If he feels he needs help urgently he can come to urgent care, but they cannot prescribe pain meds because he has a contract with me.

Felissadee Campbell 4/20/2012 9:46 AM Signed

Forward to provider to be advised

Cindy Snow 4/20/2012 9:08 AM Signed

Patient is calling and says that last time he was in to see Dr Solomon he was introduced to Dr Solomon's assistant and told her could call her anytime he needed anything.

He does not remember that person's name and lost the phone number.

He said he is still have really bad leg cramps and headaches.

He also said a friend of his just passed away and he is having problems with that.

Other info: please call him

Best number to reach patient : 435 890 6884

[See full documentation](#)**Order**

(Order)

Allergies as of 4/20/2012

Reviewed On: 1/23/2012 By: Pamela Melis

No Known Allergies

Encounter Status

Electronically signed and closed by: Felissadee Campbell on 4/20/12 at 4:33 PM

Routing History

Priority	Sent On	From	To	Message Type
	4/20/2012 4:21 PM	Margaret Hope Solomon, MD	P CC RWC IM/PEDS MESSAGE POOL	
	4/20/2012 9:46 AM	Felissadee Campbell	Margaret Hope Solomon, MD	

4/20/2012
9:08 AM

Cindy Snow

P CC RWC IM/PEDS
MESSAGE POOL**Created by**

Cindy Snow on 04/20/2012 09:04 AM

Patient Information

Patient Name	Sex	DOB
Jimenez, Rick (20322546)	Male	7/4/1960

Reason for Call**Refill Request** Lortab/Ibuprofen

Reason For Call History Recorded

Call Documentation**Margaret Solomon, MD, MD** 4/5/2012 2:39 PM Signed
DOPL reviewed, looks appropriate**Ian Lund** 4/5/2012 1:36 PM Signed
Lortab 7.5-500 mg #90; Last refill: 03/07/12
Ibuprofen 800 mg #90; Last refill: 08/19/11Patient last seen: 01/23/12
Appointment to be seen: no[See full documentation](#)**Order**

(Order)

Order SummaryMedications
Hydrocodone-Acetaminophen 7.5-500 MG PO Tab Order #: 28700401
Ibuprofen 800 MG PO Tab Order #: 28700400**Allergies as of 4/5/2012**

Reviewed On: 1/23/2012 By: Pamela Melis

No Known Allergies

Diagnoses**Lumbago - Primary** 724.2**Encounter Status**

Electronically signed and closed by: Margaret Hope Solomon, MD on 4/5/12 at 2:39 PM

Routing History

Priority	Sent On	From	To	Message Type
	4/5/2012 1:36 PM	Ian Lund	Margaret Hope Solomon, MD	

Created by

Ian Lund on 04/05/2012 01:35 PM

Patient Information

Patient Name	Sex	DOB
Jimenez, Rick (20322546)	Male	7/4/1960

Reason for Call**Refill Request** Lortab

Reason For Call History Recorded

Call Documentation

Kristen Veth 2/29/2012 12:27 PM Signed
Lortab 7.5-500 mg #90
Last written 2-6-12

Last seen 1-23-12

Next appt none

Please review approve or deny, then close encounter.

See full documentation

Order**(Order)****Order Summary**

Medications
Hydrocodone-Acetaminophen 7.5-500 MG PO Tab Order #: 28700399

Allergies as of 2/29/2012**Reviewed On: 1/23/2012 By: Pamela Melis**

No Known Allergies

Diagnoses

Lumbago - Primary 724.2

Encounter Status

Electronically signed and closed by: Margaret Hope Solomon, MD on 2/29/12 at 5:42 PM

Routing History

Priority	Sent On	From	To	Message Type
	2/29/2012 12:27 PM	Kristen Veth	Margaret Hope Solomon, MD	

Created by

Kristen Veth on 02/29/2012 12:25 PM

Patient Information

Patient Name	Sex	DOB
Jimenez, Rick (20322546)	Male	7/4/1960

Reason for Call

Refill Request Lortab

Reason For Call History Recorded

Call Documentation

Carri L Palmer 2/6/2012 3:55 PM Signed
.Please evaluate refills. Thanks

Last date filled : 01-07-12 for # 90

Last appointment : 01-23-12

Next scheduled appointment : none

See full documentation

Order

(Order)

Order Summary**Medications****Hydrocodone-Acetaminophen 7.5-500 MG PO Tab Order #: 28700398****Pharmacy Contact**Telephone
801-213-9950Fax
801-213-9965**Allergies as of 2/6/2012****Reviewed On: 1/23/2012 By: Pamela Melis**

No Known Allergies

Diagnoses**Lumbago - Primary**

724.2

Encounter Status

Electronically signed and closed by: Margaret Hope Solomon, MD on 2/6/12 at 4:11 PM

Routing History

Priority	Sent On	From	To	Message Type
	2/6/2012 3:55 PM	Carri L Palmer	Margaret Hope Solomon, MD	

Created by

Carri L Palmer on 02/06/2012 03:54 PM

Office Visit**1/23/2012 Office Visit****Rick Jimenez | MRN: 20322546****Patient Information**

Patient Name	Sex	DOB
Jimenez, Rick (20322546)	Male	7/4/1960

Visit Information

Date & Time	Provider	Department	Encounter #
1/23/2012 9:40 AM	Margaret Solomon, MD, MD	Rwc Im/Peds	187740457

Referring Provider**Self Referring****Reason for Visit****Leg Pain-Other** muscle cramps**Vitals**

Vitals	Most Recent Value
BP	116/64 mmHg
Temp	97 °F (36.1 °C)
Temp src	TEMPORAL
Pulse	80
Resp	20
Height	5' 4.5" (1.638 m)
Weight	159 lb (72.122 kg)

Pain Information (Last Filed)

Score	Location	Comments	Edu?
0			

All Flowsheet Templates (all recorded)Encounter Vitals Flowsheet

Substances and Sexuality as of 1/23/2012

Smoking Status	Amount
Current Every Day Smoker	0 packs/day for 0 years
Smokeless Tobacco Status	
Unknown	
Tobacco Comment	
pt states that he is cutting down to 1-2 cigarettes per day now (09/26/11)	
Alcohol Use	Amount
No	N/A
Drug Use	Frequency
Not Asked	N/A
Sexually Active	Partners
Not Asked	N/A

BMI Data

Body Mass Index	Body Surface Area
26.88 kg/m ²	1.81 m ²

Allergies as of 1/23/2012

Reviewed On: 1/23/2012 By: Pamela Melis

No Known Allergies

HPI**Leg Pain-Other**

Additional comments: muscle cramps

Visit Notes**PAMELA MELIS** Mon Jan 23, 2012 10:01 AM

The medical assistant for this encounter is Pam Melis.

Patient is being seen in clinic today for cramps in calves and thighs x about a year but worsening lately

Patient is an established patient. Vitals performed, history and allergies reviewed by Pamela Melis.

Reviewed and reconciled patient's medications.

Nursing Notes

No notes of this type exist for this encounter.

Pharmacist Notes

No notes of this type exist for this encounter.

Progress Notes

Margaret Hope Solomon, MD at 1/23/2012 10:20 PM

Status: Signed

Leg Pain (Not in a Joint)

History of Present Illness:

-Duration of symptoms: 1 year

-Frequency of symptoms: daily

-Which leg affected (R or L): both

-Location of pain on leg: calf and posterior thigh, R side is worse, mostly pain in muscles, not so much in joints

-Injury to leg?: no

-Intensity of pain (0-10/10): 10

-Pain worse after walking or exertion?: no

-Pain at rest?: yes

-Factors making pain worse: cold weather

- Factors relieving pain:
- Medications tried for symptoms: none

Targeted Review of Systems:

- Erythema (redness)?: no
- Edema (swelling)?: no
- Dyspnea (shortness of breath)?: no
- Chest pain?: no
- Wound/ulcer on leg or foot?: no
- Back pain?: yes
- Cold feet?: yes
- Hair loss on feet?: no
- Color change in feet?: no
- Numbness/tingling in feet or leg?: yes
- Muscle cramps?: yes

<S>

Patient is a 51 year old male who presents for follow up re pain.

-continues to have a lot of low back and leg pain. Sx reviewed as above. He is having a worse time in the cold weather.

-heartburn sx are stable, does have occasional dysphagia with solids but not worsening. He has run out of omeprazole. Tried to get egd done but it was not covered by limited insurance.

-he is currently living on his own. Previously had SSI, was told it would be reinstated but has not happened yet. Has Form 20 that needs to be completed.

-mood is okay, he tells me several anecdotes about seeing people killed in front of him which still bother him, but denies being depressed. Mom passed away several yrs ago and still finds himself thinking of her often.

Past Medical History**Diagnosis****Date**

- Herniated intervertebral disk
- Tendon disorder
Reports torn tendon in right leg
- Environmental allergies
- Chronic hypotension
- H/O: stroke

Family History**Problem****Relation****Age of Onset**

- Other
None

Past Surgical History**Procedure****Date**

- Past surgical history
None

Current Outpatient Prescriptions on File Prior to Visit**Medication****Sig****Dispense****Refill**

- Fluticasone Propionate
(FLONASE) 50 MCG/ACT NA
Suspension

2 sprays each nostril daily

1

2

• Hydrocodone-Acetaminophen 7.5-500 MG PO Tab	1 po tid prn back pain, to last 30 days	90	0
• Ibuprofen 800 MG PO Tab	1 po TID with food prn	90	2
• Azithromycin (ZITHROMAX) 250 MG OR Tab	Take two tabs PO day one then one tab qd for 3 days	5 tabs	0
• Erythromycin 5 MG/GM OP Ointment	Apply 1/4 inch ribbon to eyelids tid for 10 days, OS	3 gm	0
• Loratadine (CLARITIN) 10 MG OR Tab	1 tab po at night for allergies, prn	30	2
• Benzoyl Peroxide-Erythromycin 5-3 % EX Gel	apply to face nightly to treat acne	60 g	2
• Clarithromycin 500 MG OR Tab	1 po bid x 14 days	28	0
• Omeprazole 20 MG OR CAPSULE DELAYED RELEASE	1 tab po twice daily	60	5

<O>

Physical exam:

GENERAL: Patient is alert and interactive. Patient is in no apparent distress.

HEAD: atraumatic and normocephalic

EYES: normal bilaterally, conjunctiva non-erythematous and sclerae anicteric

NECK: full ROM, lymphadenopathy absent, supple and thyromegaly absent

CHEST: no retractions, symmetrical and non-tender

LUNGS: clear all lung fields, A-P Bilaterally

CARDIAC: regular rate and rhythm, normal S1 and S2 heart sounds and no murmus/gallops/rubs

ABDOMEN: nontender, non-distended, no masses, no hepatomegaly, normal bowel sounds and soft

EXTREMITIES: no clubbing, cyanosis, or edema. Pulses and perfusion are normal. Tender B calves but no redness, warmth. Low back diffusely tender.

NEURO: Alert and oriented. 2+ patellar DTRs, normal strength B lower extremities. No focal neurological deficits are noticed.

SKIN: Scarring facial acne.

<A/P>

724.2 Lumbago (primary encounter diagnosis)

Comment: refill meds, check Utox. Reviewed terms of pain contract.

Plan: Ibuprofen 800 MG PO Tab, DRUG SCREEN 9A PNL
URINE /CONF

530.11 Reflux esophagitis

Comment: refill omeprazole, sx stable, consider egd when insurance covers

Plan: Omeprazole 20 MG PO CAPSULE DELAYED RELEASE

477.9 Allergic rhinitis

Comment: refill meds

Plan: Fluticasone Propionate (FLONASE) 50 MCG/ACT NA
Suspension, Loratadine (CLARITIN) 10 MG PO Tab

706.1 Acne

Comment: can try topical, if not helping consider oral abx

Plan: Clindamycin Phos-Benzoyl Perox (BENZACLIN) 1-5
% EX Gel

He brings in old records today, need to comb through to see if there are imaging reports of spine mri and prior treatments.

Return to clinic if symptoms persist or worsen or for any other concerns.

After visit summary given to patient and information reviewed with patient.
Margaret Solomon, MD

Revision History



H&P Notes

No notes of this type exist for this encounter.

Current Immunizations

Never Reviewed

No immunizations on file.

SmartForms

Procedure Checklist
Aud Devices

Encounter Status

Electronically signed and closed by: Margaret Hope Solomon, MD on 1/23/12 at 10:20 PM

Diagnoses

Lumbago - Primary	724.2
Reflux esophagitis	530.11
Allergic rhinitis	477.9
Acne	706.1

Order

(Order)

The codes documented are preliminary and upon coder review with provider may be revised to meet compliance requirements.

Order Summary

ASSAY OF OPIATES [83925 CPT(R)] Order #: 28700397

DRUG SCREEN 9A PNL URINE /CONF [80101 Custom] Order #: 27333532

Medications

Clindamycin Phos-Benzoyl Perox (BENZACLIN) 1-5 % EX Gel Order #: 28700396

Fluticasone Propionate (FLONASE) 50 MCG/ACT NA Suspension Order #: 27333530

Ibuprofen 800 MG PO Tab Order #: 27333528

Loratadine (CLARITIN) 10 MG PO Tab Order #: 27333531

Omeprazole 20 MG PO CAPSULE DELAYED RELEASE Order #: 27333529

Level of Service

OFFICE/OUTPT VISIT,EST,LEVL IV
[99214]

Patient Instructions

None

Result Summary for DRUG SCREEN 9A PNL URINE /CONF

Result Information

Status	Provider Status
--------	-----------------

Final result (1/24/2012 12:20 AM) Reviewed

Entry Date

1/24/2012

Component Results

Component	Value	Flag	Range	Units	Status
Amphetamines, Urine	Negative				Final
Barbiturates, Urine	Negative				Final
Benzodiazepines, Urine	Negative				Final
Marijuana, Urine	Negative				Final
Cocaine, Urine	Negative				Final
Methadone, Urine	Negative				Final
Opiates, Urine	Positive				Final

Comment:

Confirmation testing is pending.

Unconfirmed positive may be useful for medical purposes, but does not meet forensic standards.

Phencyclidine, Urine	Negative				Final
Propoxyphene, Urine	Negative				Final
Alcohol, Urine	Negative				Final
Creatinine, Urine	257.6		20.0 - 400.0	mg/dL	Final
CDASU 9A Comments	See Note				Final

Comment:

INTERPRETIVE INFORMATION: Drug Panel 9A, Urn, Scrn w/Rflx to Conf

1. Drugs Covered and Cutoff Concentrations:

Drugs/Drug Classes	Screen	Confirmation
Marijuana	20 ng/mL	5 ng/mL
Cocaine	150 ng/mL	50 ng/mL
Opiates	300 ng/mL	5 ng/mL
Oxycodone.....	100 ng/mL	5 ng/mL
Phencyclidine	25 ng/mL	10 ng/mL
Amphetamines	300 ng/mL	200 ng/mL
MDMA (Ecstasy).....	500 ng/mL	200 ng/mL
Barbiturates	200 ng/mL	50 ng/mL
Benzodiazepines	200 ng/mL	20 ng/mL
Methadone	150 ng/mL	10 ng/mL
Propoxyphene	300 ng/mL	10 ng/mL
Alcohol	40 mg/dL	40 mg/dL

Oxycodone results will be reported with the opiates results. MDMA results will be reported with the amphetamines results.

2. For medical purposes only; not valid for forensic use.

3. The absence of expected drug(s) and/or drug metabolite(s) may indicate non-compliance, inappropriate timing of specimen collection relative to drug administration, poor drug absorption, diluted/adulterated urine, or limitations of testing. The concentration at which the screening test can detect a drug or metabolite varies within a drug class. Specimens for which drugs or drug classes are detected by the screen are reflexed to a second, more specific technology (GC/MS and/or LC-MS/MS).

The concentration value must be greater than or equal to the cutoff to be reported as positive. Interpretive questions should be directed to the laboratory.

Lab and Collection

DRUG SCREEN 9A PNL URINE /CONF (Order #27333532) on 1/23/2012 - Lab and Collection Information

Result History

DRUG SCREEN 9A PNL URINE /CONF (Order #27333532) on 1/24/12 - Order Result History Report.

Result Summary for ASSAY OF OPIATES**Result Information**

Status	Provider Status
Final result (1/25/2012 2:43 PM)	Reviewed

Entry Date

1/25/2012

Component Results

Component

Drug Confirmation, Opiates, Urine

Positive

Comment:

Confirmed POSITIVE by LC-MS/MS for the following opiate(s):

Hydrocodone = 3226 ng/mL
Hydromorphone (free) = 120 ng/mL
Dihydrocodeine (qualitative only)

Methodology: LC-MS/MS

Drugs covered: 6-acetylmorphine (6-AM), morphine, codeine, dihydrocodeine, hydrocodone, hydromorphone, oxycodone, and oxymorphone.

The presence of more than one opiate in urine may reflect drug metabolism or use of multiple drugs. Low concentrations of an unexpected opiate in the presence of large concentrations of another opiate may also reflect impurities in the pharmaceutical preparation. The absence of expected opiates may indicate non-compliance or limitations of the testing. Interpretive questions should be directed to the laboratory.

Hydrocodone may arise from hydrocodone-containing drugs or by metabolism. When generated by metabolism of codeine, hydrocodone is usually less than 40% of the free codeine concentration. Hydrocodone is metabolized to hydromorphone and dihydrocodeine (hydrocodol).

Dihydrocodeine (hydrocodol) may arise from dihydrocodeine-containing drugs or by metabolism of hydrocodone.

Hydromorphone may arise from hydromorphone-containing drugs or by metabolism. When generated by metabolism of hydrocodone, free hydromorphone is usually less than 30% of the hydrocodone concentration. When generated by metabolism of morphine, free hydromorphone is usually less than 25% of the free

morphine concentration.

INTERPRETIVE INFORMATION: Drug Confirmation, Opiates, Urine

1. Drugs covered: codeine, dihydrocodeine, morphine, 6-acetylmorphine, hydrocodone, hydromorphone, oxycodone and oxymorphone.

2. Positive cutoff: 5 ng/mL.

3. For medical purposes only; not valid for forensic use.

4. The absence of expected drug(s) and/or drug metabolite(s) may indicate non-compliance, inappropriate timing of specimen collection relative to drug administration, poor drug absorption, diluted/adulterated urine, or limitations of testing. The concentration value must be greater than or equal to the cutoff to be reported as positive. Interpretive questions should be directed to the laboratory.

Lab and Collection

ASSAY OF OPIATES (Order #28700397) on 1/23/2012 - Lab and Collection Information

Living Will

On File

No

Chart Review Routing History

No Routing History on File

Patient Information

Patient Name	Sex	DOB
Jimenez, Rick (20322546)	Male	7/4/1960

Contacts

	Type	Contact	Phone	User
01/03/2012 2:58 PM	Phone (Incoming)	Jimenez, Rick (Self)		Dawn Spor
01/03/2012 3:30 PM	Phone (Outgoing)	Jimenez, Rick (Self)		Jessica Sisneros

Reason for Call

Telephone-Patient Has Questions

Call Documentation

Pamela Melis 1/4/2012 8:31 AM Signed
Unable to reach pt, if he calls back please relay message from provider
Thanks!

Margaret Solomon, MD, MD 1/3/2012 6:18 PM Signed
Part of his medication agreement is to keep his scheduled appts. He was an hour late for last appt and missed today's appt. I will refill this time. This is his 7th no show at our clinic including missed PT visits. If he does not come on time to 1/23 appt I will no longer be able to see him and will not prescribe any further medications to him. Will route to Curtis Newman FYI.

Jessica Sisneros 1/3/2012 3:31 PM Signed
Forward to provider-please advise.

Dawn Spor 1/3/2012 3:09 PM Signed
*the pt stated he forgot he had an appt today but is needing this medication refilled until his

next appt 1.23.12

Patient called requesting the following prescription:

What medication do you need?: Lortab and Claritin
 Have you used this prescription before?: Yes-refill only

What is the last date it was filled?: 11.30.11 and 9.21.11

What was the last date you were seen in the clinic: 9.26.11

Who is the Prescribing/Ordering Provider?: Solomon

Which University of Utah Pharmacy would you like this prescription to be sent to:
 If an outside pharmacy, what is the name of the pharmacy:

Pharmacy Phone #:

Pharmacy Location (approx. Address):

Pharmacy fax #:

Best number to get a hold of you: PLEASE LEAVE A MESSAGE IN HIS CHARTS AND HE WILL
 CALL BACK

Call was taken in scheduling/messaging department because: caller already waited on hold for
 scheduling department.

See full documentation**Order**

(Order)

Order Summary

Medications

Hydrocodone-Acetaminophen 7.5-500 MG PO Tab Order #: 27333527

Reviewed On: 10/26/2011 By: Mark A
 McKay

Allergies as of 1/3/2012

No Known Allergies

Diagnoses

Lumbago - Primary

724.2

Encounter Status

Electronically signed and closed by: Auto Batch Job on 4/3/12 at 1:00 AM

Routing History

Priority	Sent On	From	To	Message Type
	1/3/2012 6:18 PM	Margaret Hope Solomon, MD	P CC RWC IM/PEDS MESSAGE POOL	
	1/3/2012 3:31	Jessica Sisneros	Margaret Hope Solomon, MD	

PM
1/3/2012 3:09 Dawn Spor
PM

P CC RWC IM/PEDS
MESSAGE POOL

Created by

Dawn Spor on 01/03/2012 02:58 PM

Patient Information

Patient Name	Sex	DOB
Jimenez, Rick (20322546)	Male	7/4/1960

Encounter Information

Date & Time	Provider	Department	Encounter #
12/9/2011 9:01 AM	Margaret Solomon, MD, MD	Rwc Im/Peds	187538273

Letter (Out)

12/9/2011 Letter (Out) Rick Jimenez | MRN: 20322546

Progress Notes

No notes of this type exist for this encounter.

Letters**Letter Information**

Margaret Hope Solomon on 12/9/2011

Status
Sent

Letter Information

Margaret Hope Solomon on 12/12/2011

Status
Sent

Patient Information

Patient Name	Sex	DOB
Jimenez, Rick (20322546)	Male	7/4/1960

Encounter Information

Date & Time	Provider	Department	Encounter #
12/9/2011 8:56 AM	Margaret Solomon, MD, MD	Rwc Im/Peds	187538176

Letter (Out)

12/9/2011 Letter (Out) Rick Jimenez | MRN: 20322546

Progress Notes

No notes of this type exist for this encounter.

Letters**Letter Information**

Margaret Hope Solomon on 12/9/2011

Status
Sent

Patient Information

Patient Name	Sex	DOB
Jimenez, Rick (20322546)	Male	7/4/1960

Reason for Call

Telephone-No Show

Call Documentation

Brooke Corbin 12/6/2011 3:04 PM Signed
Patient called regarding missed/noshowed appointment today.

Reason appointment was missed: no transportation

Did patient reschedule?: Yes

Other Info: N/A

See full documentation

Order

(Order)

Reviewed On: 10/26/2011 By: Mark A
McKay

Allergies as of 12/6/2011

No Known Allergies

Encounter Status

Electronically signed and closed by: Pamela Melis on 12/6/11 at 3:10 PM

Routing History

Priority	Sent On	From	To	Message Type
	12/6/2011 3:04 PM	Brooke Corbin	P CC RWC IM/PEDS MESSAGE POOL	

Created by

Brooke Corbin on 12/06/2011 03:04 PM

Patient Information

Patient Name	Sex	DOB
Jimenez, Rick (20322546)	Male	7/4/1960

Contacts

	Type	Contact	Phone	User
12/05/2011 12:51 PM	Phone (Incoming)	Jimenez, Rick (Self)	801-973-3800 (H)	David Kingsbury
12/05/2011 12:59 PM	Phone (Incoming)	Jimenez, Rick (Self)		Matthew Hood

Reason for Call

Telephone-Triage/Advice

Call Documentation

Margaret Solomon, MD, MD 12/5/2011 5:17 PM Signed

Tried to call residence where he was living, apparently he no longer lives there. LM for his caseworker to call us with a ph number if they have one.

Often a signed ROI is sent to medical records to get info? I am not sure which orders or records he needs. Will route this to Heather in med records. If Rick calls back please clarify exactly what orders he needs and what records.

Pamela Melis 12/5/2011 5:01 PM Signed

Do we need to put in a new referral for vocational rehab?

Forwarded to provider for review.
Please advise. Thanks!

Leeann Perez 12/5/2011 1:37 PM Signed
xxxzy

Pt called and gave the following fax # for vocational rehab: 801-446-2561

Patient is calling with the following question or concern:

Vocational Rehab Fax:

Best number to get a hold of you? 801-973-3800 (home)

[See full documentation](#)

(Order)

Reviewed On: 10/26/2011 By: Mark A
McKay

Allergies as of 12/5/2011

No Known Allergies

Encounter Status

Electronically signed and closed by: Auto Batch Job on 3/5/12 at 1:01 AM

Routing History

Priority	Sent On	From	To	Message Type
	12/5/2011 5:17 PM	Margaret Hope Solomon, MD	Heather Evans	
	12/5/2011 5:01 PM	Pamela Melis	Margaret Hope Solomon, MD	
	12/5/2011 12:59 PM	Matthew Hood	P CC RWC IM/PEDS MESSAGE POOL	
	12/5/2011 12:53 PM	David Kingsbury	P CC RWC IM/PEDS MESSAGE POOL	

Created by

David Kingsbury on 12/05/2011 12:51 PM

Patient Information

Patient Name	Sex	DOB
Jimenez, Rick (20322546)	Male	7/4/1960

Reason for Call

Refill Request	lortab
----------------	--------

Reason For Call History Recorded

Call Documentation

Carlee Bailey 11/30/2011 12:17 PM Signed

7.5/500 mg #90

Last fill 11/01/11

Last seen 09/26/11

Next appt 12/06/11

Please review approve or deny, then close encounter.

Prescription will print at your local printer, please sign to send to the pharmacy.

See full documentation

Order

(Order)

Order Summary

Medications

Hydrocodone-Acetaminophen 7.5-500 MG PO Tab Order #: 27333526

Pharmacy ContactTelephone
801-213-9950Fax
801-213-9965Reviewed On: 10/26/2011 By: Mark A
McKay**Allergies as of 11/30/2011**

No Known Allergies

Diagnoses

Lumbago - Primary

724.2

Encounter Status

Electronically signed and closed by: Margaret Hope Solomon, MD on 11/30/11 at 5:49 PM

Routing History

Priority	Sent On	From	To	Message Type
	11/30/2011 12:17 PM	Carlee Bailey	Margaret Hope Solomon, MD	

Created by

Carlee Bailey on 11/30/2011 12:15 PM

Patient InformationPatient Name
Jimenez, Rick (20322546)Sex
MaleDOB
7/4/1960**Encounter Information**Date & Time
11/9/2011 10:01 AMProvider
Margaret Solomon, MD,
MDDepartment
Rwc Im/PedsEncounter #
187256032**Letter (Out)**

11/9/2011 Letter (Out)

Rick Jimenez | MRN: 20322546

Progress Notes

No notes of this type exist for this encounter.

Letters**Letter Information**Margaret Hope Solomon on 11/9/2011Status
Sent**Patient Information**Patient Name
Jimenez, Rick (20322546)Sex
MaleDOB
7/4/1960**Reason for Call**

Refill Request

Ibuprofen

Reason For Call History Recorded

Call Documentation

Davis Scott Moore, Pharm D 11/1/2011 3:40 PM Signed
800 mg #90; Last refill: 9/22/11

Patient last seen: 9/26/11
Appointment to be seen: 11/8/11

See full documentation

Order**(Order)****Order Summary**

Medications
Ibuprofen 800 MG PO Tab Order #: 27333525

Pharmacy Contact

Telephone	Fax
801-213-9950	801-213-9965

Reviewed On: 10/26/2011 By: Mark A McKay

Allergies as of 11/1/2011

No Known Allergies

Encounter Status

Electronically signed and closed by: Margaret Hope Solomon, MD on 11/2/11 at 5:42 AM

Routing History

Priority	Sent On	From	To	Message Type
	11/1/2011 3:41 PM	Davis Scott Moore	Margaret Hope Solomon, MD	

Created by

Davis Scott Moore on 11/01/2011 03:39 PM

Patient Information

Patient Name	Sex	DOB
Jimenez, Rick (20322546)	Male	7/4/1960

Reason for Call

Refill Request Lortab
Reason For Call History Recorded

Call Documentation

Carri L Palmer 10/31/2011 3:03 PM Signed
Please evaluate refills. Thanks

Last date filled : 09-30-11 for # 90

Last appointment : 09-26-11

Next scheduled appointment : 11-08-11

See full documentation

Order

(Order)

Order Summary

Medications

Hydrocodone-Acetaminophen 7.5-500 MG PO Tab Order #: 27333524

Pharmacy ContactTelephone
801-213-9950Fax
801-213-9965Reviewed On: 10/26/2011 By: Mark A
McKay**Allergies as of 10/31/2011**

No Known Allergies

Diagnoses

Lumbago - Primary 724.2

Encounter Status

Electronically signed and closed by: Margaret Hope Solomon, MD on 10/31/11 at 5:32 PM

Routing History

Priority	Sent On	From	To	Message Type
	10/31/2011 3:03 PM	Carri L Palmer	Margaret Hope Solomon, MD	

Created by

Carri L Palmer on 10/31/2011 03:02 PM

Office Visit

10/26/2011 Office Visit

Rick Jimenez | MRN: 20322546

Patient Information

Patient Name	Sex	DOB
Jimenez, Rick (20322546)	Male	7/4/1960

Visit Information

Date & Time	Provider	Department	Encounter #
10/26/2011 10:40 AM	Mark McKay	Rwc Optometry	187109884

Referring Provider

Self Referring

Reason for Visit

Eyelid Swelling

Pain Information

No pain information on file

Substances and Sexuality as of 10/26/2011

Smoking Status	Amount
Current Every Day Smoker	0 packs/day for 0 years
Smokeless Tobacco Status	
Unknown	
Tobacco Comment	
pt states that he is cutting down to 1-2 cigarettes per day now (09/26/11)	
Alcohol Use	Amount
No	N/A
Drug Use	Frequency
Not Asked	N/A
Sexually Active	Partners

Not Asked

N/A

Reviewed On: 10/26/2011 By: Mark A
McKay**Allergies as of 10/26/2011**

No Known Allergies

Visit Notes

NATALIE SMITH Wed Oct 26, 2011 11:55 AM

Patient presents with:
Eyelid Swelling**Nursing Notes**

No notes of this type exist for this encounter.

Pharmacist Notes

No notes of this type exist for this encounter.

Progress Notes

Mark A McKay at 10/26/2011 10:54 AM

Status: Signed

HISTORY OF PRESENT ILLNESS

Location: Upper left eyelid

Quality: swollen/itchy

Severity: moderate

Duration: 24 hrs

Timing: constant

Context: noted mosquito bite on lid

Modifying Factors: None

Associated Signs and Symptoms: slightly goopy

I reviewed and updated the following current today, 10/26/2011, for Rick Jimenez

Patient Active Problem List**Diagnoses**

- Reflux esophagitis
- Lumbago

Past Medical History**Diagnosis**

Date

- Herniated intervertebral disk
- Tendon disorder

Reports torn tendon in right leg

- Environmental allergies
- Chronic hypotension
- H/O: stroke

Family History**Problem**

Relation

Age of Onset

- Other
None

Past Surgical History**Procedure**

Date

- Past surgical history
None

Current Outpatient Prescriptions on File Prior to Visit

Medication	Sig	Dispense	Refill
• Ibuprofen 800 MG OR Tab	1 po TID with food prn	90	2
• Hydrocodone-Acetaminophen 7.5-500 MG OR Tab	1 po tid prn back pain, to last 30 days	90	0
• Fluticasone Propionate (FLONASE) 50 MCG/ACT NA Suspension	2 sprays each nostril daily	1	2
• Loratadine (CLARITIN) 10 MG OR Tab	1 tab po at night for allergies, prn	30	2
• Benzoyl Peroxide-Erythromycin 5-3 % EX Gel	apply to face nightly to treat acne	60 g	2
• Clarithromycin 500 MG OR Tab	1 po bid x 14 days	28	0
• Omeprazole 20 MG OR CAPSULE DELAYED RELEASE	1 tab po twice daily	60	5

No Known Allergies

Clinical findings are documented in the Ophthalmology Smartform.

H&P Notes

No notes of this type exist for this encounter.

Current Immunizations

Never Reviewed

No immunizations on file.

Base Ophthalmology Exam

Visual Acuity			Pupils		
	Right	Left			
Dist sc	20/20	20/20 -1	Right	PERRL	
Method: Snellen - Linear			Left	PERRL	
			Extraocular Movement		
			Right		Left
			0 0 0		0 0 0
			0 0 0		0 0 0
			0 0 0		0 0 0

Edited by: Mark A McKay, OD

Main Ophthalmology Exam

External Exam			Slit Lamp Exam		
	Right	Left		Right	Left
External	Normal	Normal			
Lids/Lashes	Normal	2+ Lid thickening, Hordeolum - Upper lid			
Conjunctiva/Sclera	White and quiet	1+ Injection			
Cornea	Clear	Clear			
Anterior Chamber	Deep and quiet	Deep and quiet			
Iris	Round and reactive	Round and reactive			
Lens	Clear	Clear			
Vitreous	Normal	Normal			

Edited by: Mark A McKay, OD

SmartForms

Procedure Checklist

Aud Devices

Encounter Status

Electronically signed and closed by: Mark A McKay on 10/26/11 at 11:06 AM

Diagnoses

Hordeolum internum	373.12
Blepharitis	373.00

Order**(Order)**

The codes documented are preliminary and upon coder review with provider may be revised to meet compliance requirements.

Order Summary

Medications
Azithromycin (ZITHROMAX) 250 MG OR Tab Order #: 27333522
Erythromycin 5 MG/GM OP Ointment Order #: 27333523

Level of Service

OFFICE/OUTPT VISIT,NEW,LEVL II
[99202]

Follow-up and Disposition

Return if symptoms worsen or fail to improve, for if symptoms worsen or fail to improve..

Patient Instructions

Lid soaks and scrubs:
Use a warm, clean wet washcloth to soak eyelids then gently wipe away oily debris with the same cloth. Repeat this in both eyes twice a day

Living Will

On File
No

Chart Review Routing History

No Routing History on File

Patient Information

Patient Name	Sex	DOB
Jimenez, Rick (20322546)	Male	7/4/1960

Reason for Call

Refill Request IBU

Reason For Call History Recorded

Call Documentation

Jane Fischer 10/25/2011 3:41 PM Signed
Pt req refill IBU 800mg #90;last visit 9.26.11;rx last fill 9.22.11;ok'd x 3mo per protocol.
thanks University Health Care Refill Protocol:

Notes:

1. All refills require a minimum yearly patient visit to the appropriate provider; some refills require more frequent follow up. See specific recommendations below.
2. The number of refills allowed must comply with all state and federal regulations.
3. Unless specifically noted, the protocol includes only those medications listed.

Arthritis

Includes all NSAIDs, COX-II inhibitors, and anti-inflammatory doses of aspirin (see cardiology meds section for low-dose aspirin).

-Chem-12 q 12 months
-CBC q 12 months

See full documentation

Order

(Order)

Order Summary

Medications

Ibuprofen 800 MG OR Tab Order #: 26045074

Pharmacy ContactTelephone
801-213-9950Fax
801-213-9965

Reviewed On: 9/26/2011 By: Christopher Hill

Allergies as of 10/25/2011

No Known Allergies

Encounter Status

Electronically signed and closed by: Jane Fischer on 10/25/11 at 3:42 PM

Created by

Jane Fischer on 10/25/2011 03:40 PM

Patient InformationPatient Name
Jimenez, Rick (20322546)Sex
MaleDOB
7/4/1960**Reason for Call**

Refill Request hydrocodone/apap

Reason For Call History Recorded

Call DocumentationMegan Lowe 9/28/2011 3:12 PM Signed
Pt also requesting fluticasone nasal spray, last fill 9/9/11.Megan Lowe 9/28/2011 2:58 PM Signed
Last fill: 8/29/11 for # 90
Last appt: 9/26/11
Next appt: none

Please review, approve or deny and close the encounter. Thanks.

See full documentation

Order

(Order)

Order Summary

Medications

Fluticasone Propionate (FLONASE) 50 MCG/ACT NA Suspension Order #: 26045073

Hydrocodone-Acetaminophen 7.5-500 MG OR Tab Order #: 26045072

Pharmacy ContactTelephone
801-213-9950Fax
801-213-9965

Reviewed On: 9/26/2011 By: Christopher Hill

Allergies as of 9/28/2011

No Known Allergies

Diagnoses

Lumbago	724.2
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Encounter Status

Electronically signed and closed by: Auto Batch Job on 10/13/11 at 12:30 AM

Routing History

Priority	Sent On	From	To	Message Type
	9/28/2011 2:58 PM	Megan Lowe	Margaret Hope Solomon, MD	

Created by

Megan Lowe on 09/28/2011 02:58 PM

Office Visit

9/26/2011 Office Visit

Rick Jimenez | MRN: 20322546

Patient Information

Patient Name	Sex	DOB
Jimenez, Rick (20322546)	Male	7/4/1960

Visit Information

Date & Time	Provider	Department	Encounter #
9/26/2011 9:40 AM	Margaret Solomon, MD, MD	Rwc Im/Peds	186567576

Referring Provider

Self Referring

Reason for Visit

Follow Up Diagnostic Test Results
Disability Evaluation

Vitals

Vitals	Most Recent Value
BP	128/84 mmHg
Temp	97.4 °F (36.3 °C)
Temp src	TEMPORAL
Pulse	68
Resp	20
Weight	167 lb 9.6 oz (76.023 kg)

Pain Information

No pain information on file

All Flowsheet Templates (all recorded)

Encounter Vitals Flowsheet

Substances and Sexuality as of 9/26/2011

Smoking Status	Amount
Current Every Day Smoker	0 packs/day for 0 years
Smokeless Tobacco Status	
Unknown	
Tobacco Comment	
pt states that he is cutting down to 1-2 cigarettes per day now (09/26/11)	
Alcohol Use	Amount
No	N/A
Drug Use	Frequency

Not Asked

N/A

Sexually Active

Partners

Not Asked

N/A

BMI Data

Body Mass Index
28.75 kg/m²

Body Surface Area
1.85 m²

Reviewed On: 9/26/2011 By: Christopher Hill

Allergies as of 9/26/2011

No Known Allergies

Visit Notes

JESSICA SISNEROS Mon Sep 26, 2011 10:29 AM
durable medical equipment knee brace given and instructed correct use of equipment.

CHRISTOPHER HILL Mon Sep 26, 2011 9:49 AM
Patient is an established patient. Vitals performed, history and allergies reviewed by Christopher Hill.
Reviewed and reconciled patient's medications.

Nursing Notes

No notes of this type exist for this encounter.

Pharmacist Notes

No notes of this type exist for this encounter.

Progress Notes

Margaret Hope Solomon, MD at 9/26/2011 10:17 AM

Status: Signed

Pt is here for a follow up for medications and for an evaluation for disability forms.

<S>

Patient is a 51 year old male who presents for follow up visit.

-he reports persistent back pain. He had a fall in the shower because there are no rails at facility he is staying. Went to a few PT sessions but he reports missing these because his facility would not authorize a trip to clinic for therapy. He found therapy helpful when he was attending. Apparently his PT is also not covered by insurance. DOPL reviewed, filled rx for hydrocodone from a dentist 7/11 after signing pain contract with me. He admits to this but says it was because place he is staying would not let him fill rx from me?

-did not get colonoscopy due to insurance issues. He also was unable to get endoscopy because of these constraints. GERD sx slightly improved since he took rx for H pylori.

-will need WFS forms completed. He is able to do simple work (ie using hands), would need to be able to sit and take breaks for back pain. Does not have form with him today, they will send to me apparently.

Past Medical History

Diagnosis

Date

- Herniated intervertebral disk
- Tendon disorder

Reports torn tendon in right leg

- Environmental allergies
- Chronic hypotension
- H/O: stroke

No family history on file.

No past surgical history on file.

Current outpatient prescriptions ordered prior to encounter

Medication	Sig	Dispense	Refill
• Ibuprofen 800 MG OR Tab	1 po TID with food prn	90	0
• Loratadine (CLARITIN) 10 MG OR Tab	1 tab po at night for allergies, prn	30	2
• Hydrocodone-Acetaminophen 7.5-500 MG OR Tab	1 po tid prn back pain, to last 30 days	90	0
• Omeprazole 20 MG OR CAPSULE DELAYED RELEASE	1 tab po twice daily	60	5
• Fluticasone Propionate (FLONASE) 50 MCG/ACT NA Suspension	2 sprays each nostril daily	1	2
• Benzoyl Peroxide-Erythromycin 5-3 % EX Gel	apply to face nightly to treat acne	60 g	2
• Clarithromycin 500 MG OR Tab	1 po bid x 14 days	28	0

<O>

Physical exam:

GENERAL: Patient is alert and interactive. Patient is in no apparent distress.

HEAD: atraumatic and normocephalic

EYES: normal bilaterally, conjunctiva non-erythematous and sclerae anicteric

LUNGS: clear all lung fields, A-P Bilaterally

CARDIAC: regular rate and rhythm, normal S1 and S2 heart sounds and no murmur/gallops/rubs

BACK: diffuse low back tenderness, no deformities, ambulates with cane.

EXTREMITIES: no clubbing, cyanosis, or edema. Pulses and perfusion are normal.

NEURO: Alert and oriented. Antalgic gait. No focal neurological deficits are noticed.

SKIN: No lesions.

<A/P>

724.2 Lumbago (primary encounter diagnosis)

Comment: warned him of contract violation filling rx from another provider. He indicates understanding. Let him know if this happens again I will be unable to continue to rx pain meds for him. Will check U tox today. Would benefit from on going PT but he has limited health benefits which do not cover this

Plan: DRUG SCREEN 9A PNL URINE /CONF, SPECIMEN HANDLING,DR OFF->LAB, SPECIMEN HANDLING,DR OFF->LAB

530.11 Reflux esophagitis

Comment: stable sx, unable to get egd given insurance issues

Plan: SPECIMEN HANDLING,DR OFF->LAB, SPECIMEN HANDLING,DR OFF->LAB

041.86 Helicobacter pylori

Comment: check stool to document cure.

Plan: HELICOBACTER PYLORI STOOL, SPECIMEN HANDLING,DR
OFF->LAB, HELICOBACTER PYLORI STOOL, SPECIMEN
HANDLING,DR OFF->LAB

Return to clinic if symptoms persist or worsen or for any other concerns.

After visit summary given to patient and information reviewed with patient.

Margaret Solomon, MD

Revision History



H&P Notes

No notes of this type exist for this encounter.

Current Immunizations

Never Reviewed

No immunizations on file.

SmartForms

Procedure Checklist

Aud Devices

Encounter Status

Electronically signed and closed by: Margaret Hope Solomon, MD on 9/26/11 at 3:11 PM

Diagnoses

Lumbago - Primary	724.2
Reflux esophagitis	530.11
Helicobacter pylori	041.86

Order

(Order)

The codes documented are preliminary and upon coder review with provider may be revised to meet compliance requirements.

Order Summary

DRUG SCREEN 9A PNL URINE /CONF [80101 Custom] Order #: 26045067
HELICOBACTER PYLORI STOOL [87338 EC AMB] Order #: 26045070
SPECIMEN HANDLING,DR OFF->LAB [99000 CPT(R)] Order #: 26045069
SPECIMEN HANDLING,DR OFF->LAB [99000 CPT(R)] Order #: 26045071

Future Labs/Procedures	Expected by	Expires
HELICOBACTER PYLORI STOOL [87338 EC AMB] Order #: 26045068	10/26/2011	10/26/2011

Other Orders

<u>SPECIMEN HANDLING,DR OFF->LAB</u>	<u>Enter Results</u>	Ordered On
<u>SPECIMEN HANDLING,DR OFF->LAB</u>	<u>Enter Results</u>	9/26/2011
		9/26/2011

Level of Service

OFFICE/OUTPT VISIT,EST,LEVL IV
[99214]

Patient Instructions

None

Result Summary for DRUG SCREEN 9A PNL URINE /CONF

Result Information

Status
Final result (9/29/2011 2:35 PM)

Provider Status
Reviewed

Entry Date

9/29/2011

Component Results

Component	Value	Flag	Range	Units	Status
Amphetamines, Urine	Negative				Final
Barbiturates, Urine	Negative				Final
Benzodiazepines, Urine	Negative				Final
Marijuana, Urine	Negative				Final
Cocaine, Urine	Negative				Final
Methadone, Urine	Negative				Final
Phencyclidine, Urine	Negative				Final
Propoxyphene, Urine	Negative				Final
Alcohol, Urine	Negative				Final
Creatinine, Urine	179.9		20.0 - 400.0	mg/dL	Final
CDASU 9A Comments	See Note				Final

Comment:

TEST INFORMATION: Drug Panel 9A, Urn, Scrn w/Rflx to Conf

1. Drugs Covered and Cutoff Concentrations:

Drugs/Drug Classes	Screen	Confirmation
Marijuana	20 ng/mL	5 ng/mL
Cocaine	150 ng/mL	50 ng/mL
Opiates	300 ng/mL	5 ng/mL
Oxycodone.....	100 ng/mL	5 ng/mL
Phencyclidine	25 ng/mL	10 ng/mL
Amphetamines	300 ng/mL	200 ng/mL
MDMA (Ecstasy).....	500 ng/mL	200 ng/mL
Barbiturates	200 ng/mL	50 ng/mL
Benzodiazepines	200 ng/mL	20 ng/mL
Methadone	150 ng/mL	10 ng/mL
Propoxyphene	300 ng/mL	10 ng/mL
Alcohol	40 mg/dL	40 mg/dL

Oxycodone results will be reported with the opiates results. MDMA results will be reported with the amphetamines results.

2. For medical purposes only; not valid for forensic use.

3. The absence of expected drug(s) and/or drug metabolite(s) may indicate non-compliance, inappropriate timing of specimen collection relative to drug administration, poor drug absorption, diluted/adulterated urine, or limitations of testing. The concentration at which the screening test can detect a drug or metabolite varies within a drug class. Specimens for which drugs or drug classes are detected by the screen are reflexed to a second, more specific technology (GC/MS and/or LC-MS/MS). The concentration value must be greater than or equal to the cutoff to be reported as positive. Interpretive questions should be directed to the laboratory.

Opiates, Urine Positive

Final

Comment:

Confirmed POSITIVE by LC-MS/MS for the following opiate(s):

Hydrocodone = 2322 ng/mL
 Hydromorphone (free) = 108 ng/mL
 Dihydrocodeine (qualitative only)

Methodology: LC-MS/MS

Drugs covered: 6-acetylmorphine (6-AM), morphine, codeine, dihydrocodeine, hydrocodone, hydromorphone, oxycodone, and oxymorphone.

The presence of more than one opiate in urine may reflect drug metabolism or use of multiple drugs. Low concentrations of an unexpected opiate in the presence of large concentrations of another opiate may also reflect impurities in the pharmaceutical preparation. The absence of expected opiates may indicate non-compliance or limitations of the testing. Interpretive questions should be directed to the laboratory.

Hydrocodone may arise from hydrocodone-containing drugs or by metabolism. When generated by metabolism of codeine, hydrocodone is usually less than 40% of the free codeine concentration. Hydrocodone is metabolized to hydromorphone and dihydrocodeine (hydrocodol).

Dihydrocodeine (hydrocodol) may arise from dihydrocodeine-containing drugs or by metabolism of hydrocodone.

Hydromorphone may arise from hydromorphone-containing drugs or by metabolism. When generated by metabolism of hydrocodone, free hydromorphone is usually less than 30% of the hydrocodone concentration. When generated by metabolism of morphine, free hydromorphone is usually less than 25% of the free morphine concentration.

Lab and Collection

DRUG SCREEN 9A PNL URINE /CONF (Order #26045067) on 9/26/2011 - Lab and Collection Information

Result History

DRUG SCREEN 9A PNL URINE /CONF (Order #26045067) on 9/29/11 - Order Result History Report.

Result Summary for HELICOBACTER PYLORI STOOL

Result Information

Status	Provider Status
Final result (9/27/2011 2:40 AM)	Reviewed

Entry Date

9/27/2011

Component Results

Component	Value	Flag	Range	Units	Status
Helicobacter pylori Ag, by EIA	Negative		Negative		Final

Lab and Collection

HELICOBACTER PYLORI STOOL (Order #26045070) on 9/26/2011 - Lab and Collection Information

Result History

HELICOBACTER PYLORI STOOL (Order #26045070) on 9/27/11 - Order Result History Report.

Living WillOn File
No**Letters****Letter Information****Margaret Hope Solomon on 9/26/2011**Status
Sent**Letter Information****Margaret Hope Solomon on 9/27/2011**Status
Sent**Chart Review Routing History**

No Routing History on File

Patient InformationPatient Name
Jimenez, Rick (20322546)Sex
MaleDOB
7/4/1960**Reason for Call****Refill Request** Ibuprofen, Loratadine

Reason For Call History Recorded

Call Documentation**Douglas G Bunting, RPH, RPH** 9/21/2011 3:00 PM Signed
Please review this request, indicate appropriate refills, then close the encounter.
Thanks.

Last date filled : 8/19 for # 90 Ibuprofen and # 30 Loratadine, both from Dr. Flynn

Last appointment : 7/6

Next scheduled appointment : none

See full documentation**Order**

(Order)

Order SummaryMedications
Ibuprofen 800 MG OR Tab Order #: 26045065
Loratadine (CLARITIN) 10 MG OR Tab Order #: 26045066**Pharmacy Contact**Telephone
801-213-9950Fax
801-213-9965Reviewed On: 7/6/2011 By: Margaret Hope
Solomon, MD**Allergies as of 9/21/2011**

No Known Allergies

Encounter Status

Electronically signed and closed by: Douglas G Bunting, RPH on 9/27/11 at 5:12 PM

Routing History

Priority	Sent On	From	To	Message Type
	9/21/2011 3:00 PM	Douglas G Bunting, RPH	Margaret Hope Solomon, MD	

Created by

Douglas G Bunting, RPH on 09/21/2011 02:59 PM

Patient Information

Patient Name	Sex	DOB
Jimenez, Rick (20322546)	Male	7/4/1960

Contacts

	Type	Contact	Phone	User
08/23/2011 9:20 AM	Phone (Outgoing)	Jimenez, Rick (Self)	801-973-3800 (H)	Kristin Clark

Reason for Call

Endo Scheduling egd/cln

Call Documentation**Kristin Clark** 8/23/2011 10:45 AM Signed

Rick Jimenez was contacted 8/23/2011 to confirm an appointment for a colonoscopy and EGD on August 30, 2011 at 1000 with Dr. Adler at the Redwood Endoscopy Center.

Nurse reviewed Miralax Prep preparation with the pt. Pt instructed to only drink clear liquids and the laxatives and not eat any solid food the entire day and night before the procedure. Pt instructed to remain NPO for at least two hours prior to their arrival time for the procedure. Pt to take B/P and/or heart medication with a small sip of water early a.m. the day of the procedure. Pt stated that he/she is not diabetic.

Pt reminded to stop taking aspirin, ibuprofen, coumadin, heparin, plavix, or any other blood thinners for at least 5 days before the procedure. Patient reminded to bring a current list of medications. Pt denied any other questions at this time regarding this preparation.

Pt informed that they will be unable to drive home after the procedure and a reliable ride will need to be arranged for that day. Pt encouraged to leave all valuables at home.

Pt directed to call the Pre Procedure Endoscopy Line with any other questions or problems at phone number 801-213-9765. Kristin Clark

Kristin Clark 8/23/2011 9:25 AM Signed

Rick Jimenez was called 8/23/2011 to confirm an appointment on August 30, 2011 at 1000 for a colonoscopy and EGD with Dr. Adler at the Redwood Endoscopy Center.

Pt was not home at this time. A msg was left to call the pre procedure confirmation line at 801-213-9765 to confirm the appointment. Kristin Clark

See full documentation**Order**

(Order)

Reviewed On: 7/6/2011 By: Margaret Hope Solomon, MD

Allergies as of 8/23/2011

No Known Allergies

Encounter Status

Electronically signed and closed by: Kristin Clark on 10/25/11 at 12:42 PM

Created by

Kristin Clark on 08/23/2011 09:20 AM

Patient Information

Patient Name Jimenez, Rick (20322546)	Sex Male	DOB 7/4/1960
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Visit Information

Date & Time 8/12/2011 9:40 AM	Provider Jared Esplin, PT	Department Rwc Physical Therapy	Encounter # 186315905
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Insurance Information**Insurance Information**

Payor/Plan
(No coverage on file)

Appointment

Status
No Show [4]

Display Notes

RPV

Visit Coverage

Payor AGENCY	Plan AGENCY OTHER
-----------------	----------------------

Primary Coverage

Payor AGENCY	Plan AGENCY OTHER
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Progress Notes

No notes of this type exist for this encounter.

All Notes

No notes found.

Letters**Letter Information**

<u>Jared Esplin on 8/12/2011</u>	Status Sent
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Patient Information

Patient Name Jimenez, Rick (20322546)	Sex Male	DOB 7/4/1960
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Progress Notes

No notes of this type exist for this encounter.

Encounter-Level Documents:

Scan on 8/8/2011 by Joanne Buck : DWS Evidence of Impairment 7/28/11

Encounter Status

Electronically signed and closed by: Joanne Buck on 8/8/11 at 2:09 PM

Office Visit

8/5/2011 Office Visit

Rick Jimenez | MRN: 20322546

Patient Information

Patient Name Jimenez, Rick (20322546)	Sex Male	DOB 7/4/1960
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Visit Information

Date & Time 8/5/2011 10:40 AM	Provider Jared Esplin, PT	Department Rwc Physical Therapy	Encounter # 186249124
----------------------------------	------------------------------	------------------------------------	--------------------------

Referring Provider

Margaret Hope Solomon, MD

Reason for Visit

Back Pain-Injury

Pain Information

No pain information on file

Substances and Sexuality as of 7/6/2011

Smoking Status Current Every Day Smoker	Amount 0 packs/day for 0 years
Smokeless Tobacco Status Unknown	
Alcohol Use No	Amount N/A
Drug Use Not Asked	Frequency N/A
Sexually Active Not Asked	Partners N/A

Reviewed On: 7/6/2011 By: Margaret Hope Solomon, MD

Allergies as of 8/5/2011

No Known Allergies

Nursing Notes

No notes of this type exist for this encounter.

Pharmacist Notes

No notes of this type exist for this encounter.

Progress Notes

Jared Esplin at 8/5/2011 11:01 AM

Status: Signed

S: Patient reports no new problems since last physical therapy visit. Patient reports no change of symptoms. Patient reports compliance with home exercise program and activity modifications.

O: Treatment time of 45 minutes with direct contact time of 45 minutes including therapeutic exercises 15 minutes, neuromuscular re-education 20 minutes and manual therapy techniques (as previous) 10 minutes. We progressed with no new exercises. All other exercises were performed as described last visit.

A: pt has no increased symptoms with exercises, fatigues easily, should progress with therapy.

P: We plan to continue to see the patient 1 time a week. We plan to focus on flexibility, proprioception.

Jared Esplin, P.T.

H&P Notes

No notes of this type exist for this encounter.

Current Immunizations

Never Reviewed

No immunizations on file.

SmartFormsProcedure ChecklistAud Devices**Encounter Status**

Electronically signed and closed by: Jared Esplin on 8/5/11 at 11:41 AM

Diagnoses

Lumbago - Primary

724.2

Order

(Order)

The codes documented are preliminary and upon coder review with provider may be revised to meet compliance requirements.

Order Summary

MANUAL THER TECH,1+REGIONS,EA 15 MIN [97140 CPT(R)] Order #: 25608543

NEUROMUSC REEDUCAT,1+ AREAS, EA 15 MIN [97112 CPT(R)] Order #: 26045064

THERAPEUTIC EXERCISES [97110 CPT(R)] Order #: 25608544

Other OrdersMANUAL THER TECH,1+REGIONS,EA 15 Enter ResultsOrdered On
8/5/2011MINTHERAPEUTIC EXERCISES Enter Results

8/5/2011

NEUROMUSC REEDUCAT,1+ AREAS, EA Enter Results

8/5/2011

15 MIN**Patient Instructions**

None

Living Will

On File

No

Chart Review Routing History

No Routing History on File

Office Visit

7/29/2011 Office Visit

Rick Jimenez | MRN: 20322546

Patient Information

Patient Name
Jimenez, Rick (20322546)

Sex
Male

DOB
7/4/1960

Visit Information

Date & Time
7/29/2011 8:40 AM

Provider
Jared Esplin, PT

Department
Rwc Physical Therapy

Encounter #
186241357

Referring Provider

Margaret Hope Solomon, MD

Reason for Visit

Back Pain-Injury

Pain Information

No pain information on file

Substances and Sexuality as of 7/6/2011

Smoking Status

Amount

Current Every Day Smoker

0 packs/day for 0 years

Smokeless Tobacco Status
UnknownAlcohol Use
NoAmount
N/ADrug Use
Not AskedFrequency
N/ASexually Active
Not AskedPartners
N/AReviewed On: 7/6/2011 By: Margaret Hope
Solomon, MD**Allergies as of 7/29/2011**

No Known Allergies

Nursing Notes

No notes of this type exist for this encounter.

Pharmacist Notes

No notes of this type exist for this encounter.

Progress Notes

Jared Esplin at 7/29/2011 10:16 AM

Status: Signed

S: Patient reports no new problems since last physical therapy visit. Patient reports no change of symptoms. Patient reports compliance with home exercise program and activity modifications.

O: Treatment time of 40 minutes with direct contact time of 40 minutes including therapeutic exercises 10 minutes, neuromuscular re-education 20 minutes and manual therapy techniques (piriformis stretch, lumbar rotation) 10 minutes. All exercises were performed as described last visit.

A: pt fatigues with exercises, should progress well with therapy and HEP.

P: We plan to continue to see the patient 1 time a week. We plan to focus on flexibility, proprioception.

Jared Esplin, P.T.

Revision History

H&P Notes

No notes of this type exist for this encounter.

Current Immunizations

Never Reviewed

No immunizations on file.

SmartFormsProcedure ChecklistAud Devices**Encounter Status**

Electronically signed and closed by: Jared Esplin on 7/29/11 at 10:16 AM

Diagnoses

Lumbago - Primary

724.2

Order

(Order)

The codes documented are preliminary and upon coder review with provider may be revised to meet compliance requirements.

Order Summary

MANUAL THER TECH,1+REGIONS,EA 15 MIN [97140 CPT(R)] Order #: 25608540
NEUROMUSC REEDUCAT,1+ AREAS, EA 15 MIN [97112 CPT(R)] Order #: 25608542
THERAPEUTIC EXERCISES [97110 CPT(R)] Order #: 25608541

Other Orders

MANUAL THER TECH,1+REGIONS,EA 15 MIN Enter Results
THERAPEUTIC EXERCISES Enter Results
NEUROMUSC REEDUCAT,1+ AREAS, EA 15 MIN Enter Results

Ordered On
7/29/2011

7/29/2011
7/29/2011

Patient Instructions

None

Living Will

On File
No

Chart Review Routing History

No Routing History on File

Patient Information

Patient Name
Jimenez, Rick (20322546)

Sex
Male

DOB
7/4/1960

Visit Information

Date & Time
7/28/2011 10:00 AM

Provider
Jared Esplin, PT

Department
Rwc Physical Therapy

Encounter #
186228301

Insurance Information**Insurance Information**

Payor/Plan
(No coverage on file)

Appointment

Status
No Show [4]

Display Notes

rpv

Visit Coverage

Payor
AGENCY

Plan
AGENCY OTHER

Primary Coverage

Payor
AGENCY

Plan
AGENCY OTHER

Progress Notes

No notes of this type exist for this encounter.

All Notes

No notes found.

Letters**Letter Information****Jared Esplin on 7/28/2011**Status
Sent**Patient Information**Patient Name
Jimenez, Rick (20322546)Sex
MaleDOB
7/4/1960**Reason for Call****Refill Request**

Hydrocod/APAP, Ibuprofen

Reason For Call History Recorded

Call Documentation

Douglas G Bunting, RPH, RPH 7/27/2011 11:59 AM Signed
Please review this request, indicate appropriate refills, then close the encounter.
Thanks.

Last date filled : 6/15 for # 90 Hydrocod/APAP, 6/13 for # 90 Ibuprofen

Last appointment : 7/6

Next scheduled appointment : none

[See full documentation](#)**Order**

(Order)

Order Summary

Medications

Hydrocodone-Acetaminophen 7.5-500 MG OR Tab Order #: 25608538

Ibuprofen 800 MG OR Tab Order #: 25608539

Pharmacy ContactTelephone
801-213-9950Fax
801-213-9965Reviewed On: 7/6/2011 By: Margaret Hope
Solomon, MD**Allergies as of 7/27/2011**

No Known Allergies

Diagnoses**Lumbago**

724.2

Encounter Status

Electronically signed and closed by: Auto Batch Job on 8/11/11 at 12:30 AM

Routing History

Priority	Sent On	From	To	Message Type
	7/27/2011 11:59 AM	Douglas G Bunting, RPH	Margaret Hope Solomon, MD	

Created by

Douglas G Bunting, RPH on 07/27/2011 11:58 AM

Office Visit

7/20/2011 Office Visit

Rick Jimenez | MRN: 20322546

Patient Information

Patient Name Jimenez, Rick (20322546)	Sex Male	DOB 7/4/1960
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Visit Information

Date & Time 7/20/2011 10:20 AM	Provider Jared Esplin, PT	Department Rwc Physical Therapy	Encounter # 186112936
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Referring Provider**Self Referring****Reason for Visit****Back Pain-Injury****Pain Information**

No pain information on file

Substances and Sexuality as of 7/6/2011

Smoking Status Current Every Day Smoker	Amount 0 packs/day for 0 years
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Smokeless Tobacco Status Unknown
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Alcohol Use No	Amount N/A
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Drug Use Not Asked	Frequency N/A
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Sexually Active Not Asked	Partners N/A
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Reviewed On: 7/6/2011 By: Margaret Hope Solomon, MD**Allergies as of 7/20/2011**

No Known Allergies

Nursing Notes

No notes of this type exist for this encounter.

Pharmacist Notes

No notes of this type exist for this encounter.

Progress Notes

Jared Esplin at 7/20/2011 10:56 AM

Status: Signed

The patient has been referred for Physical Therapy evaluation and treatment by Dr. Solomon.
Chief complaint: back pain.

INITIAL ONSET

Date of onset: 2004

Patient reports lifting an engine at work.

Initial symptoms included back pain.

Initial treatment consisted of PT, med, injections in 2004.

SINCE INITIAL ONSET

Patient reports that they have had an increase of symptoms.

Further treatment has included nothing recently.

CURRENT SYMPTOMS

Location: lumbar region, and upper thoracic.

Pain rating: 6/10 at initial evaluation
Duration: constant and has no change in a 24 hr. period.
Most comfortable sleeping position: supine.
Aggravating factors: unsure.
Alleviating factors: meds, heat, ice.

FUNCTIONAL STATUS AND ACTIVITY

Reported limits: difficulty with activity due to pain.
Patients Goals: decrease pain.

MEDICATIONS:

Current outpatient prescriptions: Hydrocodone-Acetaminophen 7.5-500 MG OR Tab, 1 po tid prn back pain, to last 30 days, Disp: 90, Rfl: 0; Benzoyl Peroxide-Erythromycin 5-3 % EX Gel, apply to face nightly to treat acne, Disp: 60 g, Rfl: 2; Amoxicillin 500 MG OR Cap, 2 po qam and 2 po qpm x 2 weeks, Disp: qs 2 weeks, Rfl: 0; Clarithromycin 500 MG OR Tab, 1 po bid x 14 days, Disp: 28, Rfl: 0
Omeprazole 20 MG OR CAPSULE DELAYED RELEASE, 1 tab po twice daily, Disp: 60, Rfl: 5; Ibuprofen 800 MG OR Tab, 1 po TID with food prn, Disp: 90, Rfl: 0; Loratadine (CLARITIN) 10 MG OR Tab, 1 tab po at night for allergies, prn, Disp: 30, Rfl: 2; Fluticasone Propionate (FLONASE) 50 MCG/ACT NA Suspension, 2 sprays each nostril daily, Disp: 1, Rfl: 2

SURGICAL HISTORY:

No past surgical history on file.

Past Medical History

Diagnosis

Date

- Herniated intervertebral disk
- Tendon disorder
 - Reports torn tendon in right leg*
- Environmental allergies
- Chronic hypotension
- H/O: stroke

PERSONAL HISTORY

Occupation: none

COMMUNICATION, AFFECT, COGNITION, LEARNING STYLE

Patient communication: age appropriate. Patient is oriented to person, place and time.
Emotional/Behavioral response not impaired. Patients learning barriers are none.

SYSTEMS REVIEW

Cardiovascular: is not impaired with regards to heart rate, respiratory rate, blood pressure and edema per pt report.

Musculoskeletal: Height: 5'4" Weight: 166#

See Tests and Measures section for further details

Integumentary: has no disruptions, abnormal skin color or pliability

Neuromuscular: Gait is impaired with using cane due to pain.

EVALUATION

Diagnosis: lumbar HNP.

Impaired Joint mobility, motor function, muscle performance, R.O.M, and reflex integrity associated with spinal disorders.

Impairments:

1. 6/10 pn LB
2. decreased lumbar AROM
3. decreased hip flexibility
4. weak hip ABD

Prognosis: fair with chronicity, multiple HNP as per patient report as complicating pathology.

Goals:

1. Decrease pn to 4/10 max by 6 weeks.
2. Increase lumbar flexion to 70 degrees by 6 weeks.
3. Increase hip flexibility to WFL by 6 weeks.
4. Increase hip ABD strength to 5/5 by 6 weeks.

Functional outcomes:

1. Patient will be able to do all IADLs with 4/10 pn max by 6 weeks.

Plan of Care

Interventions: 1 time a week for 6-8 weeks. Treatment will/may include modalities, manual therapy techniques, therapeutic, neuromuscular and functional exercise. Patient education regarding home exercise instruction and activity modifications.

Education: The patient was informed of their examination findings, proposed treatment plan, procedures and expected outcomes.

Initial treatment: heat LB. The patient was instructed on home exercise program and demonstrated proper technique in clinic today and was given handout with written instructions and pictures of exercises (10 min). See attached letter.

Exercises for plan of care: Total gym for 5 minutes on level 7, thoracic extension 30 times, rows 2 sets of 20 with 3 kg, rotation stabilizations bilateral for 1 minute with 3 kg, bilateral standing abduction 2 sets of 20 with 2 pounds, ball bridges 2 sets of 20, crate lifting 2 sets for 1 minute with 20 pounds, planks prone and sides 30 seconds each.

Jared Esplin, PT

Revision History

H&P Notes

No notes of this type exist for this encounter.

Current Immunizations

Never Reviewed

No immunizations on file.

Lumbar Spine Exam

Palpation	Pain		Spasm	
Lumbar Spine:	Yes		No	
Paraspinals:	R: Yes	L: Yes	R: Yes	L: Yes
Sacroiliac:	R: Yes	L: Yes		
Iliolumbar:	R: Yes	L: Yes		
Sciatic Notch:	R: Yes	L: Yes		

Range of Motion

Pain

Range

Extension:	Yes	15
Flexion:	Yes	60

Motor/Strength	Right	Left
Adductors (L2):	4/5	5/5
Quadriceps (L3):	4/5	5/5
Ankle Dorsiflexors (L4):	5/5	5/5
Extensor Hallucis Longus (L5):	4/5	5/5
Plantar Flexors/Evertors (S1):	4/5	5/5

Reflexes	Right	Left
Patellar:	3/4	3/4
Achilles:	2/4	2/4

Straight Leg Raise	Right	Left
Straight Leg Raise:	Negative	Negative

Observations

tight piriformis and hamstring B, R>L.
 increased pain with manual traction.
 leg lengths equal supine.
 lumbar rotation tight and painful B, limited by guarding.
 hip ABD 5/5 strength L, 3/5 R.
 unable to grade lumbar or thoracic P/A glide due to severe guarding.

SmartForms

Procedure Checklist
Aud Devices

Encounter Status

Electronically signed and closed by: Jared Esplin on 7/20/11 at 12:28 PM

Diagnoses

Lumbago - Primary 724.2

Order

(Order)

The codes documented are preliminary and upon coder review with provider may be revised to meet compliance requirements.

Order Summary

HOT OR COLD PACKS THERAPY [97010 CPT(R)] Order #: 25608536
 PHYS THERAPY EVALUATION [97001 CPT(R)] Order #: 25608535
 THERAPEUTIC EXERCISES [97110 CPT(R)] Order #: 25608537

Other Orders

PHYS THERAPY EVALUATION
HOT OR COLD PACKS THERAPY
THERAPEUTIC EXERCISES

Enter Results
Enter Results
Enter Results

Ordered On
 7/20/2011
 7/20/2011
 7/20/2011

Patient Instructions

None

Classic SmartForms

Classic SmartForms Filed During this Visit

LUMBAR SPINE EXAMLiving Will

On File
No

LettersLetter InformationJared Esplin on 7/20/2011

Status
Sent

Chart Review Routing History

No Routing History on File

Patient Information

Patient Name	Sex	DOB
Jimenez, Rick (20322546)	Male	7/4/1960

Contacts

	Type	Contact	Phone	User
07/13/2011 8:49 AM	Phone (Incoming)	Jimenez, Rick (Self)	801-973-3800 (H)	Dawn Spor
07/13/2011 9:18 AM	Phone (Outgoing)	Jimenez, Rick (Self)	801-973-3800 (H)	Rebecca Hanshaw
Not Available				

Reason for Call

Telephone-Health Status

Call Documentation

Rebecca Hanshaw 7/13/2011 9:20 AM Signed
Tried to contact pt but could not get a hold of him. Will try later

Dawn Spor 7/13/2011 8:51 AM Signed
Patient called to report the following information:

What condition is being reported: Pt called and wanted to let the dr know that the reason he missed his PT appt yesterday was because his tooth broke again and he was at the dentist all day. He also is requesting to speak with the dr in regards to some of the medications they gave him. I transferred the pt to PT to reschedule his appt.

Please call and advise.
(801)973-3800

See full documentationOrder

(Order)

Reviewed On: 7/6/2011 By: Margaret Hope
Solomon, MD

Allergies as of 7/13/2011

No Known Allergies

Encounter Status

Electronically signed and closed by: Pamela Melis on 7/14/11 at 5:05 PM

Routing History

Priority	Sent On	From	To	Message Type
	7/14/2011 5:05 PM	Pamela Melis	P CC RWC IM/PEDS MESSAGE POOL	

7/13/2011 Rebecca Hanshew
9:20 AM
7/13/2011 Dawn Spor
8:51 AM

P CC RWC IM/PEDS
MESSAGE POOL
P CC RWC IM/PEDS
MESSAGE POOL

Created by

Dawn Spor on 07/13/2011 08:49 AM

Patient Information

Patient Name
Jimenez, Rick (20322546)

Sex
Male

DOB
7/4/1960

Visit Information

Date & Time
7/11/2011 2:00 PM

Provider
Jared Esplin, PT

Department
Rwc Physical Therapy

Encounter #
186004966

Insurance Information**Insurance Information**

Payor/Plan
(No coverage on file)

Appointment

Status
No Show [4]

Display Notes

npv

Primary Coverage

Payor
AGENCY

Plan
AGENCY OTHER

Progress Notes

No notes of this type exist for this encounter.

All Notes

No notes found.

Letters

Letter Information

Jared Esplin on 7/11/2011

Status
Sent

Patient Information

Patient Name
Jimenez, Rick (20322546)

Sex
Male

DOB
7/4/1960

Progress Notes

No notes of this type exist for this encounter.

Encounter-Level Documents:

Document on 7/7/2011 by Joanne Buck : ROI - Patient handcarried

Encounter Status

Electronically signed and closed by: Joanne Buck on 7/7/11 at 11:52 AM

Office Visit

7/6/2011 Office Visit

Rick Jimenez | MRN: 20322546

Patient Information

Patient Name

Sex

DOB

Jimenez, Rick (20322546)

Male

7/4/1960

Visit InformationDate & Time
7/6/2011 2:00 PMProvider
Margaret Solomon, MD,
MDDepartment
Rwc Im/PedsEncounter #
185867619**Referring Provider****Self Referring****Reason for Visit****Pain-Generalized****Vitals**

<u>Vitals</u>	Most Recent Value
BP	120/80 mmHg
Temp	97.1 °F (36.2 °C)
Temp src	TEMPORAL
Pulse	91
Resp	16
Weight	166 lb 8 oz (75.524 kg)

Pain Information (Last Filed)

Score	Location	Comments	Edu?
4	Generalized		

All Flowsheet Templates (all recorded)Encounter Vitals Flowsheet**Substances and Sexuality as of 7/6/2011**

Smoking Status	Amount
Current Every Day Smoker	0 packs/day for 0 years
Smokeless Tobacco Status	
Unknown	
Alcohol Use	Amount
No	N/A
Drug Use	Frequency
Not Asked	N/A
Sexually Active	Partners
Not Asked	N/A

BMI Data

Body Mass Index	Body Surface Area
28.56 kg/m ²	1.85 m ²

Reviewed On: 7/6/2011 By: Margaret Hope Solomon, MD

Allergies as of 7/6/2011

No Known Allergies

Visit Notes**LEEANN PEREZ** Wed Jul 6, 2011 3:17 PM

Collected urine specimen for culture and sent to mini lab upstairs and signed in

LEEANN PEREZ Wed Jul 6, 2011 1:46 PM

Rick Jimenez is a 51 year old male

Patient is an established patient. Vitals performed, history and allergies reviewed by Leeann Perez.

Reviewed and reconciled patient's medications.

This pt is here for a follow up on his last visit, he thought it was for his colonoscopy, but apparently not.

Nursing Notes

No notes of this type exist for this encounter.

Pharmacist Notes

No notes of this type exist for this encounter.

Progress Notes

Margaret Hope Solomon, MD at 7/6/2011 2:34 PM

Status: Signed

The medical assistant and/or scribe for this encounter is Leeann Perez

S- Rick Jimenez is a 51 year old male presenting to address the following issue(s):

This pt is here for a follow up on his last visit, he thought it was for his colonoscopy, but apparently not

<S>

Patient is a 51 year old male who presents for follow up visit.

-he has been having GERD sx, omeprazole helps but sx come back afterwards. Scheduled for EGD late August. Denies any hematemesis, emesis, blood in stools.

-back same, no new sx. He is scheduled to see PT for initial eval 7/11/11. He is living in half way house, has had some issues with them giving him his medication when he requests.

-he has skin lesions on his face which are painful. Present x 3 yrs. Intermittently itchy. No prior h/o acne.

Ros:

No fevers, chills

No diarrhea, emesis, hematemesis or blood in stools.

Past Medical History

Diagnosis

Date

- Herniated intervertebral disk

- Tendon disorder

Reports torn tendon in right leg

- Environmental allergies

- Chronic hypotension

- H/O: stroke

No family history on file.

No past surgical history on file.

Current outpatient prescriptions ordered prior to encounter

Medication	Sig	Dispense	Refill
• Hydrocodone-Acetaminophen 7.5-500 MG OR Tab	1 po tid prn back pain	90	0
• Ibuprofen 800 MG OR Tab	1 po TID with food prn	90	0
• Omeprazole 20 MG OR	1 tab po twice daily	60	0

CAPSULE DELAYED
RELEASE

- Loratadine (CLARITIN) 10 MG OR Tab 1 tab po at night for allergies, prn 30 2
- Fluticasone Propionate (FLONASE) 50 MCG/ACT NA Suspension 2 sprays each nostril daily 1 2

<O>

Physical exam:

GENERAL: Patient is alert and interactive. Patient is in no apparent distress.

HEAD: atraumatic and normocephalic

EYES: conjunctiva non-erythematous and sclerae anicteric

CHEST: no retractions, symmetrical and non-tender

LUNGS: clear all lung fields, A-P Bilaterally

CARDIAC: regular rate and rhythm, normal S1 and S2 heart sounds and no murmur/gallops/rubs

NEURO: Ambulates with a cane

SKIN: Indurated lesions on cheeks B c/w scarring acne, no lesions in beard area.

<A/P>

530.11 Reflux esophagitis

Comment: given persistent sx on PPI will treat for H pylori, see below. EGD in late August.

724.2 Lumbago

Comment: check urine drug screen, refill pain meds. Counseled re risks of narcotic pain meds.

Plan: Hydrocodone-Acetaminophen 7.5-500 MG OR Tab,
DRUG OF ABUSE 9PNL,UA,W/CONFIRM

706.1 Acne

Comment: trial topical rx, also consider tinea barbae but lesions appear more c/w inflammatory acne, may need oral abx.

Plan: Benzoyl Peroxide-Erythromycin 5-3 % EX Gel

041.86 Helicobacter pylori

Comment: will treat for positive prior serum test and sx.

Plan: Amoxicillin 500 MG OR Cap, Clarithromycin 500
MG OR Tab, Omeprazole 20 MG OR CAPSULE DELAYED
RELEASE

F/u 1-2 months re above issues.

Return to clinic if symptoms persist or worsen or for any other concerns.

After visit summary given to patient and information reviewed with patient.

Margaret Solomon, MD

General Review of Systems

O-

The Physical Exam SmartForm was not used in this encounter.

A/P-

Revision History

H&P Notes

No notes of this type exist for this encounter.

Current Immunizations

Never Reviewed

No immunizations on file.

SmartForms

Procedure Checklist

Aud Devices

Encounter Status

Electronically signed and closed by: Margaret Hope Solomon, MD on 7/9/11 at 6:11 AM

Diagnoses

Reflux esophagitis	530.11
Lumbago	724.2
Acne	706.1
Helicobacter pylori	041.86

Order

(Order)

The codes documented are preliminary and upon coder review with provider may be revised to meet compliance requirements.

Order Summary

DRUG OF ABUSE 9PNL,UA,W/CONFIRM [80101 Custom] Order #: 25311067
SPECIMEN HANDLING,DR OFF->LAB [99000 CPT(R)] Order #: 25608534

Medications

Amoxicillin 500 MG OR Cap Order #: 25311068
Benzoyl Peroxide-Erythromycin 5-3 % EX Gel Order #: 25311066
Clarithromycin 500 MG OR Tab Order #: 25311069
Hydrocodone-Acetaminophen 7.5-500 MG OR Tab Order #: 25311065
Omeprazole 20 MG OR CAPSULE DELAYED RELEASE Order #: 25311070

Other Orders

Ordered On

SPECIMEN HANDLING, DR OFF->LABEnter Results

7/6/2011

Level of ServiceOFFICE/OUTPT VISIT, EST, LEVL IV
[99214]**Patient Instructions**

Today we are giving you a prescription for a gel to apply to your face for skin issues.

We are also giving you 2 antibiotics to take twice per day for 2 weeks in addition to your omeprazole to treat stomach symptoms.

Result Summary for DRUG OF ABUSE 9PNL,UA,W/CONFIRM**Result Information**

Status	Provider Status
Final result (7/8/2011 1:16 PM)	Reviewed

Entry Date

7/8/2011

Component Results

Component	Value	Flag	Range	Units	Status
Amphetamines, Urine	Negative				Final
Barbiturates, Urine	Negative				Final
Benzodiazepines, Urine	Negative				Final
Marijuana, Urine	Negative				Final
Cocaine, Urine	Negative				Final
Methadone, Urine	Negative				Final
Phencyclidine, Urine	Negative				Final
Propoxyphene, Urine	Negative				Final
Creatinine, Urine	79.5		20.0 - 400.0	mg/dL	Final
CDASU 9 Comments	See Note				Final

Comment:

TEST INFORMATION: Drug Panel 9, Urn, Screen w/Rflx to Conf

1. Drugs Covered and Cutoff Concentrations:

Drugs/Drug Classes	Screen	Confirmation
Marijuana	20 ng/mL	5 ng/mL
Cocaine	150 ng/mL	50 ng/mL
Opiates	300 ng/mL	5 ng/mL
Oxycodone.....	100 ng/mL	5 ng/mL
Phencyclidine	25 ng/mL	10 ng/mL
Amphetamines	300 ng/mL	200 ng/mL
MDMA (Ecstasy).....	500 ng/mL	200 ng/mL
Barbiturates	200 ng/mL	50 ng/mL
Benzodiazepines	200 ng/mL	20 ng/mL
Methadone	150 ng/mL	10 ng/mL
Propoxyphene	300 ng/mL	10 ng/mL

Oxycodone results will be reported with the opiates results. MDMA results will be reported with the amphetamines results.

2. For medical purposes only; not valid for forensic use.

3. The absence of expected drug(s) and/or drug metabolite(s) may indicate non-compliance, inappropriate timing of specimen collection relative to drug administration, poor drug absorption, diluted/adulterated urine, or limitations of testing. The concentration at which the screening test can detect a drug or metabolite varies within a drug class. Specimens for which drugs or drug classes are detected by the screen are reflexed to a second, more specific technology (GC/MS and/or LC-MS/MS). The concentration value must be greater than or equal to the cutoff to be reported as positive. Interpretive questions should be directed to the laboratory.

Opiates, Urine Positive

Final

Comment:

Confirmed POSITIVE by LC-MS/MS for the following opiate(s):

Hydrocodone = 207 ng/mL
Hydromorphone (free) = 12 ng/mL
Dihydrocodeine (qualitative only)

Methodology: LC-MS/MS

Drugs covered: 6-acetylmorphine (6-AM), morphine, codeine, dihydrocodeine, hydrocodone, hydromorphone, oxycodone, and oxymorphone.

The presence of more than one opiate in urine may reflect drug metabolism or use of multiple drugs. Low concentrations of an unexpected opiate in the presence of large concentrations of another opiate may also reflect impurities in the pharmaceutical preparation. The absence of expected opiates may indicate non-compliance or limitations of the testing. Interpretive questions should be directed to the laboratory.

Hydrocodone may arise from hydrocodone-containing drugs or by metabolism. When generated by metabolism of codeine, hydrocodone is usually less than 40% of the free codeine concentration. Hydrocodone is metabolized to hydromorphone and dihydrocodeine (hydrocodol).

Dihydrocodeine (hydrocodol) may arise from dihydrocodeine-containing drugs or by metabolism of hydrocodone.

Hydromorphone may arise from hydromorphone-containing drugs or by metabolism. When generated by metabolism of hydrocodone, free hydromorphone is usually less than 30% of the hydrocodone concentration. When generated by metabolism of morphine, free hydromorphone is usually less than 25% of the free morphine concentration.

Lab and Collection

DRUG OF ABUSE 9PNL,UA,W/CONFIRM (Order #25311067) on 7/6/2011 - Lab and Collection Information

Result History

DRUG OF ABUSE 9PNL,UA,W/CONFIRM (Order #25311067) on 7/8/11 - Order Result History Report.

Living Will

On File

No

Chart Review Routing History

No Routing History on File

Patient Information

Patient Name Jimenez, Rick (20322546)	Sex Male	DOB 7/4/1960
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Progress Notes

No notes of this type exist for this encounter.

Encounter-Level Documents:Scan on 6/28/2011 by Connie Fondren : Medication Agreement 6/14/11**Encounter Status**

Electronically signed and closed by: Connie Fondren on 6/28/11 at 11:28 AM

Outside Records**6/20/2011 Outside Records****Rick Jimenez | MRN: 20322546****Patient Information**

Patient Name Jimenez, Rick (20322546)	Sex Male	DOB 7/4/1960
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Progress Notes

No notes of this type exist for this encounter.

Encounter-Level Documents:Document on 6/20/2011 by Joanne Buck : Records - Bureau of Prisons Health Services**Encounter Status**

Electronically signed and closed by: Joanne Buck on 6/20/11 at 1:40 PM

Patient Information

Patient Name Jimenez, Rick (20322546)	Sex Male	DOB 7/4/1960
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Contacts

	Type	Contact	Phone	User
06/19/2011 6:31 AM	Phone (Outgoing)	Jimenez, Rick (Self)	801-973-3800 (H)	Margaret Hope Solomon
06/20/2011 4:11 PM	Phone (Outgoing)	Jimenez, Rick (Self)	801-973-3800 (H)	Leeann Perez
Not Available				

Reason for Call**Telephone Follow-Up****Call Documentation**

Felissadee Campbell 6/21/2011 10:55 AM Signed
Sent pt a letter

Leeann Perez 6/20/2011 4:12 PM Signed

I tried calling the number that is in the system and it was apparently not the right one. It asked for the person by name and the recording says that there is no one by that name.....
Will try again Tuesday

Margaret Solomon, MD 6/19/2011 6:32 AM Signed

Please contact pt, give him information about scheduling physical therapy, let him know I want him to do physical therapy in addition to his medications. Also does not look like he has scheduled EGD

and colonoscopy, please give him GI scheduling number.

See full documentation

Order

(Order)

Allergies as of 6/19/2011

Reviewed On: 6/15/2011 By: Pamela Melis

No Known Allergies

Encounter Status

Electronically signed and closed by: Felissadee Campbell on 6/21/11 at 10:55 AM

LettersLetter Information**Margaret Hope Solomon on 6/21/2011**

Status

Sent

Routing History

Priority	Sent On	From	To	Message Type
	6/21/2011 10:55 AM	Felissadee Campbell	P CC RWC IM/PEDS MESSAGE POOL	
	6/21/2011 10:50 AM	Felissadee Campbell	P CC RWC IM/PEDS MESSAGE POOL	
	6/20/2011 4:12 PM	Leeann Perez	P CC RWC IM/PEDS MESSAGE POOL	
	6/19/2011 6:32 AM	Margaret Hope Solomon	P CC RWC IM/PEDS MESSAGE POOL	

Created by

Margaret Hope Solomon on 06/19/2011 06:31 AM

Outside Records

6/16/2011 Outside Records

Rick Jimenez | MRN: 20322546

Patient Information

Patient Name	Sex	DOB
Jimenez, Rick (20322546)	Male	7/4/1960

Progress Notes

No notes of this type exist for this encounter.

Encounter-Level Documents:

Scan on 6/16/2011 by Connie Fondren : Federal Bureau of Prisons - Visit request

Encounter Status

Electronically signed and closed by: Connie Fondren on 6/16/11 at 2:29 PM

Office Visit

6/15/2011 Office Visit

Rick Jimenez | MRN: 20322546

Patient Information

Patient Name	Sex	DOB
Jimenez, Rick (20322546)	Male	7/4/1960

Visit Information

Date & Time	Provider	Department	Encounter #
6/15/2011 9:20 AM	Margaret Solomon, MD	Rwc Im/Peds	185850815

Referring Provider

Margaret Hope Solomon

Reason for Visit

BACK PAIN-OTHER**Vitals**

<u>Vitals</u>	Most Recent Value
BP	120/82 mmHg
Temp	97.6 °F (36.4 °C)
Temp src	TEMPORAL
Pulse	76
Resp	16
Height	5' 4" (1.626 m)
Weight	172 lb (78.019 kg)

Pain Information (Last Filed)

Score	Location	Comments	Edu?
6	Back		

All Flowsheet Templates (all recorded)Encounter Vitals Flowsheet**Substances and Sexuality as of 6/15/2011**

Smoking Status	Amount
Current Every Day Smoker	0 packs/day for 0 years
Smokeless Tobacco Status	
Unknown	
Alcohol Use	Amount
No	N/A
Drug Use	Frequency
Not Asked	N/A
Sexually Active	Partners
Not Asked	N/A

BMI Data

Body Mass Index	Body Surface Area
29.50 kg/m ²	1.88 m ²

Allergies as of 6/15/2011**Reviewed On: 6/15/2011 By: Pamela Melis**

No Known Allergies

Visit Notes

LEEANN PEREZ Wed Jun 15, 2011 10:28 AM
ua taken to mini lab Maggie Lora M.A. (she was on her way to mini lab w/another pt's labs)

LEEANN PEREZ Wed Jun 15, 2011 10:26 AM
Pt signed pain contract with provider.

PAMELA MELIS Wed Jun 15, 2011 9:44 AM
The medical assistant for this encounter is Pam Melis.

Patient is being seen in clinic today for followup on back pain meds

Patient is an established patient. Vitals performed, history and allergies reviewed by Pamela Melis.
Reviewed and reconciled patient's medications.

Nursing Notes

No notes of this type exist for this encounter.

Pharmacist Notes

No notes of this type exist for this encounter.

Progress Notes

Margaret Hope Solomon at 6/19/2011 6:33 AM

Status: Addendum

Back Pain:**History of Present Illness:**

- Duration of time back pain has been a problem: since 2004
- Intensity of pain (scale of 0-10): varies, 6-8
- Location of back pain: cervical, lumbar
- History of injury to the back? (how, when, where): yes, back in 2004, lifting an engine block crushed some vertebrae and tore some tendons
- Frequency of episodes of back pain (N/A if this is first episode): pretty constant
- Duration of each back pain episode (N/A if this is first episode): constant
- History of back surgery?: no
- Personal history of cancer?: no
- History of MRI scan of the back?: yes
- Medications tried for back pain?: ibuprofen, lortab,

Targeted Review of Systems:

- Does pain radiate to a leg?: yes
- Fever or chills?: no
- Unexplained weight loss?: no
- Change in bowel or bladder function?: no
- Dysuria (burning with urination): no
- Hematuria (blood in urine): no
- Muscle cramps?: yes
- Weakness in a leg?: no
- Numbness or tingling in foot/feet?: yes

<S>

Patient is a 50 year old male who presents for initial visit with me re back pain.

-recently released from Pennsylvania prison, in halfway house nearby now. Reports he was in prison for "being near guns" but denies h/o substance abuse.

-back pain as reviewed above. Pain is in lower back, also has neck pain and headaches. Intermittent cramps in feet. Pain radiates down R and L leg. Has done PT in past and it was helpful. Has had imaging, results not available.

-tells me he had a stroke after his back injury and had residual L sided weakness.

-h/o GERD, has some intermittent trouble swallowing. Does take Ibuprofen. He is unsure if he has had a prior EGD.

-allergies: gets nasal congestion, some eye watering.

Past Medical History**Diagnosis**

Date

- Herniated intervertebral disk
- Tendon disorder
 - Reports torn tendon in right leg*
- Environmental allergies
- Chronic hypotension
- H/O: stroke

No family history on file.

No past surgical history on file.

Current outpatient prescriptions ordered prior to encounter

Medication	Sig	Dispense	Refill
• Ibuprofen 800 MG OR Tab	1 po TID with food prn	90	0
• Omeprazole 20 MG OR CAPSULE DELAYED RELEASE	1 tab po twice daily	60	0
• Loratadine (CLARITIN) 10 MG OR Tab	1 tab po at night for allergies, prn	30	2
• Fluticasone Propionate (FLONASE) 50 MCG/ACT NA Suspension	2 sprays each nostril daily	1	2

<O>

Physical exam:

GENERAL: Patient is alert and interactive. Patient is in no apparent distress.

HEAD: atraumatic and normocephalic

EYES: normal bilaterally, PERRL, conjunctiva non-erythematous and sclerae anicteric

EARS: Rightnormal canal, no cerumen impaction, non-tender and TM light reflex normal
Leftnormal canal, no cerumen impaction, non-tender and TM light reflex normal

NOSE: normal, nares patent, mucosa nl, clear mucous

ORAL: clear/normal in appearance, tonsils non-enlarged, without exudate

NECK: full ROM, lymphadenopathy absent, supple and thyromegaly absent

CHEST: no retractions, symmetrical and non-tender

LUNGS: clear all lung fields, A-P Bilaterally

CARDIAC: regular rate and rhythm, normal S1 and S2 heart sounds and no murmus/gallops/rubs

EXTREMITIES: no clubbing, cyanosis, or edema. Pulses and perfusion are normal.

NEURO: Alert and oriented. Slightly diminished strength L > R upper extremity, normal patellar DTRs. Straight leg raise + B. No focal neurological deficits are noticed.

SKIN: normal, no lesions and pink, warm, dry

<A/P>

724.2 Lumbago (primary encounter diagnosis)

Comment: chronic low back pain, he has requested records of prior imaging, sx seem stable. Narcotic pain contract signed, Utox today, monthly visits for med refills. Will have him do physical therapy.

Plan: DRUG OF ABUSE 9PNL,UA,W/CONFIRM, CONSULT, PHYSICAL THERAPY, Hydrocodone-Acetaminophen 7.5-500 MG OR Tab, COLLECTION VENOUS BLOOD,VENIPUNCTURE, SPECIMEN HANDLING,DR OFF->LAB

V76.51 Special screening for malignant neoplasms, colon

Comment: has not had screening colonoscopy.

Plan: COLONOSCOPY REFERRAL, COLLECTION VENOUS BLOOD,VENIPUNCTURE, SPECIMEN HANDLING,DR OFF->LAB

530.11 Reflux esophagitis

Comment: refer for egd, has rx for omeprazole. Serum H pylori was positive, will refer to egd to confirm.

Plan: EGD REFERRAL, COLLECTION VENOUS
BLOOD, VENIPUNCTURE, SPECIMEN HANDLING, DR
OFF->LAB

477.9 Allergic rhinitis, cause unspecified

Comment: using flonase and loratadine with good effect.

Plan: COLLECTION VENOUS BLOOD, VENIPUNCTURE, SPECIMEN
HANDLING, DR OFF->LAB

272.4 Hyperlipidemia LDL goal < 100

Comment: check lipids, given unclear h/o prior CVA target goal < 100.

Plan: LIPID PANEL, COLLECTION VENOUS
BLOOD, VENIPUNCTURE, SPECIMEN HANDLING, DR
OFF->LAB

436 Stroke syndrome

Comment: history unclear, will try to obtain records, consider adding daily ASA

Plan: COLLECTION VENOUS BLOOD, VENIPUNCTURE, SPECIMEN
HANDLING, DR OFF->LAB

Return to clinic if symptoms persist or worsen or for any other concerns.

After visit summary given to patient and information reviewed with patient.

F/u 1 month for med refills.

Margaret Solomon, MD

Revision HistoryH&P Notes

No notes of this type exist for this encounter.

Current Immunizations

Never Reviewed

No immunizations on file.

SmartForms

Procedure Checklist

Aud Devices

Encounter Status

Electronically signed and closed by: Margaret Hope Solomon on 6/19/11 at 6:30 AM

Diagnoses

Lumbago - Primary	724.2
Special screening for malignant neoplasms, colon	V76.51
Reflux esophagitis	530.11
Allergic rhinitis, cause unspecified	477.9
Hyperlipidemia LDL goal < 100	272.4
Stroke syndrome	436

Order

(Order)

The codes documented are preliminary and upon coder review with provider may be revised to

meet compliance requirements.

Order Summary

COLLECTION VENOUS BLOOD, VENIPUNCTURE [36415 CPT(R)] Order #: 25311063
 COLONOSCOPY REFERRAL [CN0131 EC AMB] Order #: 25284158
 CONSULT, PHYSICAL THERAPY [CN0020 Custom] Order #: 25311061
 DRUG OF ABUSE 9PNL, UA, W/CONFIRM [80101 Custom] Order #: 25284160
 EGD REFERRAL [CN0145 EC AMB] Order #: 25284159
 LIPID PANEL [80061 CPT(R)] Order #: 25311060
 SPECIMEN HANDLING, DR OFF->LAB [99000 CPT(R)] Order #: 25311064

Medications

Hydrocodone-Acetaminophen 7.5-500 MG OR Tab Order #: 25311062

Other Orders

		Ordered On
COLONOSCOPY REFERRAL	Edit Results (In process)	6/15/2011
EGD REFERRAL	Edit Results (In process)	6/15/2011
CONSULT, PHYSICAL THERAPY	Enter Results	6/15/2011
COLLECTION VENOUS BLOOD, VENIPUNCTURE	Enter Results	6/15/2011
SPECIMEN HANDLING, DR OFF->LAB	Enter Results	6/15/2011

Level of Service

OFFICE/OUTPT VISIT, EST, LEVL IV
 [99214]

Patient Instructions

None

Result Summary for COLONOSCOPY REFERRAL

Result Information

Status	Provider Status
In process (6/27/2011)	Open

Entry Date

6/27/2011

Result Narrative

Mailed letter and colonoscopy instructions on 6.16.11
 Kaitlyn
 Called home number, GEO Group residential center, it gave
 options, got operator she said that she would give him a msg.
 /06.27.11 mpaskett

Result Summary for EGD REFERRAL

Result Information

Status	Provider Status
In process (6/27/2011)	Open

Entry Date

6/27/2011

Result Narrative

Mailed letter and EGD instructions on 6.16.11
 Kaitlyn
 Called home number, GEO Group residential center, it gave
 options, got operator she said that she would give him a msg.
 /06.27.11 mpaskett

Result Summary for DRUG OF ABUSE 9PNL,UA,W/CONFIRM**Result Information**

Status	Provider Status
Final result (6/16/2011 3:34 PM)	Reviewed

Entry Date

6/16/2011

Component Results

Component	Value	Flag	Range	Units	Status
Amphetamines, Urine	Negative				Final
Barbiturates, Urine	Negative				Final
Benzodiazepines, Urine	Negative				Final
Marijuana, Urine	Negative				Final
Cocaine, Urine	Negative				Final
Methadone, Urine	Negative				Final
Opiates, Urine	Negative				Final
Phencyclidine, Urine	Negative				Final
Propoxyphene, Urine	Negative				Final
Creatinine, Urine	217.6		20.0 - 400.0	mg/dL	Final
CDASU 9 Comments	See Note				Final

Comment:

TEST INFORMATION: Drug Panel 9, Urn, Screen w/Rflx to Conf

1. Drugs Covered and Cutoff Concentrations:

Drugs/Drug Classes	Screen	Confirmation
Marijuana	20 ng/mL	5 ng/mL
Cocaine	150 ng/mL	50 ng/mL
Opiates	300 ng/mL	5 ng/mL
Oxycodone.....	100 ng/mL	5 ng/mL
Phencyclidine	25 ng/mL	10 ng/mL
Amphetamines	300 ng/mL	200 ng/mL
MDMA (Ecstasy).....	500 ng/mL	200 ng/mL
Barbiturates	200 ng/mL	50 ng/mL
Benzodiazepines	200 ng/mL	20 ng/mL
Methadone	150 ng/mL	10 ng/mL
Propoxyphene	300 ng/mL	10 ng/mL

Oxycodone results will be reported with the opiates results. MDMA results will be reported with the amphetamines results.

2. For medical purposes only; not valid for forensic use.

3. The absence of expected drug(s) and/or drug metabolite(s) may indicate non-compliance, inappropriate timing of specimen collection relative to drug administration, poor drug absorption, diluted/adulterated urine, or limitations of testing. The concentration at which the screening test can detect a drug or metabolite varies within a drug class. Specimens for which drugs or drug classes are detected by the screen are reflexed to a second, more specific technology (GC/MS and/or LC-MS/MS). The concentration value must be greater than or equal to the cutoff to be reported as positive. Interpretive

questions should be directed to the laboratory.

Lab and Collection

DRUG OF ABUSE 9PNL,UA,W/CONFIRM (Order #25284160) on 6/15/2011 - Lab and Collection Information

Result History

DRUG OF ABUSE 9PNL,UA,W/CONFIRM (Order #25284160) on 6/16/11 - Order Result History Report.

Result Summary for LIPID PANEL**Result Information**

Status	Provider Status
Abnormal Final result (6/15/2011 12:05 PM)	Reviewed

Entry Date

6/15/2011

Component Results

Component	Value	Flag	Range	Units	Status
CHOLESTEROL,TOTAL	200	(H)	0 - 199	mg/dL	Final
TRIGLYCERIDE	145		0 - 150	mg/dL	Final
HDL Cholesterol	41		40 - 60	mg/dL	Final
LDL, CALCULATED	130	(H)	0 - 129	mg/dL	Final
Very Low Density Lipoprotein, Calc	29		0 - 30	mg/dL	Final
NON-HDL CHOL, CALCULATED	159			mg/dL	Final

Comment:

Non-HDL cholesterol is a secondary target of therapy in persons with high serum triglycerides (greater than 199 mg/dL). The goal for non-HDL cholesterol in persons with high triglycerides is 30 mg/dL higher than their LDL cholesterol goal.

CHOL/HDL RATIO	4.9	0.0 - 6.0	Final
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Lab and Collection

LIPID PANEL (Order #25311060) on 6/15/2011 - Lab and Collection Information

Result History

LIPID PANEL (Order #25311060) on 6/15/11 - Order Result History Report.

Living Will

On File
No

Letters**Letter Information**

<u>Margaret Hope Solomon on 6/15/2011</u>	Status Sent
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Letter Information

<u>Margaret Hope Solomon on 6/16/2011</u>	Status Sent
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Letter Information

<u>Margaret Hope Solomon on 6/16/2011</u>	Status Sent
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Letter Information

<u>Margaret Hope Solomon on 8/8/2011</u>	Status Sent
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Chart Review Routing History

No Routing History on File

Office Visit

6/13/2011 Office Visit

Rick Jimenez | MRN: 20322546

Patient Information

Patient Name	Sex	DOB
Jimenez, Rick (20322546)	Male	7/4/1960

Visit Information

Date & Time	Provider	Department	Encounter #
6/13/2011 5:25 PM	Michael Flynn, MD	Rwc Urgent Care	185850498

Referring Provider

Self Referring

Reason for Visit

BACK PAIN-OTHER

Vitals

Vitals	Most Recent Value
BP	130/72 mmHg
Temp	97.4 °F (36.3 °C)
Temp src	TEMPORAL
Pulse	100
SpO2	97 %
Weight	172 lb (78.019 kg)

Pain Information (Last Filed)

Score	Location	Comments	Edu?
8	Back		

All Flowsheet Templates (all recorded)Encounter Vitals Flowsheet**Substances and Sexuality as of 6/13/2011**

Smoking Status	Amount
Current Every Day Smoker	0 packs/day for 0 years
Smokeless Tobacco Status	
Unknown	
Alcohol Use	Amount
No	N/A
Drug Use	Frequency
Not Asked	N/A
Sexually Active	Partners
Not Asked	N/A

Reviewed On: 6/13/2011 By: Nina Kapetanovic

Allergies as of 6/13/2011

No Known Allergies

Visit Notes

NINA KAPETANOVIC Mon Jun 13, 2011 5:40 PM
 Patient is a new patient. Vitals performed, history and allergies reviewed by Nina Kapetanovic.
 Reviewed and reconciled patient's medications.

Nursing Notes

No notes of this type exist for this encounter.

Pharmacist Notes

No notes of this type exist for this encounter.

Progress Notes

Michael Flynn at 6/13/2011 5:58 PM

Status: Signed

The medical assistant and/or scribe for this encounter is Nina Kapetanovic

S- Richard Jimenez is a 50 year old male presenting to address the following issue(s):

Pt here with upper and lower back pain. Reports he has herniated disks. States he usually takes IBU and Lortab for pain; ran out on Wednesday

Current meds: blood pressure meds, Ranitidine and IBU.

Back Pain:

History of Present Illness:

- Location: upper and lower back
- Duration of symptom(s): about 5 days
- Injury to the back? (how, when, where): Reports herniated disks
- Medications tried for back pain?: IBU, Lortab

Targeted Review of Systems:

- Area of pain?: upper and lower back
- Does pain radiate down?: yes, right side
- Numbness or tingling arms/feet?: yes, always present
- If non-injury: blood in urine or pain with urination? no

PFSH:

- Past history of back surgery? no

Has hx of GERD. Well controlled with medications.

'bleeding ulcer' a few years back. He doesn't remember how this was diagnosed.

'medication for low blood pressure'

Two different antacids he was given. Had a three times a day.

meds for migraines: Ibuprofen, helps with this.

Has taken naproxen, which work for a few months.

No dark tarry stools. No vomiting.

Lortab for back pain. 2 herniated disks/4 on bottom. '

Was told the only thing to help would be to fuse spine.

Tendon injury in ankle/groin.

'in prison because he was in reach of guns'.

Gets bad allergies, and has a medication for that.

No lung/heart problems.

General Review of Systems

Past Medical History

Diagnosis

Date

- Herniated intervertebral disk
- Tendon disorder

Reports torn tendon in right leg

- Environmental allergies
- Chronic hypotension

History

Social History

- Marital Status: Single
- Spouse Name: N/A
- Number of Children: N/A
- Years of Education: N/A

Occupational History

- Not on file.

Social History Main Topics

- Smoking status: Current Everyday Smoker
- Smokeless tobacco: Not on file
- Alcohol Use: No
- Drug Use: Not on file
- Sexually Active: Not on file

Other Topics

Concern

- Not on file

Social History Narrative

- No narrative on file

O-

Filed Vitals:	
	06/13/11 1732
BP:	130/72
Pulse:	100
Temp:	97.4 °F (36.3 °C)
TempSrc:	Temporal
Weight:	172 lb (78.019 kg)
SpO2:	97%
PainSc:	Eight
PainLoc:	BACK

The Physical Exam SmartForm was not used in this encounter.

Comfortable, no distress

Chest clear

cv rrr

Tender posterior neck.

Tender lower back diffusely.

A/P-

346.90 Migraine NOS/not intrcbl

Comment: intermittent, No t changed. ibuprofen

Plan:

724.5 Back pain

Comment: Chronic, upper and lower. rec heat, antiinflam. Defer narcotic prescribing until hx is more clear

Plan: f/u pcp.

530.11 Reflux esophagitis

Comment: Pretty severe, though no signs of bleeding

Plan: COMPLETE CBC & AUTO DIFF WBC, METABOLIC

PANEL, COMPREHENSIVE

restatr ppi at bid, check h pylori. Follow up with any worsening of symptoms, failure of symptoms to resolve, or recurrence.

Revision HistoryH&P Notes

No notes of this type exist for this encounter.

Current Immunizations

Never Reviewed

No immunizations on file.

SmartFormsProcedure ChecklistAud DevicesEncounter Status

Electronically signed and closed by: Michael Flynn on 6/13/11 at 6:49 PM

Diagnoses

Migraine NOS/not intrcbl	346.90
Back pain	724.5
Reflux esophagitis	530.11

Order

(Order)

The codes documented are preliminary and upon coder review with provider may be revised to meet compliance requirements.

Order Summary

COMPLETE CBC & AUTO DIFF WBC [85025 CPT(R)] Order #: 25284152

IMMUNOASSAY, INFECTION AGENT, QUAL [86318 CPT(R)] Order #: 25284157

METABOLIC PANEL, COMPREHENSIVE [80053 CPT(R)] Order #: 25284153

Medications

Fluticasone Propionate (FLONASE) 50 MCG/ACT NA Suspension Order #: 25284156

Ibuprofen 800 MG OR Tab Order #: 25284151

Loratadine (CLARITIN) 10 MG OR Tab Order #: 25284155

Omeprazole 20 MG OR CAPSULE DELAYED RELEASE Order #: 25284154

Discontinued Medications

Omeprazole 20 MG OR CAPSULE DELAYED RELEASE Order #: 25284150

Level of ServiceOFFICE/OUTPT VISIT,NEW,LEVL III
[99203]**Patient Instructions**

None

Result Summary for COMPLETE CBC & AUTO DIFF WBC**Result Information**

Abnormal	Status Edited (6/13/2011 6:33 PM)	Provider Status Reviewed
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Entry Date

6/13/2011

Component Results

Component	Value	Flag	Range	Units	Status
White Blood Cell Count	8.9		3.9 - 11.6	x10 ³ /uL	Final
Red Blood Cell	4.20	(L)	4.4 - 6.18	x10 ⁶ /uL	Final
Hemoglobin	13.3		13.3 - 16.8	g/dL	Final
HCT	39		39 - 53	%	Final
Mean Corpuscular Volume	92.9		80 - 100	um ³	Final
Mean Corpuscular Hemoglobin	31.7		26 - 35	pg	Final
Mean Corpuscular HGB Concentration	34.1		31 - 36	%	Final
Red Cell Distribution Width	12.8		11.5 - 14.8	%	Final
Platelet	264		140 - 440	x10 ³ /uL	Final
Mean Platelet Volume	6.8	(L)	6.9 - 12.2	um ³	Final
Lymphocyte %	22.1		10 - 50	%	Final
Monocyte %	6.6		4 - 12.8	%	Final
Granulocyte %	63.8		42 - 72	%	Final
Lymphocyte #	2.0		1.1 - 4.3	x10 ³ /uL	Final
Monocyte #	0.6		0 - 0.8	x10 ³ /uL	Final
Granulocyte #	5.6		1.5 - 7.5	x10 ³ /uL	Final
Basophil #	0.3	(H)	0 - 0.2	x10 ³ /uL	Final
Eosinophil #	0.4	(H)	0 - 0.3	x10 ³ /uL	Final
Eosinophil %	4.1		0.5 - 11.0	%	Final
Basophil %	3.4		0 - 3.4	%	Final

Lab and Collection

COMPLETE CBC & AUTO DIFF WBC (Order #25284152) on 6/13/2011 - Lab and Collection Information

Result History

COMPLETE CBC & AUTO DIFF WBC (Order #25284152) on 6/13/11 - Order Result History Report.

Result Summary for METABOLIC PANEL,COMPREHENSIVE

Result Information

Status	Provider Status
Final result (6/13/2011 7:10 PM)	Reviewed

Entry Date

6/13/2011

Component Results

Component	Value	Flag	Range	Units	Status
SODIUM	140		136 - 144	mmol/L	Final
POTASSIUM	4.3		3.5 - 5.1	mmol/L	Final
Chloride, Serum or Plasma	106		102 - 112	mmol/L	Final
Glucose, Fasting	75		75 - 106	mg/dL	Final
BLOOD UREA NITROGEN	19.0		9 - 22	mg/dL	Final
CREATININE	1.5		0.8 - 1.5	mg/dL	Final
Calcium, Serum or Plasma	9.4		8.4 - 10.2	mg/dL	Final
TOTAL PROTEIN	7.1		6.2 - 7.8	g/dL	Final
ALBUMIN	4.4		3.5 - 4.6	g/dL	Final
Aspartate Aminotransferase	23		14 - 50	U/L	Final
Alkaline Phosphatase	120		38 - 126	U/L	Final
TOTAL BILIRUBIN	0.3		0.2 - 1.3	mg/dL	Final
Carbon Dioxide, Serum or Plasma	25		20 - 31	mmol/L	Final
Anion Gap	14		7 - 16	meq/L	Final
Alanine Aminotransferase	29		9 - 52	U/L	Final
EGFRE Calc	50			mL/min/1.73 m ²	Final

Comment:

Average GFR for 50-59 years: 93 mL/min/1.73 m

Chronic Kidney Disease: <60 mL/min/1.73 m

Kidney Failure: <15 mL/min/1.73 m

To estimate the glomerular filtration rate for African Americans, multiply the result provided by 1.21.

Estimated Glomerular Filtration Rate (eGFR) calculated by MDRD equation. The MDRD equation has been validated for adults older than 18 and younger than 70 years of age. The calculation is not applicable for persons with unstable serum creatinine and is inaccurate for persons with extreme body habitus.

Lab and Collection

METABOLIC PANEL,COMPREHENSIVE (Order #25284153) on 6/13/2011 - Lab and Collection Information

Result History

METABOLIC PANEL,COMPREHENSIVE (Order #25284153) on 6/13/11 - Order Result History Report.

Result Summary for IMMUNOASSAY,INFECT AGENT,QUAL**Result Information**

Status	Provider Status
Abnormal Final result (6/13/2011 6:38 PM)	Reviewed

Entry Date

6/13/2011

Component Results

Component	Value	Flag	Range	Units	Status
H PYLORI AB, IGG	POSITIVE	(A)	NEGATIVE		Final

Lab and Collection

IMMUNOASSAY,INFECT AGENT,QUAL (Order #25284157) on 6/13/2011 - Lab and Collection Information

Result History

IMMUNOASSAY,INFECT AGENT,QUAL (Order #25284157) on 6/13/11 - Order Result History Report.

Living Will

On File
No

Chart Review Routing History

No Routing History on File