



Medical and Life Care Consulting, Inc.
Case Management - Life Care Planning

Cynthia M. Bourbeau
RN, CRRN, CCM, CNLCP®
Founder & President

PO Box 1041, Belchertown, MA, 01007

Phone: 413.323.9705

Fax: 413.930.4138

Name/Professional Title(s): Cindy Fleury, RN, CCM/ Nursing Case Manager and Nursing Supervisor

Business address: Medical and Life Care Consulting Services, Inc.

P.O. Box 1041/23 Main Street,

Belchertown, Mass. 01007

Telephone number: 413-323-9705 (Office)

Email address: cfleury@medicalandlifecare.com

1. Please indicate the number of years of experience in care coordination/case management.

I have worked as a Nurse Case Manager coordinating, managing, overseeing and directing patient care for acute and chronically ill patients as well as injured workers for the last 24 years.

2. Please provide the approximate number cases with morphine milligram equivalent above 100 (MME > 100) that you have assisted with in past three years.

As a Nurse many of my patients are prescribed narcotic medication to control their pain, initially following an injury or surgery with the goal of reducing and weaning off the medication within a few months. I have also worked with patients that suffer from chronic pain. These are the patients that tend to have escalated doses of pain medication and would estimate they have included approximately 25-30% of my patient population. As a field case manager my case load averaged 25-30 cases. As an in-house Case Manager for a Sports and Rehabilitation practice my case load was upwards of 120 patients at a time.

3. Please indicate the best geographic area where you have greatest experience.

Western Massachusetts

4. Please explain your background/experience with addiction or pain management.

Worked in rehab office with physicians who specialize in pain management. Worked with physicians and patients with regards to medication management, psychological support with regards to pain and use of opioids as well as monitored compliance. Educated patients regarding treatment options for pain including alternative medications, modalities such as TENS unit, injections, and psychological pain counseling when appropriate.

5. Please provide a very brief outline of three cases you have assisted with within last three years (i.e., starting MME, what treatment plan seemed to help and how case ended). Please explain the results of the three cases.

Case #1. Joe Doe works in construction and suffered a back injury as a result of heavy lifting. He was initially prescribed Percocet for pain control. After several weeks of treatment he continued to complain of high levels of pain. Alternative treatments included: PT, muscle relaxants and anti-inflammatory medication. The patient continued to report a high pain level. He continued to receive regular refills. He started calling for his medication early and given the benefit of the doubt the physician refilled it. He would come up with different excuses for running out of his medication early and eventually confided in me that he was developing a dependency on it and asked for help. I worked with the physician allowing him to receive yet another early refill with the understanding that the purpose of the prescription was to allow him to safely wean off the medication. He did so successfully over the next several weeks.

Case #2. Tom Jones was an injured worker who suffered a compression fracture of his lumbar spine. Treatment included short and long acting narcotic pain medications, PT, and vertebroplasty. He continued to suffer constant pain chronically. He remained on narcotic medications for an extended period until he reached MMI at which point it was determined long-term narcotic medication was not a good option. Alternative medications were prescribed by the physician as well as a referral for pain psychology. Given this was going through his work comp insurance it was difficult to obtain authorization and the patient could not afford to seek this alternative on his own financially. In working closely with the insurance adjuster authorization for short-term treatment was approved. I worked closely with the physician, therapist and the patient until he was successfully off narcotic medications.

Case #3: Ms. Smith is a middle aged woman who worked in the HR dept. She suffered a neck injury due to heavy lifting when moving her office. She treated with a pain specialist for a year on high dose narcotics. Attempts to wean her off her pain medication were made; however, she was not able to come off the medication fully but was able to reduce her dose by about 40% and maintain her same level of function.

6. Do you work with, or are you familiar with, any health care practitioners who specialize or have had success with assisting patients to reduce daily opioid intake?

Yes

7. Do you have a vehicle and are willing to travel to meetings and medical appointments?

Yes

8. Please indicate, if applicable, any language skills other than English.

N/A

All referrals should be sent through Medical and Life Care Consulting Services, Inc.:
cbourbeau@medicalandlifecare.com