

Name/Professional Title(s): Maria Medina, RN, BSN, CCM

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1. Please indicate the number of years of experience in care coordination/case management. 10 + 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. ---10
3. Please indicate the best geographic area where you have greatest experience. My experience geographically has been Fall River and New Bedford, MA.
4. Please explain your background/experience with addiction or pain management. During my career as a Case Manager I have interacted with injured workers who have developed tolerances to their pain medication which then required the use of higher doses with the end result of addiction. My experience has taught me that close management at the onset is imperative in order to curb the cycle of abuse.
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.
  - A. Starting MME was 40mg/day. Postoperative claim in which the claimant was 6 mos. postop and remained taking an opiate medication. The treatment approach was meeting with the claimant and his treating provider and asking the treating physician to refer the claimant to a Pain Management Specialist. MD and claimant both agreed. Being familiar with a network of providers that specialize in weaning and supporting patients through the weaning process I was able to assist and coordinate a timely office visit. A weaning program was developed and claimant also underwent therapeutic injections to assist with his pain. I obtained a referral to a new physical therapist that specialized in working with chronic pain

issues and claimant was able to wean off his pain medication over the course of 3 months. He was not able to return to work but manages his pain now with yoga and stretching.

B. Starting MME was 90mg/day. Claimant needed a 2<sup>nd</sup> surgery and MD would not do it unless he stopped using Opioids that were being prescribed by his PCP. We set up a visit with pain manage and had 2 intraarticular injections and weaned off the Percocet over the course of 1 month. Claimant had 2<sup>nd</sup> surgery and was prescribed Vicodin instead of Percocet and no refills were allowed. I advocated the use of a more aggressive ice therapy system post-surgery that provided cold therapy 24/7 for the first week. The claimant was able to begin therapy only using ibuprofen for pain and cold therapy.

C. Starting MME was 90 mg/day. Claimant was no longer employed and had been using Percocet for over 4 years. Case was assigned and I met with claimant and MD. I discussed the reason for the referral and asked MD to use a drug contact. Both claimant and MD agreed and claimant began to be seen monthly not only to renew his pain medication but also to do monthly urine testing to ascertain that he was using his medication and not using any other medications. I sought out the assistance of claimant's PCP and the clinic he was seen at and attempted to get him involved in activities and support groups outside the home in order to get him out of the house and get him more physically active. Pain medication was reduced to 45 mg/day at the time of file closure.

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 I am familiar with a variety of network providers with specialize in weaning and supporting claimants during the process.

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

Yes I have a dependable vehicle and am willing to travel to meetings and medical appointments.

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